

Article

Instructor led rotational model: An innovative approach to social work practicums in hospital environments

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Abstract

With the saturation of student practicum placements requests in urban centres, job vacancies, budgetary restraints, and social workers' intensive workloads, field education coordination teams are increasingly challenged to find social workers who are able to supervise student practicums and secure educational partnerships with organizations willing to support their staff in doing so. This is especially true in hospital settings, where social workers are still feeling the effects of the Coronavirus (COVID-19) pandemic in their daily work lives. Hospital practicums are highly sought out by social work students and yet there are few practicum opportunities for students compared to the demand. Social workers are employed in various practice settings, including hospital social work. As social workers are Canada's largest group of mental health professionals within the hospital system, having robust and sustainable practicum opportunities is critical to the training and development of future social workers. To address these ongoing challenges in social work field education, the University of Calgary, MacEwan University, and Alberta Health Services worked together to develop and pilot a new practicum model at the Bachelor of Social Work level. This practicum model, titled the 'Instructor Led Rotational Model', was implemented as a pilot project during the winter 2023 semester. This article provides an overview of this initiative, including a description of innovative practice education components and discussion of the challenges in field education that the model aims to address. Considerations for revisions and future offerings of the instructor led practicum model are also identified.

Keywords

instructor led, field education, social work, rotational model, healthcare

Résumé

Avec la saturation des demandes de stages pour étudiants dans les centres urbains, les postes vacants, les restrictions budgétaires et la charge de travail intensive des travailleurs sociaux, les équipes de coordination de l'éducation sur le terrain ont de plus en plus de difficultés à trouver des travailleurs sociaux capables de superviser les stages des étudiants et d'établir des

partenariats éducatifs avec des organisations désireuses de pour aider leur personnel à le faire. Cela est particulièrement vrai en milieu hospitalier, où les travailleurs sociaux ressentent encore les effets de la pandémie de coronavirus (COVID-19) dans leur vie professionnelle quotidienne. Les stages hospitaliers sont très recherchés par les étudiants en travail social et pourtant, il existe peu de possibilités de stages pour les étudiants par rapport à la demande. Les travailleurs sociaux sont employés dans divers milieux de pratique, y compris le travail social hospitalier. Étant donné que les travailleurs sociaux constituent le plus grand groupe de professionnels de la santé mentale au sein du système hospitalier au Canada, il est essentiel de disposer de possibilités de stages solides et durables pour la formation et le développement des futurs travailleurs sociaux. Pour relever ces défis permanents dans la formation en travail social, l'Université de Calgary, l'Université MacEwan et les services de santé de l'Alberta ont travaillé ensemble pour développer et piloter un nouveau modèle de stage au niveau du baccalauréat en travail social. Ce modèle de stage, intitulé « Modèle de rotation dirigé par un instructeur », a été mis en œuvre en tant que projet pilote au cours du semestre d'hiver 2023. Cet article donne un aperçu de cette initiative, y compris une description des composantes de formation aux pratiques innovantes et une discussion des défis de la formation sur le terrain que le modèle vise à relever. Les considérations relatives aux révisions et aux offres futures du modèle de stage dirigé par un instructeur sont également identifiées.

Mots clés

dirigé par un instructeur, formation sur le terrain, travail social, modèle de rotation, soins de santé

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Introduction

Field education is well known as the ‘heart’ of social work education, with practicum placements often recognized as the key method of instruction and learning through which our profession socializes students to become practitioners (Wayne et al., 2010). During practicums, students are given the opportunity to apply theory to practice, try out practice roles in an organizational setting, and develop their professional identity (Savaya et al., 2003). Anecdotally, when you ask social workers what they remember most about their social work education, they often refer to their practicum experiences.

It has long been documented that field education is experiencing a “crisis”, where the field is not able to keep up with the rising number of social work students (Ayala et al., 2017). Due to

the high volume of student practicum request mainly in urban areas, along with job vacancies, funding reductions, and the heavy workloads of social workers, field education teams are facing growing difficulties in securing placement opportunities (Ayala et al., 2017).

This is especially true amongst social workers in hospital settings. Still feeling the effects of the Coronavirus (COVID-19) pandemic, hospital social workers are experiencing increased workloads, distress, and demoralization in their roles (Nicholas et al., 2023), resulting in less time available for supervising and evaluating students.

Social workers are employed in various settings with a focus on human rights, social justice, health equity, and advocacy (Canadian Association of Social Workers [CASW], n.d.). Social workers are also Canada's largest group of mental health professionals in the healthcare system (Varadi, 2023). In Canada, there are over 50,000 social workers providing a range of services to support health and mental health outcomes, from the micro to macro level (CASW, n.d.). Furthermore, there is continued demand for social workers in many Albertan communities, specifically in rural and remote areas (Alberta Health Services, 2023).

Alberta Health Services (AHS), Alberta's integrated healthcare organization, is in need of social workers to fill workforce demand. As the largest employer of social workers in Alberta, AHS has identified social work students completing their practicums within healthcare settings as a key strategy in addressing their labour market needs (AHS, 2023). Furthermore, hospital practicums are highly sought out by social work students as preferred practicum settings due to students' association of these setting with high pay and job security (Srikanthan, 2019). As field education coordinators in Alberta, we recognize that while AHS social workers and managers are supportive of BSW practicums, they also share that the additional work required to supervise a student is unsustainable given the current demands on AHS social workers. All of this is resulting in unfilled practicum requests. It is evident that new approaches to field education are critical to increase opportunities for future social work students in hospital settings and to address the growing need for future healthcare social workers (Ayala et al., 2018; Varadi, 2023).

To address ongoing challenges in field education and healthcare social work, during the 2023 winter semester, the University of Calgary's Faculty of Social Work and MacEwan University's School of Social Work collaborated to work closely with AHS to develop and pilot a new practicum model, the Instructor Led Rotational model (ILRM). The overarching goals of this initiative were to address ongoing challenges in field education and social work in healthcare as well as to enhance collaboration and partnership between AHS and social work educational programs in Alberta. The objectives of this pilot were to:

- create meaningful experiential learning opportunities for social work students in hospital settings;
- alleviate some of the field instructors' work;
- increase sustainable practicum opportunities through post-secondary institutions (PSI);
- model student supervision to increase capacity among existing social workers in hospitals; and
- re-imagine the roles of PSIs within field education.

The model's rationale is rooted in the increasing demand for practicum opportunities in healthcare settings, the difficulty in finding suitable placements for students, and the time constraints experienced by social workers in hospital settings that limit their ability to provide students with quality field instruction, especially in consideration of the ongoing impact of the COVID-19 pandemic within healthcare settings.

The instructor led rotational model (ILRM)

ILRM was developed based on earlier social work rotational models (Greenblatt et al., 2019; Muskat et al., 2011) and the nursing model of field education. During nursing clinical practicums, the students observe nurses who work on the unit; however, the university-instructor on the hospital unit facilitates all instruction, supervision, and reflective conversations (Budgen & Gamroth, 2008). This nursing clinical practice model does not include an application or interview process that may be typical for some social work programs. Further, nursing students do not choose which unit or healthcare setting in which they are placed.

In the pilot project, Bachelor of Social Work (BSW) students were not required to interview for their practicum. In its place, PSI field coordinators matched eight BSW students, four from the University of Calgary's Edmonton campus and four from MacEwan University, directly to social work teams across two hospitals in Edmonton, Alberta (Stollery Children's Hospital and University of Alberta Hospital). Students were placed across the care continuum within both hospitals. The students who participated in this pilot were in their final 4th year practicum, which was a 400-hour practicum that began in January 2023, with students in practicum for 4 days (Tuesday to Friday) per week for a total of 12 weeks. Upon successful completion of the practicum, students had fulfilled all requirements of their BSW.

ILRM included a rotational component to support students in gaining generalist social work skills and insight into various components of hospital social work. Students rotated through four units in either the Stollery Children's Hospital or the University of Alberta Hospital, with each unit identifying a designated social worker(s) as the AHS Field Instructor (AHS-FI). The units were pre-determined by the hospitals. Placement sites included the neonatal intensive care unit, Awasisak Indigenous Health Program, outpatient diabetes care, and inpatient medicine at the Stollery Children's Hospital and surgery, general medicine, inpatient/outpatient medicine, and cardiology at the University of Alberta Hospital.

In the ILRM, student learning was guided by a learning contract created specifically for this pilot. The learning contract for traditional models of social work field education requires field instructors to be the primary individuals responsible for providing opportunities for students to achieve their learning goals. However, with several social workers acting as a field instructor for multiple students, ILRM required a different approach to learning contracts. Within the model, the traditional learning contract was divided into two distinct segments. The first segment focused on the specific competencies required for social work in healthcare and hospitals as identified by AHS, including advocacy, documentation, legislation, behavioural health interventions, case management, decision making and resource knowledge and mobilization.

Other critical social work competencies, such as the development of a professional identity, recognition of equity, diversity, inclusion, and decolonization as well as reflective practice were part of the second segment of the learning contract and were intentionally built into the supervision sessions with the PSI Faculty Field Instructor (FFI). The students were then required to merge both learning contracts into one document that was reviewed with the faculty liaison from their respective universities. This allowed for each PSI to retain their required documents, that are aligned with accreditation standards, while providing a streamlined list of competencies that the AHS-FI could focus on developing with students.

The learning contract identified learning goals for each rotation that was shared with all stakeholders. These learning goals were scaffolded over the four rotations, with each rotation providing increasing opportunities for independent practice. Students began their practicum in their assigned units however within the first rotation there was an emphasis on orientation-related activities including but not limited to: documentation processes; training in AHS clinical information system; and the role of social work in healthcare teams. The ensuing rotations focused on direct practice skills such as resource navigation, assessment, and intervention providing a breadth of learning opportunities within the hospital setting. Within these rotations, students began by shadowing the AHS-FI then began working alongside the AHS-FIs. When the AHS-FIs assessed students' readiness for independent practice, the AHS-FIs supported students in doing so. The ratio of shadowing the AHS-FI to independent practice increased for each rotation as students developed their skills.

The ILRM asked AHS-FIs to provide an assessment and feedback on what students learned in each rotation, identifying areas of strength and growth. This feedback was to be shared with the next AHS-FIs and incorporated into the student's learning activities for the next rotation.

Re-imagining our roles and supervision

Supervision was a critical component of the ILRM. In the model, the facilitation of supervision was reimagined as a responsibility that was led by the PSIs with input from the AHS-FIs. Each PSI provided a Faculty Field Instructor (FFI) for the pilot. Students began and ended their week in group supervision sessions at the hospital, with each session facilitated by a FFI and a Master of Social Work practicum student utilizing a combination of traditional supervision and near peer supervision models. A near peer supervision model is often used in medical settings where a resident provides teaching to a junior resident (Ramani et al., 2016). In this pilot, a Masters of Social Work (MSW) student, as part of their learning goals in their practicum, co-facilitated group supervision with a MSW credentialed supervisor. At the beginning of the week, the supervision sessions were designed to facilitate the development of transferrable and generalist social work skills whereas end of the week supervision sessions were focused on reflective practice, debriefing, and the integration of social work theory to practice. Both group supervision sessions were opportunities for students to engage in critical reflection while ensuring that the supervision requirements were met. The FFIs also made time each week to be on-site at the

hospital and offered time to connect with AHS social workers to discuss students' progress as well as any arising concerns.

In addition to facilitating supervision, the FFI's completed all evaluations, with input from the AHS-FI's and paperwork required of field instructors and communicated with the Faculty Liaisons at each university. This removed additional paperwork and time requirements from the AHS social workers that are traditionally the responsibility of field instructors and have been anecdotally identified as a barrier to being an AHS-FI.

AHS provided on-site AHS-FIs at each hospital that students could shadow and learn from throughout their practicum. The role of the AHS-FI was reconfigured to focus on mentoring students on the unit, providing students with in-the-moment learning opportunities and feedback to develop their practice, all the while reducing time spent on completing administrative tasks related to the practicum. The AHS-FIs were the main point of contact for students during a rotation – students could approach AHS-FIs with their questions, thoughts, and uncertainties. In the pilot, AHS-FIs were encouraged to share their knowledge and passion with students while also providing opportunities for students to engage in increasingly independent yet supervised practice.

Innovative components

The design and implementation of the pilot ILRM brought together several innovative components for field education, including collaboration between practice sites and PSIs; instructor-led supervision; rotational placement assignment; relational student selection process; and near peer mentorship.

Collaboration between practice sites and post-secondary institutions

The ILRM planning team included representatives from PSI field education teams at the University of Calgary's Faculty of Social Work and MacEwan University's School of Social Work who shared a vision to create innovative ways to support additional students in a healthcare practicum while reducing the barriers identified by social workers in the field. Additionally, a member of AHS's provincial social work practice team played a key role to connect representatives from both PSIs to the appropriate individuals within AHS to support the pilot. The planning team worked collaboratively with a focus on creativity and innovation in the structure and delivery of this pilot project. A key component of this model is the collaboration between both universities and Alberta Health Services to reach their shared goals of increased practicum opportunities for BSW students.

Finding, developing, and coordinating practicum placements for social work students is a complicated and often competitive process among social work programs (Preston et al., 2019). This is especially true in urban centres such as Edmonton, where there is more than one university coordinating placements for social work students. Typically, there is little collaboration among schools of social work in coordinating students' practicums. In fact, there is often a sense of competition to have students placed with a specific agency or organization first

and then establish an ongoing relationship. Many times, field education coordinators will reach out to an agency to see if they will take a student and the agency will respond by saying ‘sorry, we already have confirmed students from ‘x’ university’. This context can lead to frustration among students for not having access to certain organizations for their practicums, additional work for social work practitioners in the field for having to respond to requests from multiple universities, and decreased capacity for field education coordinators. As a collaborative pilot project, the ILRM provided an opportunity to mitigate these challenges while also building respectful and energizing relationships with practice sites as well between universities.

An additional benefit of two universities working together to develop and facilitate this practicum pilot was resource sharing. The pilot required a large amount of preparatory work, including creating several orientation and programming documents, scheduling and facilitating regular key stakeholder meetings, and securing funding for onsite instructors. Having two universities collaborate on these responsibilities meant that the work and funding could be shared amongst two post-secondary field education teams.

Finally, a surprising outcome of the collaborative pilot was the increased development of professional social work identity and relationship building among the eight social work students from both PSIs throughout the duration of their practicum. Having eight students from both the University of Calgary and MacEwan University meant that there was a diversity of social work education backgrounds and experience included in the group supervision sessions. Throughout the semester, it was evident that this group of students had formed strong connections and that the peer support and shared perspectives provided opportunities for increased networking and a deeper development of social work identities. This was an outcome that occurred naturally and without intent in original pilot planning, yielding increased positive outcomes for the student participants.

Instructor led supervision

The pilot provided an opportunity to re-imagine the role of post-secondary institutions in supporting student practicums. Traditionally, social work students are placed in a practicum setting with one registered social worker who agrees to provide supervision for the student throughout the duration of the practicum. This social worker is called the field instructor and is the main contact for the student. Within this traditional model of field education, a successful and meaningful student learning experience requires field instructors to coordinate and implement numerous tasks – above and beyond their workload demands. For instance, in this traditional model, field instructors provide orientation for students, guidance as students develop their individual learning agreements, weekly and ongoing strengths-based and developmental feedback and support, and encouragement for students to come to supervision meetings prepared to ask questions of and discuss their emerging practice (Muskrat et al., 2019). Field instructors are also required to complete the mid-term and final evaluations and documentation for evaluating students’ progress in the practicum. Field instructors play essential roles in the development of social work students and, take on many responsibilities, including acting as role

models, mentors, teachers, and assessors for practicum students (Ayala et al., 2018). Although these roles and functions are vital, within the traditional model of social work field education, such responsibilities, particularly without protected time, are labour intensive for field instructors.

In this pilot, field instructors' roles were redesigned to include the AHS-FI and two FFIs, one from each university. Students' supervision needs, evaluation, and documentation became the responsibility of the post-secondary institutions faculty field instructors (PSI-FFIs) instead of the AHS-field instructors (AHS-FIs) as would be the case in the traditional practicum model. There were several benefits to having PSI-FFIs on-site to lead the implementation of this pilot. By having the PSI-FFIs responsible for student supervision, evaluation, and documentation, AHS-FIs were liberated from administrative tasks, increasing their capacity for field education. Additionally, having an FFI from PSIs facilitate supervision ensured that there were direct connections made between social work theory that students were learning in classes to the skills they were practicing in practicum. Furthermore, it allowed for some quality assurance around the depth of students' practicum experience and the adherence to PSIs' values and ethics. Finally, instructor led supervision allowed for the students to have assured consistency in supervision as they were building relationships with multiple AHS-FIs throughout their assigned placement rotations.

Rotational placement assignment

The rotational placement assignment of this model has the potential to enhance social work practicums by providing students with comprehensive and diversified experiences. This aspect allowed students to gain exposure to social work practice in a variety of units where they were able to learn about the diverse roles and responsibilities of social workers in a hospital setting and observed different social workers practice styles and approaches. This broad exposure supported students in developing their professional identity and contributed to them being ethical and versatile social workers who can practice in a range of settings. As stated by a participant, "We have to learn to really work with people, you really encounter new things or new obstacles every single day, and it really does focus collaboration and communication" (BSW social work practicum student, personal communication, 2023). This versatility in practice is a key aspect of our profession and will equip students well as they respond to the challenges of a dynamic and every changing field.

Relational student selection process

The student selection process has historically been unnecessarily competitive and involved an interview with the manager and/or social worker at the practicum site (Srikanthan, 2019). The pilot removed the responsibility of student selection from AHS, shifting it to the PSI, who had developed strong relationships with the students and understood their learning needs and goals. Students were selected based on their interest in healthcare and their demonstration of interpersonal skills. The focus was on selecting diverse students who are active learners, keen to

dive into new experiences, challenge themselves, and grow professionally as opposed to those who had previous healthcare experience, which is erroneous to field education as a learning opportunity. Students who were selected for the pilot project wrote a short letter to the AHS teams to introduce themselves and share their interests and hopes for the practicum.

Near peer mentorship

An MSW practicum student supported the pilot by co-facilitating the group supervision sessions at the end of the week as a form of near peer mentorship. The MSW student's participation in the pilot was beneficial for the students' learning as well as their own professional development (Ramani et al., 2016). The MSW student was able to build their supervision and leadership skills while bringing diverse practice experiences into the supervision sessions. Providing an opportunity for a MSW student to participate in the mentorship and supervision of BSW students strengthens skills, confidence, and competencies to support the students as future practitioners. The near peer mentorship aspect of the model also builds capacity within the social work profession by increasing practicum opportunities and supervision experience of MSW students as they prepare for their future roles as practitioners (Ramani et al., 2016).

Challenges and opportunities

Conceptually, this pilot aimed to build social work skills from rotation to rotation. However, this was a challenge due to the short duration of each rotation (3 weeks). Given the organizational complexity of contemporary hospital environments, both students and AHS-FIs felt it was important to spend time orientating to the unit as well as to each other. Moving forward, it will be important to extend each rotation and to work with the AHS social workers to clearly differentiate social work competencies within each rotation and to intentionally link learnings across all rotations.

This pilot required a creative funding model for the role of PSI-FFIs. Traditionally, PSIs hire and fund external field instructors to provide supervision when a social worker is not available at the practicum site. Instead, this pilot rerouted funding towards the new role of the PSI-FFI. Collaboration and resource sharing between all stakeholders will be critical to sustaining the ILRM. It will be important for AHS to support their staff to attend training hosted by PSI on topics related to student success in practicum, including effective supervision and providing constructive feedback. Furthermore, it is imperative that PSIs continue to fund FFIs for similar roles as well as provide training opportunities for field instructors.

Conclusion

The ILRM represents a significant innovation in social work field education. By fostering collaboration among students, post-secondary institutions and healthcare social workers, this model not only addresses ongoing challenges but also promotes a stronger and more cohesive social work profession. It challenges traditional competition by providing a platform for collaborative learning and support, relieving field instructors of administrative burdens through its near peer model and deepening social work identities among participants.

Moving forward it is imperative that other social work programs consider adopting similar models to address the pressing needs of field education. By embracing innovative approaches like ILRM, we can mitigate the competition for placements, especially in urban settings with multiple schools vying for limited opportunities or in rural settings with limited supervision capacity. This call to action is essential for ensuring the continued growth and effectiveness of social work education and practice, ultimately benefiting both future professionals and the communities they serve. We offer an example of what we learned through this collaboration and how this impacted our practicum partners and social work students in positive ways.

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No conflict of interest to disclose.

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