

## SHADOW PLACEMENT - SWK 2246

### DESCRIPTION

Shadowing is a brief, modified, field education experience in which the student spends 30 hours with a social worker in an agency that provides social work services. The purpose of this experience is to observe the activities and interventions of a professional social worker, to observe professional communication skills in an actual agency setting, to become acquainted with an agency, and obtain exposure to a social work field of practice. The student will be observing only during these 30 hours.

### REQUIREMENTS

Students must complete the shadow hours before they complete *SWK 2246: Professional Identity/Pre-Practice Experience*. Most students complete their placement the summer before beginning *SWK 2246* fall semester.

The practitioner selected as the shadowing supervisor should hold AT LEAST a Bachelor's degree in Social Work, and preferably a Master's degree in Social Work (the undergraduate degree for MSW practitioners can be in any discipline). Practitioners who hold a bachelor's degree in a field other than Social Work are not acceptable as a shadow placement supervisor.

### HOW TO SECURE A SHADOW PLACEMENT

- 1) Personal contacts may be used to locate an appropriate social worker.
- 2) The Social Work Program *Handbook* can assist in identifying practitioners who have previously accepted students for this assignment in the general area.
- 3) If the assignment will be completed outside the Mansfield area, refer to the "blue pages" of the local telephone directory which lists social service agencies in a wide variety of practice areas.

After identifying an agency and/or practitioner of interest, the student should contact the agency/practitioner, explain the assignment and its requirements, and the need for a signed affiliation agreement (found on the next three pages of this document). Ask for their participation. The supervisor will request an interview before agreeing to accept a shadow placement student. Take the Affiliation Agreement form with you to the interview, as it must be signed by the agency before your hours can begin. Once the agency signs the form, return it to Dr. Mary Daly, 204 Pinecrest Manor, Mansfield University, Mansfield, PA 16933. She will get the needed signatures on this end, and notify you when the shadow placement can begin. Hours cannot begin until you receive this notification from Dr. Daly!

Once you have been notified that the Affiliation Agreement has been signed, contact the agency to confirm dates, times, location, dress code, and other matters relevant to the placement. The 30 hours may be completed in any combination (all in one week, or a few hours each week, etc.), and should allow for exposure to a variety of social work activities. The student will arrive on time and dress in professional attire for the shadow placement experience.

At the beginning of the shadowing, the student will sign the Confidentiality Statement (page five of this document) and share the form on page six with the supervisor. Both forms will be returned to the course instructor fall semester, along with the social worker's business card.

At the conclusion of the shadow placement, the student will ask the supervisor to confirm that the hours were completed by filling out the form located on page six of this document. Following the completion of the hours, the student will write a thank you letter, addressed to the supervisor but given to the course instructor, to mail.

The student will be required to complete a Shadow Placement Overview paper that will include:

- An overview of the setting (Rural? Urban? Serving what population?) and general tasks performed by the social worker shadowed.
- What were the educational qualifications of the social worker? How did he/she come to be in the present job?
- How did the social worker communicate with their clients and colleagues? What specific techniques were used?
- How was supervision used? How was the social worker supervised? How did the social worker communicate with his/her supervisor?
- The signed confidentiality statement

## **Clinical Observation/Shadowing Agreement**

This agreement establishes the relationship between Mansfield University of Pennsylvania (referred to as the "University"), an educational institution in the State System of Higher Education, Commonwealth of Pennsylvania and \_\_\_\_\_ (referred to as the "Organization").

The University offers degree programs in a wide variety of disciplines, which are academically enhanced by practical experiences outside of the traditional classroom setting. For this agreement the Organization shall provide practical experience pursuant to the terms of this agreement and serve as a clinical observation/shadowing site offering facilities, resources, and supervision to students. Both parties agree to the following:

### **I. Duties and Responsibilities of the University**

1. The University will be responsible for clinical observational experiences that are conducted during a regular academic semester(s) or scheduled summer term(s). The University and the organization agree to schedule the clinical observation/shadowing hours to mutually benefit all parties involved.
2. The University shall certify eligibility for students requesting clinical observation/shadowing experiences. Approved students will have the appropriate educational background and skills consistent with the departmental requirements for participation.
3. The University determines the amount of academic credit to be earned through the clinical observation/shadowing experiences and establishes all academic requirements that the student must meet to earn the credit.
4. The University will assign a faculty member to monitor and evaluate the student's performance during the clinical observation/shadowing experience. The University will assume all costs associated with faculty supervision of the student.
5. The University, at the beginning of the clinical observation/shadowing experience, will provide the Organization with evaluation materials and the expected timeline for submission.
6. The University agrees to advise students of his or her obligations to abide by any known policies, procedures, and requirements of the Organization, and the requirements of the clinical observation/shadowing experience as specified by the Social Work Program at the Organization. Should any student fail to abide by the policies and/or procedures, he or she may fail the assignment.
7. The University, at the beginning of the clinical observation/shadowing experience, will inform the Organization of course requirements such as the student's attendance at meetings/seminars or activities that may take the student away from the assignment.
8. The University may request termination of the clinical observation/shadowing experience for any student not complying with University guidelines and procedures for the social work program, as long as the Organization has been notified in advance.
9. The Organization understands that as an Agency of the Commonwealth, the University is prohibited from purchasing insurance. As a public university and state instrumentality there is no statutory authority to purchase insurance and it does not possess insurance documentation. Instead, it participates in the Commonwealth's Tort Claims Self-Insurance program administered by the Bureau of Risk and Insurance Management of the Pennsylvania Department of General Services. This program covers Commonwealth/University-owned property, employees and

officials acting within the scope of their employment, and claims arising out of the University's performance under this Agreement, subject to the provisions of the Tort Claims Act, 42 Pa.C.S.A. §§8521, et seq. Students shall be responsible for procuring professional liability insurance, if requested by the Organization, at their own expense if such coverage is not available under the Organization's umbrella liability policy.

## **II. Duties and Responsibilities of the Organization**

1. The Organization agrees to notify the University of all selection criteria and any requirements of the selection process including but not limited to background investigations, drug testing, health screenings etc.
2. The Organization selects students for shadowing experiences based on the Organization's needs and preferences.
3. The Organization determines the schedule that the student will maintain on premises.
4. The Organization agrees to provide suitable workspace and resources for the clinical observation/shadowing student to complete course assignments.
5. The Organization shall provide all reasonable information requested by the University on a student's performance. If there are any student evaluations, they will be completed and returned according to any reasonable schedule agreed to by the University and the Organization.
6. Should the Organization become dissatisfied with the performance of a student, the Organization may request removal of the student. This should occur only after the University has been notified in advance and a satisfactory resolution cannot be obtained.

## **III. Mutual Terms and Conditions**

1. This Agreement will last for 5 years from the date of the final signature below. Either the University or the Organization may terminate this agreement with 90 days notice. Should the Organization wish to terminate the agreement prior to the completion of a semester/term, any student intern(s) will have the opportunity to complete their clinical observation/shadowing experience. In the event of a substantial breach, either party may terminate this agreement.
2. The parties agree to continue their respective policies of nondiscrimination based on Title VI of the Civil Rights Act of 1964 in regard to sex, age, race, color, creed, national origin, Title IX of the Education Amendments of 1972 and other applicable laws, as well as the provisions of the Americans with Disabilities Act.  
  
MU students are protected by the Title IX of the Education Amendments of 1972 and other applicable laws, as well as the provisions of Section 504 of the Rehabilitation Act of 1973 (as amended) and the Americans with Disabilities Act (ADA) of 1990. The Organization agrees to cooperate with MU in its investigation of claims of discrimination.
3. The laws of the Commonwealth of Pennsylvania shall govern this Agreement.
4. The relationship between the parties to this Agreement to each other is that of independent contractors. The relationship of the parties to this contract to each other shall not be construed to constitute a partnership, joint venture or any other relationship, other than that of independent contractors.

5. Neither of the parties shall assume any liabilities to each other. As to liability to each other or death to persons, or damages to property, the parties do not waive any defense as a result of entering into this contract. This provision shall not be construed to limit the Commonwealth's rights, claims or defenses which arise as a matter of law pursuant to any provisions of this contract. This provision shall not be construed to limit the sovereign immunity of the Commonwealth or of the State System of Higher Education or the University.

6. This Agreement represents the entire understanding between the parties. This Agreement shall only be modified in writing with the same formality as the original Agreement.

**The authorized representatives of the parties have executed this Agreement as of the date indicated below.**

Mansfield University of Pennsylvania

Organization \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name/Title (Dean)

\_\_\_\_\_  
Print Name/Title

Date Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

EFFECTIVE DATE OF AGREEMENT: (date of last signature) \_\_\_\_\_

Full Name or Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**CONFIDENTIALITY STATEMENT**  
**Mansfield University Social Work Program**

I \_\_\_\_\_, a student Social Worker, pledge to adhere to the *Code of Ethics of the National Association of Social Workers*, which reads, "Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons" (National Association of Social Workers [NASW], 1996, p. 10). Complying with this standard requires that I will not divulge identifying information relating to clients with whom I observe during the course of my Shadow Placement in *SWK 2246 (Professional Identity/Pre-Practice Experience)*. I will not share information about clients with anyone outside of the classroom. I will only discuss non-identifying information about clients with students in class or with my instructor, in an effort to further my own education, knowledge, and skills of Social Work methods.

I recognize that violations of this pledge may result in penalties including a lowered grade, failure from the course, or counseling out of the Social Work Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

National Association of Social Workers. (1996). *Code of Ethics of the National Association of Social Workers*. Washington, D.C.: Author.

**MANSFIELD UNIVERSITY**  
**Social Work 2246: Professional Identity/Pre-Practice Experience**

**SHADOW PLACEMENT**

<b>Student's Name</b>		
<b>Address during the Shadow Placement</b>		
<b>Telephone during the Shadow Placement</b>	<b>Home:</b>	<b>Work:</b>

<b>Placement Agency</b>		
<b>Placement Supervisor</b>	(please print)	
<b>Agency Address</b>		
<b>Agency Telephone</b>	(      )	
<b>Supervisor's E-mail</b>		

**NOTE to Supervisors:** Students requesting this placement are familiar with the *NASW Code of Ethics* and understand the principle of confidentiality. Each student is aware that all experiences in the Shadow Placement are considered professional practice and therefore all information must be maintained in a respectful, confidential manner. The student has signed a confidentiality statement indicating this.

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I verify that the student named above has completed at least 30 hours of field observation in this agency as required by the Mansfield University Social Work Program. I further recognize that I may be contacted by the Program to verify the student's attendance. I am attaching a business card to this form.

\_\_\_\_\_  
 (Placement Supervisor's signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Telephone Number)

**SUPERVISOR COMMENTS:**