Implementing a new model of clinical education for social work

Lessons from the health services sector

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Presentation Outline

- **Changing paradigms**: looking at a new model of clinical education for social work
- **Utilizing frameworks**: How action research/learning and the notion of ‘Communities of Practice’ adds to change implementation processes
- **Reporting on**: preliminary findings from our research into the implementation of a new education model across organisations
Changing Paradigms: Defining the Change

Traditional (Apprenticeship) Model
FROM

- Individual placements
- Individualistic Student-supervisor Relationships
- Learning in one practice team/setting
- Teaching and Learning driven by an individual practitioner/supervisor

Tem-based (Clinical Rotation) Model
TO

- Students placed in teams of 8-12
- Multilayered Supervisory Relationships
- Learning across at least two practice teams/settings
- Whole-of-organisation approaches to student teaching and learning
Rationale for the Change

- Broader student practice and supervisory experiences in clinical placements
- Reduction in Supervision Time for Front-line Practitioners
- Greater self-directed and peer learning in line with adult learning principles
- Building future workforce and professional capacity through clinical placements
- High level of stakeholder satisfaction with the clinical placement experience
Joint Enterprise
to develop, implement & evaluate
a team-based clinical rotation model
for social work
Mutual Engagement
Joint Enterprise
Shared Repertoire
Elements of Fidelity

Year 1 (based on Gearing et. al’s 2011)

**Design**
- Clinical Educator Role
- Rotation Supervisors providing live and task supervision
- At least two rotations in one placement experience
- Group and Peer Supervision fortnightly

**Training**
- Pre-placement training for students, supervisors and organisations delivered face-to-face across health services

**Monitoring Delivery & Receipt**
- On-line surveys at critical points in the placement cycle
- Surveys focused on tracking the experience from the perspective of all key stakeholders – supervisors, students and Clinical Educators
Implementation Approach

Planning for change

Implementing the change

Reflecting on the impact and outcomes of the change

ACTION RESEARCH CYCLE
Planning for change

Implementing the change

Monitoring Delivery & Receipt
Tracking the Experience

Reflecting on the impact and outcomes of the change

Assessing Impact
Reflection on Outcomes

Implementing the change

Planning for change

Reflecting on the impact and outcomes of the change
Some Preliminary Findings
Comparing Year 1 with Year 2
Student Satisfaction with Clinical Rotation Placement Over Time
Comparing Year 1 & Year 2

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Levels of Supervisor Satisfaction with the Clinical Rotation Program: Comparing Year 1 to Year 2

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Key Enablers – Year 1

- **Leadership support** at each of the health services for implementation of the new model

- **Careful selection** of appropriately skilled and motivated staff in the Clinical Educator role – ‘change agents’

- **Allocated funding** for the Clinical Educator role

- **Preparation** – pre-implementation delivery of face-to-face training to students, supervisors and other key stakeholders about the change – explaining rationale and implementation process
Key Irritants– Year 1

- Supervisors’ learning and support needs not sufficiently planned for in Year 1 implementation – Key themes:
  (a) a sense of loss of control over the student education process for supervisors;
  (b) lack of role clarity in the new model;
  (c) insufficient knowledge and skills about how to perform the supervisor’s role under the new model

- Insufficient structure and process around formative assessment and handover of students between rotations
Elements of Fidelity – Year 2
(based on Gearing et. al’s (2011) definition of the major components of fidelity)

**Design**
- Clinical Educator Role
- Rotation Supervisors providing live and task supervision
- At least two rotations in one placement experience
- Group and Peer Supervision fortnightly
- **Structured handover processes between rotations**
- Structured approach to formative assessment

**Training**
- Pre-placement training for students, supervisors and organisations
- ‘Just in time’ supervisor session throughout placement period
- Clinical Educator workshops throughout placement period
- Individual coaching of supervisors

**Monitoring Delivery & Receipt**
- On-line surveys at critical points in the placement cycle
- Surveys focused on tracking the experience from the perspective of all key stakeholders – supervisors, students and Clinical Educators
- **Structured handover process between rotations**
Year 2 Findings – Key Themes

- Executive commitment and sponsorship of the change process
- Vertical and horizontal engagement in the implementation process
Year 2 Findings – Key Themes

- Developing a common language around the change

- Intra-organisational partnerships as a lever for change

- On-site change agents are critical – and they need to be appropriately-positioned within the organisation
Moving towards ‘Full Operation Stage’ in the Implementation Process:

‘..one of the big things that has changed is I think that we have got the student program to a point where we feel confident with it, and it has actually sort of flowed out into the Department this year. And what I mean by that is all staff are involved in student education, and the QA Coordinator is taking responsibility for the quality projects allocated to the student team, as she normally does with staff, and the Director is taking a role in it...I guess that things that probably stayed more in house in previous years have reached a point where they are flowing out to the Department’

(Clinical Educator)
Building Capacity through Systemic Partnerships

‘..there has been a lot of change in culture with this program and I think the value has been that it has allowed us the opportunity, for us as an organisation and you as a University, for us both to learn each other’s language and so, all of a sudden the transition and the flow becomes a lot easier between the two....I think we are now starting to build capacity in people who are talking both languages... so the students are getting a clearer message and an understanding of what the expectations are, but the University is meeting the University’s needs and the organisation is meeting the organisation’s needs, but the shared approach makes the flow better’.  

(Clinical Educator)