

DEVELOPMENT OF SOCIAL WORK EDUCATION
IN THE VETERANS ADMINISTRATION:
CURRENT TRENDS AND FUTURE PLANS

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INTRODUCTION

Far-reaching changes in social work practice and education are forcing agencies engaged in field instruction to re-examine their educational offerings and to participate more constructively in providing professional man-power of the quality and quantity needed. For over two decades, the Veterans Administration has provided opportunities for field teaching and learning in its hospitals and clinics to students from graduate schools of social work throughout the country. Although impressive in terms of numbers trained, this achievement has by no means been commensurate with the potential of the VA system for helping to overcome personnel shortages in social work. Strengthened by recent legislation authorizing the education and training of health manpower in the agency, VA is now projecting a considerable expansion of its educational activities in an effort to contribute more effectively to the current and future manpower resources in the health field.

GROWTH OF THE PROGRAM

Graduate field instruction in social work has expanded steadily in the Veterans Administration since World War II. Prior to that time, a few local hospitals initiated field work plans on a short-term basis with nearby schools of social work. It was not until the 1945-46 school year that such a school-hospital affiliation was formally approved by Central Office

in the expectation that the agency would continue to develop such field placements.¹ This move was in keeping with the enlightened leadership, then emerging at the national level, which led to liaisons with academic professional institutions throughout the country to upgrade practice, train personnel, and recruit for health and welfare.

In 1946, funds were set aside from salary allocations to pay some of the students accepted in VA for field learning. Only 17 were funded that first year - less than one-fourth of the total VA students. Over the years, the number of students placed in the agency increased steadily, as did the proportion of those who received VA funding. Today, the ratio of students financed by VA has reversed itself, with almost three-fourths being funded by the agency. Thus, for the 1968-1969 school year, there were 694 graduate students studying in the VA, of whom 503 were agency-financed. The grand total of students receiving field instructions during the past 22 years is 8,615 - 5,050 paid and 3,565 not paid by VA.² The impact of so many students from practically every school of social work experiencing field learning in one agency is apparent. The implications become clearer when one considers that in any given year the percentage of the VA students has ranged from 19 to 25 percent of the total graduate

¹This was at the VA Hospital in Aspinwall, Pennsylvania, in conjunction with what was then the School of Applied Social Sciences of the University of Pittsburgh.

²Table I. Information contained in tables may be obtained by writing to: Chief, Staff Development and Education Division, Social Work Service (122), Veterans Administration, Washington, D.C. 20420.

social work students receiving field instruction in clinical settings in the United States.³

In recent years, utilization of Veterans Administration facilities by both doctoral and undergraduate students has expanded rapidly.⁴ Since 1960, one or two doctoral students annually have been compensated at times by the VA. In the 1967-68 school year, four doctoral students received stipends. During 1968-69, this number rose to nine advanced students placed in the VA from six schools of social work.⁵

The undergraduate field teaching program also evinced unusual vigor during the past school year. Fifty schools have affiliated with 41 different VA hospitals to accommodate 192 undergraduate students in field instruction.⁶ Actually, such formalized field training in conjunction with undergraduate schools is so recent in the agency that it has long been documented for four years. The employment of social work associates in the agency and the inclusion of field experience in undergraduate social welfare curricula have given this development its major impetus. Thus far, the undergraduate social work students have not been compensated by the agency, although several such requests have been voiced.⁷

³Table III (see footnote 2).

⁴Table I (see footnote 2).

⁵Table IV (see footnote 2).

⁶Table II (see footnote 2).

⁷In the 1967-69 school year, stipends were granted students from the School of Community Services and Public Affairs of the University of Oregon who were placed at the VA Hospital, Rosenberg, Oregon. This field experience, in which social work is a leading component, has a multi-disciplinary approach.

CURRENT SITUATION

Increased public awareness of the unmet health and welfare needs of the nation, new advances in medical technology, and rising demands for more adequate health care have been factors in the re-evaluation of the Veterans Administration as a resource for training manpower to deliver health services. In a sense, Congress "discovered" the Veterans Administration as an educational agency in November, 1966, when it enacted Public Law 89-785, entitled "Veterans Hospitalization and Medical Services Modernization Amendments" more popularly known as the "medical omnibus bill."

This legislation was unanimously supported by the deans of the accredited schools of social work, as well as by many of their counterparts in medicine, dentistry, nursing, and other health disciplines. Rightly so, for this law charges the VA with a cogent mandate to engage in large-scale education in the health field, to strengthen its more remote hospitals with training programs, and to share its knowledge and facilities with the larger medical community. The provisions of this law grant, for the first time, statutory recognition to the VA for its farflung multidisciplinary training activities and specify education as a function of its Department of Medicine and Surgery (Social Work Service has been an integral part of this department since its establishment).

Another major objective of the omnibus bill is to foster an intellectual climate by facilitating free exchange of medical information between the VA and the medical

and academic community. A close professional, scientific and educational link is sought between the VA hospitals and leading medical centers to initiate innovative and experimental teaching endeavors and to support pilot programs that demonstrate the most effective ways of sharing educational knowledge and techniques. These objectives, closely related conceptually to regional medical programs, will hopefully be implemented in close coordination with them. Legislation (Public Law 90-31) sanctioning the use of regional medical program funds in federal hospitals is aimed at such collaboration. These endeavors should enhance the program, particularly at more isolated locations, help VA recruit better-qualified health staff, and further the sharing of the latest advances in medical technology and multidisciplinary treatment of patients with the surrounding community.

VA's capacity for expansion and creativity in the educational field has been documented in recent studies conducted both within the organization and supported by other authoritative sources. The Subcommittee on Facilities of the President's Commission on Heart Disease, Cancer, and Stroke commended the Veterans Administration "Leadership role" in health manpower training and also observed "here too, however, a vast resource is being incompletely utilized."⁸

This resource consists of a network of 166 hospitals, all with outpatient services, and five independent clinics

⁸Report to the President, report of the President's Commission on Heart Disease, Cancer, and Stroke, Vol.2,1965,p333.

located in every state in the country and in Puerto Rico.⁹ As the largest single employer in health personnel in the United States, the VA also stands out as the largest clinical system for training. With a staff of over 1,700 graduate social workers (MSW) and over 100 social work associates (BA), the VA is also the largest single employer of social workers in the country. Last year over one-fifth of the graduate social workers on the staff were assigned to instructing the students placed in the agency. Twenty-five faculty instructors - some of them full time-supplemented the agency field instruction resources. Affiliations, increasing each year, now involve every accredited school of Social work but one¹⁰ and all schools granted candidacy for accreditation in the United States by the Council on Social Work Education. A total of 134 VA hospitals and clinics offered field instructions to either undergraduate or graduate social work students, or both.¹¹ The size of the student load varies from one field instruction site to another, as does the nature of the teaching content. Over 80 percent of the VA hospitals and clinics are engaged in student instruction at this time.

VA'S EXPANDING ROLE

The long-range goal of the VA is to expand its current annual training program of 26,000 professionals and health personnel to 81,000 in the next five years. These figures indicate tripling the graduate student field instruction to

⁹The VA in the Philippines also offers field instruction to social work students from the schools of Social Work of the Philippines Women's and Philippines University.

¹⁰This school, presently without a block plan, is located too far from its nearest VA Hospital for concurrent field instruction.

¹¹Table V (see footnote 2).

1,800 social work students annually.¹² It is projected that trainees will come not only from the established schools of social work, but also from new schools granted candidacy for accreditation. The VA has accorded field work placements to such schools for several years and, more recently (1966-67), students stipends as well.

A key factor in these plans is the development of agency educators and of social service teaching or educational centers.¹³ Happily, such centers are already functioning at some of our hospitals, and clinics. Here the agency and schools are both making heavy investments in teaching and are developing productive learning experiences with students. More than one social work method is taught in these centers. The main focus is on the well-being of the individual patient, but attention is also paid to the needs of the family and community. Understanding of the complex network of services within the agency system is fostered at some of these sites in such a way as to illustrate systems theory and to reveal the ways of effecting improvements in delivery of health care. For the progressive teacher and the gifted student this situation permits the exploration of the "inner workings" of current attempts at comprehensive health care. At the

¹²Based upon a review of VA resources at existing and planned VA hospitals and of the anticipated enrollment of established and projected schools of social work, as well as upon available authoritative references as Closing the Gap in Social Work Manpower, U.S. Department of Health, Education and Welfare (Washington: U.S. Government Printing Office, 1965).

¹³Table 1x (see footnote 2).

same time it affords the opportunity to gain some insight into the operation of a nationwide system that bridges the country from grass roots to Congress and the Presidency.

The VA teaching center will also facilitate desirable interchange between agency and school to promote professional advancement and curriculum content. In some disciplines, for example, exchanges have already been arranged between a academic faculty and agency instructors for a period of time. Through such sharing of personnel, the quality of instruction in in both field and class may be enriched and the development of faculty and agency staff appreciably furthered. The same policy should also prevail in relation to other community agencies. This would be particularly desirable where a learning experience, not readily accessible in the VA setting, is needed to round out the students' instruction. An example might be working with children. Exchanging students with the local Children's Hospital for a period of time could meet this need.

Public Law 89-785 has liberalized the VA system so that an avenue now exists for the relationship of other kinds of health activities with the community, state, or region. Understanding must be gained as to where the best relationship can occur and this understanding of social resources must be used to influence the educational process appropriately.

Flexibility and individuality, important qualities to conserve in the educational centers, are evolving as the particular VA hospital and school are ready to move in this

direction. In the meantime, space requirements are being projected in the building of new hospitals and the rebuilding of older ones to accommodate these plans. In one instance, where a VA hospital will be erected as part of the medical center on a campus, agency and school officials have collaborated in instructing the architect as to what the patients, students, and teachers will need at this social work educational center of the future.¹⁴ One of the interesting problems present was how to provide space for constructive involvement of the adjoining ghetto neighborhoods in the programming of voluntary services and education in the VA hospital. Another was how to build the kind of facilities that would supplement, and not overlap, existing university and health resources in the area.

INDICATIONS FOR THE FUTURE

The vision, imagination, and creativity that characterize the educational process are in critical demand in projecting new directions for the future. This is a central reason for the increased urgency of staff development and continuing education at this time. Certainly, wider dimensions are needed for program development and for more social services to meet human needs.¹⁵ More effective skills, methodology, and knowledge are desirable not only for students but also for their teachers and for the agency staffs offering them field instruction. There is no ready supply of training personnel thus prepared, who are required as addi-

¹⁴University of Chicago.

¹⁵Table VII (see footnote 2).

tional staff to implement student training, even though there are many options to the way their positions may be defined. An educator may be utilized for direct field teaching. Or, he may be assigned to coordinate the social work educational activities of the hospital encompassing staff development interdisciplinary education, and student training. Constant re-examination of continuing education is needed to maximize the contribution of staff differentially, according to their abilities. Such review is good practice in any setting and, indeed, is essential within the VA, which is aspiring to a major educational role.¹⁶

The VA student stipends is also, of necessity, subjected to scrutiny, with a view toward resolving a number of questions. These refer to: (1) adequacy of the amount: (2) the fact is that it is a fixed amount rather than tuition plus a living allowance plus dependency allowance, as is the case with other federal fellowships and (3) the hours requirements attached to it. The VA will strive to make its stipends comparable in amount to others in the field and to adjust the requirements for the time to be spent in the agency, in keeping with the professional decisions regarding students learning assignments.¹⁷ Increased funding for stipends has to be sought. Although over 1½ million dollars were distributed

¹⁶Tables VIII - VIII-A and VIII-B (see footnote 2).

¹⁷The hours requirement stems from the fact that the rationale for VA's engagement in education is that it offers students learning experiences of value in preparing them for practice.

in VA stipends this year, there are requests for additional student funding, particularly for the years ahead. VA stipends do not carry an agency commitment and do not necessarily preclude receipt of other forms of federal subsidy such as the "GI" Education Benefits. Continuing study of the distribution of available stipends among field instruction stations is directed to ensure supporting expansion of ongoing programs, while enabling new schools and new student bodies to get started. It is recognized that the availability of stipend funds, as well as of staff for instruction, will continue to influence the rate of growth of student education in the agency.

Recently (February, 1969), the VA made arrangements for formal study in the field of social work education for the first time in its history. Two separate studies have been independently conceived and will be conducted by the Syracuse University School of Social Work and the Council on Social Work Education. The long-range objective of these studies is to develop and enrich the education of health paraprofessionals, in this instance social work associates. It is expected that such inquiries will contribute materially to the enrichment of under-graduate study in the social welfare sequence.

This is one example of the many moves being planned throughout the agency to substantiate that the core of education programming in VA is moving from a passive administrative service, concerned with providing only field instruction facilities, to a live effector of major changes in health

education for the nation as a whole, not simply in the confines of VA hospitals. Congress recognized, via a permissive law the unique opportunity VA has for solving many manpower shortages. Only the appropriation of sufficient funds is needed to launch a landmark program.

IN CONCLUSION

Many issues and challenges arise in directing and planning an educational program of these dimensions. The experience in Veterans Administration has given rise to conceptual principles and guidelines which are considered important in developing social work education further in the agency. They include the following:

1. The educational mission of the social work program embraces a broad mandate involving the training of social workers and health-related personnel to help meet the overall manpower needs of the nation, as well as of the Veterans Administration.
2. VA Social Work Service staff must remain in the vanguard in the development, delivery, and study of new methods, techniques, and skills in order to achieve high standards of patient care, assure maximum effectiveness of training, and contribute to social work research.
3. Complete and adequate social work coverage can only be provided in a setting that has integrated services, training, and research as essential components of Social Work Service.

4. Within a given VA Station, the coordination of services, the clarity of communication, and the collaboration of personnel should be such that continuity of treatment is sustained without fragmentation of patient care in the inpatient, outpatient, and community settings. Educational efforts should be geared to implement this objective and to reflect this process in teaching.
5. Effective education for rehabilitation and restoration of the ill and disabled demands full utilization of other governmental and privately sponsored community services.
6. The agency's commitment to the concepts of career development, as well as comprehensive medicine, can be implemented most effectively through strengthening the competence of staff and of potential recruits. Creative, multi-faced in-service training endeavors are called for to tap the full potential of staff resources at the same time as relevant field learning experiences are made available to students at every level - junior college, bachelor's, master's, and doctoral.
7. As a nationwide agency, with local outlets for direct services and education, VA should give priority to national agencies, both private and public, at the Central Office level. By the same token, the local hospitals and clinics, with full access to Central Office consultation, should have

responsibility for local and regional program development with schools and with other educational agencies.

8. The VA as an American institution "belongs" to the citizens of the 50 areas where its services to veterans are delivered. The VA program, including educational aspects, must also be appropriately responsive to significant community developments including those at schools producing health personnel, throughout the country.
9. In the same way that the Veterans Administration has been concerned in its administrative planning with services to be developed for future veterans--now still in military service and mostly under 25 years of age, so the Veterans Administration in its training activities must make its educational offering relevant to the needs and aspirations of student social workers--now for the most part also members of the under-25 generation--for their professional lifetimes.
10. The resources of VA should be utilized to contribute maximally to the field of health. Its activity in education should be planned for as essential rather than as serendipity.

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