Edith Abbott Was Right:

Designing Fieldwork Experiences for Contemporary Health Care Practice

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Abstract

Successful social work practice in the contemporary, economically driven, health care environment demands unprecedented levels of technical competence, initiative, creativity and conceptual sophistication. Fieldwork plays a critical role in social work education for such demanding practice by providing interns initial opportunities to apply their newly acquired knowledge, skills and abilities. This article discusses the contribution of fieldwork to the preparation of social work practitioners and presents two programs that may serve as alternative models of fieldwork. Observations of the impact of these models, including a summary of two evaluations of one model are presented. We contend that a fieldwork structure using rotations may increase the value of fieldwork for students both academically and in the employment process.

Introduction

Successful social work practice in the contemporary, economically driven, health care environment demands unprecedented levels of technical competence, initiative, creativity and conceptual sophistication. Appropriate preparation for practice becomes imperative as industry performance expectations dictate expedient, cost-efficient and effective services ethically delivered to increasing numbers of patients with complex, comorbid biopsychosocial conditions. While rapid and profound changes in overall health care delivery have influenced the characteristics and use of social work services, the potential for the profession has never been greater. At the same time, if sufficient numbers of social workers are not prepared for intense, contemporary practice it may contribute to increased use of other disciplines for delivery of psychosocial care.

Fieldwork plays a critical role in social work education by providing initial opportunities to engage the intern in applied use of their newly acquired knowledge, skills and abilities. As such, the experience should be systematically patterned to allow for progressive exposure to the characteristics and demands of contemporary practice. Beyond its substantive importance, fieldwork is worthy of sustained attention because it affects so many individuals in social work. There were 3021 MSW students in health placements, out of 23,009 students who were in placement on 11/1/97 (another 4,421 had not yet been assigned, Lennon, 1998). Fieldwork in health care is important, because 33% of the NASW membership reported that their primary practice setting was health and 19.5% reported that health was their secondary practice setting (Gibelman & Schervish, 1997). Critical examination of fieldwork is further justified because it is an educational process employed in other disciplines such as: education; nursing;

psychology and medicine (e.g., Benson, 1995; Johnston, 1995; Konnert, 1995; Sawa, 1995; Stedman, 1997).

This article discusses the contribution of fieldwork to the preparation of social work practitioners and presents two fieldwork programs within acute care settings that may serve as models for advanced practice education (c.f., Globerman & Bogo, 1995; Nutter, Levin & Herbert, 1995). We will discuss our observations of the impact of these models and summarize two evaluations that have been completed on one of the models. We contend that the use of rotations may increase the value of fieldwork for students (the terms intern and student will be used interchangeably throughout).

The Role of Fieldwork

It can be argued that fieldwork is the pivotal element of professional preparation. Experiential learning has been an integral component of social work education since the founding of the first professional school of social work in 1898, with the intensive one-on-one teaching relationship predominating in fieldwork for many years (Hollis & Taylor, 1951). The clinical psychology internship is a more recent educational structure, with roots in the 1949 American Psychological Association's Boulder Conference (Stedman, 1997). Innovations in field education have been discussed, including block placements (e.g., Cassidy, 1982, Snyder, Kane & Conover, 1978), group field instruction (e.g., Kaplan, 1988; Shulman, 1992), primary and secondary field assignments (e.g., Lurie & Pinsky, 1973; Rehr & Caroff, 1986), task and secondary supervision (e.g., Marshack, 1986, Spitzer & Nash, 1996), teaching centers (e.g., George, 1982, Meyer, 1968), field teaching units (e.g., Iverson & McGuire, 1998), field instruction in the context of a half-time, off campus MSW program (e.g., Gatz, Thyer, Patten & Parrish,

1990), an advocacy practice model (Lurie, Pinsky, Rock & Tuzman, 1989) an agency based staff development program (Lurie, Pinsky, Rock & Tuzman, 1987), and interorganizational alliances between academia, professional practice societies and field sites (Spitzer, 1990). Fieldwork, however, continues to be characterized by a single, year-long assignment with an individual field instructor (Marshack & Glassman, 1991).

Prominent social workers were saying we need more research on social work education long ago.

> Our great problem has been, and still is, to make field work truly educational. Its importance is accepted by all of us; but few attempts have been made to analyze carefully its educational content and the methods of securing proper educational results (Abbott, 1931, 1942, p. 57).

They continued to say it:

> social work education has been unable or unwilling to submit the field instruction process to disciplined evaluation and, therefore, it has not generated an adequate literature to become an appropriately creditable part of higher education (Jenkins & Sheafor, 1982, p. 3-4).

They are still saying it:

> It is clear that the current state of social work in health settings demands that we reevaluate some dearly held theories and beliefs about the education of students for entry level positions as well as the preparation of social workers for advanced practice (Mailick & Caroff, 1996, p. 1).

The authors' initially independent ideas regarding a rotation model were not without historic precedent. Edith Abbott discussed fieldwork rotations in 1931 (Abbott,

1931, 1942). More recently, Dalgleish, Kane and McNamara (1976) reported mixed results from a pilot study of a rotation model used with first year MSW students. After describing a period of fieldwork experimentation in the 1960's and 1970's, Grossman alluded to the rationale for our efforts and the outcomes as well.

> Opportunities to perform curricular experiments are rare. . . . Even when resources are available, proactive change in fieldwork is hard to achieve. The traditions of field instruction are strong. . . . Why the CSWE standard of 900 hours, why not 800, 2000? Why two placements in two years -- why not one, four, *or a rotation like medical training in some facilities?* We might ask -- what does the research suggest? In fact there are few comparative studies. Program comparisons are hard to do and there is little incentive to do such research when it so often seems that changing field structures would be impractical, unworkable, expensive, unpopular with students and unacceptable to agencies. (1991, p. 36-7, emphasis added, c.f. Reisch, 1997).

Two Illustrations of Rotations in Fieldwork

The Medical College of Virginia Hospitals (MCVH), located in Richmond, Virginia and Elmhurst Hospital Center (EHC) located in Elmhurst, New York are large, urban, academic medical centers. The authors' working in these settings independently concluded in the early 1990's that further exploration of a rotational model for social work was warranted. The two experimental programs were implemented at approximately the same time in an effort to provide advanced training for Masters degree candidates. They provide a basis for reflection on the structure and benefits of rotations.

Settings

MCVH. As an academic tertiary, level one trauma center, MCVH maintains 750 beds with an overall census of greater than 70%, a significant array of ambulatory clinics on multiple sites and an emergency department sustaining approximately 100,000 visits per year. MCVH serves as the medical campus of Virginia Commonwealth University. Thirty five masters, bachelors, and support staff in the MCVH Department of Social Work Services provide high-risk screening of *all* hospitalized patients within 48 hours of admission. High medical acuities and a myriad of psychosocial problems including a disproportionate share of indigent patients, contribute to ongoing social work involvement with approximately 60%of inpatient admissions and a growing proportion of ambulatory patients. The department has provided training to forty seven MSW candidates since the 1994-95 academic year.

EHC. EHC is a major tertiary health care provider located in the borough of Queens in New York City. EHC has 518 inpatient beds and an average occupancy rate of 90%. There are over 115,000 emergency room visits and an additional 420,000 patient visits to both primary care and subspeciality outpatient clinics annually. Queens has been described as the most ethnically diverse county in the United States and Elmhurst has been described as the most ethnically diverse neighborhood in New York City – immigrants from 112 countries arrived in the neighborhood during the 1980's (Edmondson, 1991; Seyfried, 1995). The provision of social work services is complicated by the fact that it is estimated that 43 languages and dialects are spoken in the EHC catchment area alone. The hospital also serves a large population of undocumented immigrants. The practice environment of EHC assures social work students of a unique

and diverse array of clients and client problems.

Internship Intent/Design

MCVH. The explicitly stated intent of the MCVH internship program is to prepare the most marketable social work professionals by providing a rigorous opportunity to learn the skills, knowledge and abilities needed and sought in contemporary health care practice. In 1993, the program underwent significant revision to broaden the use of its practitioners as field instructors, maximize the learning opportunities for interns and enhance both the structure and educational performance expectations of staff and students. The most prominent design feature remains use of obligatory rotations through multiple patient care areas using a combination of Primary and Associate Internship Instructors. Other structural components include a multi-stage intern selection process, detailed initial orientation, monthly intern group, specific learning tasks and ongoing planning, education and support sessions for the department's instructor group. MCVH interns are all second year students on a semester calendar, spending 22 hours per week in placement. Preference in internship selection is conferred to those with some prior exposure to the healthcare environment, whether through volunteerring, previous internship or employment.

The rotation design allows the intern to recognize and capitalize on the diverse array of social work services available within the medical center. Students are encouraged to custom tailor their internship experience through a series of time limited tours in self-selected practice areas that familiarize them with unique patient and family needs, the characteristics of specific diseases, injuries or disabilities and the biopsychosocial interventions designed to ameliorate need (Spitzer & Nash, 1996, c.f.,

Koegler, Williamson & Grossman, 1976). Via exposure to multiple field instructors, students observe idiosyncratic practice styles and assimilate desired aspects into their own evolving approach. The rotations build on identified learning needs, test student perceptions of practice interest in specific service areas and provide the broader practive base particularly sought by community health care facilities. The rotations not only maximize the educational use of available facility personnel and their specialized expertise, but "subcontracting" educational responsibilities to colleagues for portions of the internship provides a measure of staff respite. Staff have options of either utilizing such time to gain relief from continuous instructor duty or to accept interns of other colleagues.

EHC. The department of Social Work Services at EHC has been involved in field instruction since 1970. The basic model of fieldwork used since that time has been described elsewhere (Showers & Cuzzi, 1991). Approximately 250 social work students have been trained at Elmhurst since 1970.

In 1994 the EHC Department of Social Work Services expanded the teaching fieldwork model to educate students following increased staff perceptions that students lacked familiarity with hospital based health care practice. Based on review of the school's field placement orientation and hospital employment interviews, it was apparent that student practice expectations were grounded in traditional long term casework models. At that time, crisis or short term intervention was perceived by students as less interesting and intellectually stimulating. Health care practice was similarily regarded as a simplistic process with a predominant focus on discharge planning that did not require advanced practice skills. As a consequence of this

orientation, it became difficult to attract qualified candidates to the internship and health care practice.

Concern for the long term implications of this situation led to the development of an alternative fieldwork approach at EHC. The rotation model was ultimately adopted as a mechanism for enhancing student understanding of the varied skills, concepts, content areas and patient populations associated with contemporary health care practice. In the initial redesign of the internship program, students were assigned in pairs to a specific field instructor for three, ten week periods in psychiatry/mobile crisis service, inpatient medicine, adolescent health and outpatient medicine. A different fieldwork instructor assumed responsibility for primary supervision during each rotation. Initial placement sites were jointly decided upon by the Adelphi field coordinator, the EHC educational coordinator and fieldwork supervisor. Subsequent sites were selected by the intern and EHC staff.

Insert Table 1 about here

Internship Instructor Roles

MCVH. Interns are assigned one staff member serving in the role of Primary Internship Instructor (PII). The PII has the most important role in the internship process. They retain evaluation responsibility for the intern throughtout the duration of the internship and are ultimately accountable to the facility, department and school for the intern's activities. It is the relationship with the PII that serves as the basis for the student's learning experience. Through mutual exploration, the PII and student identify

the student's developing interests, match the opportunities available in the practice environment with the intern's learning needs and goals and construct the learning plan. The learning plan begins with exposure to the PII's own practice area, proceeds through a series of at least two, and preferably three, rotations with Associate Instructors and concludes with the intern completing their internship experience in the PII's service area. The PII is responsible for completion of the student's ongoing evaluation and prepares their comments on the basis of direct observation and comments from the Associate Internship Instructors.

PII Instructors must have a minimum of several years of direct practice experience, at least one year of tenure in the department, previous involvement with interns and an expressed willingness to dedicate sufficient time and energy to the success of the intern. They must anticipate initially meeting for several hours per week to orient the student, schedule a minimum of an hour per week supervision throughout the course of the internship and regularly participate in the Internship Instructor Group.

Supplementing the PIIs are "Associate Internship Instructors" (AII) with responsibility for guiding the learning process through distinct rotational portions of the overall internship experience. In conjunction with the PII, the AIIs broaden the interns' mastery of patient care skills by offering varied practice settings and service needs. The AII role also provides an entry point for staff with limited available time and/or internship instructor experience to contribute to the Department educational program. The AII maintains ongoing contact with the PII regarding intern performance and contributes to the student's final evaluation by advising on the outcomes of the individual rotation.

The diversity of the department and its practice represent a significant benefit to the student. In formulating their own practice foci, the students recognize the advantages of seeking vocational guidance from professional staff and using brief "shadowing" experiences as a means of determining their ultimate formal rotations.

EHC. Field work supervisors (FWS) are selected by the Educational Coordinator using the following criteria:

1) previous student supervision experience;

2) demonstration of aptitude and interest in teaching;

3) desire to participate in new techniques and models of training, and;

4) degree of flexibility.

Department staff chosen as FWSs were experienced practitioners who were prepared to dedicate the additional time needed to work with six rather than the previous two students per year (a complete evaluation was done after each rotation). The instructors assumed primary teaching responsibility for each student as they rotated into their respective areas.

The FWSs met weekly as a group with the Educational Coordinator prior to the beginning of the school year to develop a curriculum with specific learning goals for the student. The FWSs used these meetings to also become familiar with student educational plans and learning progress as well as to discuss teaching techniques and problem solving. The sessions stimulated discussion about techniques for initiating and terminating the shortened learning relationship and afforded opportunities for colleagial support through these transitions. The FWSs were expected to both teach interns the general concepts agreed upon by the FWS's group for each trimester as well

as site specific information.

Rotation Construction

MCVH. While rotations are an integral component of the MCVH internship, considerable latitude is afforded the intern and their PII in designing the ultimate configuration of the learning experience. The initial six week period of the internship commences with student acclimation to the practice area of the PII. During this period the PII also explores intern career interests and initiates discussions with the intern regarding potential rotational tours consistent with those interests. The sequence, total number, duration and designated areas are determined by the PII and intern. The program based rotation guidelines are that:

1) rotations not begin until second semester;

2) a minimum of two rotations occur beyond that of the PII's area;

3) each rotation has a minimum four week duration, and;

4) staff may serve as a PII or AII to only one intern during any one rotation.

Because they are formed on the basis of expressed student interest, the rotations may be very broad, including adult and pediatric services and both in-/outpatient areas or they may have a narrower concentration involving service in contiguous units such as pediatrics, obstetrics and neonatal intensive care units. Students with more well defined goals of working with certain populations are guided into designing practice experiences affording diversity with subpopulations or specific interventions. To illustrate, students with oncology service preferences are likely to be directed into inpatient rotations including inpatient hematology/oncology, bone marrow transplant and surgical oncology, with additional opportunities to participate in the radiation

oncology outpatient clinic.

At an early point, the PII encourages the intern to initiate contact with as many department personnel as feasible to assist in the identification of potential areas of practice, and consequently rotational, interest. The diversity of the department and its practice represents a significant benefit to the student in formulating practice foci and students recognize the advantages of consultation and '*shadowing*' opportunities as a prelude to a formal rotation. The initial meetings also allow department personnel to assess individual compatibility with the student and whether workloads will afford sufficient time to the rotation relative to the extensiveness of student learning needs.

Following agreement by the intern and PII on possible areas for rotation, a meeting is scheduled with the PII, intern and the staff member who would serve as the rotational AII. The prospective AII is provided with a statement of the intern's learning interests and needs as well as a review of their current competencies and internship practice experiences. Goals for the rotation are established and agreed upon by the three parties, including the nature and frequency of the supervisory relationship, any educational assignments and the expectation that a evaluation be provided to the PII by the AII and intern upon completion of the rotation.

Once the intern commences a rotation, the AII assumes responsibility for the daily learning activities of the intern as well as oversight accountability for any patient care rendered during the rotation. While the most immediate supervisory duties shift to the AII, the PII does maintain a level of involvement with the intern for purposes of continuity and support. This may manifest itself in either formal and/or informal contact, but most often at significantly reduced intervals. The PII also receives periodic

updating by the AII on the learning progress and any associated patient care issues.

EHC. Initial education about the rotation model was provided to students by the university. Students were placed in their first trimester in the site most congruent with their interests and educational needs. The FWSs, students and university then collaborated in establishing second and third trimester assignments. Students were encouraged to discuss the rotation model features as well as the practice site options. Factors ultimately influencing student site selection included the reputation of the FWS, availabilty of learning opportunities, interest in a specific medical department and perceived work conditions. The FWSs considered their student selections based on learning needs, personality fit with the student and specific student requests. The most important aspect contributing to a successful placement appeared to be the ability of the FWS to be emotionally supportive as well as a competent teacher.

Discussion & Implications for Social Work Practice

At the end of each academic year the MCVH Director and a PII or AII conduct a group structured to evaluate the field experience for that year. Feedback over the past four years reveals favorable impressions among both students and their instructors. Students particularly commented on their perception that the educational experience was enriched through exposure to multiple practice sites, interventions and patient/family dynamics. Clear support was consistently voiced for the adult learning emphasis, including encouragement of student choice in rotation frequency, sequence and duration as well as student determined topics in group meetings and provision of systematic employment search and career guidance. A small subgroup of students reported difficulties in handling the complexities and pace of the rotation program.

Instructors, while faced with condensing their own involvement into rotational portions of the overall internship, endorsed the fundamental intent of exposing students to the broadest possible range of patient care settings. The importance of pre-placement orientation can not be overstated, with particular attention to the format and structure of the placement, accompanied by basic healthcare terminology, procedures and resources.

Two evaluations of the EHC model have been reported elsewhere (Cuzzi, et al., 1996; 1997). In the original study (n = 26) and the replication (n = 23), we examined the impact of both the EHC rotation model and the standard fieldwork model on students' self-efficacy regarding hospital social work and their perceptions of the work environment. While the students in the standard and rotation groups did not differ in their ratings of self-efficacy at pretest or posttest, the total sample reported several statistically significant increases in self-efficacy over the course of the academic year. This finding was observed in both the original study and the replication. This is an outcome that we have discussed as important and one that has been alluded to by others (e.g., Holden, et al., 1996; 1997a; 1997b; Kisthardt, 1992; Schneck, 1995). These findings counter the earlier observation of an "erosion of self-confidence because of the need for continuous fresh starts" in a rotation model (Dalgleish, Kane & McNamara, 1976, p. 169).

In addition, in both the original study and the replication, the rotation model appeared to produce more positive views of some aspects the work environment as measured by Moos' Work Environment Scale (1985; 1986; 1987; c.f., Raskin, 1989). If this latter finding continues to be replicated then it would represent what we would argue is

an 'educationally significant' finding. If, by simply manipulating the structure of the placement, we can produce a more positive student view of a public hospital service environment -- then perhaps such efforts are worthwhile.

Are these EHC results conclusive? Absolutely not. These were small quasi-experimental studies, carried out with only two sets of students, in a single organization, in a unique locale, in a unique time period, by a single group of investigators. These factors may have impacted on either (or both) the internal and external validity of the results. Additional facilitating conditions (that may have impacted on external validity) are that both settings are teaching centers for medical schools, where some of the authors are on faculty. Research is a "normal" occurrence here, with much support for professional inquiries that could possibly result in training staff to provide better patient care.

Our general impression (based on our findings, observing the process and discussions with colleagues and students) is that, as Dalgleish, Kane and McNamara (1976) reported, students at both MCVH and EHC had more positive than negative views of the rotation experience. Students in rotational placements typically work with instructors on an accelerated basis to identify potential interests, select multiple practice sites for rotation, define cumulative learning goals applicable in different settings and then employ newly acquired skills in multiple patient care contexts. Given those features, motivated students with the capacity to learn quickly have seemed to benefit more from rotations. Self-confidence and initiative become crucial given the compressed time for learning in each rotation. Students who find these more rigorous timetables to be problematic may be less suited to the rotational model.

The reactions in both situations by agency based administrators, field liasons and fieldwork departments in the universities, were generally positive and supportive. We have reviewed the relevant sections of the CSWE Accreditation Standards (1994) and see no obvious barriers to the use of a rotation model. Adjustment of the number and duration of rotations may be necessary when block rather concurrent internship models are employed. As block placement students serve more hours per week but fewer weeks overall, particular attention must be directed to establishing a balance between the depth of practice knowledge and skills acquired in any one rotational experience versus the overall benefit derived from multiple practice site exposure. The number and progression of rotations will ultimately be determined by the combination of expressed need and learning capacity of the individual student.

Conversely, as Donner (1996) among others, has noted, the challenges to innovations in field education are increasing. In this climate, experimental programs that consume more resources have a lowered probability of continued existence as we see the basic integrity of field education being threatened. Raskin and Bloom's (1998) survey of U.S. field directors found, in part, that schools were losing placements due to "reduced resources, increased caseloads and staff who must document their use of time in billable categories" (p. 370). Social workers at ECH have now been exposed to these pressures by being placed on a scheduling template, which does not allow much time for activities that do not involve billable visits. This has resulted in a (hopefully) temporary suspension of the rotation model and reduction in the size of the field education program.

Conclusion

Various authors assert that the current environment in human services challenges social work educators to innovate (Jarman-Rohde, McFall, Kolar & Strom, 1997; Reisch, 1997). The concept of rotations need not be limited to the structure previously described. In planning for future replications and extensions the authors can see different types of rotating fieldwork assignments. One illustration may be a multi-dimensional experience combining child welfare, agency practice, school and hospital placements for a student interested in a child/family service career. This could take the form of a hospital and a child welfare agency, or schools and community-based mental health clinics being considered one placement. It remains to be seen how innovative social work will be in refine the filed experience. Going through this process of developing and beginning to test alternative models of fieldwork, has clarified for us the costs and sources of resistance to innovation.

Our experiences lead us to the conclusion that innovative fieldwork rotations can be implemented successfully in different ways in different locations if enough effort and support are available. We think Edith Abbott was correct in in 1931 -- rotations appear to be an approach to adding value to social work education.

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Table 1. Elmhurst standard model vs. Elmhurst and MCVH/VCU rotation model factors.

Factor	*Elmhurst Standard*	*Elmhurst Rotation*	*MCVH/VCU Rotation*
Assignment to service	Based on a meeting between the field instructor and the student. School made initial assignment then changes are a result of Educational Coordinator, Field Instructor and School consulting.	Educational Director (ED) matched student to area based on review of the student's record and a meeting with the student. Student assigned to subsequent services based on discussion with ED.	Director and one staff interview all candidates and present all candidates to internship instructor group For their self-selection based on practice, interest and personality match. Subsequent rotations determined by Primary, Associate(s) and student.
n of rotations	1	3	Minimum of 2, preferably 3
Length of rotation	32 weeks	Preset at approximately ten weeks	Variable with minimum of 4 weeks
n of students	12-20	8	7-12
Supervisor	1 primary supervisor for all students. Some students have a secondary (task) supervisor	1 different primary supervisor for each rotation	1 primary supervisor over the 9 months & a different associate instructor for each rotation
Educational groups	2 per month	2 per month	one per month in concurrent internship model two per month in block internship model
Amount/frequency of Supervision	1 hr. per week individual	1 hr. per week individual	Minimum of 1 hr. per week after more initially
n of Supervisees	1 - 2	2	1
Evaluation of student	Primary supervisor evaluates at 6 weeks, mid and end of year	Primary supervisor evaluates at end of each rotation	Primary Instructor [w/ input from Associate]