Teaching Social Work in Healthcare: A Covid-19 Simulation Guide

Teaching Note

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Abstract

Simulation as a pedagogy for social work education has slowly become more popular in Australia, with a strong justification for its adoption in social work education. While several other healthcare and allied health disciplines have embraced simulation as a core feature of their qualifying degrees, social work has been resistant. Technology is often associated with simulation; however, more important than technology is the development of a simulation guide that is responsive to the current practice context, the academic implementation of the simulation, and the debriefing and feedback loop that follows. Social work educators who are seeking examples of simulation guides find that they are not readily available in the literature. A Covid-19 simulation guide that was developed for a Masters of Social Work (Qualifying) program is presented here in its entirety to provide a teaching resource to those educators embracing simulation in their social work curriculum.

Keywords: *Simulation; healthcare; Covid-19; education; practice skills*

Simulation is an experiential learning activity which has grown in global popularity across several professions. It is defined as a teaching method that incorporates guided, embodied experiences that replicate real-world scenarios in a safe, instructive and interactive fashion (Gaba, 2007). It is notably used in healthcare professions to teach clinical skills, including nursing (Shepherd & Burton, 2019), medicine (Kunkler, 2006) and occupational therapy (Shea, 2015). Despite evidence that simulation has been used for thousands of years in clinical settings to teach core practice skills and to improve safe work practices (Heuer et al., 2022), social work educators have not yet embraced simulation. The argument, however, has been made for social work simulations to prepare students for field education (Jefferies et al., 2022) and for advanced practice in specialised practice areas (Carter et al., 2018), with simulation assessment able to be designed to assess social work students on complex practice behaviour and decision making (Bogo & Rawlings, 2016, p. 266).

While there are some examples of computer programming or digitalisation in social work education (Goldingay et al., 2018; Meredith et al., 2021), social work simulations often incorporate the use of humans, rather than digital representations, who play a role within the simulation, generally that of the client (Bogo & Rawlings, 2016, p. 267). Crucial to the success of a social work simulation is the role of the facilitating social work educator in structuring the simulation activity with various stages including "implementing the simulation activity, preparing students, debriefing and evaluation" (Jefferies et al., 2022, pp. 437). To support social work educators in understanding these components of the simulation activity, descriptions of each stage can be found in the literature (Mooradian, 2008; Rogers & Welch, 2009), along with rare descriptions of the simulation activity itself (Dodds et al., 2018). It is the implementation of structured stages, including a comprehensive feedback loop to the student, combined with an authentic representation of practice, that separates the simulation from a more traditional classroom role-play (Craig et al., 2017). Whilst guidelines for both creating simulation guides and simulation pedagogy are available in the literature, detailed simulation guides are not. The rationale given for this is that simulations should be practice-context specific—however, the lack of examples of simulation guides can serve as a deterrent to social work educators new to using simulation in their teaching. A simulation guide is therefore presented here with the aim of supporting social work educators to design and implement their own simulation pedagogy.

Social work in healthcare

While the literature agrees that structured stages are required in a simulation activity, there are relatively few feedback models published to guide educators in their teaching. The literature includes descriptions of feedback stages (Craig et al., 2017) but, as previously stated, the simulation activity must suit the practice context and associated student learning goals. The Diamond Debrief Model was developed specifically to allow for non-technical skill development in the health setting, complete with "a facilitated discussion about the scenario, before bringing the learning back into sharp focus with specific learning points" (Jaye et al., 2015, pp. 171).

The Diamond Debrief model moves student learners through description, analysis and application with five components to the Diamond debrief feedback loop as described below:

Table 1

Feedback Loop

Component 1 Description	Try not to evaluate or judge what occurred in the scenario. As a group, explain what you think happened in the role play, step by step. Try to remember what sentences and wording were used when, or what reactions were observed.
Component 2 Transition	List the skills you were aiming to practise in this role play and discuss the protocol or procedures that you would undertake in this scenario in practice. If there is a disagreement in the group as to the steps you would take or interventions you would use, discuss them now taking into consideration the potential outcomes for the client and for the social worker.
Component 3 Analysis	Each member of the group should discuss how the role-play felt for them. What were the key statements or behaviours that had an impact on them and why? Try to pinpoint exactly what was said or done that made you feel that way. Now try and isolate the skills that were being used in those moments. For those not performing the role of the social worker in the role-play, how would you recreate this moment? Would you use the same phrasing or different? Would you change your behaviour, body position or facial expression?
Component 4 Transition	As a group, see if you can gain consensus on how you would perform these skills in your practice. What are the steps you would take, phrases you would use, body positioning, etc. If you can't gain consensus, identify what are the different paths that members of your group would take, and what may be the potential outcomes of these different paths?
Component 5 Application	Finally, how would you enact these skills going forward? In reality, what would you see as a barrier to this agreed upon practice? Is this a personal barrier for you, or an organisational or environmental barrier? What will you need to overcome this barrier with future clients?

With a structured set-up to the simulation activity, and a structured debriefing feedback model in place, the missing piece, therefore, is the simulation guide itself. Social Work in Healthcare is an advanced practice subject in the Masters of Social Work (Qualifying) at the University of Wollongong. Prior to this subject, students have undertaken introductory practice skills subjects, as well as having completed one mandatory 500-hour field placement.

Given the ever-changing nature of health social work practice, a curriculum co-design structure was implemented to ensure that the practice skills and context being taught in this subject were current and relevant to the context in which the graduating students would find themselves practising. The following simulation guide was designed in consultation with social work academics and practitioners with experience and expertise in clinical health social work. The implementation of this simulation in the subject involved students spending time at hospital sites where social work practitioners would work with the students in small groups to undertake the simulation activity. The actors' parts in the simulation guide below are therefore played by social work practitioners with experience in the hospital setting. The role of the social work educator or facilitator in this simulation is to ensure the timing of the various stages, as well as to support the small groups in the depth of feedback, and therefore depth of learning, that is under way. This simulation activity is undertaken in one class sitting, over a period of two hours. Resources required to run this simulation include the social work practitioners as actors and quiet space in the hospital setting to assist with spatial immersion for the students. This simulation, however, can equally be undertaken in a classroom setting at a university, or online.

The Covid-19 Simulation Guide

The aim of this simulation is to allow students to experience, in an immersive way, the flow of a patient through various healthcare settings, whilst practising their social work skills with social work practitioners as actors.

Following participation in this simulation students will be able to:

1) Articulate the role of a social worker, and the skills used, in supporting a person to manage Covid-19 symptoms in the community and in an acute multidisciplinary setting.

2) Demonstrate effective communication skills when undertaking social work healthcare interventions (specifically initial psychosocial assessments, counselling and case work tasks and discharge planning).

3) Demonstrate social work advocacy skills with multidisciplinary healthcare team members.

Preparation

This simulation is set in the first and second wave of the Covid-19 pandemic in Sydney, Australia. At this time paramedics were routinely assessing the breathing of Covid-19-positive people in their home to assess whether their breathing was at risk, and they needed to be admitted to hospital, or if their breathing was able to be managed at home. Once admitted to hospital, Covid-19 patients were in separate wards where all staff always used full PPE (Personal Protective Equipment). Visitors to the hospital were restricted to prevent exposure. Although this simulation reflects the environment in which social work in healthcare was operating at this time, it is not intended to be completely realistic but to be a hybrid of scenarios to allow for students to practise and demonstrate key interpersonal interventions.

Students are to undertake the simulation in small groups (ideally 3–4 people). There should be one actor allocated to each small group to play the various roles in each stage. The simulation is in six stages. In each stage there is a briefing provided to both the students and to the actor. The students are to undertake the key intervention in 10 minutes. Following the intervention, a feedback loop of 10 minutes will begin in this order: the actor, the observer, and the student playing the role of social worker. During the interventions, students may opt to undertake the whole intervention themselves, or to tag in a fellow student. Regardless of how this occurs, all students should have the opportunity to undertake at least one intervention and provide feedback after all six stages.

Covid-19 Social Work Simulation

Stage 1

Student briefing

You are a social worker in a local community health centre. Your client, Tracey Fellows, was due in for an appointment today but has left a message at reception that she needs to cancel as she is not feeling well. You have been seeing Tracey fortnightly for counselling appointments as she has recently separated from her partner and has been experiencing low-level anxiety. The last time you saw Tracey, she informed you that children at her daughter's school have been diagnosed with Covid-19 and she was worried at the time about caring for her children if they became unwell. You decide to call Tracey to assess whether she needs any extra supports currently.

Actor briefing

Your name is Tracey Fellows and you are a 32-year-old woman. You have an 8-year-old daughter and are recently separated from your daughter's other parent. You currently share care of your daughter with your ex-partner. You have been seeing a social worker at the local community health centre for counselling and practical support as you have been experiencing low-level anxiety since the end of your relationship, particularly in solo parenting and managing a household on your own. You work full time at the local bank in a managerial position which requires you to have access to both your work colleagues and the public on a daily basis. You have heard that there have been cases of Covid-19 at your daughter's school and some of your colleagues have also had to take extended sick leave. Two days ago, you dropped you daughter to your ex-partner' house to stay there as you were feeling unwell. This morning you tested and found out you are Covid-19 positive. You cancelled your appointment with the social worker and called your work to inform then you need to isolate. You have also told your ex-partner who was unhappy that they will need to have your daughter stay there for the period of your isolation. You are now at home, on your own, feeling unwell, and your anxiety is starting to rise. Your main concerns now are the care for your daughter and when you will be able to return to work. You also have limited shopping in the house and have run out of basic cold and flu medication.

Key skills to demonstrate in Stage 1: *interpersonal skills over the phone; assessment of current situation and client's needs; demonstrated care, concern and authenticity.*

Stage 2

Student briefing

You are still the social worker in a local community health centre. It has been 24 hours since you last spoke to Tracey and as you haven't heard anything further you decide to make a follow-up phone call to check how she's coping at home, and to provide follow-up from any outcomes from your last intervention. You have been briefed by your workplace that if any clients are Covid-19 positive and present as having difficulties with their breathing or chest pain an ambulance should be called immediately. You are aware that the paramedics are providing chest assessments to those isolating at home and will bring them into hospital only if necessary.

Actor briefing

Since you last spoke to the social worker you have had what has felt like a terrible head cold but last night you woke up feeling like you were having trouble breathing. When you woke up this morning you realised this feeling in your chest has become worse and your anxiety has also increased. You called your GP who advised you to call the paramedics, but you're worried they will think you're over-reacting and you have heard in the news how the ambulances are short staffed at the moment. You're not sure what to do and your breathing is making you uncomfortable and becoming difficult. You have also been getting into arguments with your ex-husband as he is stressed caring for your daughter and managing his busy job. On top of that you have been speaking with your elderly mother everyday who is missing you and her grand-daughter. She is wanting to visit you but you are worried that if you have contact with your mother you will put her at risk of Covid-19.

Key skills to demonstrate in Stage 2: *acknowledgement of client's concerns; reassurance to reduce anxiety; risk assessment with view to supporting decision to contact paramedics.*

Stage 3

Student briefing

You are the ward social worker (different social worker than in stage 1 or 2) and in your morning meeting you were informed by the Nursing Unit manager that overnight a patient came in who is Covid-19 positive, experiencing respiratory (breathing) issues, has a history of anxiety, and has minimal supports at home. You've been asked to assess the patient using the hospital psychosocial template. When you visit the patient you must be wearing a protective face mask.

Actor briefing

Last night, after speaking with your normal social worker, you called the paramedics who came and assessed your breathing. They determined that you needed additional oxygen and have brought you into the hospital to be monitored. You spent the night in the emergency department and in the early hours of this morning you were admitted and brought up to the ward. Due to being Covid-19 positive, all staff need to wear PPE when they speak with you and the combination of this, feeling unwell, and having gotten very little sleep last night has made you very anxious.

You are particularly worried about your ex-husband and daughter knowing what has happened and being worried about you, you are worried about your ex-husband not thinking you are healthy enough to be a good mother, and you are worried about your elderly mother who is frail. You're anxious to get home as quickly as possible and feel that your normal social worker should be able to speak on your behalf as they are aware of your history.

Key skills to demonstrate in Stage 3: *Using hospital psychosocial template to undertake initial assessment; building rapport and demonstration of empathy whilst using a protective face mask; communication of social work plan at the conclusion of the intervention.*

Stage 4
Student briefing

You have contacted Tracey's community social worker and have determined that, although there is community support available, it will not be available for at least one week as there is a long wait list, and they have asked that Tracey not be discharged until supports can be set up. You have documented your psychosocial assessment in the notes with this recommendation and upon reading your notes, the medical intern (junior doctor on the medical treating team) has paged you and asked to speak with you about the discharge plan. You meet with him on the ward behind the nurses' station.

Actor briefing

You are the medical intern (junior doctor on the medical treating team) on the ward and have just read the social workers' recommendation that the patient not be discharged for one week until community support services can be set up at home. You feel that if the patient is medically well in a shorter time, they will need to be discharged earlier, and you feel that the entire multi-disciplinary team should be in agreement working towards an earlier discharge. You are feeling pressured by the number of patients who are needing to be discharged and your own busy workload. Your aim is to make the social worker come up with another discharge plan.

Key skills to demonstrate in Stage 4: *Clear communication of client issues and needs; advocacy and negotiation in the final discharge plan.*

Stage 5
Student briefing

Tracey has now been on your ward for 3 days and the last time you saw her was yesterday. You have been paged by the nurses asking to come to the ward as she has been crying for a long time in her bed. When the nurses have asked her if she wants to talk to them, Tracey has been refusing to speak. The nurse would like you to come and see Tracey to see if you can find out what is wrong. You are aware from speaking to your colleagues that there are many Covid-19 positive patients in the hospital at the moment who are struggling with not having contact with their families and friends. When you visit the patient, you must be wearing a protective face mask.

Actor briefing

You have now been on the ward for 3 days and in all that time you have not seen a staff member without PPE gear on. The only contact you have had is with your daughter on Face time when your ex-husband has made that possible. Your anxiety has calmed down since you've been in hospital and has been replaced by a generally low mood. You have spoken to some friends over the phone and to your mother daily as you were worried about her. Last night your mother rang and told you she's not been feeling very well and today when you tried to call her she did not answer the phone. You are very worried about her as she is quite isolated and has not been well since your father died one year ago. You have also tried to call her neighbour who is usually a support to her. You've left a voicemail, but they have not yet called you back.

Key skills to demonstrate in Stage 5: *Interpersonal counselling skills including demonstration of empathy, active listening, sitting in silence, reassurance.*

Stage 6

Student briefing

In this morning's ward meeting you have been told by the Nursing unit Manager that Tracey is on the list for discharge today. You saw Tracey yesterday and have come to see her one last time to follow up on how she is feeling about going home, the supports she has in place, and anything more she may need on discharge. You're aware you will need to conclude your intervention with Tracey, including making sure there is a plan in place upon discharge. The community supports will be available to start in 2 days' time so you will need to have a plan in place with Tracey for who will support her until then. When you visit the patient, you must be wearing a protective face mask.

Actor briefing

You were told last night by the nurses that you would probably be able to go home today and when the doctors saw you in the early hours of this morning they agreed. You're excited because your ex-husband is planning on dropping your daughter home tonight but you're also aware that you're still feeling very tired, although your breathing is now under control. You told the nurse that you are not sure if there is any food in the house and so are worried about your daughter coming home. The nurse said she would ask the social worker to see you before you leave. You spoke to your mum as soon as you heard you were going home and she's relieved. As she's still frail you're not sure whether you should be seeing her, although the doctors did say that you were no longer testing positive and had only minimal symptoms now. The nurse also said she would return with a discharge letter for your GP. You're also hoping to make an appointment with the community health social worker as your anxiety and mood has continued to be difficult to manage while you've been in hospital.

Key skills to demonstrate in Stage 6: *Discharge planning (including assessing the key priorities of the client and developing a plan to support them at home until community supports are available, and relevant handover of social work service); authenticity in the conclusion of the relationship.*

Following the conclusion of Stage 6 feedback loop, the large group is to reconvene to debrief the overall simulation.

Conclusion

While simulation is an embodied pedagogy, there are various ways to enhance the level of immersion that social work students will be exposed to during the scenario. This Covid-19 simulation has been effectively used in three learning environments: in-situ in a large hospital social work department, in a university classroom, and online on the Zoom platform. Each learning environment offers different opportunities for sights, smells, sounds and planned interruptions, or disruptions. Whilst this article does not present an evaluation of these three learning environments, it does, however, offer the opportunity for social work educators to consider the depth of learning which each one provides when incorporating simulation into the social work classroom. The structure of a simulation guide such as this is not limited to the healthcare setting and can be adapted to different practice contexts. To support the authenticity and contextualisation of the simulation guide, a recommendation is made to co-create the guide with current social work practitioner groups.

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