

Implementing a new model of clinical education for social work

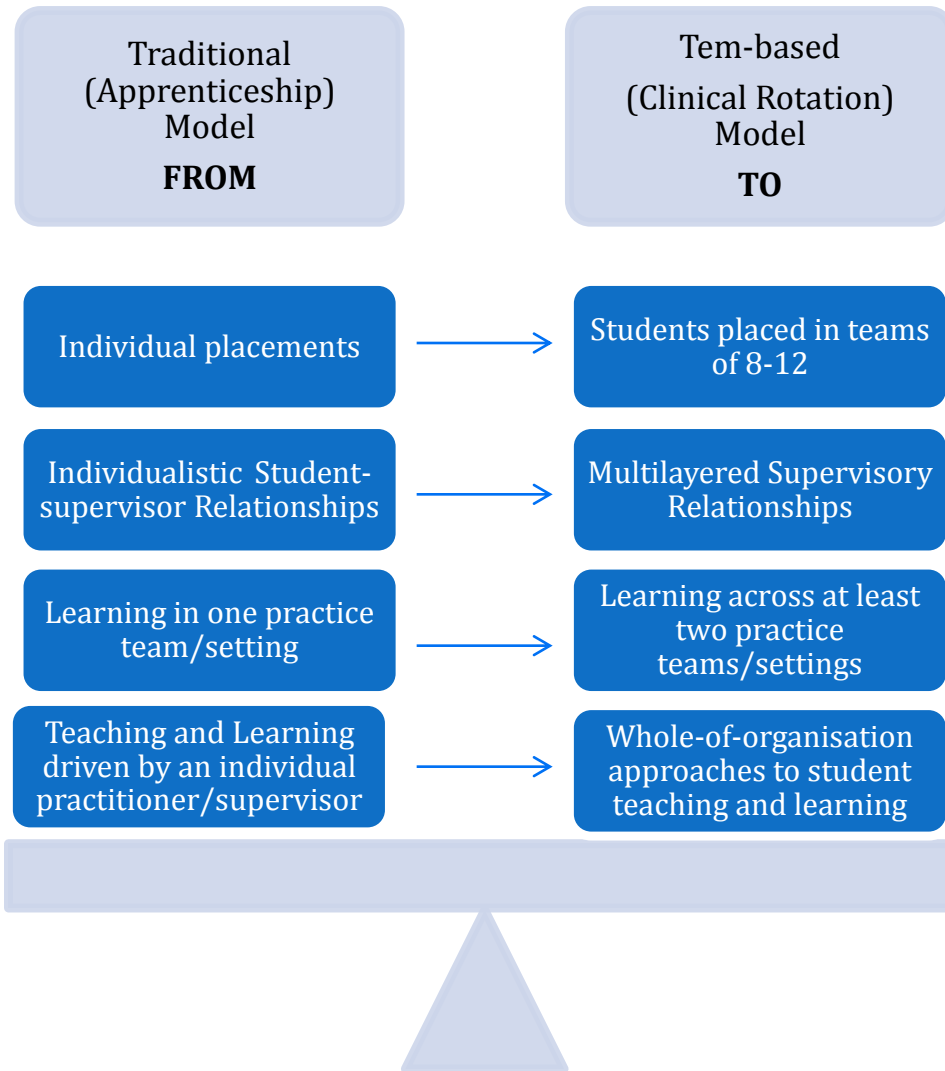
Lessons from the health
services sector

Sevi Vassos

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



Rationale for the Change

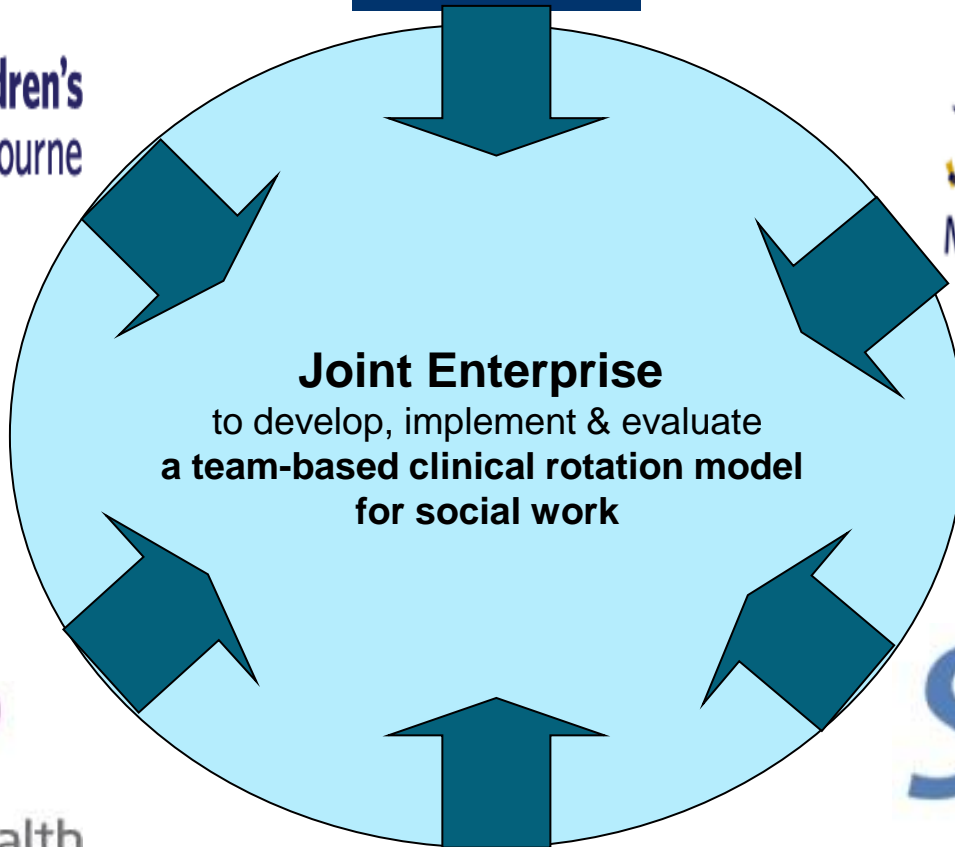
Broader student practice
and supervisory
experiences in clinical
placements

Reduction in Supervision
Time for
Front-line
Practitioners

Building future
workforce and
professional
capacity
through clinical
placements

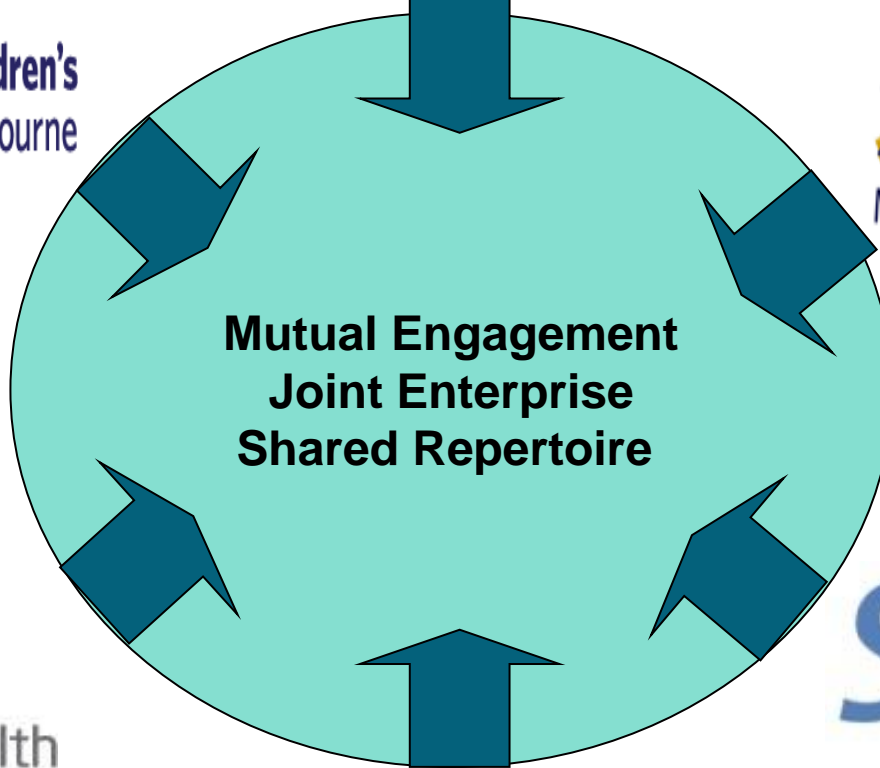
Greater self-directed and
peer learning in line with
adult learning principles

High level of stakeholder
satisfaction with the clinical
placement experience



Western Health





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

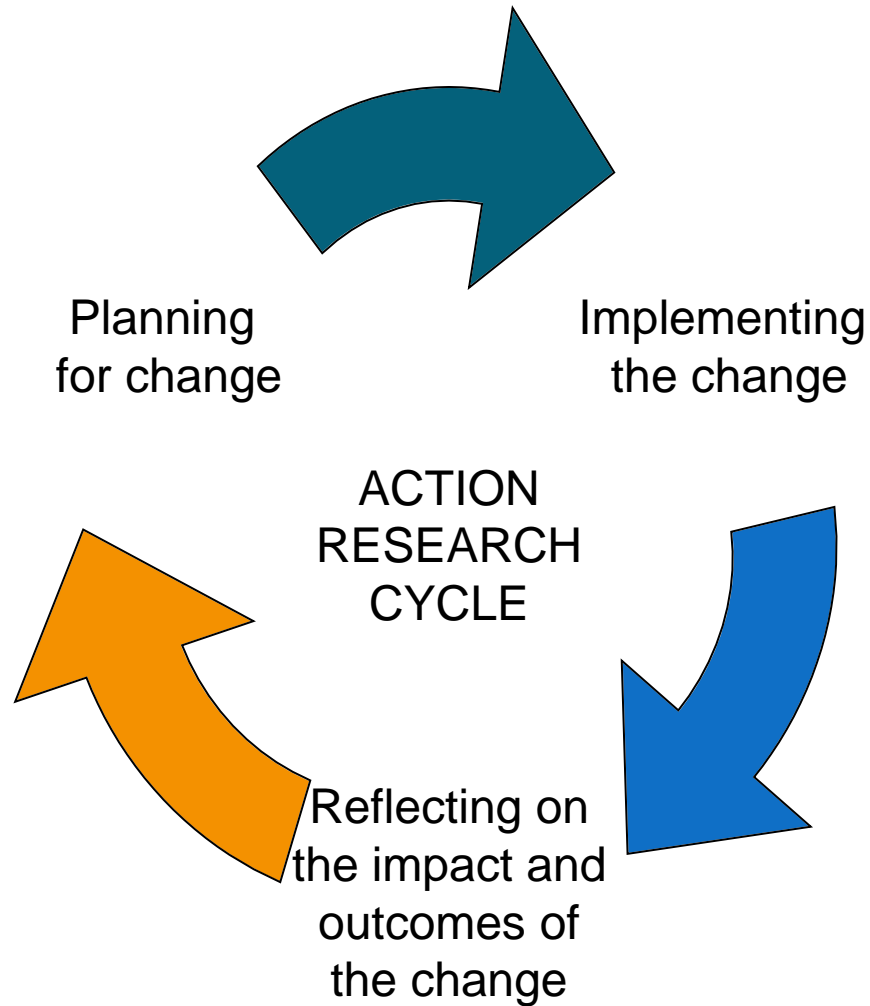
Training

- 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

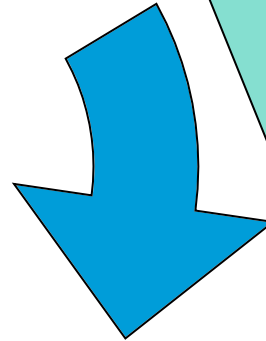
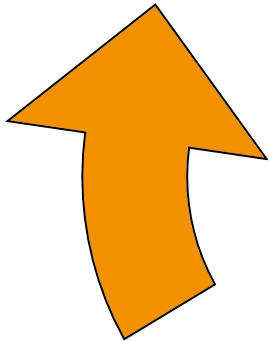
Implementation Approach



Planning
for change

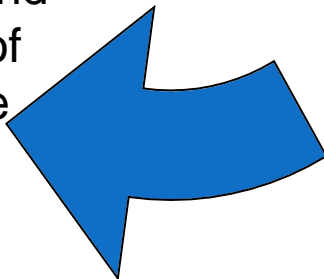
Implementing
the change


**Monitoring Delivery
& Receipt**
Tracking the
Experience



Reflecting on
the impact and
outcomes of
the change

Assessing Impact
Reflection on Outcomes



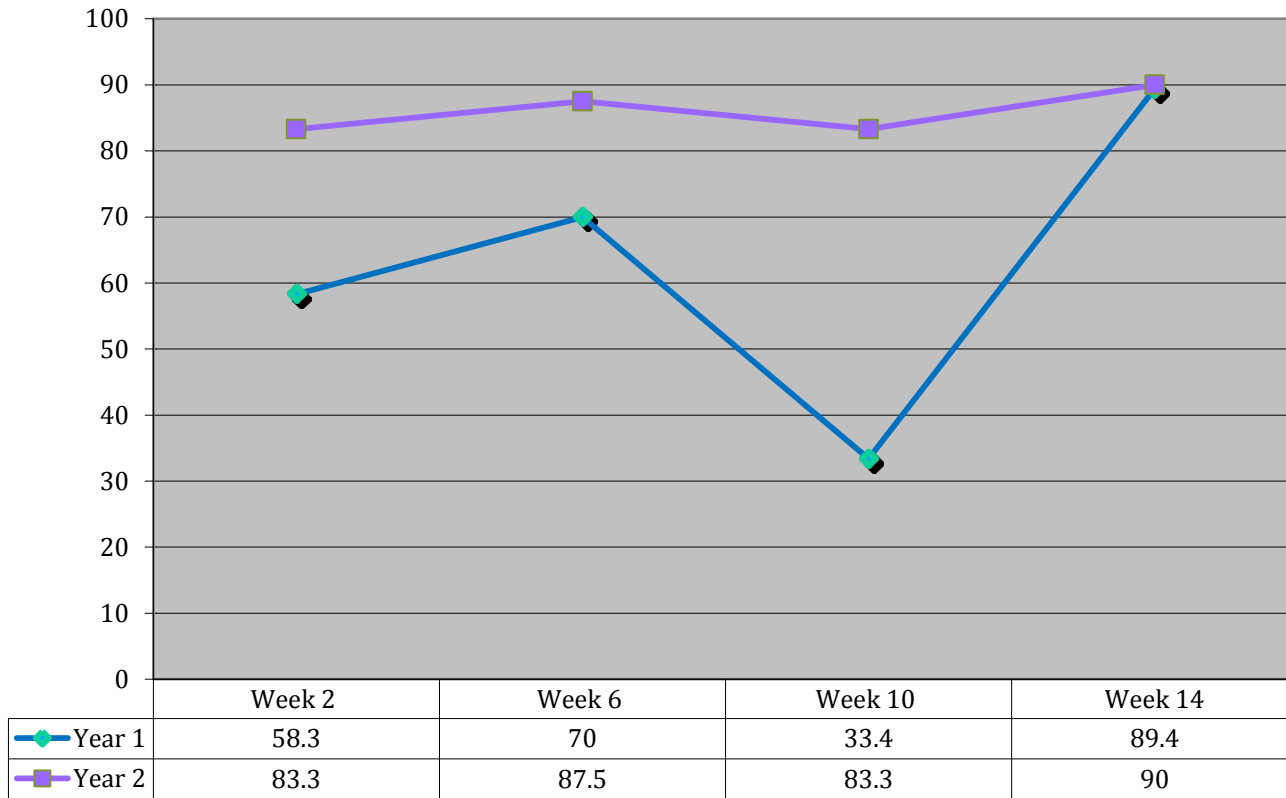


Some Preliminary Findings

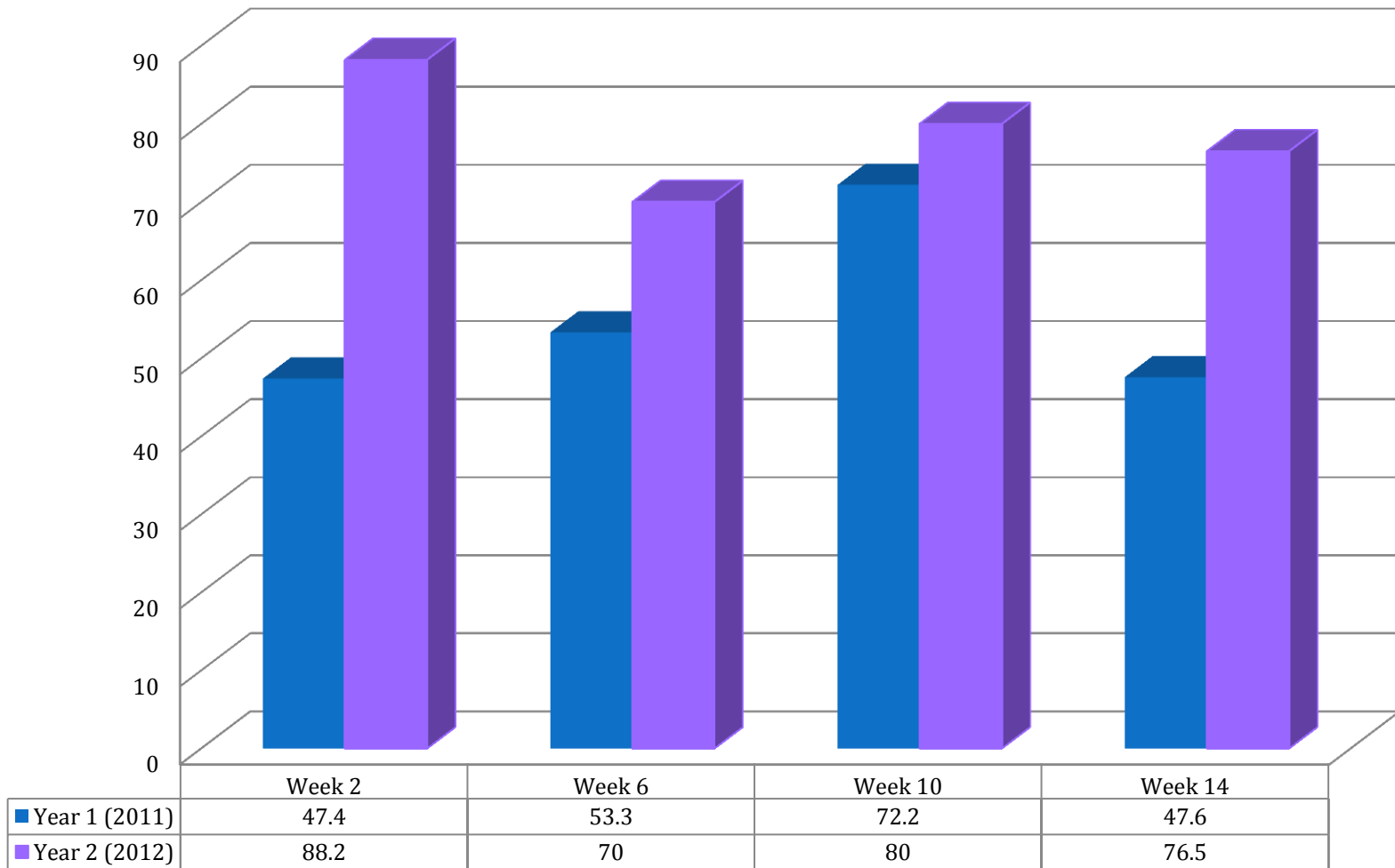
Comparing Year 1 with Year 2



Student Satisfaction with Clinical Rotation Placement Over Time Comparing Year 1 & Year 2



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



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)