

Graduate Social Work Students: Reflecting on Inter Professional Education with Medical School Students

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Abstract: In her role as the director of a school of social work, one of the authors of this narrative welcomed opportunities to provide students with hands-on opportunities beyond the classroom or their field experience. Summer was coming to a close and the fall course plans were being finalized when personnel at a medical school approached me to discuss social work students participating in an inter-professional educational (IPE) simulation. What resulted was the beginning of a valuable collaboration that provided enriched, applicable, learning experiences for social work and medical students as they prepare for their professional practices.

Keywords: professional education; interprofessional education; medical schools; simulation training; consultation simulations

Social work education relies upon both traditional and non-traditional pedagogies to educate students. The traditional classroom experience establishes a core understanding of the profession's values and knowledge. This experience begins the process of developing competent social workers. However, it is the non-traditional settings of field education where the classroom and real world practice meet. The traditional or formal classroom environment produces a student who "should know" social work skills and who is prepared to be tested for her proficiency. Most social work students will tell you, however, that they did not really learn how to apply their classroom knowledge until they engaged in their field practicum experience. Field education offers social work students the opportunity to refine their communication skills, collaboration skills, and the specific practice behaviors that help lead them to a successful social work career. Inter Professional Educational (IPE) experiences offer a "bridge" between pedagogies; a non-traditional simulated environment with multidisciplinary options, which include instructor and student observations, critiques, feedback, and reflection. Two definitions offer a conceptual definition of IPE for this reflection. First, the Centre for the Advancement of Interprofessional Education (CAIPE, 2002) provides the following definition ". . . two or more professions learn with, from and about each other to improve collaboration and the quality of care." While The World Health Organization (WHO, 2010) offers the following definition of Inter-Professional Education, "When students from two or more professions learn about, from and with each other to enable effective collaboration and improve

health outcomes" (p. 13). These definitions of IPE both share common language about the importance of two or more professions sharing and collaborating toward the goal of effective outcomes. IPE's are a teaching method which can enhance and deepen the knowledge gained in the classroom with tangible skill building which leads to positive learning experience and better prepared students when they enter their professional practice.

Learning skills in an actual practice environment offers a multidimensional experience. Being in the setting where practice occurs, involves subtle nuances of integration of knowledge and perception with the capability of doing the work in the company of other professionals and their work cultures. The traditional classroom experience does not contain these dimensions. The premise behind IPE is to capture these dimensions and allow students to practice in a supportive environment.

IPEs are growing in popularity, as evident through increasing implementation in higher education in recent years (Engum & Jeffries, 2012). IPEs originated with health care professional education as a means to address the problem of preventable patient deaths and injuries attributable to miscommunication among medical professionals (Engum & Jeffries, 2012). Higher education is currently struggling with public perceptions of accountability, the employability of students, the cost of the education, and the practical application of the knowledge gained by students. IPEs offer a declaration that students upon graduation have skills and knowledge that have prepared them for success.

In the summer of 2013 our school of social work was invited to take part in a standardized patient simulation IPE at a local Medical school. The course instructors began meeting with personnel from the Medical School to design and implement social work student involvement in the IPE exercise. Ten students were chosen from the full complement of 60 students. Eight students ultimately participated in the IPE.

Simulation Training and IPE

Simulation training in an IPE model offers medical service students the opportunity to learn the expectations and choreography of teamwork in a clinical setting. From a social work perspective, a medical service team is incomplete without a medical social worker. Social work brings a “Person in the Environment” focus to medical service teams, encouraging medical professionals to consider environmental and relational factors in the patient’s life when gathering information or developing a treatment plan. IPE has growing acceptance as a training model in academic settings (Engum & Jeffries, 2012). Chan, Lam, and Yeung (2013) report that interprofessional experiences provide students with an understanding of team work as well as insight into the importance of a holistic approach. The experience of participating in the IPE breaks the silos of different professional preparation, jargon, hierarchical expectations and stereotypes. It allows a student the freedom to question a conclusion or offer a suggestion in a simulated setting without real world consequences. One of the social work students who recently participated in an IPE at a medical school said,

I enjoyed the experience of other professionals learning the role social workers play in communications and interacting with people. I also liked hearing what medical doctors believed we needed to know prior to making referrals or suggestions. I was shocked at their misunderstandings of our roles in providing services, so I found this highly beneficial experience to be sure...

For social work students, an IPE aligns closely with the National Association of Social Work (NASW) Code of Ethics and the Council on Social Work Education’s (CSWE) professional competency

expectations. The NASW Code of Ethics (2.03) calls for Interdisciplinary Collaboration as part of social workers’ responsibilities for effective treatment of clients. Further, a teamwork approach provides for wellbeing of clients in multidisciplinary settings. The profession’s ethical obligations call for social workers to work within their area of competence and to emphasize the importance of human relationships. This is also one of the core competencies of Interprofessional collaborative practice (Interprofessional Education Collaborative Expert Panel, 2011).

Four core competencies for collaboration are identified by the Interprofessional Education Collaborative Expert Panel (IPCEP, 2011). Ethics, roles, communication and team work are the core competencies of interprofessional collaborative practice (IPCEP, 2011). These competencies of interprofessional collaboration parallel with Social Work Education’s core competencies. The Educational Policy and Accreditation Standards (EPAS) of the Council on Social Work Education (CSWE), call for the professional use of self (2.1.1) which parallel roles and responsibilities of the core competencies for interprofessional collaborative practice (IPCEP, 2011). While the EPAS call for and critical thinking (2.1.3) and direct practice (2.1.10), the interprofessional competencies of team work and communication. These core competencies when aligned between social work education and health care education enhance the experience for social work students to engage in active reflection of experiences within the field setting (CSWE, 2008).

Reflecting on an IPE with Medical School Students

Eight master level social work students had the opportunity to engage in an IPE simulation at a local Medical School. This group of students participated in an IPE involving standardized patients. The standardized patient simulation exercise involved actors portraying a patient, medical students, and other health professionals all simulating a practitioner-patient interaction. Social work students portrayed hospital/clinic social workers asked to consult on a case involving possible adult abuse and the need for social services to support continued home placement of an elderly patient with dementia being cared for in her home by her daughter. Students wrote an assessment of the IPE

following the simulation. Finally, a debriefing session which included medical students, social work students, and faculty was held to discuss insight gained and lessons of the collaborative experience.

The use of the standardized patient exercises is a regular part of the Medical School's curriculum. In the case that involved the social work students the Medical School faculty wanted to assess the ability of medical students to include consultation with other professionals who would normally be a part of a medical team. Medical students were given a general outline of the patient's background. Social work students were told only that the case involved an elderly person with dementia. This provided for a typical practice scenario from which to gather resources for the simulation. Seven standardized patient teams were trained and twenty-eight medical students interviewed the patient teams, one medical student at a time.

After charting their session, the medical students then assembled in teams of three and consulted one of the social work students. At the conclusion of the medical student/social work student consultations all participants gathered for a debriefing session. Debriefing was enlightening for both sets of students. New insights were gained in how better teaming could have been enacted in the simulations. Social work students and medical students shared their perspectives on how it felt to not have total "ownership" of the interaction with the patient. A particularly telling moment came in the debriefing session when the doctor in charge of the medical students asked them how they had reacted to the fact that the simulated caretaker daughter had presented with a black eye. The medical students admitted they had been unsure of how to address that black eye in their session. One of the social work students spontaneously commented, "Send them to social work, we're trained to ask the hard questions!"

More detailed reflections of the social work students provided insights into their experiences. One student wrote,

The first things I asked about were related to the patient's home environment and living situation, but the doctors had not

considered this. I think pairing with health professionals (for training) could help us understand their approach and help them understand (ours).

While another social work student mused,

It just seems so obvious to us that if social workers were included in medical teams more often it would result in patients complying with treatment plans because they would be assessed for environmental and support factors. Therefore fewer patients would be coming back too soon and too often.

The social work student comments help us to recognize that what we teach in the classroom can be reinforced in IPE as well as bringing a sense of competence to our students. This experience for our students is the catalyst for proficiency in a multidimensional professional settings. Scenarios are currently being written for IPE's that would include professionals in educational, criminal justice, business and clinical settings.

Conclusions

Videos of the IPE were produced of the consultation simulations and have been studied by social work students and professors for ideas to use in future IPE sessions. The medical school will be expanding the idea of IPE to include the school of health professions and nursing in the near future. Social work students who took part in this initial exercise are unanimous in attributing a sense of professional growth to the experience. One social work student responded:

"This exercise gave us the opportunity to show the skills we have so far. It also gave me a feel of professional importance. It was a very valuable exercise to prepare us for the future."

Additionally, the medical school and their students provided a positive reinforcement in both their reaction to the experience with our students and in the debriefing following the IPE. This helped to expand the scope of the student's (social work and medical) understanding of another perspective. The medical school personnel have invited our graduate social work students to collaborate in developing

new standardized patient case scenarios that would more fully address the needs of diverse patient situations. IPE's offer exciting prospects for social work students and faculty with new possibilities for knowledge, ethics and skill building. Indicators of increased student competence and improved patient outcomes make IPE an excellent opportunity for enhancing social work practice education in other practice areas. IPE is a perfect fit for the pairing of traditional and field training pedagogies of social work in many areas of practice.

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