TIME & PLACE: TBD

INSTRUCTOR: Susan E. Balinsky, DrPH, CHES

OFFICE HOURS: 9:30 – 10:30 MWF; 11:00-11:45 TR and by appointment

OFFICE: Room 319, Silcox Physical Education and Health Center

PHONE/FAX: 953-8242 (direct) 953-5558 (Dept. Office) 843-953-6757 (FAX)

E-MAIL: BalinskyS@cofc.edu

PREREQUISITES: HEAL 216, Junior status

CO-REQUISITE: HEAL 325


COURSE DESCRIPTION: Apply the course material and work on Certified Health Education Specialist competencies in a profit or nonprofit health agency.

COURSE OBJECTIVES: Upon successful completion of this course, students should have experience in at least four (4) of the following competencies: (HEJA)

I.A.E.4 Select valid sources of information about health needs and interests
I.B.E.3 Conduct health related needs assessment
I.C.E.1 Identify diverse factors that influence health behaviors
I.C.E.2 Identify behaviors that tend to promote or compromise health

II.A.E.1 Identify populations for health education programs
II.A.E.2 Elicit input from those who will affect, or be affected by, the program
II.B.E.3 Suggest approaches for integrating health education within existing health programs
II.G.E.2 Identify barriers to the implementation of health education methods

III.C.E.1 Use the Code of Ethics in professional practice
III.C.E.3 Demonstrate skills needed to develop capacity for improving health Status

IV.D.E.1 Use appropriate research methods and designs in health education Practice
IV.E.E.4 Report effectiveness of programs in achieving proposed objectives

VII.B.E.1 Assess the appropriateness of language in health education messages
VII.B.E.6 Use oral, electronic, and written techniques for communicating health education information
VII.B.E.7 Demonstrate proficiency in communicating health information and health education needs
VII.C.E.1 Develop a personal plan for professional growth
REQUIREMENTS:  
1. Meet with Dr. Balinsky to complete paperwork  
2. Complete a minimum of thirty (30) hours in a health-related setting  
3. Complete a diary for each day you volunteer  
4. Meet with Dr. Balinsky prior to mid-term to go over completed diaries  
5. Submit the Overall Performance Rating form completed by your site supervisor at the end of the semester along with full semester diaries

MID-TERM GRADING:  
Mid-term grade will be based on promptness of meeting with Dr. Balinsky at the beginning of the semester as well as mid-semester and the number of hours completed by mid-term.

FINAL GRADING:  
The following must be met to achieve the specified grade: (the rating score is based on the Overall Performance rating provided by the site supervisor)

A  
Complete at least 30 hours with corresponding diary completed and have at least an Above Average rating

A-  
Complete at least 30 hours with corresponding diary completed and have an Average rating

B+  
Complete 27-29.5 hours with corresponding diary completed and have at least an Above Average rating

B  
Complete 25-26.5 hours with corresponding diary completed and have at least an Average rating

B-  
Complete 23-24.5 hours with corresponding diary completed and have at least an Above Average rating

C+  
Complete 21-22.5 hours with corresponding diary completed and have at least an Average rating

C  
Complete 20-21.5 hours with corresponding diary completed and have at least an Average rating

C-  
Complete 20-20.5 hours with corresponding diary completed and have at least an Average rating

D  
Complete 15-17.5 hours with corresponding diary completed and have at least an Average rating

F  
Complete less than 15 hours

EXPECTATIONS:  
Students will:

1. be on time and dressed professionally  
2. maintain client confidentiality as required  
3. maintain a mature and professional attitude  
4. complete tasks independently and seek learning experiences  
5. accept and use constructive criticism  
6. keep personal life issues separate from field experience  
7. take responsibility for personal professional growth
Laboratory Hours Diary

Name ___________________________ Site: _______________________

Date: ___________ Hours completed today: ______

Tasks: Use bullets

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Competencies addressed (see page 1 of syllabus): (write none if none)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Your signature: ___________________________________________________________
Health Promotion Lab Assessment

Student: ___________________________   Semester: ____________

Site: ___________________________   Hours completed: ______

Site Supervisor: ________________________

Site Supervisor contact information:
Address: _____________________________

Office phone: __________________________   Email: _____________________________

Professional Qualities

3 = Excellent   2 = Good (some aspects need improvement)   1 = Needs Improvement

______ Demonstrates reliability and dependability
______ Maintains professionalism regardless of setting
______ Demonstrates good listening and communication skills
______ Displays confidence within the knowledge base without overstepping boundaries
______ Regularly exhibits good time management skills
______ Takes initiative and completes tasks without being asked
______ Willingness to seek and/or accept constructive criticism and assistance
______ Demonstrates ability to adapt and remain flexible
______ Takes responsibility for actions
______ Demonstrates willingness to help with whatever task is needed

Overall Performance Rating

Based on your work with this student, please circle the word that best reflects the student’s overall performance.

Excellent   Above Average   Average   Below Average   Unacceptable

Site Supervisor (print name) _____________________________

Site Supervisor (signature) _____________________________   Date ________

Student Signature _____________________________   Date ________

* Student’s signature indicates student was provided an opportunity to discuss the content of this evaluation with his/her Site Supervisor and with the Lab Instructor, if requested.