A Rotational Social Work Field Placement Model in Regional Health

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ABSTRACT

Increases in student numbers and education providers have combined with pressures on the human services sector to create field-placement-shortage stress in many parts of Australia. In this climate some Australian social work programs have sought alternatives to the traditional, labour-intensive, one student/one field educator, single-site model of field placement. The rotation model, as an alternative, has a longer history in America, but is only recently being trialled and evaluated in Australia. The introduction of fee charges for placements in public health triggered a potential loss in local placements and regional workforce development. Although this initiative was the catalyst, the focus of this paper is on the development of (and a successful small pilot) a sequential, rotation model of social work field placement. Implementation of the rotation model was enabled by a collaborative partnership between social work staff at a regional university and public health social workers. The generally positive reaction to the rotation model from staff and students suggests it warrants further implementation and evaluation. Strengths and limitations of the model are discussed.

INTRODUCTION

Social work has traditionally relied on the goodwill of practising social workers and their employing organisations to deliver the field education components of professional social work education. As a profession, social work has historically privileged a one-to-one apprenticeship, single-site model of field education as the orthodox approach (Cleak & Smith, 2012). The sustainability of this approach is increasingly challenged in light of the managerial pressures on the contemporary health and human services sectors (Cleak & Smith, 2012; Zuchowski, 2015a). The Australian Social Work Education and Accreditation Standards (Australian Association of Social Workers [AASW], 2012/2015) require that students complete a minimum of 1000 hours taken over at least two placements in different placement settings. This is usually completed in two, equal-length placement blocks. The student must receive a minimum of 90 minutes' supervision per 35 hours of placement from a qualified social worker with a minimum of two years' full-time practice experience. This person is also tasked with guiding and assessing the student (AASW, 2012/2015). This paper reports on research into the rotation model of field placement as an alternative to the more traditional single-site, single-supervisor model. Rotation is the organised progression of students between two or more field placement sites with supervision from more than one field educator (Gough & Wilks, 2012).

Field education is an essential component of social work training programs where the availability and quality of supervision is considered a key factor influencing students' learning (Cleak & Smith, 2012). Social work students can bring benefits to placement organisations and their staff. For example, Barton, Bell, and Bowles (2005) found that student supervision can contribute substantially to the continuing professional education of practising social workers. However, the regulatory provisions can place significant burdens on social work supervisory staff in the current neoliberal context, where more complex demands for services have led to 80% of sector services being unable to fully meet demand (ACOSS, 2014). The traditional processes of provision and supervision of social work student placements in Australia face significant challenges from the funding constraints and business management principles favoured under neoliberal politics and economics, and from increased numbers of students (Healy & Lonne, 2010; Cleak & Smith, 2012; Zuchowski, 2015a).

The Australian federal and state government health authorities recently sought to increase the numbers of health placements through standardising the fees charged by public health sector agencies in providing placements (Department of Health, 2013; Health Workforce Australia [HWA], 2013). Immediate consequences of the introduction of payment for placements in public health for social work in the regional context are discussed in the next section.

A regional response to the introduction of fees for placements in public health

The introduction of fees charged for placements in public health aimed to address shortages in the health workforce. However, this initiative also foreshadowed a potential loss in local students' access to public health placements, and a reduction in regional workforce development. This potential for losses were caused by opening up long-standing, localised, unpaid, placement arrangements to competition from any university social work program

able to pay the required fee. Rather than lose local opportunities, a local project team was formed by social work staff members of the regional university, Deakin University (DU) and local health service provider, Barwon Health (BH). The project team sought to capitalise on the crisis generated by 'fees for placement'. This led to the development of a field education model aiming for sound "pedagogical outcomes" (Zuchowski, 2015b, p. 13) and protection of local workforce development and service. The collaborative partnership shared a commitment to regional and professional educational and workforce equity.

The funding and processes that underpinned this significant change to embed payment for placements in the public health sector of social work placements were a key catalyst for the trial of the rotation model discussed here. Analysis of the full impact of payment for placements on Australian social work is beyond the scope of this paper, however, it invites urgent attention. This paper examines the satisfaction of students and staff with their experiences of the rotation model of field placement in the local health setting, reporting on two key aims:

To gauge the levels of social work student and staff satisfaction with their experiences of the rotation model of student placement; and

To investigate if a new model of placement would protect and increase the number, and quality, of local health student placements.

The literature

Health Workforce Australia (HWA) made funding available for universities and organisations to investigate ways of building placement capacity to remedy future health workforce shortages (Department of Health, 2013; HWA, 2013a). This HWA initiative combined with placement shortage stress to incentivise some Australian social work programs to investigate rotation as an alternative to the traditional, labour–intensive, one-to-one model (Vassos & Connolly, 2014).

The rotation model has a longer history and greater usage in America, primarily in gerontological social work where the first reported study of clinical rotations was in 1976 (Dalgleish, Kane, & McNamara), followed much later by the Cuzzi et al. studies (1996, 1997). The 'Hunter Experience' (Ivry et al., 2003) and its subsequent iterations were supported by philanthropic funds to specifically to attract students into gerontological social work. These American rotations were generally part of year-long placements where rotations were, on average, 10 weeks long, and then ran sequentially.

Similar to America, rotation has been central in Australian medical and allied health education with social work standing out as unusual in not using rotation in health placements (Ivry, Lawrance, Damron-Rodruiguez, & Robbins, 2005). In many health care professions, rotations are recognised as an efficient model for training health workers in a wide variety of complex areas and skills, and in attracting interest in traditionally unpopular areas of practice, such as aged care (Ivry et al., 2005).

There is limited Australian research literature on field education alternatives with a continued preference for the traditional one-to-one model of field education (Cleak & Smith, 2012; Vassos & Connolly, 2014). The project team considered the clinical rotations model developed in dietetics (Roberts et al., 2009) and a variation of this model as adapted by Higher Education Providers (HEPs) and social work departments at some of the large teaching hospitals in Melbourne (University of Melbourne Social Work, 2011). A presentation by Vassos (2013) and a site visit to the Social Work Department at the Austin Repatriation Hospital in Melbourne were also influential in the development of the model.

The limited appeal of, or resistance to, the rotation model in social work has been partly attributed to the dominance of the casework method and the influence of psychodynamic theory (Ivry et al., 2005). This perspective emphasises and reinforces the idea of personal growth and development being achieved through the sort of one-to-one relationships in casework, as paralleled in traditional supervisory relationships (Ivry et al., 2005). A number of authors critique the exclusive reliance on one model of field education, and call for greater flexibility in using alternative models to expand students' knowledge and skill in the rapidly changing landscape of social work practice (for example, Ivry et al., 2005; Shardlow, Scholar, Munro, & McLaughlin, 2012; Vassos & Connolly, 2014).

Overview of the sequential, rotation model of social work field placement

Prior to 2013, social work placements at BH had been based on the traditional one–student-to-one supervisor, single-site model, with students predominantly placed in the general hospital (acute and sub-acute) and mental health settings (acute and community). The trial of the sequential, rotation model of social work field placement in 2013 involved pairs of students within a student group rotating across teams and multiple sites within BH.

Core components of the model included: embedded student unit co-ordination, training and supervision; a combined student group one-week induction program; a regular student education seminar day; a student workbook developed to supplement independent student learning on placement across rotations; pair and group approaches to learning, supervision and liaison; peer learning; supplemental simulation-based student learning; and supervision by a number of field educators across teams. The Student Unit Clinical Educator (SU/CE) position was newly created and initially funded from an external grant as a key element of the trial. Student and supervisor rotation handover meetings were used to summarise the students' progress in one rotation to assist planning in the next. To create resource efficiencies, one DU liaison staff person was appointed for all students in the trial. The process started with group liaison but, in response to student feedback, moved to offering some individual time after group-based liaison.

The 2013 trial involved six, final-year Bachelor of Social Work students who rotated in pairs across three sequential rotations in four-week blocks as part of their 14-week, full-time placement. Students rotated in pairs to enable peer support and to reduce the burden on rotation field educators (HWA, 2013. The rotations were as follows:

Specialist Stream
Hospital > (Neurology Acute Hospital) >McKellar Centre (Neurology and Inpatient Rehabilitation) > McKellar Centre CRC (Community Rehabilitation)

Mental Health Stream
CAMHS (Child and Adolescent Mental Health Service) > JIGSAW (Community Intervention-Youth) >Hospital (Inpatients Acute Mental Health)

Generalist Stream
HARP (Hospital Admissions Risk Program) > CAMHS (Child and Adolescent Mental Health Service) > Hospital (Acute ward)

METHOD

This study was undertaken in 2013. The methodology consisted of a concurrent, triangulated, mixed-methods approach where the qualitative and quantitative data were equally valued in analysis (Hesse-Biber, 2012). This design was chosen to allow for complexity in the data with triangulation aimed at "complementarity" to reveal different experiences and understandings (Hesse-Biber, 2012, p. 137) rather than as a tool of validity, whilst addressing the aims of the evaluation, outlined above, as set by the project team. In order to address issues of power and consent, the project team engaged a non-Deakin social work teaching, and non-Barwon Health employee, research associate (RA). The RA explained the evaluation project at a meeting at BH where the potential staff and student participants were gathered at the completion of the rotational placement trial, and Deakin and Barwon project team staff were not present. The RA provided information about the evaluation project, explained recruitment and consent processes, and conducted recruitment, consent and data collection and initial analysis. Deakin social work students and staff were also emailed to invite participation in focus groups. The email and phone contact details of the RA were included in emails so that students and staff who wished to participate could voluntarily approach the researcher. All on-line surveys were completed anonymously. A strong response rate was obtained from staff (90%) and students (90%).

Evaluation data were collected from: social work students, rotation social work field educators (supervisors); the embedded SU/CE; social work university liaison staff; and staff involved in the project team. These participants provided retrospective ratings and feedback about their experiences of the rotation model of field placement. The study was approved by the Deakin University human research ethics committee on 24 October, 2013.

Survey questionnaire, focus groups and individual interviews

The 2013 trial was completed in November 2013, and the evaluation commenced in December 2013. The research consisted of electronic surveys, focus groups and individual interviews. Two separate on-line surveys containing structured and open-ended questions were developed to collect data from students and staff. The electronic surveys contained closed, multiple-choice and open-ended questions and included sections on: satisfaction with the rotation model; benefit of being involved in the trial; changes to improve the rotation model; usefulness of simulations, student seminar program, the pair model,

embedded SU/CE role; rotation supervisors, liaison visits; the workbook; and employability. Data for this report came from all sections except simulation which will be the focus of a separate paper. The majority of questions were the same in the student (21 questions) and staff surveys (17 questions) allowing some comparison. Most sections concluded with a space for comments, where participants were invited to elaborate on their responses. Using Likert scales, participants rated key components of the trial program ("No use" to "Very useful"; and "Poor" to "Excellent").

Separate focus groups were conducted in December 2013 with three groups involved in the trial: students who had just completed the rotational placement; staff who had been involved as field educator/supervisors of one rotation of the student placement; and staff members of the project team. The focus groups in this study were facilitated by the RA. A semi-structured format was used to allow for more detail and discussion regarding those questions from the on-line survey that addressed staff or student perceptions of the strengths and weaknesses of the trial model.

Semi-structured individual interviews were conducted in person or via phone by the RA with a small number of staff who had particular information pertaining to their role in the trial. The focus groups and interviews were recorded and transcribed, then manually coded, categorised and themed. The questions in the survey, interviews and focus groups were cross-referenced between the different groups to allow comparative perspectives and analysis of the same issue where possible.

Sampling process and data collection

All 26 social work students and staff involved in the trial (six students; 14 staff rotational supervisors; five staff project team members; one staff liaison person;) were invited by the RA to participate in this study. The maximum possible number of student responses (n=six) was not obtained, with the actual being five in survey data, and four in the focus group. Links were provided from the DU server to Survey Monkey®. DU social work students and staff were also emailed to invite participation in focus groups.

Eleven staff and five students responded to the surveys. Four additional staff were interviewed. A project team focus group was attended by four of the five project team members (two from DU and two from BH). The student focus group was attended by four of the six students. A BH Staff focus group was attended by four of the 14 rotational supervisors.

Data analysis

Data were analysed thematically using Boeije's (2002) constant comparative method (CCM) within data items, and within and across data sets. The CCM method required items of data to be compared internally (open coding), then compared within each data set comprising staff and student survey, focus group and individual interview data sets (axial coding) and then across data sets (triangulation). The focus was on identifying similarities, differences and complexities within and between items of data, and the data sets, and analysing how these could be understood in relation to the study's aims.

Student (StudS) and staff (StaS) surveys, student focus group (SFG), BH staff focus group (BHFG), project team focus group (PFG) and individual staff interviews (S/IV) were assessed. To provide anonymity, data from the four individual interviews are aggregated.

Limitations of the research

This study is based on a small number of participants, students and staff, in a particular regional location, who were interested, and participated, in the trial pilot. Such a small sample may have affected the representativeness of the student experience of the trial. Participants in this study may have consciously chosen what they wanted to share in the surveys, interviews and focus groups and what to omit. Therefore, the findings cannot be generalised to all rotation placements, but can offer insight into the experiences of students and staff who have been involved in similar placement models.

RESULTS

Aim 1: To gauge the levels of social work student and staff satisfaction with their experiences of the rotation model of student placement

In this section we report first on staff and then student experiences with key aspects of their experiences of the rotation model.

Structure and flow of rotations
Survey results were consistent with focus and interview data to report the majority of staff participants identified a high level of satisfaction with their experiences of the rotation model. Staff were more positive than students about the benefits (StaSQ10; StudSQ13).

Nine staff survey participants assessed the model as "very good", and two as "excellent" for social work staff involved in the program; and three as "good", six as "very good", and one as "excellent" for social work students in the trial. Nine staff reported the rotation model was "good" or "very good" for patients/clients of students involved in the trial (StaSQ10). Staff commented that the structure of the rotations, and staff shared responsibility with the SU/CE was "brilliant for staff" (BHFG). The shorter period of student supervision was "good" from a staff perspective. Individual interviews with staff indicated the model was positively received by social workers and seen as "really good" for the students (S/IV).

Staff commented that students were better prepared for placements at BH in the trial than previously (BHFG). The need for a greater emphasis on mental illness in the student seminar program was identified (S/IV).

Handover meetings between rotations were seen as useful by staff in the focus group, as they allowed supervisors to find out what stage the students were at with their skill development, and to plan for provision of appropriate opportunities in the upcoming rotation. This was also experienced as a valuable occasion for rotation supervisors to learn about each other's supervision practices (BHFG).

The supervisors on the final rotation noted difficulties preparing input into the final report on the students' placement progress/performance, since having students for only

two weeks at this time prevented assessment of where student skills would be at the end of the placement (BHFG). Therefore, the SU/CE had the responsibility for constructing the midway and final student reports drawing on feedback from all rotation supervisors and handover reports.

Placement rotation number (1) was rated as "working well" by all staff in the focus group, although there was some discussion about what issues should be considered in deciding what rotation should be first (less "racy" rotation first) (BHFG).

Survey results were consistent with focus and interview data to report the majority of student participants identified a high level of satisfaction with their experiences of the rotation model. However, students were less positive than staff about the benefits (StudSQ13). In contrast to staff, only two of the student survey participants would recommend the rotation model to another student, and three selected "maybe". Three comments illuminated the "maybe" responses to this question; recommending it for a first, rather than a final, placement in its current form of three rotations (StudSQ14#2-4). One comment explicitly noted that if the rotations were reduced to two, from three, "it would suit 4th year students more" (StudSQ14#4).

Students in the focus group identified that some of the rotations flowed better than others. The rotation students (n=4) agreed that (1) The Specialist Stream of Hospital to Inpatient Rehabilitation to Community Rehabilitation (CR), flowed best, identifying this followed the patient journey within BH. However, the length of time between client contacts with CR made this rotation less useful for students, as they could not build rapport with clients, and, as it was the last rotation, this did not assist in consolidation of their skills (SFG).

 In number (2) the Mental Health Stream, some students commented that, due to the nature of the client group and assessment, CAHMS was not able to offer students much client contact within the short rotation cycle, rather they had mainly observational and report-writing opportunities. The lack of on-site social work supervision was seen to detract from the learning at JIGSAW. Student experience of the inpatients acute mental health was "very good" due to abundant opportunities for client contact (SFG).

In number (3) the Generalist stream, some students identified that HARP was limited in the amount of possible client contact and, when combined with the more observational and report-writing focus of CAHMS in the second rotation, students felt less prepared than they would have liked for the third rotation in the more fast-paced, client contact environment in inpatients acute mental health. However, it was noted the quality of supervision and amount of client contact in inpatients acute mental health facilitated student progression in this rotation team. Students all noted that their experience was dependent on the rotational supervisors, and were reluctant to leave good supervisory relationships developed in a rotation (SFG).

Embedded Student Unit Clinical Educator (SU/CE)
Having the SU/CE doing the theoretical work was experienced as a great back-up as the rotation supervisors did not have to put so much effort into integrating theory and could concentrate on developing the student's practice skills (BHFG). The pivotal role of the SU/

CE to the overall functioning of the model, and that the workload exceeded the funded hours, was identified by staff participants in surveys, interviews and focus groups. This is summed up in the following comment:

I just note that there will be variation based on who is in the role of coordinating the work. We were extremely lucky to have had [name of SU/CE] who went the extra mile on literally everything. (StaSQ14#8)

Seminar program, workbook and liaison
Students were exposed to 14 seminar days which included specialist topics like Indigenous health, rural practice issues, medical powers of attorney and the student simulation practices. Staff reported this was a real benefit for students, and could not be provided if there had been only one student. Key benefits for staff included having a SU/CE taking main responsibility for seminar days, student learning plans and end-of-placement reports, as well as ensuring theory learning, providing greater structure, and taking the pressure off rotation supervisors, allowing them to focus on students' developing practitioner skills. Due to the combination of the workbook and use of pairs, it was reported that students could be more self-sufficient at times throughout the day (S/IV).

Staff in the BH focus group commented on the value of their professional development as presenters in their seminar input. There were positive comments about staff being informed of the seminar program and topics covered being helpful to their organisation of the rotation learning. The SU/CE role as coordinator of the seminar program and timetabling all the staff input to it, was highly valued (BHFG).

The workbook was identified as useful by staff for students to document their own learning. This assisted in handover between rotations as staff were able to see what students had already covered. It was also helpful for developing the final placement report (S/IV). Students reported mixed reactions to the workbook as reflected in the following two comments:

Helped me stick to my placement plan and learning goals. (StudSQ17#1)

Found being required to do the workbook sometimes took away time from having opportunities to participate in actual practice. (StudSQ17#3)

Some staff commented that having one DU liaison staff person for all six students was good as more than one would have been harder for the SU/CE to coordinate. Having the liaison visits with the rotation handover days where similar issues were discussed seemed to work well (S/IV).

Staff identified some key benefits for students in the trial having fresh social workers they could learn from within the placement experience; having a quality and consistency of theory-to-practice emphasis provided by the SC/CE, being better prepared for health sector placements, and the career benefits from the rotation model (S/IV).

A broader concern about the model was its potential to reduce the number of organisations DU social work would need in order to provide the necessary number of placements, diluting the diversity of potential placement experiences for students, and diverting

placements away from non-fee-paying organisations This would reduce important contact and exchange of knowledge between DU social work and the full range of agencies, diminishing the collective social work knowledge base in the region (S/IV).

Comparison to traditional one supervisor, one setting placement
In comparing the rotation model of student placement to the traditional individual student/supervisor model, all staff survey participants (*n*= 11) rated the rotation model better for staff; nine rated it better for students; and eight rated it better for patients/clients (StaSQ11). In the comments section for students, one staff participant identified a theme across a number of staff and student survey question responses, "Better for 3rd year students. Worse for 4th year students" (StaSQ11#1). One staff participant summed up a common theme acknowledging the rotations reduced workload for staff social work supervisors in the trial model, "Less work. More coordination. Less stress" (StaSQ11#7). Interestingly, one staff participant compared the shorter time supervising students in one rotation with the nature of work with clients in the health system:

…it is reflective of the changing nature of our work, and the need for throughput, and more short term work with clients. (StaSQ11#2)

A number of students in the focus group commented that the rotation model was better than their first, traditional placement structure as they gained exposure to: different areas of practice; a greater variety of social workers' styles; and to different supervisory approaches (SFG). One participant noted, however, that, compared to her first traditional placement, she "missed the opportunity to work as a social worker" due to a lack of client work across two of the rotations and an inability to develop independent work habits through being in a team for only four weeks. The identification of the pace of placement as a concern is reflected in these comments:

I just got comfortable and then had to move to the next rotation. (SFG)

They felt like they went so fast. Which was also a negative, as soon as I feltcomfortable (2 weeks) I was halfway through and had to move on. (StudSQ17#1)

Benefits of being involved in the trial model
All (*n*=11) of the staff survey participants reported they benefited from being involved in the trial (StaSQ7) and would recommend a rotation model to other field supervisors (StaSQ8). Staff noted how the rotation model reduced the workload for rotation supervisors (StaSQ11), provided a focus to bring social work staff across different sites together to improve their social work and supervision practice (StaSQ16#1), and promoted social work within health (StaSQ11#4). All staff survey participants felt their involvement added to their supervision skill and knowledge as social work practitioners (StaSQ16) as reflected in this comment:

It was good in the handover…to have time to reflect with other social work supervisors about their practice skills, what they share with students, and how their practice may differ from my own based on working in a different environment. (StaSQ16#1)

Staff survey participants noted that students were better prepared by the rotation model and seminar days to respond to service users (StaSQ11). All project team focus group participants felt positive about the project and noted the benefits to the students, BH Social Work staff, and DU social work in perceived improvements in the quality of social work students and graduates (PFG). The existing relationship between social work at the university and BH was noted as enabling the pilot (PFG). The enhancement of the relationship between DU and BH was perceived as a significant positive outcome of the project (PFG). Participants noted that the fees paid for placements were now targeted for use in continued funding of the SU/CE position (PFG). Staff all reported benefiting from the exchange of knowledge and skill (PFG). DU staff reported enriching DU units of study with current practice from BH Social Work (PFG).

All students (n=5) responded that they felt their experience/learning in the rotation placement model added to their employability as a social worker (StudSQ20) and broadened their exposure to different areas of practice (StudSQ13).

Pairs
Some staff noted that the pair model offered students greater opportunity to learn from each other than a sole student model (StaSQ11).

All students in the focus group agreed it was beneficial having the rotational experience of learning and reflecting in pairs whilst in the actual rotation site. Students commented, however, that the experience of being in pairs, at times, put them in competition with their pair partner at the seminar day, in the rotational supervision process, and some opportunities for practice within rotations (SFG). This mixed experience of the pair model is reflected in the following comments:

Useful for support and collaboration. However meant that learning opportunities that arose in the organisations were halved to be shared between us. (StaSQ17#1).

Great to have someone else in virtually the exact same situation to discuss problems, concerns issues.(StaSQ17#2)

Aim 2: To investigate if a new model of placement would protect and increase the number, and quality, of local health student placements.
Staff in the project focus group reported that utilising the trial model with an embedded SU/CE role facilitated the BH Social Work department to manage a 100% increase in provision of social work student placements in the first year. In 2012, DU social work obtained five student placements in BH. In 2013, under stage one of the trial, this grew to 10 placements, and the arrangements for 2014 were for 16 placements (PFG).

BH social work staff participation in supervision of social work students increased from seven supervisors in 2012 to 17 in 2013, a 140% increase in supervision capacity (PFG). The use of an embedded funded SU/CE role supported by the BH Manager of Social Work was perceived to have increased the pool of available, or interested, social work supervisors across a number of sites (PFG). Similar to previous studies (for example, Sptizer et al.,

2001; Muskat, Bogo, & Perlman, 2011), staff involved as rotation supervisors experienced a reduction in supervision workload due to shorter time being responsible for supervising a student in one rotation (StaSQ11). In addition, staff reported on the benefits of having some organisation, educative and report-writing duties shifted to the SU/CE (StaSQ11). Students were identified by staff participants as better prepared for placements in the trial compared to previous arrangements (PFG).

DISCUSSION

This section discusses the many recommendations for improvement on the rotation model trial that came from the study.

Number/length of rotations

The project team responded to feedback from the evaluation about considering the "breadth–depth divide" (Gough & Wilks, 2012, p. 91) in light of the learning needs of first and final placement students. In this study, the clear message was that three rotations may be suitable for first placement students, but two rotations would better offer the depth of learning needed in final placements (StudSQ15#5;SFG;StaSQ14#3,5,6,9).

Supervision relationship

The reduction in the number of rotations was also seen to provide opportunity for the mutual benefits of a longer rotational student–supervisor relationship believed appropriate for development of final-year social work placement students. Similar to previous studies (Ivry et al., 2005; Muskat et al., 2011; Vassos & Connelly, 2014), the relationship with rotational supervisors was identified as a key factor in determining the quality of student learning and attitude. As expressed by one student:

Having a supervisor committed to providingus with learning opportunities made all the difference. (StudSQ17#1)

Seminar days and time for peer learning, reflection and support

Staff noted that more work could improve the seminar sessions including setting the expectation that the seminars were a core component of the placement, rather than a student perception of them as an optional sort of tutorial (S/IV). Some staff commented on the unsustainable workload on the SU/CE suggesting it be done differently next time to lessen the load (or increase the hours/fraction). If there were to be a greater number of students for year two, it would take up more SU/CE time (S/IV). The suggestion by students that the number of seminar days be reduced may partially address this issue.

BH staff focus group participants noted problems with the seminar day being scheduled on a Thursday (BHFG).The students in the focus group also identified changing the scheduling of the seminar day from midweek, to the beginning or end of the week, to enable them to experience a greater flow of the social work role, and to maximise their client interaction and team work (SFG).

Access to the key computer programs required to access patient histories was also identified as needed at the orientation stage in the seminar program rather than in the rotations to avoid delays in being able contribute to the work of the rotation team (SFG).

Students suggested it would have been useful to learn and practise with the actual forms and processes used in the different rotation settings including note-taking skills, case notes and patient histories. This was an area that students believed they could assist in leading the Thursday seminar discussion/session if the forms related to their rotation (SFG).

Students in the focus group reported becoming less satisfied with the seminar days over time. This may be due to issues related to conflict of interest or boundaries, which may be embedded in the design and institutional location of the SU/CE role. Students in the focus group wanted time to discuss their placement experiences with each other (all six students in the three pairs) and to reflect together about this, seeing benefit in learning about each other's experiences, debriefing, and gaining insight into other rotations/other roles played by social workers. This was summed up by one participant who stated, "We have a lot to learn from each other" (SFG).

The peer learning opportunities were generally identified by students as positive experiences. However, at times, being in pairs was experienced as placing the students in competition. Lack of one-on-one support meant students had concerns about confidentiality and felt unable to discuss problems they may be facing in the placement setting.

The students were wary of talking about the extent of the aspects of placement they struggled with in the seminar day in the presence of the SU/CE, as the SU/CE would be assessing them and might see their issues as reflective of poor practice or low potential. There was also concern over whether issues raised might be communicated to their individual rotation supervisors.

Some students expressed feelings of "always being observed", and the "lack of a safe space to talk". This was reflected in one participant comment that "We had to pretend everything is ok". The students suggested this would have been alleviated if they were provided with opportunity to do independent peer learning, debrief and reflection work in the seminar day structure (SFG). One student remarked happily, on departure from the focus group, "That was like a little debrief for us!" (SFG).

Inclusion of structured opportunities for peer support, peer debrief, peer learning and peer-led sessions into the format of SU/CE organised seminar days would increase the quality of learning for students, foster independent and problem-based team learning, and reduce potential for build-up of frustrations detracting from seminar day learning. Inserting a scaffolded component into the student seminar days would enable in-time, situated and authentic learning (Thompson & West, 2013) of the variety of patient history, assessment and case note/recording documents and systems used by social work across rotations and sites. This would better prepare students for rapid engagement in rotational teams, and increase their ability and confidence to more quickly contribute to the work of busy health care teams. Students could be tasked with securing the actual forms and developing

nuanced flow-charts of processes used across rotations teams for peer learning and practice, and for interactive sessions with SU/CE.

Enhancement of the HEP staff liaison role

Some staff said they would like students to give confidential feedback about their experience and their supervisor to improve their practice. This is an issue that could be considered in relation to the way the DU Liaison and SU/CE roles are structured (BHFG).

The students in the focus group identified the role of the DU Liaison person as important, and that the role should be enhanced. Students wanted a portion of the liaison visit to include time on their own with the liaison officer to enable a space for discussing any difficulties with the placement. A re-configuration of the respective roles of the SU/CE and DU Liaison person was seen as potentially able to resolve the issue of providing for a safe troubleshooting space within placement (SFG). Enhancement of the HEP staff liaison role in rotational placement models to include time for individual and group student debrief provides this safe troubleshooting space to discuss and resolve any difficulties with the placement in light of the more complex structure, increased number of learning and supervisory relationships, and intersecting power dynamics inherent in a rotational model.

Embedded student unit clinical educator (SU/CE)

A core element identified as contributing to the successful pilot was the funding that enabled the employment of the embedded SU/CE in the health service. The time commitment and support of the SU/CE likely increased the 'buy-in' by rotation supervisors. In the Australian context of this study, the initial employment of an SU/CE was only made possible via external funding. Once established, the fees paid to this particular public health organis-ation for providing social work placements attached to sustaining this SU/CE position, but relied on offering more placements to generate the fees to fund the position. The supervisory, educational and assessment co-ordination and support offered by the SU/CE enabled rotation supervisors to participate in a way that required a reduced time commitment. Staff expressed some trepidation about the prospect of more DU students on the next clinical rotation placement to fund the cost of employing the SU/CE and suggested that supervision responsibilities be built into the position descriptions and appraisals of BH social work staff. There was agreement that it was the duty of a professional social worker to supervise students (BHFG).

CONCLUSION

The differences between students and staff in recommending the model to others is an interesting development, where three out of the five students would only maybe recommend the model to other students, yet the staff all thought it was "brilliant" and "really good for students". This may be a useful issue to explore in future research.

Some supervisors and students may not be suited for rotation models which involve quicker engagement and a shorter, but more intensive learning relationship (Muskat et al., 2011). The rotation model may not suit every student, placement level, geographic location and field of practice. The experience of rotation in this and previous studies, however, indicates

that it is a field placement model that warrants further consideration. There are benefits of the rotation model of social work placement within a regional health setting. These include: strengthening university–community partnerships to navigate change; increasing the number of clinical placements for local students contributing to regional education opportunities and local workforce development; reducing the supervision burden on rotation supervisors and increasing the numbers of supervisory staff; and increasing the profile of social work within HEPs and multi-disciplinary organisations. The results from this study can help social work educators to understand more about the different elements of the rotation model of social work field placement in a public health setting where funding was available to employ an SU/CE. However, the rotation model may have applicability in other settings such as rural locations where students might rotate across a number of organisations. More research is needed to determine the necessary components of rotation in different settings.

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