

Service Setting Briefing


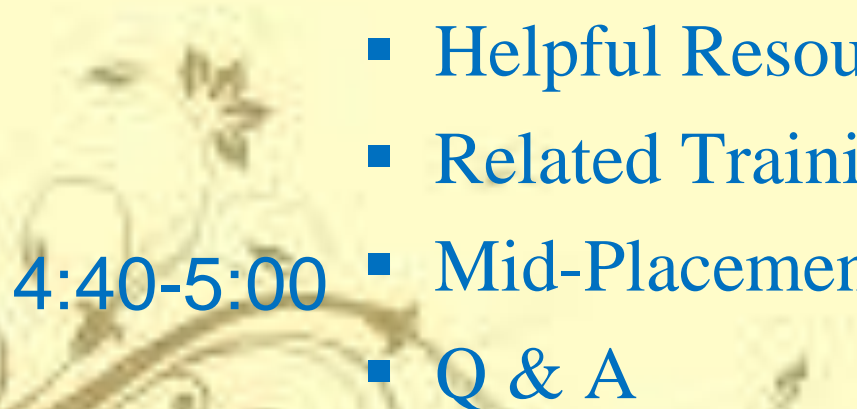
Social Work

in

Medical Setting

(MSS&MSP)

Rundown

- 
- 
- 3:30-4:20
 - Mutual Introduction
 - Brief Overview of Social Work Services in Hong Kong Health Care Settings
 - 4:20-4:40
 - Exercise
 - 4:40-4:50
 - Survival Tips and Expectations
 - Helpful Resources
 - Related Training and Orientation
 - 4:40-5:00
 - Mid-Placement Sharing
 - Q & A

Clustering of HA Service

Hong Kong

Hong Kong
East

Hong Kong
West

Kowloon

Kowloon
East

Kowloon
Central

Kowloon
West

New Territories

NT East

NT West

https://www.ha.org.hk/visitor/ha_visitor_text_index.asp?Content_ID=10122&Lang=ENG&Dimension=100&Parent_ID=10121&Ver=TEXT

Where are you posted? Implication?

SWD HA

Concurrent 2024-25

Apleichau outpatient
clinic (FMPC, HKU)

UCH, MSSU (Gen)

TMH, PRC

TMH, CPRC

HKE (PRC)

QEH, AMC

QMH, CCSU

QMH, PRC

HKE, MSSU (Psy)

YFSMC, MSSU

TPH, MSSU (Psy)

Shatin DHC Express
(HKSR)

緊急

E M E R G E N C Y

緊急應變級別 Emergency Response Level

2019 冠狀病毒病

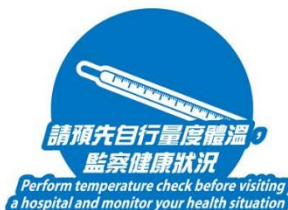
戒備

A L E R T

因應特區政府流感大流行應變計劃，醫院管理局現已實施戒備級別措施

所有公立醫院訪客及公眾人士必須遵守下列措施：

In accordance with the Hong Kong Government's Preparedness Plan for Influenza Pandemic, the Hospital Authority has implemented measures for the Alert Response Level. Hospital visitors and public please follow instructions below:



每次探病只限2人
Only 2 persons are allowed
for every visit

每日不多於 小時
No more than hours daily

每日 至
Daily to

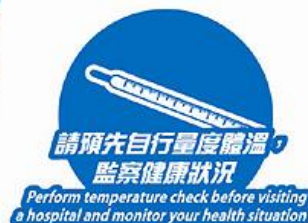
嚴重

S E R I O U S

因應特區政府流感大流行應變計劃，醫院管理局現已實施嚴重級別措施

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Daily to

緊急

EMERGENCY

緊急應變級別 Emergency Response Level

2019 冠狀病毒病

因應特區政府應變計劃，醫院管理局現已實施緊急級別措施
所有進入公立醫院人士必須遵守下列措施：

進入及離開醫院前
請徹底清潔雙手



醫院範圍內
必須佩戴外科口罩

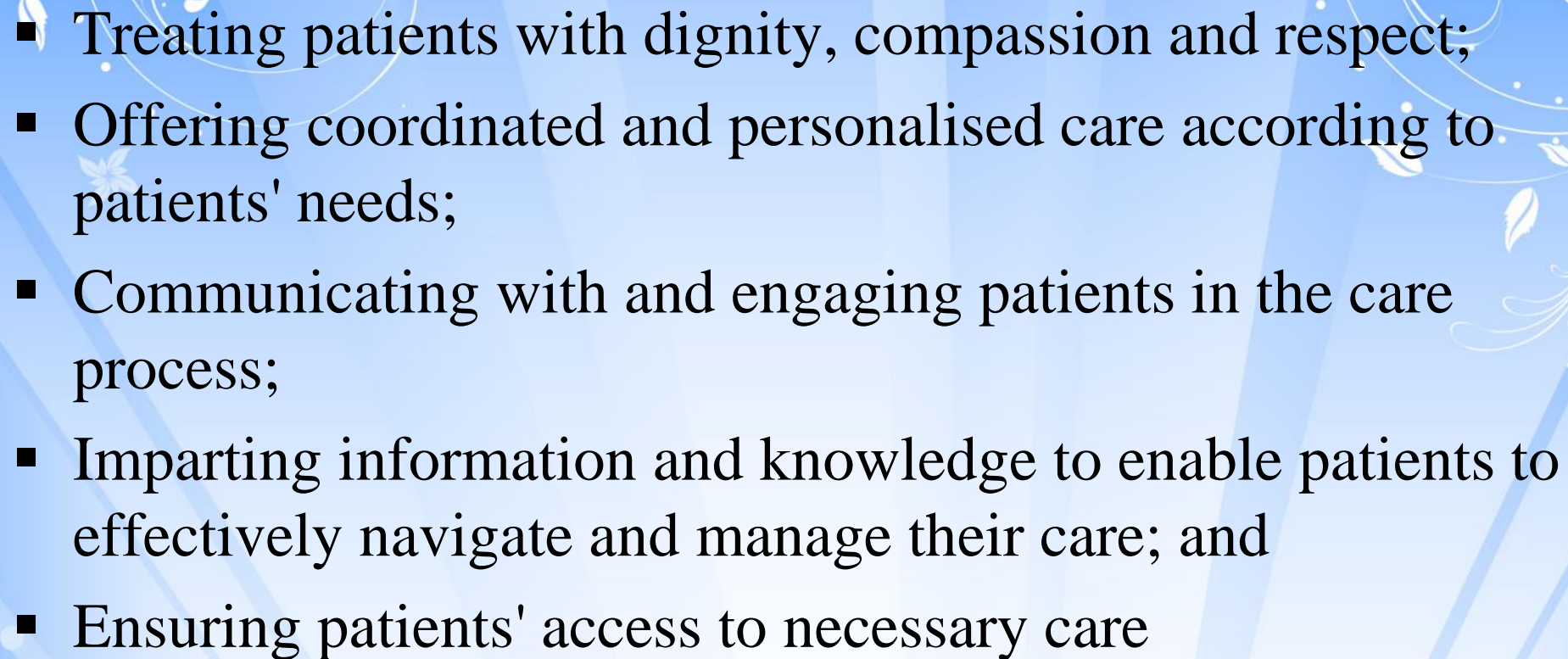


所有公立醫院
謝絕探病



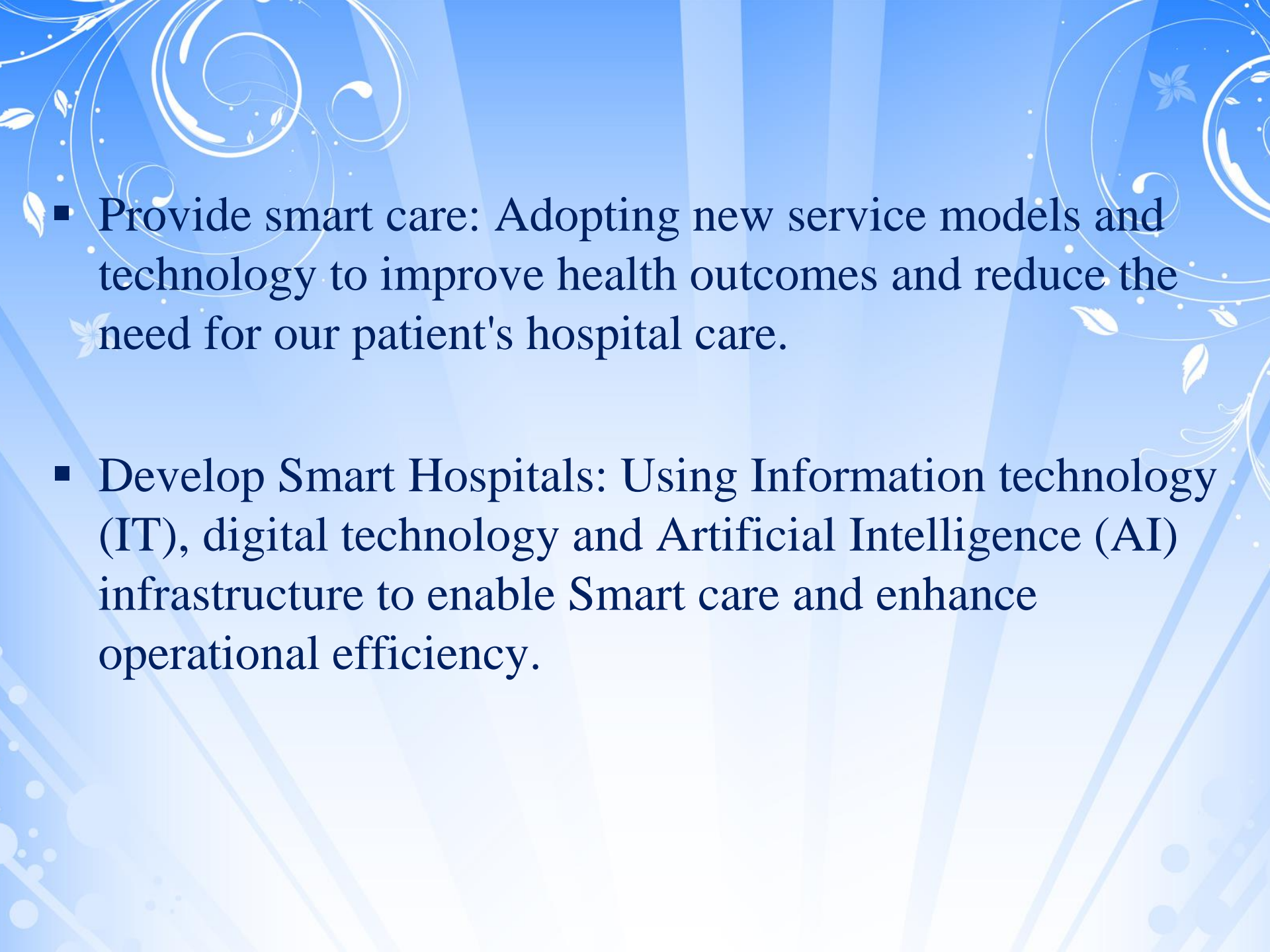
HA Strategic Plan 2017-2022

Provide patient-centered care:
ensuring patients have timely access
to high-quality and responsive
services that place patients firmly at
the heart of their care

- 
- Treating patients with dignity, compassion and respect;
 - Offering coordinated and personalised care according to patients' needs;
 - Communicating with and engaging patients in the care process;
 - Imparting information and knowledge to enable patients to effectively navigate and manage their care; and
 - Ensuring patients' access to necessary care

HA Strategic Plan 2022-2027

Enhance sustainability by changing our service models towards “Smart Care”.....

- 
- Provide smart care: Adopting new service models and technology to improve health outcomes and reduce the need for our patient's hospital care.
 - Develop Smart Hospitals: Using Information technology (IT), digital technology and Artificial Intelligence (AI) infrastructure to enable Smart care and enhance operational efficiency.

- **Nurture Smart Workforce:** Nurturing a robust and flexible talent pool with the skills and knowledge for providing Smart Care.
- **Enhance Service Supply:** Expanding and modernizing facilities and ensuring financial sustainability to meet escalating service needs.

HAGO

<https://www.facebook.com/ha.hospitalauthority/videos/ha-go%E6%9C%89%E4%B9%9C%E5%8A%9F%E8%83%BD/740971916660716/>



C.R.1

27/6/2020

Pt's e. dtr. S.I.O.

CMO referred Pt for soc. Ax., DA, and Dis. Planning. W/M sent Pt's dtr to see MSW. A brief Soc. Ix was done

Med. Hx of Pt

Pt: with chronic Schiz., c irregular F/U & poor drug compliance, ADL ok., Aud. H^o++. Had a T/A on 20/6/2020 (crossed a road neglecting the red light as a voice told her to). Admitted to Ortho c multiple #, ® b/k Amp and POP to # (L) N/femur

Soc. Background

Hd Retired x 10 yrs. due to Ca Colon, c colostomy and RT, on remission. Had CVR ® with aphasia 4 wks ago, presently convalescing at SH, w/c bound, undergoing active OT & PT, just started walking with frame for a few steps

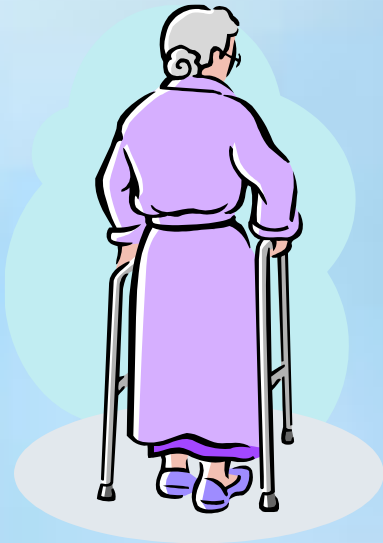
E. Dtr: Married & L/A, a HW c a 6-yr-old dtr; living with m-i-l, who had a Dx of CRF & just started CAPD, and f-i-l, who had HT, DM, CHF but ADL independent

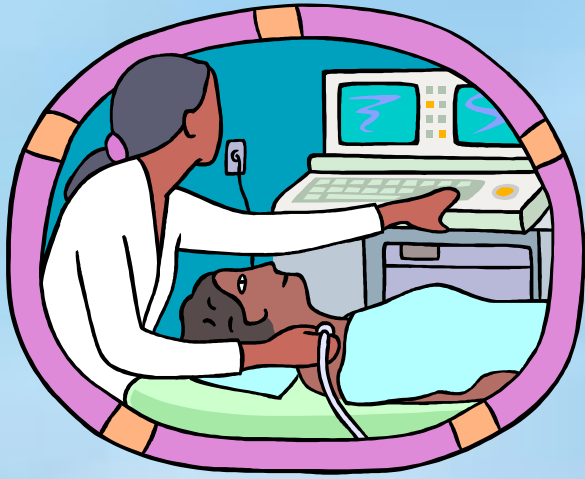
2nd Dtr Married & L/A, a HW c 2 sons (2; 6 mths resp.) E. son was suspected to have delayed development, recently referred by GP to CAC for Ax. Appt. scheduled in 11/2020

- 27/6/2018
- Patient's elder daughter Seen-in-office
- Case medical officer referred patient for social assessment, Disability Allowance, and discharge planning. Ward manager sent patient's daughter to see medical social worker. A brief social investigation was done
- Medical history of patient
- Aged 55, Diagnosed with chronic schizophrenia, irregular follow up and poor drug compliance, Activity of Daily Living Ok, Auditory Hallucination (very positive). Had a traffic accident on 20/7/2017 (crossed a road following a voice's command during red light). Admitted to Orthopedic with right below knee amputation and Pin and Plate to fractured left neck of femur

- Social Background
- Husband: Retired for 10 years due to Carcinoma of Colon, with colostomy and radiotherapy, on remission. Had cerebral vascular accident (right) with aphasia 4 weeks ago, presently convalescing at Shatin Hospital, wheelchair bound, undergoing active occupational therapy and physiotherapy, just started walking with frame for a few steps
- Elder daughter: Married and living apart, a housewife with a 6-year-old daughter; living with mother-in-law, who had a diagnosis of chronic renal failure and just started continuous ambulatory peritoneal dialysis, and father-in-law, who had hypertension, diabetes mellitus, congestive heart failure but activity of daily living independent
- Younger daughter: Married and living apart, a housewife with 2 sons (2; 6 months respectively). Elder son was suspected to have delayed development, recently referred by general practitioner to Child Assessment Centre for assessment. Appointment scheduled in 11/2018

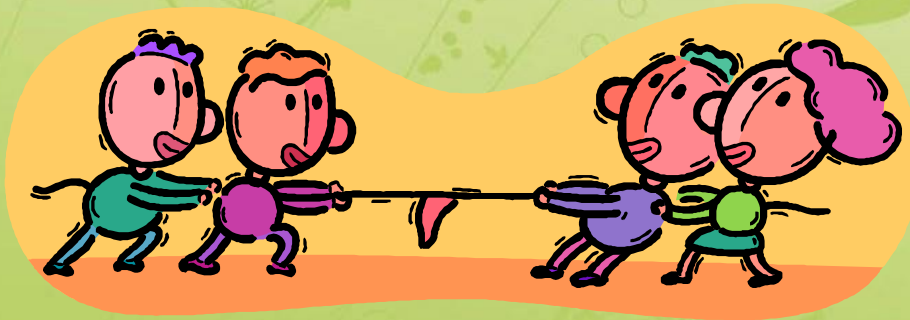
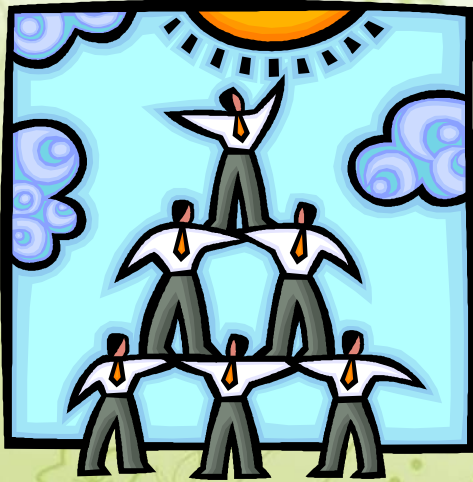
Expectation of Others





In-Patient Vs Out-Patient





Roles and functions of MSWs

- Psycho-social assessment
- Counseling/therapy, crisis intervention to individuals & their families
- Educational, self-help & therapeutic groups
- Pre-admission planning
- Discharge planning
- Practical assistance
- Multi-disciplinary teamwork
- Empirical research
- Mobilizing community resources

Scopes of Service of PRC

Empowerment and support for patients and carers

- New patient orientation
- Psychosocial service
- Sharing by patient volunteer
- Stress management workshop
- Therapeutic group

Mutual support network

- Patient association forum
- Patient association Training
- Patient support station
- Peer concern service

Scopes of Service of PRC

Volunteer service and development

- Volunteer service development and mobilization
- Volunteer Training and quality management
- Volunteer management system

Community engagement and partnership

- Community health project
- Medical Social Collaboration via Platforms, Referral Mechanism, Collaborative projects, Symposium
- Community Resources Navigation

Scopes of Service of PRC

Rehab resources

- Health Information and Healthyhkec website
- Mobility Equipment Loan (By Hong Kong Red Cross)
- Rehab Shop service
- Wig Loan service for Cancer patients

Cancer patient resource centres

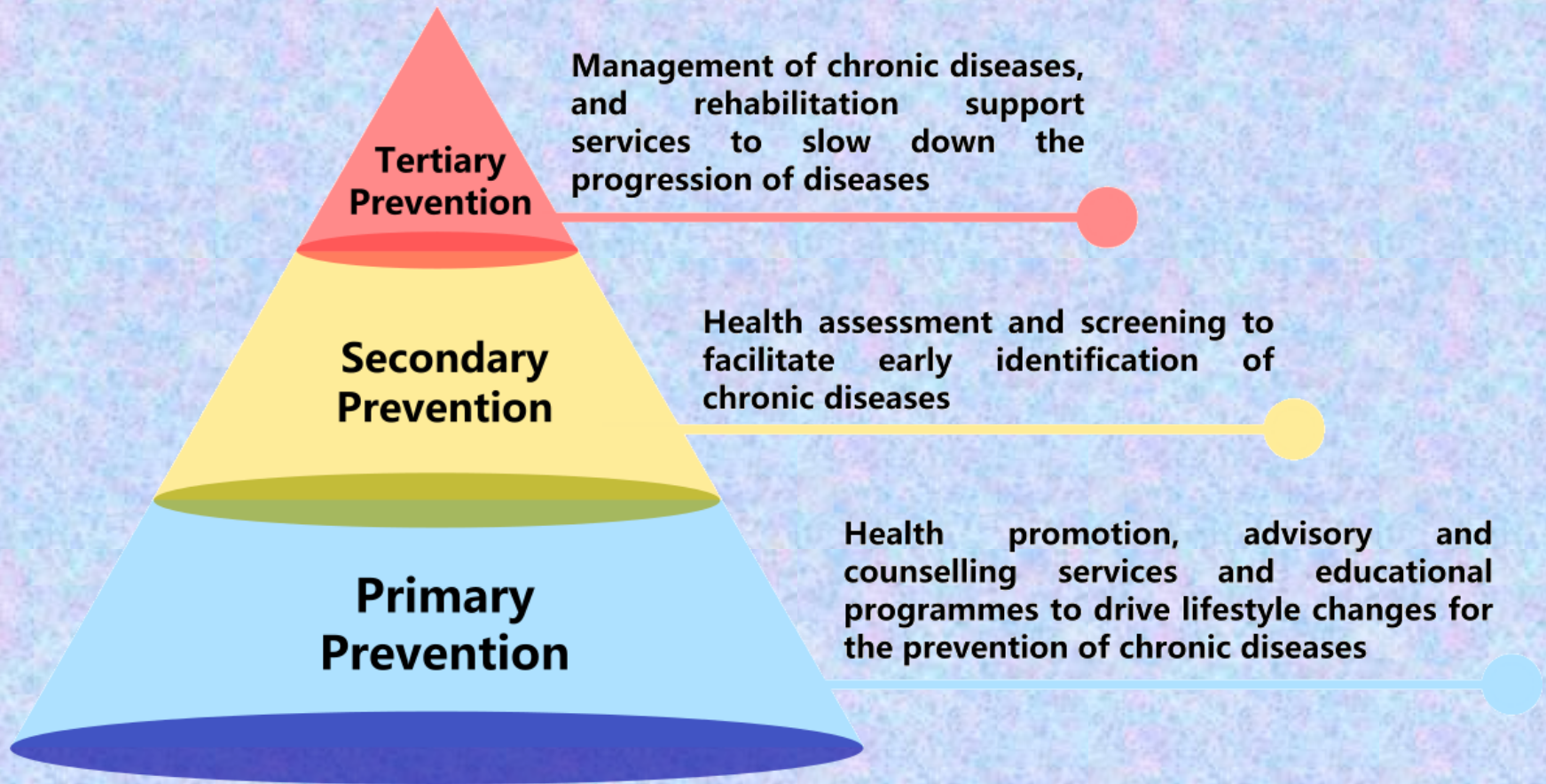
- Cancer information libraries
- Computer stations
- Professional counselling services
- Relaxation rooms and massage chairs
- Rehabilitation workshops
- Meeting rooms for peer-support activities

Palliative Care Service

- Palliative care service aims to provide **holistic care** to patients with **life-threatening and life-limiting conditions** and their families to address their physical, psychological, social and spiritual needs.
- It is provided through a **multidisciplinary team** of professionals, including doctors, nurses, medical social workers, clinical psychologists, physiotherapists, occupational therapists, etc to improve **the quality of care** and facilitate a more **peaceful dying** process with a comprehensive service model.
- **Online free course on end-of-life care by JCECC**

https://foss.hku.hk/jcecc/online/Basic_Module/course_intro

Primary Care



Scope of services of DHC

- Health Promotion (Healthy Diet, Physical Activity, Weight Management, Fall Prevention, Smoking Cessation, Alcohol Consumption, Sleep Hygiene, Mental Well-being)
- Health Assessment (Health Risk Factors Assessment screening for Diabetes Mellitus/Hypertension)
- Chronic Disease Management (Diabetes Mellitus Hypertension, Musculoskeletal Disorder, Low back pain, or Degenerative knee pain)
- Community Rehabilitation (Hip Fracture, Post-Acute Myocardial Infarction Stroke)

How to prepare
myself
to work and learn
in my placement?

Survival Tips for placement in medical setting

Attitude

- ✓ Initiative
- ✓ Humble
- ✓ Open
- ✓ Honest
- ✓ Considerate
- ✓ Flexible
- ✓ Efficient

Relationship

- Aware of the work dynamics of the social work team
- Aware of the rules and norms of collaborating with the interdisciplinary team
- Mature in presentation
- Accuracy in Reporting
- Teamwork
- Responsible and accountable

Communication (Written)

E-mail, correspondence, formal letter to outside bodies (e.g., cooperating social work agencies, other units in the clinic/hospital)

Communication (Verbal)

Take the initiative to clarify the appropriate means of communication with different persons (e-mail? Face-to-face? Phone call?) * WhatsApp is not a formal communication channel

Handling cases from inpatient wards and outpatient

- Familiar with medical terms and abbreviation
- Familiar with community resources (elderly long-term care, rehabilitation services, and social security)
- Understand the constraints, routines, and rules in the ward
- Beware the patient's physical condition while interviewing
- Infection control measures
- Usually not encouraged after-office interview or home visit
- Be ready to seek help for triggered emotion, facing life and death issues, risks and crisis

Preparation for group and program

- Timeline
- Managing the financial matter
- Promotional tips
- Enrollment forms and handling of applicants' data
- Screening and evaluation
- Theme and approaches

Some examples of groups

- 相說—自癒攝影小組
- Joy種心靈綠洲小組
- 「幸福我有Say」身心靈自癒小組
- GRACE Volunteer Training Group
- 乘風行
- Art Jamming 放鬆心情工作坊
- 快樂腦有記

- **Actual working schedule:**

Task	Date
Stage 1: Preparation	
Group content outline, rundown and poster	Week of 13/11
Printing and posting of poster	Week of 20/11
Recruitment	Week of 27/11 (after the poster being posted by mail)
Promotion and publicity	Week of 27/11 (after the poster being posted by mail)
Preliminary Screening (Phone calls to participants) Pre-group interviews	11/12 – 5/1
Submit group proposal	Week of 18/12
Deadline of enrolment	31/12
Finalize group proposal	4/1
Confirm group members' list	Week of 8/1
Detailed session plans	One week before each session
Stage 2: Implementation	
Session 1	18/1
Session 2	25/1
Session 3	1/2
Session 4	15/2
Session 5	22/2
Session 6	29/2
Stage 3: Evaluation	
Session recording and evaluation	Completed on before 10/3
Feedback from group members	29/2 (after the last session)
Feedback from agency supervisor and social worker	Throughout the group period
Feedback from fieldwork supervisor	Dates of live supervision (S2: 25/1, S4: 15/2) Weekly individual supervision
Self-evaluation and review	Weekly individual supervision
Evaluation report	25/3

Administrative

- Format and submission of recordings
- Application of leaves
- Reporting
- Status of placement students
- Dress codes

Final Reminder

- **Nature of workload:**

PRC & CPRC : Group/ Program/ Project only

MSSU (SWD/HA): Mostly cases

DHC: Mostly group/program

Apleichau clinic: Cases only

* Please choose a placement setting with case opportunities if you lack in this placement or one with group or program experiences if you can only do cases in this placement.

- **Prior Approval**

To get prior approval from FSWs and Agencies for all the work

- **Alert and Prompt Reporting**

if student encounters any suspected child abuse situations in the cases, groups, programs, or social encounters, students must follow the stated procedure guidelines and inform their mentor/IC and FWS immediately for follow-up action.



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Importance on Data Protection

Stringent record-keeping standards and safeguarding confidentiality are not just responses to legal requirements; they are essential to competent and ethical practice in social work.



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Guidelines on Data Protection

- Familiarize yourself with and strictly comply with the
 - [Personal Data \(Privacy\) Ordinance \(pcpd.org.hk\)](http://pcpd.org.hk)
 - [A-05 Record Keeping](#)
 - Agency policies on Data Protection.



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Guidelines on Data Protection

- Anonymize your recordings/reports for discussion with the fieldwork supervisor (e.g., Madam C..). They must not contain any identifying data. Names of persons, places, organizations, etc., should be removed.
- The record files should be stored in designated password-protected electronic storage devices
- All the reports/documents must be **password-protected** before sending to your fieldwork supervisor
- Do not leave personal data and confidential information (e.g. case files) unattended
- **Never take clients' personal data out of office** unless there is a genuine operational need and must seek prior approval from the centre in charge

A-05 Record Keeping: Guidelines for Students in Fieldwork Placement_2023

[To \(hku.hk\)](http://hku.hk)



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Guidelines of Data Protection

- Once the purpose of teaching, learning and assessment is served, the placement records/reports should be destroyed or erased. If the students wish to have a copy of a particular piece of their own work for their future reference, they must seek the approval of the agency and complete any procedures as required by the agency.
- The students will sign a Form at the end of the placement declaring that they have handed in all the records containing personal data of service recipients to the agency and the fieldwork supervisor as required; and that they have deleted all such records from their computer disks/relative devices if applicable; and that they have obtained the approval of the parties concerned for any copies which they wish to retain for their own personal reference. The form is attached at the end of Form A-10a/ A-10a_updated.

A-05 Record Keeping: Guidelines for Students in Fieldwork Placement_2023



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Guidelines of Data Protection

- Use work phone to contact clients and prohibited using personal mobile phones to contact clients for placement (students can apply for a phone card from the Department with the support of the fieldwork supervisor)
- Prohibited passing your personal or fieldmate's or colleagues' mobile contact to service users
- Photos of the service users, agencies and colleagues should only be taken for work purposes and with prior consent, using the agency device instead of a personal mobile phone.
- Ensure safe keeping of the agency student worker card

A-05 Record Keeping: Guidelines for Students in Fieldwork Placement_2023

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Guidelines on the Use of Social Media

- Prohibited disclosing any information of the service users, agency, colleagues, field-mate, fieldwork supervisors on any social media
- Prohibited uploading/ posting [any photos/ comments/ sharing about placement sites/ colleagues/ field-mate/ fieldwork supervisors/ clients on any social media](#)
- Maintain professional boundaries and should not add service users as friends on your Facebook account/WeChat/WhatsApp/Instagram/or any social networking media....



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AI generated language models

- In order to maintain clients' confidential data and in line with the ethical practice of the profession and the requirements of the personal data (Privacy) Ordinance, 1995, which are reiterated in the social work fieldwork placement handbook (pp.16), it is prohibited to use the AI generated language models for fieldwork courses.
- **Remark: Use of Grammarly is acceptable for fieldwork courses**

Helpful Resource

(full list in placement website resource corner, MSS List)

Smart Patient

<https://www21.ha.org.hk/smartpatient/SPW/en-us/Home/#>

HA Drug Formulary Management

<https://www.ha.org.hk/hadf/en-us/>

Smart Elders

<https://www21.ha.org.hk/smartpatient/SmartElders/en-US/Welcome/>

Community Services for Elderly

https://www.swd.gov.hk/en/pubsvc/elderly/cat_commcare/index.html

Residential Services for Elderly

https://www.elderlyinfo.swd.gov.hk/en/rches_natures.html

Community Care Service Voucher Scheme

https://www.swd.gov.hk/en/pubsvc/elderly/cat_commcare/pssccsv/#:~:text=Details%20of%20the%20Scheme&text=Elderly%20persons%20may%20choose%20any,are%20%2410%2C455%20and%20%244%2C372%20respectively

JCECC online free courses for end-of-life care

https://foss.hku.hk/jcecc/online/Basic_Module/course_intro

Orientation Program/Training

Infection control training (attended, arranged or not required)

SWD Orientation for SWD MSSU students (22 August)

Optional Visits (in August)

TMH A& E

Mindspace Visit

Funeral Navigation Service

Compulsory Orientation Visit (all need to attend)

Pamela Youde Nethersole Hong Kong Eastern Hospital

25 Sep 2:00 to 5:30 pm (Wed)

(all the above can count in placement hours)

Mid-phase Sharing (Compulsory)

A time of re-charging through
peer sharing and mutual support

7 Jan 2025

2-6 pm

C533



*Keep Calm
and
Carry On!!*