

Strategies for facilitating social work placements in general practice

Ines Zuchowski, Simoane McLennan, Tarun Sen Gupta, Rebecca Lee, Lawrie McArthur, Toni Weller

Background

Hosting social work placements within general practice can provide opportunities to extend interdisciplinary skills, increase the ability to meet patient needs and improve understanding of social work as a discipline.

Objective

This paper is based on an Australian pilot project involving social work students being placed in general practice for their 500-hour placements. Collaboratively written by academics and practitioners from social work and general practice, it provides key strategies guiding practices to optimise implementing social work student placements. It identifies strategies to design the placement, select students and to prepare practices, supervisors and students to benefit student learning and the general practice.

Discussion

Preparing key stakeholders, providing targeted supervision, longer appointments for social work students and involving all stakeholders are key strategies to successfully facilitate social work placements in general practice. Hosting social work students effectively can further develop multidisciplinary practice, connecting general practices even more with best practice, research and community.

GENERAL PRACTICE IN AUSTRALIA

is a medical speciality, with general practitioners (GPs) often the first point of contact for personal healthcare, caring for, educating and coordinating care for patients with diverse characteristics and diseases.¹ Social workers can support GPs in patient care, assisting to address the social determinants of health.²⁻⁵ Social workers can support the social healthcare and wellbeing of patients with complex care and health needs in general practices.⁶ However, the evidence is limited, with further research required to strengthen the evidence and increase the understanding and value of social work in general practice.⁷ Social work students undertake lengthy field education experiences to understand the professional social work role in the specific organisational context.⁸ This paper is based on an Australian pilot project (Figure 1), which placed social work students in general practice to increase the integration of social work in general practice and prepare students for the general practice setting, demonstrating benefits for patients, the clinics and student learning.⁹

The research findings highlighted four dimensions (Figure 2) important in social work student engagement in general practice: clinic context, opportunities and environment; student qualities and learning goals; preparation and professional development; and access to

supervision.⁷ These findings are consistent with established practice in work integrated learning.⁸

This paper presents key strategies to facilitate social work student engagement in general practice shaped around the four critical processes for successful student engagement of planning, preparation, implementation and evaluation (Figure 3).

Planning

Preplacement planning involves developing a partnership with local social work education providers, designing the placement, selecting the best-fit students and ensuring safe and welcoming settings. Existing relationships with medical schools can be used to develop new relationships with social work faculties. It is useful to explore differences in service delivery, scope of practice and skills sets in the partnership development.⁹

Engagement of key stakeholders such as the lead GP, practice manager, university representative and/or educator in the development of a new placement opportunity is important in co-designing an approach to teaching and learning. It will allow for the logistics of consulting room space, scheduling, diversity of workload and patient management systems to be considered alongside the expected length and format, as well as learning outcomes reflecting social work knowledge, skills and

areas of practice, when exploring whether social work placements suit both the practice and the students' learning needs. Given social work students undertake two 500-hour placements,¹⁰ it is important for practices to consider how they can provide a constructive learning environment, collaborative working relationships and opportunities to support, observe and discuss the work of others before taking on a student.⁸

A welcoming general practice setting, formalised supervision and a

comprehensive curriculum to guide and support the students is needed to scaffold the learning experience (Figure 2). It is recommended that supervisors are recruited, clear induction processes are developed and that information resources and scheduling opportunities for colleagues are established. A community of practice around supervision skills can support supervisors to facilitate the student learning experience.

Although the education providers will make a preselection about suitable

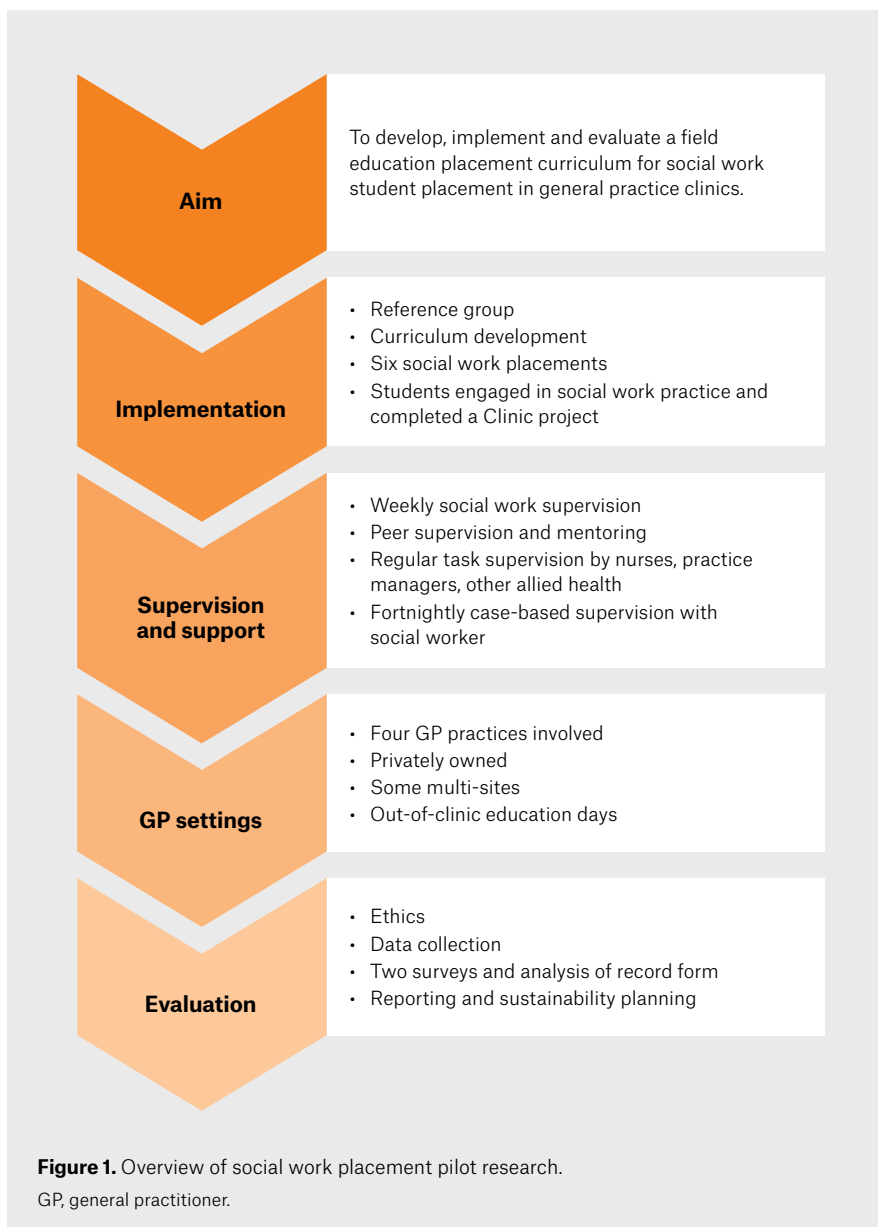
students, the placement student interview is a chance to get to know the student, discuss learning and involvement opportunities and discover each other's expectations. It is important to assess students' ability to articulate their social work competence, their understanding of social work in health and their general knowledge of health conditions (or how to acquire that knowledge) and their ability to adjust to the clinic setting. The preplacement interview is a chance to explore whether the social work students referred to the clinic are sufficiently confident, proactive and open to learning (Figure 1).

Preparation

Preparing the practices, students and supervisors prior to starting will create a suitable learning environment. Staff should be familiar with the students' learning needs, as well as everyone's expectations of the placement. Building 'strong, positive learning environments in organizations and teams that welcome students and view teaching and learning as mutually beneficial' is crucial for robust pedagogy in field education.¹¹ Take time to build relationships early.

The pilot highlighted that preparation, supervision, research, networking and professional development supported student learning and growth, and enabled the students to better support patients as well as resource the clinics.⁹ Social work might be misunderstood by other health professionals,¹² so encouraging the students to share their social work experience with other health disciplines is valuable.⁹ Consider a student preparatory curriculum building; for example, knowledge of chronic health conditions and involvement of social work within an interdisciplinary team, as part of the induction before placement.¹³ A clinic orientation covering logistics, communications and legal aspects, such as note taking, scope of practice and a confidentiality agreement, is also important (Table 1).¹³

Supervisor preparation should consider options for student experiences, how the student will be introduced to patients



and others and how feedback will be provided. Immediate feedback, debriefing and discussion, as well as positive affirmation, are strategies that reinforce learning.⁸ Supervision can create a safe environment where the expansion of responsibilities and tasks can occur as the placement progresses. If a supervisor has not previously supported students on placement, consider co-supervision with more experienced practitioners.⁸ Ensure supervisors have the time available to provide regular feedback and supervision.

Implementation

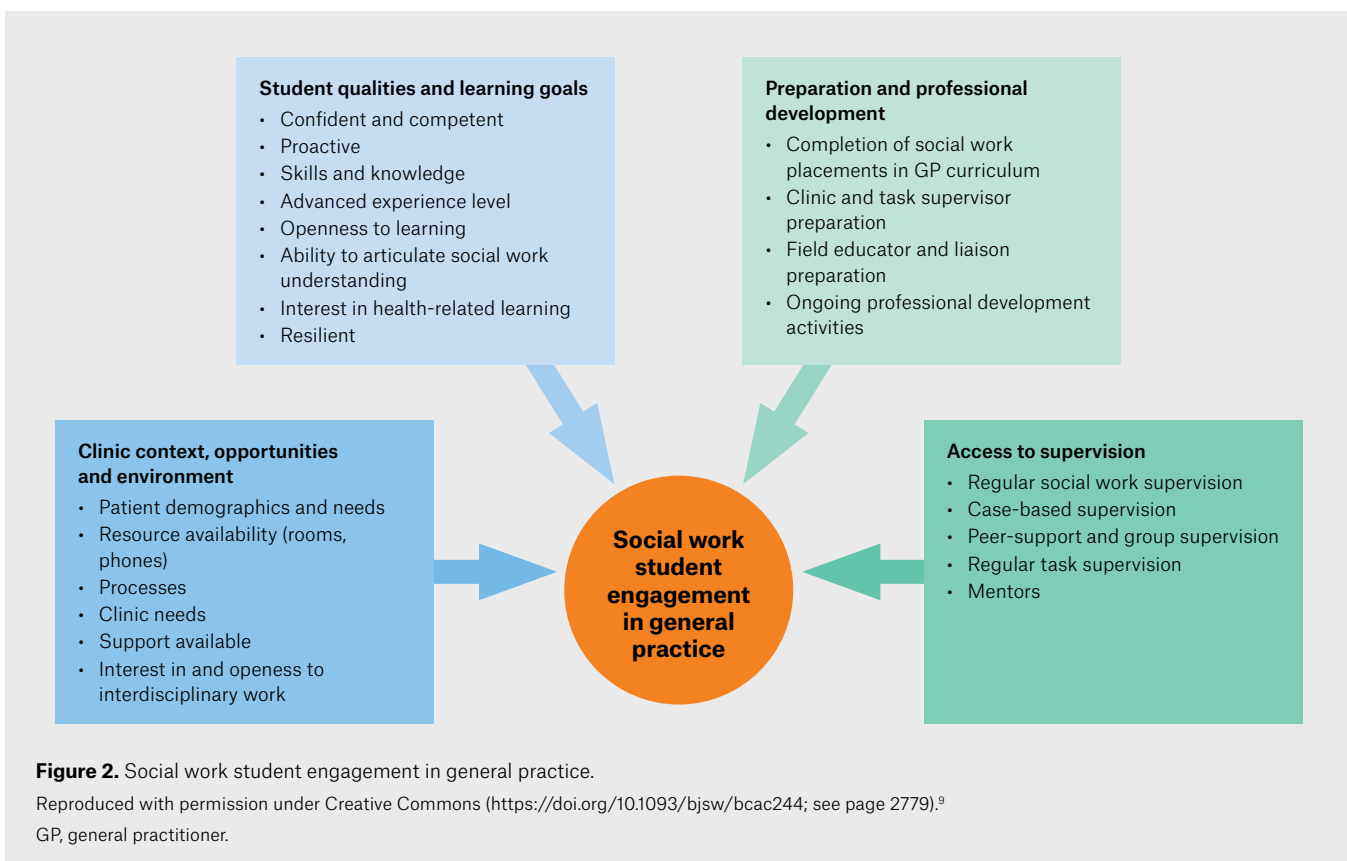
Supervision, the involvement of a variety of staff, time with patients and valuing the placement are key considerations while students are on placement. Regular supervision by a qualified social worker, as well as task supervision, peer support, reflection and debriefing, will be needed^{11,14} (Figure 2). Where there is no social worker onsite, students need

to also receive external supervision from a qualified social worker.¹⁰ Task and social work supervisors need to inform each other.¹³ Task supervisors guide the students' learning tasks and provide an interdisciplinary perspective.⁸ GPs, practice managers or nurses could be task supervisors and would be involved in assessment processes (ie learning plan, reviewing progress and providing feedback).⁸ Regular check-ins with students are important for learning, and to ensure that an assigned task supervisor has oversight of what students are engaged in and how they are delivering services. Constructive feedback is significant for the development of practice competence and identity.

Student learning is facilitated by opportunities to be observed in their practice and observe other qualified practitioners work.¹¹ In the pilot, students had opportunities, such as assisting patients and family with information and details to liaise with, navigate and

organise residential aged care facilities for respite care or long-term residency. Direct practice experiences are important because they will make a stronger contribution to student learning than observation alone.¹⁵ The immersion of students in all aspects of the practice allows them to participate in patient interactions and to understand the business of general practice holistically.

Developing clear referral pathways to the social work students for clinic staff is important.¹² Scheduling longer appointments with patients for social work students will address students' learning needs and patients' needs and outcomes. Social determinants of health influence a person's health outcomes and wellbeing,¹⁶ yet many Australians are reluctant to discuss these determinants with their GP.¹⁷ Additional appointment time will provide patients with an opportunity to discuss relevant and important issues within a social worker's scope of practice. Students might suggest and facilitate involvement



with appropriate community services. This information might assist the treating GP to develop a more holistic management plan. Social work students can offer brief therapy and intervention support, as well as assessment and contribution to management planning for mental health care.

Social work placement students are first and foremost learners. Students will need time to follow up with research, network and referrals after seeing a patient due to the broad scope of work. Students need time to meet assessment and supervision requirements. Figure 4 provides an indication of how students could invest their time.

Taking students on placement can be a professional development opportunity for the supervisor. Social work students’

broad range of activities and associated skills makes them well placed to undertake a small project or research suitable to and useful for the clinic context. Project opportunities need to be explored and negotiated with the practice task supervisor to ensure that the project is suitable for the general practice clinic.

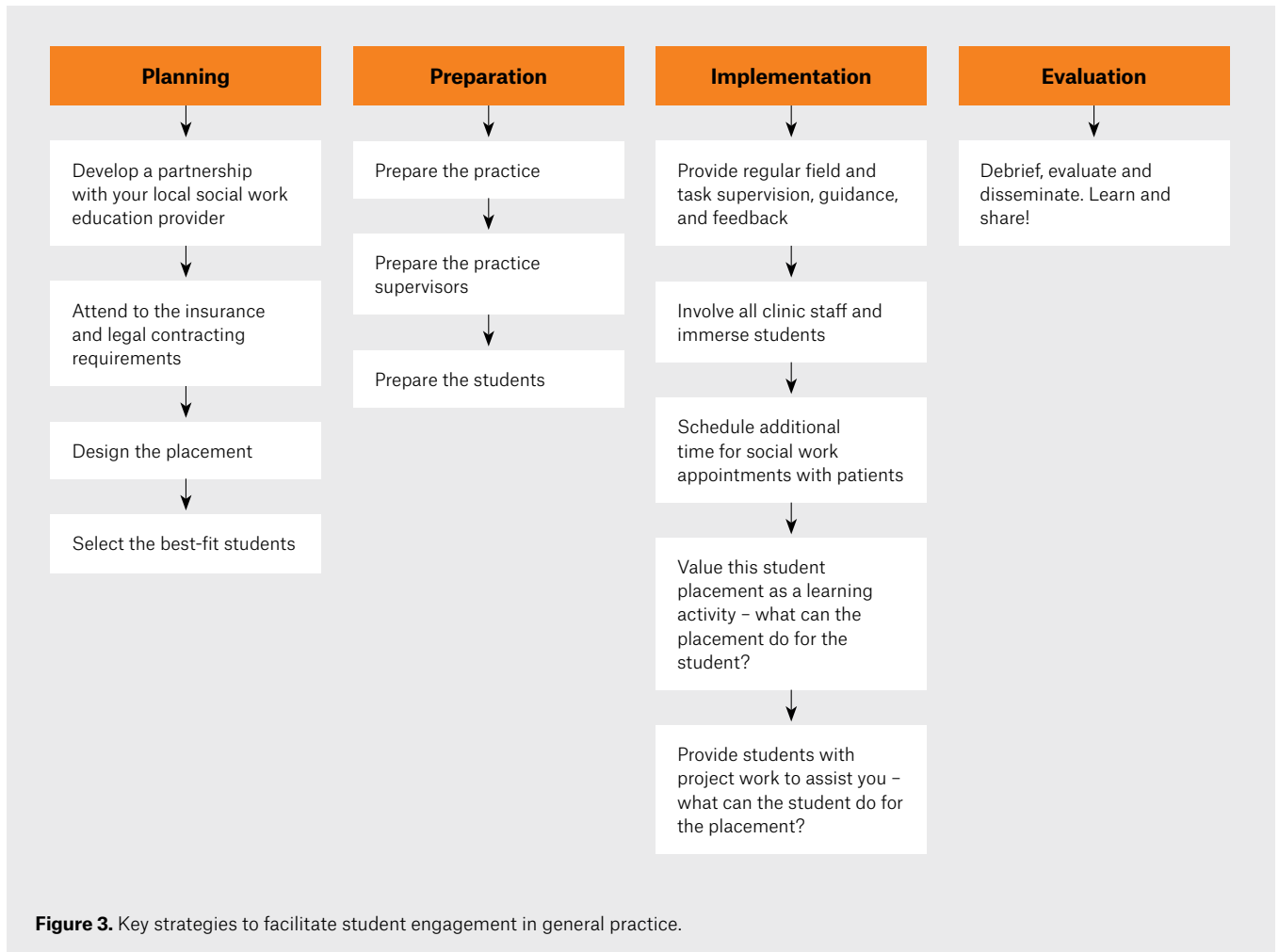
Evaluation

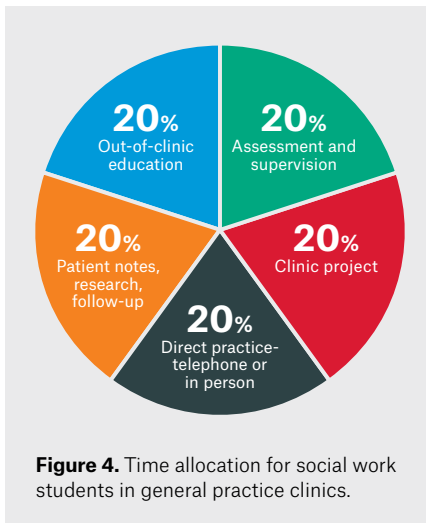
Newly introduced programs need careful evaluation involving all stakeholders and multiple perspectives. Post-placement feedback sessions with teaching sites and debrief with students are key to understanding what worked and what areas need attention. Open feedback and communication between stakeholders can strengthen the program, enabling it to be

scaled up as additional students and staff buy into the innovation. Formal reports using a variety of available data sources are likely to be of interest to curriculum committees and accreditation bodies. It is valuable to share findings with colleagues within practices and institutions and at professional conferences.

Conclusion

Hosting social work placements offers general practice the opportunity to extend interdisciplinary practice, better respond to patient needs and gain a better understanding of social work. The strategies presented here, identified through research, will be effective in hosting social work students so that the experience is positive for





clinics and students. Establishing and maintaining positive relationships with key stakeholders will facilitate good learning opportunities and effective engagement of social work students in general practice. Working closely with social work education providers and helping students develop a small project that is useful for the practice context will strengthen capacity to ensure patient and community wellbeing. Ongoing collaboration, joint evaluation and dissemination of results will enhance evidence-informed practice.

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Table 1. Orientation to clinic checklist example

Clinic orientation	Date
Orientation to clinic space, including fire safety, first aid, parking and amenities	
Introduction to practice team	
Practice manager	
Administration team	
Practice nurse(s) if applicable	
Other allied health practitioners	
GPs	
Find out communication processes within clinic: meetings, emails, chat, telephone	
Establish how you will introduce social work to the GP clinic team and patients	
Speak with task supervisor for access to policies and procedures in the GP clinic	
IT and record keeping	
IT, internet and intranet access	
Login created for best practice/medical director	
Explanation of telephone system, fax and photocopier	
Explanation of note-taking requirements	
Set up data collection/reporting system for placement	
Confidentiality agreement signed	
JCU placement requirements	
Make contact with the liaison officer and introduce self	
Start to work on learning goals and plan in conjunction with task supervisor	
Set up arrangements for weekly supervision with field educator	
Commence time log	
Book training and out-of-clinic education days in calendar	
Meet with field educator and task supervisor together in Week 1 (latest Week 2) to establish roles and goals	
GP, general practitioner; IT, information technology; JCU, James Cook University.	

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