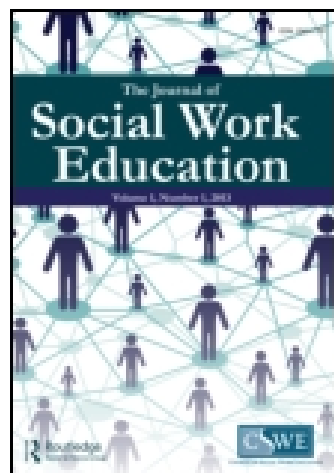


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TEACHING CLINICAL SOCIAL WORK SKILLS PRIMARILY ONLINE: AN EVALUATION

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TEACHING CLINICAL SOCIAL WORK SKILLS PRIMARILY ONLINE: AN EVALUATION

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This article describes an evaluation of the first skills-based clinical course taught in a Council on Social Work Education-accredited, entirely online, MSW program. Students in the online course answered retrospective pretest and posttest questions regarding change in their clinical skills. Researchers compared online students' responses to a standardized course evaluation with student responses on the face-to-face version of the same course. Online students reported significant increase in skills, and their final assignment and course evaluation scores were comparable to students in the face-to-face course, with the exception of instructor availability and facilitation of learning. Implications for teaching skills-based practice classes online are discussed.

SOCIAL WORK EDUCATORS have not been among early adopters of Internet-mediated courses; a search of the literature finds very few peer-reviewed articles about this topic prior to 2000, and the small number of articles since that time are primarily about Web-enhanced rather than Web-mediated social work courses (e.g., Faul, Frey, & Barber, 2004). Even fewer articles describe evaluations of Internet-based instruction, and none report on the evaluation of skills-based clinical courses. Skills-based clinical courses that require interactive instruction are frequently regarded as inappropriate for online teaching (Moore, 2004), as the social work discipline's focus on human interaction and hands-on teaching of practice skills can seem incompatible with technology-mediated educa-

tion. Nevertheless, social work programs are implementing some courses that are partially Internet-mediated (Knowles, 2001), while others are offering entire clinical social work courses online (Siebert & Spaulding-Givens, 2006).

Other disciplines have begun to evaluate clinical courses taught online, and the consensus is that technology-mediated courses (Russell, 1999; Young, 2000) and entirely online courses (Feldhaus & Fox, 2004; Yucha & Princen, 2000) can provide learning that is equivalent to face-to-face courses. Others find that online students can also become better learners and score higher on exams as a result of the online format (Thiele, 2003). However, research in helping disciplines (e.g., nursing) consistently finds that online students express frustration

with the medium, prefer classroom interaction, and worry that their opportunities for learning are not commensurate with face-to-face classroom learning (Thiele, Allen, & Stuckey, 1999; Woo & Kimmick, 2000; Yucha & Princen, 2000). Comparisons with specific elements of previous studies are embedded individually in the text of this article because differences in the disciplines, content of coursework, measurement, research design, and sampling make more than the most general comparisons quite difficult (i.e., "comparing apples with oranges").

The purpose of this article is to describe the evaluation of the first skills-based clinical course taught in a Council on Social Work Education-accredited, entirely online master of social work program. The goal is to share information in an effort to further discussion about the benefits and risks of online education and to offer useful information for social work educators who may be interested in implementing a skills-based clinical course online. The university Institutional Review Board approved this research.

Course Description

The online course the authors developed was Crisis Intervention and Brief Treatment (CIBT), a masters-level clinical course that included both knowledge transfer and skills development. The course was implemented in a 12-week summer semester; the first six weeks covered crisis assessment and intervention, and the last six weeks covered brief treatment and evaluation. The course was available as an elective to students in their 3rd semester of the advanced standing online MSW program. The face-to-face version of the CIBT course was offered during the regular 14-week academic

year, allowing 7 weeks for crisis intervention and 7 weeks for brief treatment.

Despite the 2-week time difference between the online and face-to-face courses, the *content* covered was identical. Students in both courses were required to read the same texts and articles, and they were exposed to identical lecture material, although the online students had to read the lectures rather than hear them. The assignments for both classes were also similar in that they were designed to measure specific knowledge growth and skills acquisition related to crisis intervention and brief treatment. Of course, to meet the needs of online students and overcome the challenges of Internet-mediated education, many traditional classroom activities and assignments were modified for the online class. Students in the face-to-face class were required to deliver presentations, participate in discussions and role plays, and take quizzes in the classroom. Online students were required to do all of the same, but with some modifications in the process. For example, online students videotaped their presentations either at home with their own equipment or at their local campus using university equipment. They submitted these videotapes along with a copy of their PowerPoint slides to the instructor by mail, and the university Office of Distributed and Distance Learning digitized the videotapes for posting to the course Web site. Students could access one another's videos and PowerPoint presentations and make comments to the presenters on the discussion board. Students incurred no cost, and although some of them reported being a bit camera-shy, most mentioned that seeing and hearing one another on the tapes helped them feel more connected to their classmates.

Students also participated in class and small-group discussions using online discussion boards. Each week they were asked to engage in dialogue in response to a series of questions or scenarios posed by the instructor. As in a face-to-face setting, the instructor intervened periodically in the students' discussions to offer feedback or alternative perspectives. However, unlike face-to-face discussions, online students had the option to access all previous online discussions throughout the length of the course because all discussions were archived on the course Web site.

Online students were required to participate in the same number of role-play exercises as the face-to-face students. The *content* of the role-play scenarios was identical for both face-to-face and online classes. Creating role-play strategies that allowed for students to practice their interviewing and assessment skills within the constraints of an online educational setting proved to be challenging. Two kinds of role-play strategies were devised. The first involved role plays between pairs of students, designed to facilitate interactions between students living in different regions of the state. Students could access real-time discussion boards that were built into the course Web site, they could conduct role plays by phone, or they could use instant messenger programs. None of these approaches, however, afforded the online cohort the same opportunity as face-to-face students to focus on nonverbal cues and gestures. To address this missing component, students were also required to participate in one set of role plays with school-affiliated licensed mental health professionals, known as Area Coordinators, living in their community. This is the one exception to the "entirely online" protocol for

this MSW program, and although it required up to an hour of travel time for students, they reported that the experience was useful.

Other assignments were more easily adapted from the face-to-face setting. Both face-to-face and online students, for example, were required to view the same videotaped case scenario and individually write a case summary. Both groups were also given weekly quizzes, designed to assess their understanding of the required reading material. In both settings, the quizzes included the same short essay questions and were time limited. The quizzes were administered in the classroom to face-to-face students, and the online cohort's quizzes were posted online with restricted access to reduce potential cheating by allowing access only one time per quiz and for only enough time to answer the questions (i.e., no time to look up the answers in the reading assignments). For a complete discussion of the course development and the structure of the course Web site, please see Siebert & Spaulding-Givens, 2006.

Students

A mix of advanced standing and traditional 2-year students were enrolled in the face-to-face course. Although demographics for the students in the face-to-face course are not available (this was a retrospective design), comparisons can be made between the entire cohort of online students and the cohort of advanced standing face-to-face students admitted in fall 2002, spring 2003, and fall 2003. Online ($N=25$) students were 92% female and averaged 34 years of age. Seventy-six percent were White, 16% were African American, and 8% were Hispanic. Online students also averaged 34.4 hours per week of paid work and had 4.5 years human service

experience. The face-to-face cohort of students ($N=78$) was 85% female and averaged 28 years of age. Seventy-three percent were White, 22% were African American, and 5% were Hispanic and other. Face-to-face students also averaged 20.5 hours per week of paid work and had 2.6 years of human service experience. Thus, the student cohorts were similar demographically, but differed on hours of work and experience. Because we do not have demographics for the group of students enrolled in the face-to-face CIBT course, we cannot make direct comparisons. All of the face-to-face CIBT students took the class in the evening, and because evening students tend to be older and have more human service experience in this MSW program, the face-to-face students are more likely to be similar to the online students in age and years of experience than the cohort comparison would suggest.

Because the online course content mirrored the content in the face-to-face course, and the primary difference in the course was in the mode of delivery, this was an excellent opportunity to examine differences in learning outcomes and perceptions for online and face-to-face education.

Research Questions

The research questions were typical of an evaluation: (1) Did the online students report that the course improved their practice skills? (2) Did online and face-to-face students receive similar scores on a standardized client assessment and treatment plan? and (3) Did the online students and face-to-face students have similar responses to their post-course class evaluations? The methods were chosen to be consistent with methods used in evaluation

studies of online learning in other disciplines (Buckley, 2003; Johnson, Aragon, Shaik, & Palma-Rivas, 2000).

Research Question 1

Method. To answer this question, a retrospective pretest–posttest design (Howard, 1980) was used to determine change in online students' perception of their crisis intervention and brief treatment skills as a result of taking the course. Although parallel to a conventional pretest–posttest design, this method asks the pretest questions after the completion of the intervention. Asking pretest questions retrospectively addresses response shift bias, a very common measurement problem. Response shift occurs in conventional designs when respondents must self-assess using their own internal scale before an intervention, and then this internal scale shifts because of the intervention. For example, an online student rates herself a "5" on a 7-point scale asking her pre-class preparedness to conduct brief treatment. After participating in the class and recognizing how difficult it is to conduct brief treatment well, she might determine that her post-class preparedness is actually a "5," and that her pre-class preparedness score should have been a "2" rather than a "5," based on what she learned in the class. Thus, using a conventional pretest–posttest design, her scores would have been a "5" at both pretest and posttest, despite the fact that she believed her skills had increased by taking the class. By asking both the pretest and posttest questions after the intervention, the respondent answers them based on the same scale. Consequently, traditional pretest–posttest designs can underestimate the effect of

a treatment and lead to inaccurate findings compared to retrospective pretest–posttest designs (Bray, Maxwell, & Howard, 1984; Howard, 1980; Pratt, McGuigan, & Katzev, 2000).

Four-item questionnaires were e-mailed to all 19 students who completed the course and 15 responded for a response rate of 79%. The questionnaire asked students to rate on a 7-point Likert scale how prepared they felt to conduct a crisis assessment/intervention (1) before and (2) after taking the class and how prepared they felt to conduct brief treatment (3) before and (4) after taking the class. Response options ranged from 1=not at all prepared to 7=completely prepared. See Table 1 for complete descriptions of the items. The hypothesis was that students would report that they were better prepared after taking the course, and that students would show higher gains in brief treatment than in crisis intervention, as all students in the online cohort had been employed post-BSW as social workers and thus had previous crisis intervention experience. The three null and alternate hypotheses were the following:

1. H_0 : no increase in the reported brief treatment skills after attending the online class

H_1 : reported brief treatment skills increased after attending the online class

2. H_0 : no increase in reported crisis intervention skills after attending the online class

H_1 : reported crisis intervention skills increased after attending the online class

3. H_0 : no difference in the change in skill level between brief treatment and crisis intervention

H_1 : brief treatment skills increased more than crisis intervention skills

Analysis. First, the descriptive statistics for all the variables were calculated. Because of the paired pre-class and post-class nature of the data and the small sample size, the data were analyzed with the Wilcoxon signed rank test. This test was chosen because the assumptions for this distribution-free nonparametric test (i.e., that the levels of change for each of the responses are mutually exclusive and continuous) are not violated by the data collection methods. Each of the three null hypotheses was tested by calculating Wilcoxon's T^* , the

TABLE 1. Descriptive Statistics of Online Students' Pre- and Post-Skill Questions (N=15)

Variable	<i>M</i>	<i>SD</i>
How prepared were you to conduct a crisis assessment/intervention BEFORE taking the online course this past summer?	3.07	1.10
How prepared are you to conduct a crisis assessment/intervention NOW?	5.60	0.99
How prepared were you to conduct brief therapy BEFORE taking the course this summer?	1.93	1.03
How prepared are you to conduct brief therapy NOW?	5.27	1.16

standardized version of the sum of the positive signed ranks, and then compared to the critical value set by the chosen alpha. Because of concern over error inflation when performing multiple hypothesis testing, a test-level alpha of .0167 was used so that the familywise error rate was approximately .05.

Results. All three of the hypotheses were confirmed. Crisis assessment/intervention scores significantly increased after taking the online class ($p=.0003$), brief treatment scores significantly increased after taking the online class ($p=.0003$), and brief treatment change scores were significantly higher than crisis assessment/intervention change scores ($p=.0085$). All three p values are less than the established test level alpha, providing enough evidence to reject the three null hypotheses. See Table 2 for values obtained from the Wilcoxon procedure.

Research Question 2

Method and results. To answer this question, student scores on their final course assignment were compared. At the end of the semester, students in both online and face-to-face classes were provided a link on the course Web site that allowed them to access a role play of an assessment interview of a client. The same

scenario was used in both kinds of classes, and students were instructed to develop a case summary that included an assessment and intervention plan for this standardized client. The same instructor graded the assignments using a standardized assessment rubric, and the mean scores were not significantly different ($p=.47$). The online student mean was 81.2 out of 100 possible points, and the face-to-face student mean was 83.7 out of 100.

Research Question 3

Method. To answer this question, the mean scores on eight student evaluation questions for the cohort of online students ($n=11$, 58% response rate) were compared with the scores of students who took the same course with the same instructor in a face-to-face format ($n=18$, 82% response rate). Standardized FSU student evaluation questionnaires were distributed to face-to-face students at the completion of their last class of the semester. The online students were asked to answer the same evaluation questions, which were available to students on the class Web site after the last day of their semester. Response options were on a 5-point Likert scale, and response options were 1=poor, 2=fair, 3=good, 4=very good, and 5=excel-

TABLE 2. Wilcoxon Signed Rank Test for Crisis Intervention (CI) and Brief Treatment (BT) Change Scores ($N=15$)

	$E_o(T^+)$	T^+	$Var_o(T^+)$	T^*	P
CI/assessment change scores	60	120	298.50	3.47	.0003
BT change scores	60	120	301.87	3.45	.0003
Difference between BT and CI change scores	39 ^a	68	147.37	2.39	.0085

Note. E_o represents the expected value for the sum of the positive ranks. T^+ represents the sum of the positive ranks. Var_o represents the variance of the sum of the positive ranks. T^* represents the standardized version of the sum of the positive ranks.

^a N was recalculated prior to ranking the items for calculating T^* because change values of 0 are eliminated.

lent. Items included questions about course assignments, communication, expectations, concern for students, stimulation of interest in the course, and overall assessment of the instructor. See Table 3 for complete items. The null and alternate hypotheses for all variables were the following:

H_0 : no difference in scores between online students and face-to-face students

H_1 : difference in scores between online students and face-to-face students

Analysis. Descriptive statistics for each of the variables were determined, and one-way ANOVAs were conducted to compare mean evaluation scores between the online and face-to-face students. One-way ANOVA was the chosen strategy because it is robust against violations of its assumptions, and because the equivalent nonparametric test was sensitive to differences in the size of the groups.

Results. The analysis found no significant differences on six of the eight evaluation questions. Students in the face-to-face course report-

TABLE 3. One-Way ANOVA of Online and Face-to-Face Students' Course Evaluations

Variable	<i>n</i>	<i>M</i>	<i>F</i>	<i>DF</i>	<i>p</i>
1. Description of the Course Materials and Assignments					
Online	11	3.82	3.05	1	.092
Face-to-face	18	4.50			
2. Communication of Ideas and Information					
Online	11	4.18	4.01	1	.056
Face-to-face	17	4.76			
3. Expression of Expectations for Performance in This Class					
Online	11	3.81	2.12	1	.157
Face-to-face	18	4.44			
4. Availability to Assist Students in or Out of Class					
Online	11	4.36	11.76	1	.002
Face-to-face	18	4.89			
5. Respect and Concern for Students					
Online	11	4.36	0.91	1	.348
Face-to-face	18	4.67			
6. Stimulation of Interest in the Course					
Online	11	4.36	1.12	1	.299
Face-to-face	18	4.65			
7. Facilitation of Learning					
Online	11	3.82	6.81	1	.015
Face-to-face	17	4.65			
8. Overall Assessment of the Instructor					
Online	11	4.45	0.39	1	.539
Face-to-face	17	4.65			

ed significantly higher scores for “instructor’s availability to assist students in or out of class” and “facilitation of learning.” Because all evaluation responses were anonymous, no data on sample characteristics were available. See Table 3 for a complete report of the findings.

Limitations

Before discussing the findings, it is important to acknowledge this study’s limitations. The small sample sizes diminish the power of the analyses, but statistical methods were used to maximize the precision of the findings. In addition, the lower response rate for the online students could have influenced the findings to research question #3.

The lack of demographic data for the sample made it impossible to test for significant demographic differences between groups. However, comparisons were made between the entire cohort of online students and a cohort of face-to-face students who were also advanced standing MSW students who entered the program within the same time period.

Variations in the delivery of the course may have influenced the outcomes as well. For example, although all students had the same primary instructor, the online students had the advantage of a teaching assistant who dedicated 12 additional hours per week to responding to students’ needs and monitoring their discussion board questions. Further, the online students were taught during a compressed 12-week semester during the summer, while the face-to-face students were taught during a regular 14-week semester. These varying circumstances may have differentially influenced their experiences.

The wording of the evaluation items may also have influenced the findings. The

university provides no reliability or validity data for the student evaluation instruments, and because the standardized questions used for the face-to-face students were also used for the online students, the construction of the questions may not have been ideal for the online experience.

In addition, it was reasonable to anticipate that students would report improved skills as the result of the 12-week CIBT course. However, it was unclear the degree to which they would report improvement—and a few skeptics on the faculty anticipated no significant reported improvement. Because pre- and post-intervention data were not collected systematically from the face-to-face students at the completion of their course, comparisons could not be made to detect differences in the degree of improvement. It was possible, though, to compare the improvement in crisis intervention skills with brief treatment skills among the online students.

Finally, it is impossible to quantify the influence of differing levels of technological expertise among the students. All students were given a list of hardware and software requirements, along with a list of competencies required prior to their enrollment in the program. Basic computer skills, including the use of Microsoft Office products and the Internet were required. Students also had a variety of online and telephone resources available to them through the university’s Office of Distributed and Distance Learning, as well as online tutorials for each aspect of this particular course. Because this course was offered in the third semester of the program, students reported no significant technical problems during the semester.

Discussion and Implications

These findings suggest that this online course was useful for students and reasonably comparable to its face-to-face version. The results are also consistent with other studies' findings that online students score as well as face-to-face students on exams or assignments (Buckley, 2003; Feldhaus & Fox, 2004; Johnson et al., 2000; Yucha & Princen, 2000). Generally, students were quite pleased with the course and with the assignments, as reflected in their responses to the quantitative questions as well as the following representative comments from their student evaluations:

I was very happy with the layout of the semester. It was a very fast-paced class, but one that pushed our thinking skills to the limit. The fast pace allowed us to master the material and then build on it.

I really enjoyed the weekly quizzes and found them to be very helpful.

I even liked the role play with a distant cohort over the web—just having real-time interaction was good—even though it was hard to coordinate and support the programming (instant messaging) needed to interact with each other off the course site.

I really appreciate the interactive assignments which include the various role plays, videos, virtual client, etc. They have been great learning tools.

The thing I like most about this course is the use of group discussion board each

week to compare views about the issue being considered. This allows for new ideas and thought processes that demand critical thinking on each member's part. I'm learning!

I really appreciated the creative ways Professor X directed our learning experience! My favorite assignment was the video assignment!

Further, the following additional positive comment points out the importance of course sequencing in online programs:

I feel so much more knowledgeable in the area of therapy applications than I did prior to this class. The timing of this class (and its own strength) after some of the other classes (e.g., psychopathology and evaluating) was additionally helpful. This class's material included information that I personally was very interested in learning (e.g., therapeutic techniques).

However, other student comments illustrate some of the concerns students had about the course and specific assignments:

This course would be more effective if it was (sic) not taught during the summer, but during a regular term. There needs to be feedback on the role plays and opportunities for face-to-face learning . . . perhaps through the area coordinators or a trip to Tallahassee.

Role play . . . I felt as if I was poorly prepared for this exercise but had not

been provided with the learning forum to enhance my skills. It is one thing to memorize and learn a theory or treatment method, but totally different to effectively apply the method. I think that constructive criticism is essential in order for these skills to be learned, fine tuned, and enhanced. How this can be achieved online is a mystery to me but probably one that needs to be solved.

What did I like least? Videotaping our role plays, I believe it's much better to do it in person.

Despite prodigious efforts to make the online course equivalent to the face-to-face class and the enormous number of hours spent conducting the class, online students reported lower scores than face-to-face students on "instructor's availability to assist students in or out of class," despite enjoying the additional significant efforts of a TA for the entire course. Online students also reported lower scores for "facilitation of learning," and both these findings are similar to those in a comparable study of students in another discipline (Johnson et al., 2000). In mid-semester evaluations, many students commented that the features of the class that they appreciated most were the level of feedback received from the instructors and the involvement of the instructors in the course. Although these comments appear contradictory to the quantitative findings, this may be a consequence of using items that were not tailored for the online educational experience, and thus the wording of the questions would benefit from revision. However, it is also possible that the scores reflect the

students' generalized need for human contact in the learning process. This possibility is supported by other studies that tailored items specifically for online evaluation and found that online students reported lower satisfaction with student-instructor interactions and instructor support (Johnson et al., 2000) and that they would have preferred classroom interaction (Buckley, 2003; Yucha & Princen, 2000). This need for human contact is also reflected in the following student comments that were representative of others' feedback:

The reading material is great but instruction needs refinement. It seems that the course material is inherently challenging to teach due to the lack of hands-on instruction. At this point in the semester I will admit that making the trek to the Tallahassee campus for some personal instruction would be worth the effort.

I think that subsequent classes should be encouraged to form small groups within their areas to practice role playing prior to having the face-to-face with their area coordinator. Peer evals and feedback would be beneficial for sure . . . I realize that some students may not have easy access to each other, not making this a practical exercise for some. However, I really feel it should be encouraged if meeting is a possibility.

. . . the lack of ability to practice face to face. I truly think this course should be offered, at least in part through our area coordinators facilitation of role plays. I really feel we missed out on an opportunity to grow professionally. I feel had we been

given the chance to practice our skills we would be better skilled clinicians.

... that's what I missed most in this class format—the real interaction and discussions and practice time.

I didn't like the way that this course is skills based, yet, we are not allowed the opportunity to actually practice in a face-to-face format. It was through the "test" of our skills that I realized how much we actually missed out.

A suggestion: Make the first half of the course face to face setting so as to allow for practicing of skills and better enhance the learning process.

Thus, the quantitative findings do not tell the entire story. Although it is clear that students report being better prepared to provide crisis intervention and brief treatment services after taking the online course, and that their perceptions of the course were not too different from the face-to-face students' views, it would be premature to say that the learning experience is equivalent. Granted, students always have complaints about their courses, particularly rigorous courses like this Crisis Intervention and Brief Treatment class. However, in addition to those typical kinds of comments, these online students clearly felt disadvantaged by the absence of hands-on teaching of skills.

Several potential solutions to their concern are possible. This online course was required to be asynchronous, giving students maximum flexibility in scheduling their learning. However, the addition of a synchronous component and

the use of Web cams could allow instructors the opportunity to view students' performance in real time and to comment on students' performances in role-play exercises, for example. This solution, however, would be extremely time-consuming for the instructor and might still leave students feeling a bit disconnected from the instruction. Another possibility, which other programs in this university have adopted, would be to require several face-to-face meetings of the entire class. Students could meet once at the beginning of the semester so that students could attach faces and personalities to the text they are reading throughout the semester, and then meet one or two additional times to conduct marathon skills practice sessions, again affording the instructors the opportunity to comment on student performance in real time. This option would reduce the flexibility of the students' schedule, and it would require the additional cost and inconvenience of their travel to the main campus. Consequently, either potential solution would create some logistical inconvenience, but whether these options could make a difference in student learning should be tested empirically.

Online education is the new frontier for schools of social work. It requires technological expertise, flexibility, and creativity from both the students and instructors, and it will likely be a source of both great satisfaction and dismay for all who participate. Our study merely touches the surface of the issues that need to be considered in the design, implementation, and evaluation of online courses, but it illustrates the importance of collecting both quantitative and qualitative data in evaluations of online teaching, and points to our ongoing need to address the challenges of teaching skills-based clinical classes in an online format.

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