



Innovating to Keep Pace: A Ten-Year Model for Group Interprofessional Field Placements

Author(s)

Jay Poole, PhD
University of North Carolina at Greensboro

Fran Pearson, MSW
University of North Carolina at Greensboro

John Rife, PhD
University of North Carolina at Greensboro

Wayne Moore, PhD
North Carolina Agricultural and Technical
State University

Introduction and Background

Recently, social work field educators were reminded that “the number of students is growing, but the number of quality placements is not keeping pace” (Harriman, 2016, p. 1). With changes in the practice community and the continued growth in social work program enrollment, field education faces pressure to provide high quality placement experiences which meet the Council on Social Work Education’s (CSWE) nine core competencies and prepare students for the real world of contemporary interprofessional social work practice (CSWE, 2008; 2015). CSWE (2008) and Wayne, Bogo, and Raskin (2010) have specified that field education is the “signature pedagogy” of our profession. Bogo (2010; 2015) has noted that field education is the most significant component of the social work curriculum in preparing competent and effective social workers. CSWE (2015) has recognized the need for innovative field instruction programming to meet community needs.

Innovation is needed in field education to ensure students are receiving high quality field placements. For example, Spitzer et al. (2001) list a variety of field innovations, including block placements, group field instruction, and field teaching units. Innovation in field education has taken many forms across the nation. Specialized training units in child welfare, mental health, aging, healthcare, refugee resettlement, and school social work are among the units which provide generalist (BSW) and advanced (MSW) field experiences while also preparing students for professional practice in discipline-specific settings (Lager & Robbins, 2004).

Research has shown that interprofessional placements, group placements, and the use of university-based field instructors can all contribute to high quality placements in a changing practice environment. Hill, Franklin, and Dottin (2016) outline factors to consider when designing faculty-led field placements. These include consultation and collaboration with the social work program field office, specific opportunities for students to perform social work skills, and the measurement of student achievement of CSWE core competencies. Rinehart and Graziano (2005) report on the success of a group model for field instruction using university-based field instructors. As noted by Marshack and Glassman (1991) twenty-five years ago, group field instruction can be used as a primary method of field instruction. However, this model is still the exception to the rule rather than a normal part of field education in social work programs. Supervising a group of students brings its own challenges and few agencies are equipped to do this. Instead, the use of university-based field instructors can hold promise for providing high quality group field placement supervision while ensuring that field content is tied to CSWE approved BSW and MSW curricula.

Interprofessional education, where two or more professions work together to serve client needs, is another element of high quality placements (Sankar, Konrad, & Voshel, 2014). As Bronstein (2003) states, “interdisciplinary collaboration is the achievement of goals that cannot be reached when individual professions act on their own” (p. 26). This is the reality of social work practice in most communities today. Working interprofessionally with other helping professions to address complex client system problems is needed to ensure quality of care.

Commencing in the Fall 2007 semester, the Congregational Social Work Education Initiative (CSWEI) was launched to provide internships for BSW and MSW students from North Carolina A&T State University and University of North Carolina at Greensboro. In a previous article, the authors (Poole, Rife, Pearson, and Moore, 2009) described the conceptual development and initial implementation of the group-based and faculty-led interprofessional field instruction program known as the Congregational Social Work Education Initiative (CSWEI) after two years of operation. Now, beginning the tenth year of operation, much more is known about effective working relationships with partner agencies, the group process for field instruction, and the utility of using a university-based faculty member as field instructor. The purpose of this article is to report on the continued development of CSWEI and, specifically, to consider the model as an example of an interdisciplinary and group-based field unit. The project annually selects seven BSW and seven MSW interns. They are supervised by a full-time MSW level university faculty member, who is a registered

nurse and licensed clinical social worker. CSWEI partners with area religiously-affiliated organizations (RAOs) and a major provider of services to persons who are experiencing homelessness. Prior research has shown that serving people in RAOs can be both effective and cost efficient (Moore & Collins, 2002; Northern, 2009; Sherwood, 2003).

A key feature of the project is its interprofessional emphasis and its ongoing adoption of integrated care. Students are paired with trained registered nurses who assess and treat medical concerns while the social work students assess and intervene in social and behavioral areas. The project features the student selection process, providing a detailed pre-service training curriculum, staff and student professional development, and application of principles of interprofessional work with congregational nurses. Student employment outcomes following graduation are reported.

Overview of the Congregational Social Work Education Initiative

The Congregational Social Work Education Initiative (CSWEI) has been operating continuously for ten years since 2007 with primary funding from the Cone Health Foundation in Greensboro, NC. CSWEI has three educational components: 1) preservice training in health and mental health, health literacy, and use of evidence based practices; 2) field instruction in religiously affiliated organizations (RAOs) serving older persons and community-based settings serving specialized population groups including persons experiencing homelessness, immigrants, and refugees; and 3) the use of a collaborative group team approach involving social work students, community health nurses, medical providers, clergy, and other professional disciplines that are affiliated with congregations and/or RAOs served by the CSWEI. Under the supervision of the CSWEI Project Director, who is a full-time faculty member in the Department of Social Work at University of North Carolina at Greensboro, the initiative offers easy access to many services. Since 2007, CSWEI has served over 4,493 individuals who had health and mental health concerns.

Social work field education in North Carolina has experienced tremendous change, including: increased competition for quality BSW and MSW placements, dismantling of the state's community mental health system, privatization of health and mental health services, and a decrease in the available agencies willing to provide on-site supervision. Faculty members involved in creating the CSWEI field unit were concerned with several other issues. These include: (a) students not being able to maximize learning opportunities because of turn-over of supervisors leaving for personal or professional reasons; (b) agencies merging, restructuring, contracting with

other providers, or closing; (c) agencies unwilling to accept interns because they cannot charge for the intern's time and service; (d) supervision provided by persons not affiliated with the agency whereby students receive less than optimal supervision; and (e) students experience confusion and dissonance when assigned different or multiple task supervisors and clinical supervisors, or when these are constantly changed within the agency.

To address these concerns the CSWEI Project Director, who serves as one of the principal investigators, oversees the learning activities of the students and serves in the dual role of both clinical supervisor and field instructor/field liaison. This ensures: (a) students achieve the specific CSWE practice behaviors for field instruction; (b) students are being assessed and monitored in connecting classroom theoretical content with field based practice; (c) students experience a consistent learning environment providing a broad variety of direct and indirect practice activities; and (d) students are provided quality supervision to develop their capacity to become self-reflective and self-monitoring practitioners as they continue to grow personally and professionally. CSWEI believes having the project director in the role of clinical supervisor and field instructor/field liaison assures stability for its students, CSWEI community partners, and ensures this field education unit is a productive and dynamic model providing internship opportunities within an interdisciplinary, collaborative, clinical, and community-based framework.

Another of the principal investigators, also a licensed clinical social worker, supervises the project director. This flat administrative structure minimizes human resource program cost, maximizes program coordination, and minimizes role confusion for the student participants. In its current program configuration, CSWEI selects a maximum of 14 students divided evenly between undergraduate BSW and MSW graduate students from the field instruction program of the two universities. The program is entirely community-based without any office setting. Students are not in an office within the congregations and agencies where they work; rather, they are mobile and provide services in the person's environment.

Prior to entering fieldwork, students complete 45 hours of pre-service content on health and mental health issues, substance use, integrated care interventions, use of evidence based screeners, health literacy, and specific topics (such as co-morbid or co-occurring mental and physical disorders). Additionally, students discuss cultural competence and sensitivity, safety, holistic care, ethical considerations, service documentation, the role of medications and medication management, and risk assessment (including assessment for suicidal and homicidal concerns). Specific attention is given to

conducting psychosocial and functional assessments, and service planning in an interprofessional, integrated care environment. Given the unique challenges of an interprofessional field placement, the pre-service training also provides extensive training in ethics, boundaries, confidentiality, and role differentiation, particularly concerning interprofessional team work and practice in RAOs. CSWEI acknowledges spirituality as part of a holistic model; CSWEI interns are not spiritual guides or spiritual counselors. However, students and nurses acknowledge and utilize how one's religion, spiritual practices, or values undergird how a person may perceive challenges in life and choice of action to address health or mental health issues. Students complete their field instruction as a member of a nurse-social worker team.

Upon completion of this pre-service education, students are placed in specific congregations, other RAOs, and in other community-based entities. Today the Congregational Nurse Program (CNP) serves over 50 congregations and CSWEI is involved with over half of these, working with CNP nurses who may serve more than one congregation. Interns have worked with Church World Services, Jewish Family Services, Free Clinic, and Catholic Social Services. Interns may be assigned a RAO providing services to unsheltered individuals in the area. These include the Greensboro Urban Ministry-Weaver House offering short-term overnight housing and the Salvation Army Center of Hope serving homeless individuals and families. In 2009, CSWEI took an active lead working with several community partners and CNP to develop a new initiative addressing the physical and mental health needs of unsheltered homeless individuals. Greensboro's many homeless are turned out from overnight shelters at morning after breakfast to wander the streets of downtown during the day, and return back to the shelter at night for a meal and bed.

To address this, the Interactive Resource Center (IRC) was developed as a day center for unsheltered persons experiencing homelessness, with the mission to assist individuals and families back into permanent housing and, if appropriate, employment. It provides wrap around health, mental health, employment, and outreach to those experiencing homelessness. Other services include: laundry facilities, showers, classes on financial and health literacy, a mail address with mail boxes, employment referrals, resume writing, interviewing skills, and clothing to dress for "job success."

In 2016 CSWEI, at the request of its funder and in partnership with CNP and two other community associates, planned and restructured the small medical clinic housed within the IRC. The restructure was planned to implement an intentional integrated model health clinic to simultaneously provide medical and behavioral health services,

using evidence-based practices such as Motivational Interviewing. Every client in the clinic is administered a Global Appraisal of Individual Needs Short Screener (GAIN-SS) to identify possible disorders (ex. mental health, trauma, or substance abuse). The integrated care model's goal is to encourage and motivate individuals to change behaviors by using evidence-based, brief intervention clinical practices. CSWEI interns work directly with the medical provider for intensive and integrated treatment planning, service provision, and referral.

CSWEI has a strong presence in the immigrant and refugee community serving Bhutanese, Congolese, Hispanics, Latinos, Liberians, Montagnards, Sudanese and others. As a designated federal resettlement site, Guilford County has a long history of resettling refugees from across the globe. BSW and MSW interns work with congregational nurses serving individuals, families, and groups in their congregations and community centers. Interns are active with the New Arrival School, assisting newly arrived refugees to learn English, gain employment, achieve citizenship readiness, receive cultural acclimation, and learn basic health education. CSWEI and the CNP are active partners with the non-profit Faith Action International House working to bring case management, advocacy, immigration assistance, and diversity trainings to the community at large. It brings congregations and their community leaders together to address the complex problems pertaining to immigrant and refugee issues and policy concerns with local, state, and federal officials.

MSW students complete two semesters of field instruction in this environment in the advanced year of their MSW education. BSW students complete two semesters of field instruction during their senior year. MSW and BSW students work together along with nurses from the Congregational Nurse Program (CNP), which has been in operation in the community for fifteen years. Using a strengths-based model of assessment and intervention, services provided by the social work student-nurse teams include psychosocial and functional assessment, therapy/supportive counseling, treatment planning, case management, crisis intervention, referral, advocacy, education, and evaluation. In addition, with the required education module assignment, students develop and present workshops with persons served on topics such as physical and mental health, grief and loss, health literacy, coping skills, community resources, substance use/abuse, and healthy aging. Interactive activities are a requirement of the assignment and have included titles such as *Dysfunctional Family Feud* (healthy communication and family relationships), *Polar Opposites* (Bipolar disorder), and *He Loves Me-He Loves Me Not* (domestic violence). Facilitating these psychoeducation groups affords the students opportunities to develop group work, pedagogical, and facilitation skills.

A distinctive component of CSWEI is the collaboration between the social work student and the registered nurse. Through its work as an interdisciplinary collaborative, the social work student and the registered nurse provide a continuum of care through direct services and referrals to other community-based services, helping to bridge the gaps that often occur as people attempt to navigate complex and complicated social service and health systems. The nurses' focus is physical health screening, education, and intervention. The social work students' focus is addressing the social welfare needs of the person served, including mental health and substance use concerns. At the MSW level the student may engage with the person served in a biopsychosocial assessment, mental health or substance use screenings, therapy, crisis interventions, referral, or educational activity, all based on service planning with the person served. At the BSW level, the student may work with the nurse and/or the MSW level student in case coordination, supportive counseling, accessing services, and educational activities. Often, the students collaborate with each other and other professionals to engage people served in the most efficient plan to meet their needs.

Lessons Learned

As possibilities for traditional social work field placements become less plentiful, it is important to consider how a group field unit may serve students and field sites effectively and efficiently. CSWEI was established during a time when field placement sites were evaporating due to mental health system reform in North Carolina. Students needed a quality field education experience with a clinical focus (for MSWs) with generalist opportunities for BSWs. Also, the interdisciplinary aspect of the project was ahead of its time regarding integrated care. Perhaps one of the most challenging and efficient aspects of the project's design was not having a designated office. These locations include RAOs and other community entities. Students were intentionally placed in multiple community settings that served the target populations. This design results in no costs for maintaining office space or physical infrastructure. The co-location of services is welcomed by those entities involved and creates more efficient opportunities to support the people served. Another reason agencies welcome CSWEI interns, in addition to their high quality and closely monitored services, is that CSWEI operates as an agency unto itself; therefore, it increases the service capacity of the host agency staff since they only need to provide supervision with minimal oversight of the intern, as those functions are undertaken by the program director. This design is challenging for the project director, who can't be everywhere at once, but is manageable because of the network of community provider relationships and the leadership aspect built in with the MSW/BSW mix. When the students' teams are

formed, MSW students are assigned as leaders for the BSW students. Furthermore, the class also votes for a MSW and BSW class team leader for the entire academic year. This provides an additional leadership opportunity for both MSWs and BSWs and gives the project director a designee to assist in conveying new program or community information to their respective class team.

All students interact closely with the RNs in the CNP, who provide additional oversight. This team model allows layers of supervision, overseen by the CSWEI Project Director, as students engage with nurses and other community providers. This allows for development of competencies in interdisciplinary team work and navigating complex provider systems. Students have a “real world” experience with multiple agencies, community-based entities, and other providers. This is truly a team approach and the evolution of the team’s cohesion is what makes the delivery of services efficient and effective.

Program efficiencies, coordination, and communications are also achieved by conventional, and more current, innovative ways. Based upon end-of-year student feedback, monthly “staff meetings” were created after program year one whereby the entire 14-person team meets once a month. With multiple placements and field schedules, this mandatory meeting is the only occasion that the entire team is together beyond the early fall pre-service training. Students, in effect, felt a sense of loss at not seeing the team after the close team bonds from pre-service were created. Project updates, client file audits, and community speakers also occur during this monthly meeting.

Project coordination has further improved with the incorporation of new technologies, such as group text applications (apps). The CSWEI Program Director can provide a program or community update to a student leader and that information is instantly disseminated to the entire team. Appropriate and ethical use of technology is taught in pre-service so that client information is never compromised. Although this was initially developed for coordination purposes, the app has strengthened the deepening of the team bond since they all stay in close communication and use the application to encourage, update, and support one another.

Ten years of formal and informal program data has yielded some expected and unexpected results. Results of end-of-year student evaluations reflect overwhelmingly high satisfaction with the CSWEI experience and its unique program model, with an average score on a Likert-type scale of 4.8 out of 5, with 5 being the most satisfied. Pre-service training continues to rank high as a transformational learning and team

bonding experience, with an average score on a Likert-type scale of 4.7 out of 5, with 5 being the most satisfied. An unexpected finding is the number of CSWEI BSW interns who continue their education and attend graduate school (90%). Part of the impact of the MSW/BSW team approach is that MSWs offer the inspiration and assurance to BSWs that they too can complete a MSW degree successfully. Lastly, CSWEI is a highly clinical placement and interns have opportunities to work with many clinical diagnoses and, at the MSW level, provide emergent services. High exposure to and experience with high risk clients, on an almost daily basis, greatly increases both BSW and MSW student competence and levels of confidence. Though not formally measured, CSWEI students often report they experience significantly higher confidence and competency in their practice skills compared to their respective cohort. Plans are underway to study this phenomenon in greater detail.

Of the 144 graduates of the Initiative, many of CSWEI's field placement partners and community agencies have hired BSW and MSW graduates who completed their internship through this field unit. CSWEI has not regularly collected post-graduation data on every student that has been in the program; however, many students keep in touch with the program director, the respective BSW and MSW directors of field education, and faculty members. Both former students and employers have reported back that CSWEI graduates have the appropriate knowledge, skills, and values to step quickly into their new work positions and quickly integrate within the agency's operation to work with individuals, families, and groups with multiple and complex needs. Not only does the program director model effective clinical knowledge and supervision, it should be noted at least two-thirds of the BSW graduates are inspired by their work with MSW students and CSWEI's Program Director to pursue their MSW degree. BSW interns have reported their CSWEI experience prepared them for success with their MSW studies at the advanced standing level or entry into a 2-year traditional program.

From the academic perspective, having the program director based at the university eliminates recruitment and support for an off-site, agency-based field instructor. The program director serves as field liaison and field instructor, holding seminar classes for both MSW and BSW level students as well as the monthly combined team meeting. There is direct oversight of the program by a university faculty member, who also is a principal investigator for the project, and provides direct supervision to the project director. To manage potential conflicts between students and the project director, the BSW and MSW field directors from the two universities are directly available to students. Having a project director who is a registered nurse and licensed clinical social worker adds depth to the students' experiences and represents the interprofessional

focus of the program.

The impact of services is measured in part through personal outcomes of the people served. Because of the transient nature of the populations served, students use a simple self-anchored scale that is given before services begin and again after services are completed. Scores are recorded on the service note and compiled in an Excel data base. Differences in responses indicate that, on average, 12% of the people served improve in ability to function and 8% report improved mood. Other measures include the satisfaction surveys as mentioned above. Also, for those people served who are experiencing homelessness, there is about a 30% rate of return for a second visit, largely due to the convenience of engaging in services.

Discussion

The Congregational Social Work Education Initiative (CSWEI) as a field education unit demonstrates creative and collaborative community partnerships, nontraditional placements, and an innovative organizational structure can produce strong positive outcomes for students, universities, agency partners, and clients served. CSWEI addresses underserved individuals, families, groups, and communities in need of quality health and mental health services in a convenient, easily accessible, non-stigmatizing, and supportive environment. CSWEI's unique program model creates dynamic and enriching learning experiences for student learners, increases capacity and service efficiencies for agency partners, and expands field placement opportunities for university field directors in an increasingly over crowded placement network. Certainly, the model depends upon building strong community networks and identifying the strengths of existing services and providers. Keeping things simple administratively is an important aspect of the field unit's structure. Offering opportunities for BSW and MSW students to work with each other is a highlight of the program model that should be strongly considered as social work field education is (re)imagined. The field of social work is now challenged to address the need for more integrated approaches. The CSWEI field unit is intentionally multidisciplinary and is intentionally moving toward a more defined integrated care approach. It is hoped that CSWEI is a model that will be considered for replication and expansion in other communities struggling to identify high quality internships or those communities challenged by unmet service gaps.

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