



# Integrating Classroom and Field Assignments: Creating Comprehensive Assessment and Learning Opportunities

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## **Introduction**

In 2008, the Council on Social Work Education (CSWE) identified field education as the signature pedagogy for preparing future social workers to be competent, ethical, and professional (CSWE, 2015b). Historically, social work education segregated curriculum into micro, mezzo, and macro practice skills and theory. Over the past decade, the CSWE has revised the Educational Policy and Accreditation Standards (EPAS) as a curricular roadmap emphasizing integrating academic standards and practice skills into a cohesive, dynamic, and comprehensive curriculum (CSWE, 2015a).

## **Literature Review**

At both the baccalaureate and master's levels, social work education teaches the generalist method of social work practice. Clinically focused MSW programs integrate advanced clinical theory and practice in the classroom, using clinical vignettes and role-playing as a means of training and evaluating students. Students role-play with other students, alternating between playing the client's role and the clinical social worker. Contrary to common assumptions regarding the effectiveness of role-playing throughout a student's career, student feedback consistently suggests frustration and the lack of authentic engagement, the unnaturalness of the performers, and the structure of the vignettes as points of contention (Turner et al., 2019).

Better resourced MSW programs often recruit actors from the community (theater

departments, faculty, outside drama groups, etc.) (Petracchi & Collins, 2006). Universities with substantial funds have access to simulation labs, wherein faculty and students observe and evaluate clinical skills in an auxiliary viewing area via video. Increasing technological access allows programs to upload videos to classroom management sites such as Blackboard or Canvas for later review and comparative evaluation throughout a student's career.

In the field, virtually all host agencies no longer have access or the ability to use two-way mirrors for observation when supervising MSW students (anecdotal communication with preceptors.) Consequently, preceptors rarely have an opportunity to observe students engaged in clinical practice unless they are cofacilitating groups with the student intern. Therefore, the supervision of clinical practice skills and the integration of theory and practice rely on self-reports through process recordings, self-reflection, case presentations, and self-assessment (Cleak & Zuchowski, 2019.) While these methods have long been recognized as critical pedagogical tools for teaching interviewing skills, developing empathy, and allowing students to integrate theory into practice (Mooradian, 2007; Wilson et al., 2013), other researchers note that self-reporting is not a useful basis for feedback (Baxter & Norman, 2011; Beddoe et al., 2013; Bogo, 2015; Bogo et al., 2014).

Over the past several decades, and with the increased demand for clinical social workers, social work education has increasingly relied on field supervisors to carry the responsibility for training and evaluating MSW student clinical practice skill development as evidenced in actual practice (Hay et al., 2019). MSW programs are challenged to maintain quality clinical training field experiences (Wayne et al., 2010). Increasing economic pressures on host service providers, including dwindling budgets; growing and more involved community needs; increasing workloads; and fee-for-service, insurance-driven compensation models, make it increasingly difficult for them to host MSW students and provide the necessary supervision, which is also growing in complexity. In addition to weekly individual supervision, supervisors are expected to review process recordings, monitor progress notes, engage in teaching agency practice modalities, monitor students' ethical behavior, monitor hours, create and implement learning contracts, and provide midterm and final evaluations – all in addition to their professional responsibilities (and often without additional compensation or workload reduction).

MSW student interns use their clinical field internships to gain valuable experience by engaging in direct service and supervision. Field sites need to provide essential supervision throughout the students' tenure to train MSW interns effectively. In response to these challenges in the field, programs have relied on segregating classroom clinical theory and practice from field placements, attempting to teach theory and practice skills via simulation/role-playing exercises while allowing

student's caseload and progress notes to continue serving as field-based assessments (Bogo et al., 2017).

## Method

At a small, clinically focused private urban university in New England, classroom faculty developed an assignment for their advanced clinical practice course that integrates students' fieldwork and classroom theory and practice skills. Without access to simulation labs or sophisticated technology, four faculty members at this MSW program were committed to developing authentic assessment and evaluation exercises for their advanced-year students. The dilemma for faculty members was how to help students become self-aware of their skill development and allow classroom and field faculty to evaluate skill acquisition adequately.

Assessment is key to ensuring students acquire clinical practice skills and, upon graduation, are ready to begin utilizing those skills under licensed supervision (Bogo et al., 2014). The purpose of this integration of field and classroom assignments was to

- enhance clinical practice skill assessment and evaluation,
- engage classroom faculty and field preceptors through a joint assignment,
- identify the integration of theory in professional settings with "real clients," demonstrating both proficiency and critical assessment skills, and
- maintain HIPAA policies by keeping video recordings within the field site between student, preceptor, and, if requested, client.

The assignments created to meet the objectives included replacing classroom role-playing with field site video or audio recorded live clinical sessions, providing field preceptors with evaluation rubrics to identify strengths and areas of growth, and assigning reflective written assignments to students for submission to their classroom faculty member.

At our institution, preceptors meet monthly throughout the academic year with our field director and, occasionally, resident faculty members. These sessions introduce new program initiatives or curricular changes to the preceptors, and establish and maintain communication while fostering relationships between our faculty members and preceptors and among preceptors at various agencies. To comply with HIPAA regulations, each agency provided their own "consent to video/audio recording form." Our institution provided a template (Figure 1) for the smaller agencies to amend and use for these assignments. Video and/or audio recording equipment used for these assignments was supplied by the preceptor (some preceptors used iPads, cellphones, or, in larger agencies, the agency's electronic equipment).

**Figure 1***Example of Consent Form*

The University of \_\_\_\_\_ in conjunction with \_\_\_\_\_

Clients' Name: \_\_\_\_\_

***Consent for Video Recording***

The University of \_\_\_\_\_ in coordination with (name of agency) \_\_\_\_\_ aims to be responsive to the evolving needs of individuals, families, and organization involved in training the next generation of Master of Social Workers. In order to evaluate our student's professional skill development, video recordings are used to provide training and education, supervision, and to measure clinical outcomes. The videos are kept confidential and viewed only by the student, and supervisory team for research and/or training evaluation purposes. Please speak with your MSW student provider or their supervisor if you have any additional questions.

I \_\_\_\_\_ (client)

I \_\_\_\_\_ (client)

Give my consent for video recording of services at (name of agency) \_\_\_\_\_ for the following purposes indicated by my initials:

\_\_\_\_\_ Supervision

\_\_\_\_\_ Treatment evaluation

\_\_\_\_\_ Training

\_\_\_\_\_ Research

I understand and agree to the following criteria regarding video recording:

- Recordings are stored on an encrypted USB drive that is password protected to safeguard the confidentiality of the session.
- Videos are destroyed once the student has completed their course work.
- Consent can be withdrawn for recording at any time without penalty.

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Name (please print)

Signature

Date

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Witness (please print)

Signature

Date

During our first preceptor meeting in August (before classes began), faculty members presented their idea for this integrative assignment to a few preceptors. The faculty members received feedback, and all preceptors agreed this was both feasible and acceptable. Two preceptors noted that their agency (a forensic site and an in-patient acute psychiatric facility) would not permit video recording due to clients being a “protected class” and/or unable to provide consent. In these instances, preceptors agreed to video record role-playing between the preceptor and the MSW student intern. The preceptor played the role of a “typical” client, and student interns performed their expected tasks. Whether “live” or role-played, these videos provided preceptors with valuable opportunities to supervise, instruct, and coach MSW student interns. Following the recorded session(s), student interns and preceptors reviewed the video or audio recording during their supervision hour. The preceptors completed the rubric (Figure 2), offering the MSW interns additional feedback, and MSW student interns completed their reflective essay and submitted it to their classroom faculty member for evaluation. Preceptors were responsible for erasing, destroying, or discarding the video/audio-recorded session.

Throughout two-semester advanced clinical theory and practice courses, students’ video-(preferred method) or audio-recorded live client sessions (at least once per term) and reviewed the recordings with their field supervisors during their scheduled clinical supervision. Every client was informed of the assignment’s goals and objectives, and those who agreed to participate completed and signed an agency consent form before the video/audio-recorded session. In addition, clients were informed they could choose not to participate, end the recording at any time, and request the recording be erased. All of our training institution contracts expect supervision, and the recordings are considered part of the supervision. Since the recordings did not leave the agency and were always in possession of the preceptor and student, these sessions were considered HIPAA compliant.

Since many of our training institutions are large organizations that train interns from several universities and in multiple physical and behavioral health disciplines, the issue of recording a client session was not as problematic as one might think. The only area of concern was if the student wanted to view the recording outside of the agency. We all agreed that keeping the recordings “in-house” was the safest strategy to safeguard client privacy rights.

After student interns met with their preceptors and reviewed the recordings, they were asked to reflect analytically on their skill acquisition: their use of empathy, therapeutic alliance, nonverbal communication skills, and evidence-based practice modality. They submitted these reflections to their classroom faculty member. Reflective inquiry prompts included:

1. Consider your communication skills, including listening with empathy,



nonjudgment, respect, and flexibility to adapt to the clients' lived experiences. Identify at least one point you experienced as challenging and how you assess your handling of that situation. Share at least one success in this area.

2. Please describe what you perceive to be the client's strengths and their family system and how these strengths might serve to enhance individual, family, and/or community resilience.
3. Explain how you partnered with the client in a collaborative shared decision-making process regarding goal setting, and/or treatment decisions.
4. Describe how you engaged the client in identifying indicators to chart progress and how you established a contract/agreement to do so (using evidence-based practice strategies). Evaluate your effectiveness in doing so.
5. Identify one or two areas of the session where you thought you excelled and one or two places where you will focus on improving.

Supervisors evaluated students' engagement with clients, their ability to collaborate on shared decision-making and goal setting, and their ability to assist clients with intervention strategies. Preceptors reviewed the video (or audio) recording with the students during their scheduled supervision time and submitted an evaluation rubric (Figure 2) to the classroom faculty member via email. Both the rubric and the reflective essay were used to grade the assignment.

**Figure 2**

*Example of Preceptor Rubric*

Field Preceptor/Supervisor: Video Assignment Evaluation: Mark an X in appropriate column

Evaluation Criterion	Does not meet expectations for advanced level student	Meet expectations for advanced level student	Exceeds expectations for advanced level student
Demonstrates authentic engagement with client			
Demonstrates respectful communication including empathy			
Explored clients' presenting issues while collecting comprehensive BPSS			
Discussed treatment process and supported client treatment decisions			
Explained agency policies and protocols			

Please identify either area of particular strength or growth after viewing this video with student: (use the back for additional comments). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preceptor Name \_\_\_\_\_ Email address \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Preceptor/Signature

\_\_\_\_\_ Date \_\_\_\_\_

Student Signature

A few students were not permitted to record clinical sessions with clients due to agency policies or rules (and in one instance, the mistaken belief that video recording was a violation of HIPAA regulations). In those instances, students recorded a simulation with their preceptor, wherein students demonstrated their skills with the preceptor playing the role of a typical agency client. In a supervision session, the student and preceptor viewed the recording, and the student wrote their reflection based on the same criteria identified above.

## Findings

This assignment involved collaboration among the field preceptors, the MSW student interns, and the classroom faculty member. The use of direct (video) observation of students engaged in actual practice better enabled self-evaluation of both technique and skill execution as well as self-reflection. Through a combination of structured supervision feedback on both their work with the client and their self-reflection on this work, students demonstrated their integration of knowledge, awareness of their practice skills, and ability to integrate feedback. Students reported that their supervision sessions, in concert with their video review, enhanced their learning. The overwhelming response from students was that this was a positive learning experience. The majority of students responded similarly to student #1:

It wasn't fun (videotaping myself), but it was helpful. Watching my body language, especially eye contact and fidgeting. My supervisor had been working with me on what she called "conscious use of self." I got it after this recording assignment. I was not really having any problem with the schoolwork – understanding the content and applying it to cases on paper – but applying it on the fly while with my clients is a whole different thing. It made my note taking better. It helped me see that I could do this, but I had work to do!

Student #2's remarks also reflected a majority view of the learning experience by stating:

It was very helpful. I think that if we were to do it a second time, I would have seen improvement. My preceptor and I referred back to that exercise frequently. I asked [the preceptor] to sit in on a session with a different client a few weeks before I finished my time at the agency. Again, we referred back to the video. I wish I'd had it (the actual video) for us to look at it again, but we were able to look at my notes.

Although most students found the learning experience positive and successful, recording themselves was expectedly anxiety provoking. As student #3 summarized:

I was not happy about this assignment. I'd not heard about that assignment from students who graduated last year, and we were all just grumbling amongst ourselves. Some preceptors did not seem too excited about it, according to



other students. However, it was really good for my learning about myself. First of all, I was too negative and resistant. I learned quickly to trust the process. It was pretty cool to see myself interacting professionally and hearing my preceptor say, "That was well done!" There were some areas where I needed to do some work. For example, when we started, I was more preoccupied with the assignment, video, and doing things right. But I got it together and focused on my client as the task at hand. After all, our interaction was not about me. It caused me to think/reflect on whether I do that often in interactions, professional and others. I guess I really need to be self-absorbed. I'm working on that.

The video assignment also elicited an outcome that the original faculty overlooked but understood to be an essential requirement for future success, namely, confidence-building. Student #4 stated:

I am a very insecure person. I second-guess myself all the time. It [the assignment] actually helped me begin to accept that I may know what I am doing and that with help from Dr. C and my preceptor, I could become a good clinician and have the confidence to believe it.

Our field director worked very hard to encourage "buy-in" from the preceptors at the beginning of the semester regarding our preceptor feedback. Most preceptors agreed to participate and reviewed their agency policies regarding student training and video recording. Preceptor A's response summarizes the majority sentiment, reporting:

To be honest, I was skeptical but found it a powerful tool with all (three) of the students who had the assignment. Not only was it instructive to watch and discuss the video, but it helped me get to know the students better. It helped me decide where we needed to work and what strategies would work best for each student.

Preceptor B, who had read the student's reflective essay, stated, "Great idea! Very helpful in identifying with students their strengths and where they had some work to do. The reflective essays were, in some cases, more informative than the video and even our discussion of the video."

Related to the assignment as a confidence booster, Preceptor C offered the following comment: "Just getting this student over her nerves about 'being wrong' was helpful in the work we did together as the year went on. She was actually pretty good. I was not surprised, but I think she was."

As a follow-up, preceptors also offered ways to improve the assignment. Preceptor D reported:

This was a very useful exercise. It kept students focused on their role. I would encourage you to do this exercise several times. It would help students see the

progress and improvements we see. It will help us better use the final couple of months with the students.

Another vital suggestion to enhance this assignment came from Preceptor E, who suggested adding a consent form for clients to sign, which would allow students to share their experience with colleagues during group supervision sessions. She stated:

I recommend that you develop a consent form that allows students to hold on to the recordings. We spoke about this exercise in group supervision. It would have been useful to have students share their recordings and discuss what they learned. They would enrich case presentations. Just discussing them seems to help the students in the group who had not had the experience. Finally, it would be helpful to have the faculty member review the videos and essays for feedback to us as well as for the student. We should talk about this.

## Discussion

Kourgiantakis et al. (2019) found specific, timely, observation-based constructive feedback from field instructors engendered meaningful student–field instructor engagement, enhanced student self-awareness, and effectively facilitated bridging theory and practice. Feedback from students, supervisors, and instructors supports the assertion that collaboration between field supervisors and course instructors enhances student learning and professional skill development (Andrews & Harris, 2017; Miehl et al., 2013; Stanhope et al., 2011).

Creating a fluid, comprehensive curriculum void of isolated silos of micro, mezzo, and macro practice skills and theory is the goal of the most recent CSWE EPAS (CSWE, 2015a.) Integrating field placement video recording assignments within an advanced clinical theory and practice course assignment facilitates student learning and faculty and field preceptor engagement.

## Implications and Limitations

Overall, these assignments achieved the expected objectives. Students reported that seeing themselves in live sessions with real clients was a phenomenal tool for understanding and evaluating their skill acquisition and development. They reported being unaware of certain nonverbal behaviors and gained confidence in knowing they were getting better at integrating theory and practice skills into their actual work with clients. Preceptors reported they appreciated seeing their students in a live session and using the video to ask questions, identify strengths and areas of improvement, and see firsthand how the student was integrating theory and practice without the potential recall bias of a progress note or process recording. Additionally, classroom faculty members and agency preceptors created a collaborative learning opportunity

for students, strengthening the bond between our MSW program and agencies, faculty, and preceptors, resulting in a more cohesive learning environment.

No assignment is perfect, and this assessment strategy was not without its problems. Video recording is a challenging experience for many students, who report a high degree of anxiety. So naturally, several students “pushed back” on completing the assignment asking for role-playing, or an alternative assignment, claiming field agency prohibitions. This reluctance to being recorded required the program field director to communicate with field agencies several times to encourage “buy-in” from both preceptors and students. As mentioned previously, many preceptors are not compensated, and supervising students is an additional work responsibility on top of their already overloaded schedule. For several preceptors, the video assignment initially felt like one more additional work requirement. Using one of their scheduled field supervision hours to review the video with students reduced some reticence. Not all field sites allowed students to video record their sessions, and for those students, their learning experience required role-playing. Preceptors reported the role-playing gave them an additional opportunity to engage productively with their student interns.

Finally, classroom and field faculty felt communication about the assignment could have been improved by having advanced clinical classroom faculty describe the assignment to all preceptors at the inaugural field faculty orientation at the start of each semester. Classroom faculty attending the orientation would allow field faculty to engage, ask questions, and receive clarifications on the importance of student assessment and evaluation. Future adaptations to this assignment will consider adding a consent form to allow student interns to have access to the video throughout the academic year to share in class and field seminar for review with classmates and other faculty members, and increasing the number of video sessions and subsequent reflective essays. This assignment can be adapted to foundation-level class assignments and generalist-practice field sites.

## Conclusion

At a small, private, New England university situated in an urban environment, faculty members sought to combine field and classroom assignments to promote student learning. Committed to a comprehensive social work education curriculum focused on developing highly skilled clinical social workers required an engaged faculty. Our faculty created a video assignment that offered students an authentic learning opportunity. Ideally, having access to sophisticated technology, professional actors, and designated simulation labs assists student learning. Providing integrative learning opportunities for advanced-level MSW students within a milieu of limited resources, competing fiscal and time demands, and increasing community service delivery

expectations requires creativity and resourcefulness. Using available resources and adjusting evaluation tools to create compelling assessment opportunities via video recording was the desired outcome. These assignments did not create additional burdens for students, preceptors, or classroom faculty members; instead, they streamlined engagement and communications, and enhanced professional practice skills. The assignment can be adapted with minor adjustments for foundation-level courses and generalist field placement sites.

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