



Healthcare Orientation Program for MSW Interns

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Introduction

Academic teaching hospitals provide some of the most competitive, challenging and also rewarding internships for MSW students. Patient acuity, increased caseloads and hospital fiscal pressures all shape a demanding work environment where social workers play a pivotal role. Interns are given an opportunity to work with vulnerable, medically complex, and culturally diverse patients in both inpatient and outpatient settings representing different medical and surgical specialty areas. Some interns may work exclusively with veterans while others work with clients receiving psychiatric and domestic violence services within the medical setting. Social work interns are expected to provide a strong clinical presence and to fully participate in patient care and interdisciplinary team collaboration.

In response to ever evolving needs in healthcare settings, social work department directors representing seven academic medical centers in Boston, in partnership with leaders from the National Association of Social Workers (NASW), advocated for improvement in the preparation of interns entering hospital-based internships. They formed a collaborative work group in 2013 with field education department leaders from five graduate schools of social work. This group worked tirelessly over the last year to identify the core skills and competencies MSW interns need to develop to achieve the most success in hospital settings. An initial problem focus shifted to envisioning creative opportunities to promote student preparedness in medical settings. The group developed a pilot healthcare orientation (HCO) program for social work interns entering hospital internships in the fall of 2014. Using a module format, this one day training oriented students to what was determined to be the most critical elements of a social work internship in a healthcare setting: the professionalism of the social work role, the necessity of engaging in interdisciplinary team collaboration, the ability to formulate a comprehensive biopsychosocial assessment, and use of supervision and self-care.

Process

The HCO provided a platform to not only plan a conceptually sound and realistic program, but to also forge and strengthen relationships within and among the hospitals and academic institution members. The sorting of priorities, and the opportunity to hear and discuss mutual and unique experiences, facilitated a deeper understanding of contemporary social work education and practice. Several group highlights were fundamental in the development of mutual understanding and growth.

The hospital social work leaders described the challenges and opportunities of their professional lives. The question was asked, “What is different, given that students have always been in hospitals with varying degrees of maturity and experience?” This led to an inspiring discussion of the role of social work in major medical centers. As treatment options expand beyond what could have been imagined in past eras, so too has the demand on patients and social workers to navigate complex decisions. Therefore, students entering such systems are in an important and perhaps daunting role of helping patients and their families discern paths which are, at times, without clear outcomes. Group members focused discussion on how students from various backgrounds, cultures and work/training experiences could be productively incorporated into, and make a contribution within, hospital settings. Ongoing attention and awareness to these issues entered the conversation and were highlighted as a central part of all preparation.

Academic institutions are expected to refer competent, mature, and prepared students. Even though no one objected to this expectation, school of social work representatives discussed the challenge of choosing students to interview. Prospective trainees can have a romanticized perception of what they envision doing, which may or may not reflect reality. The process is one of assessing the students’ motivation and their ability to function in an environment that, while stimulating, can be overwhelming. The current collaborative decision making used with students about their placements is usually successful, but can present issues when a student is unprepared for a particular environment or challenge.

The team devoted a great deal of time attempting to understand what efforts would best maximize student success and supervisory satisfaction. An engaging discussion of expectations and realities formed the core of how the format was developed. Students often imagined working in the privacy of an office, yet the hospital social workers shared the demand of meeting with patients in hospital rooms, while they were being infused, and in similar high traffic areas. Early exposure to the type of documentation required, assessment tools, and ethical considerations were also highlighted. Similarly, students who have not worked in hospitals could benefit from a better understanding of the rigor, frustration and opportunity involved in working with a team of vastly different disciplines. Such conversation resulted in a myriad of ideas regarding how to best prepare and involve students. Although the goal of the collaborative was task focused, one of the greatest satisfactions for the par-

ticipants may have been the experience of working together, to move beyond complaint and frustration to a creative and innovative model of preparation. The familiarity and trust that developed was not only professionally enriching, but inevitably led to an easier placement process and better understanding of common goals and needs.

Planning and Implementation

The group recognized that all hospitals provide their own orientations and intern seminars that address orientation issues specific to their setting. Supervisors in hospital settings also utilize supervision time to continue to orient students on an individual basis. Considerable discussion ensued about how to deliver the salient information we wanted to provide to this diverse group of interns. The group determined it would be beneficial to present students with a common foundation to help facilitate a more smooth and timely transition for them in hospital settings. The group identified four subject areas that are germane to all hospital settings that would be presented in a one time, full day orientation to interns who were entering Boston-area hospital placements in September 2014. The group hoped that providing this key information in this intensive one-day format would provide interns with a knowledge base to better prepare them for their entry into the hospital setting, and increase their ability to hit the ground running. All interns who were placed in hospital settings were invited and strongly encouraged to attend the orientation by both field education leaders and hospital supervisors. Supervisors, training directors and social work directors from the neighboring hospitals were also invited; CEU's were provided.

An evaluation team was also developed to address how to determine whether or not the orientation had a positive impact on the preparation of interns for their healthcare settings, and if the orientation met the initial goals of the work group at large. Self-selected work groups were formed based on individuals' personal and professional interests and consisted of social work representatives from both hospitals and schools of social work. The groups met monthly to develop the curriculum for the orientation modules. Each group planned to deliver didactic content followed by discussion in small groups with interactive case based discussions. However, when the orientation program was implemented, information was organized primarily in a lecture style, with each group using a PowerPoint presentation to deliver the material. The authors integrated humor into the presentations in order to maintain the attention of the interns and their supervisors. The material ranged from concrete information regarding appropriate professional dress codes, including what not to wear, as well as an introduction to the multiple facets of the role of the social worker within the interdisciplinary team. The authors also included a general outline of how to write a biopsychosocial assessment in the presentation, hoping to begin to prepare the interns for this essential function in the hospital/healthcare setting.

It was also determined that having an actual patient in attendance to discuss her own experience of being in a hospital setting would capture the audience in a different way. A patient who was a

cancer survivor volunteered to speak during the lunch hour about the importance of the relationship with her social worker in navigating the many moving parts of her hospital stays. We had initially discussed the possibility of role plays, but decided that a live patient would have more impact. The identified patient was a vibrant, articulate woman with two young children, who was inspiring and dynamic in her presentation of both treatment and recovery from cancer. She shared a moving video about her experience which complimented her personal remarks.

We also had attempted to meet in small groups for more intimate discussions. This format was hindered by an over ambitious agenda and the logistics of dividing participants into the small groups which necessitated leaving the main presentation room to transition to different locations.

The feedback overall was very positive. The interns seemed engaged in the process, and enthused about the prospect of their hospital placements in the near future. The integration of the collaboration among the social work schools and the hospital social workers seemed vibrant and palpable throughout the day. Facilitators were aware of the emotional impact of the day and were mindful of interns feeling both moved and overwhelmed by much of the content.

Evaluation

An evaluation component was developed in order to assess the orientation's efficacy from the MSW interns' perspective and to gain feedback for possible revisions. The initial evaluation, distributed and completed in-person by interns at the conclusion of the orientation day, was a Retrospective Pretest (RPT), asking interns to rate their level of comfort, confidence and knowledge in a range of domains both before and after completing the orientation. The 26 item instrument was largely comprised of a series of Likert scale questions, plus eight demographic and three narrative questions. Of the 49 interns that attended, 38 returned evaluations. Examples of questions included:

- How comfortable do you feel with your understanding of the scope of the clinical social work role within a healthcare setting (not comfortable, somewhat comfortable, comfortable, very comfortable), before this orientation and after this orientation?
- How confident do you feel with your understanding of the value of the biopsychosocial assessment as an initial intervention to the social work role (not confident, somewhat confident, confident, very confident), before this orientation and after this orientation?
- How do you rate your knowledge about the range of roles you might play in a healthcare setting (very low, low, moderate, high, very high), before this orientation and after this orientation?
- What did you learn that was most valuable that you didn't know before today's orientation?

The evaluation yielded some interesting results. On all items in each of the three categories (self-reported comfort, confidence and knowledge), there was a statistically significant difference between how interns scored themselves pre and post, each time rating themselves higher after the orienta-

tion. This included an overarching question asking about confidence in their readiness to enter their field placement. The three areas where they rated themselves highest in the pre phase were all in the area of knowledge: how to begin to develop a plan for my own self-care, mental health concerns as an integral part of the work, and why collaboration with team members of different disciplines is important in a healthcare setting. The domain indicating the least amount of change between pre and post was in the area of knowledge: how to develop a plan for self-care. Open-ended questions gave us additional information. In response to “What are the three most important things you will take with you from today’s orientation?” the top three responses included a greater understanding of the social work role and use of self, how to use supervision, and self-care. In response to “What did you learn that was most valuable that you didn’t know before today’s orientation?” the top three responses were humanizing the person behind the diagnosis (connected with the guest speaker’s story), relationship building is key, and the patient did not come here primarily to see me.

We also wanted to learn more about students’ perception of the orientation once they had been in their placement and had “real time” experience with the concepts and content we had covered. The initial plan was to distribute the evaluation at eight weeks after the commencement of internships. This evaluation offered opportunities for a control group; we could ask all MSW students interning at the sites that participated in the orientation to complete the evaluation, comparing the results of those who did and did not attend. At the beginning of the evaluation respondents were asked whether or not they had attended the orientation. This second evaluation replicated the questions from the initial evaluation, without the pre and post orientation frame. We asked interns to rate their *current* level of comfort, confidence and knowledge across the same domains used in the first evaluation. Field directors from all of the schools involved sent the request and instrument out by email to their respective students. Thirty two students completed the evaluation, 15 of which had not attended the orientation. The evaluations were sent out 10-12 weeks after interns had begun their placements.

The second evaluation had a lower response rate and the results were somewhat different than the authors had anticipated. On all but three questions the group that did not attend orientation gave themselves higher ratings than the group that had attended. The questions where they rated themselves below the attendees were all focused on supervision: confidence with their understanding of the importance of discussing mistakes and learning from them in supervision, confidence with their understanding of the importance of a climate of open communication in supervision, and knowledge about key aspects of successful supervision. Several hypotheses have been generated to help facilitate understanding of the results of the second evaluation. Was there a self-selection bias; were those who went to orientation more likely to have lower confidence in their competence in the placement? Were more confident non-attenders more likely to respond to the survey? Were non-attenders less likely to feel comfortable revealing their true self-assessment on the instrument? Did attendees have a greater understanding of the complexity of the work and/or permission to be in a learning, “not knowing” phase?

As there were some surprising findings comparing results of the orientation attenders and non-attenders, a next evaluation component will entail focus groups conducted at each school. Groups will be divided by school, and by attendance at orientation. This process will allow for both general discussion of the orientation and more specific focus on some of the instrument questions.

Conclusion

There are three main areas of focus as the program begins to move forward. In addition to continuing with the evaluation process through planned focus groups, next steps include orientation revisions and consideration of factors related to intellectual property rights and sharing our “product.”

The committee decided to continue with the pilot phase of the healthcare orientation for a second year. Evaluation results will be used to guide both content and structure revisions that will be implemented in the continued pilot phase. An Intellectual Property and Sharing committee will be formed to review requests for presentations, publications, and dissemination of our “product.” This group will also explore copywriting our “product” in order to address any concerns about ownership of content and materials prior to dissemination of such to a larger, public audience. As the orientation was developed as a collaborative process by the HCO committee, this new committee is an effort to ensure the continued spirit of collaboration rather than competition, and a forum to navigate use of content that was developed as a joint venture.

Those involved in the development of the orientation have found this to be an extremely rewarding experience on multiple levels. It afforded many opportunities for collaboration: across educational institutions and hospitals that historically compete for a pool of MSW students, between the academy and practice environment, and across students from different MSW programs. Additionally, we were all part of a process designed to provide fundamental support of students’ success navigating the challenges of commencing a field placement in a healthcare setting.

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