

Social Work in Medical Setting

Service Setting Briefing for Summer Block Placement 2026





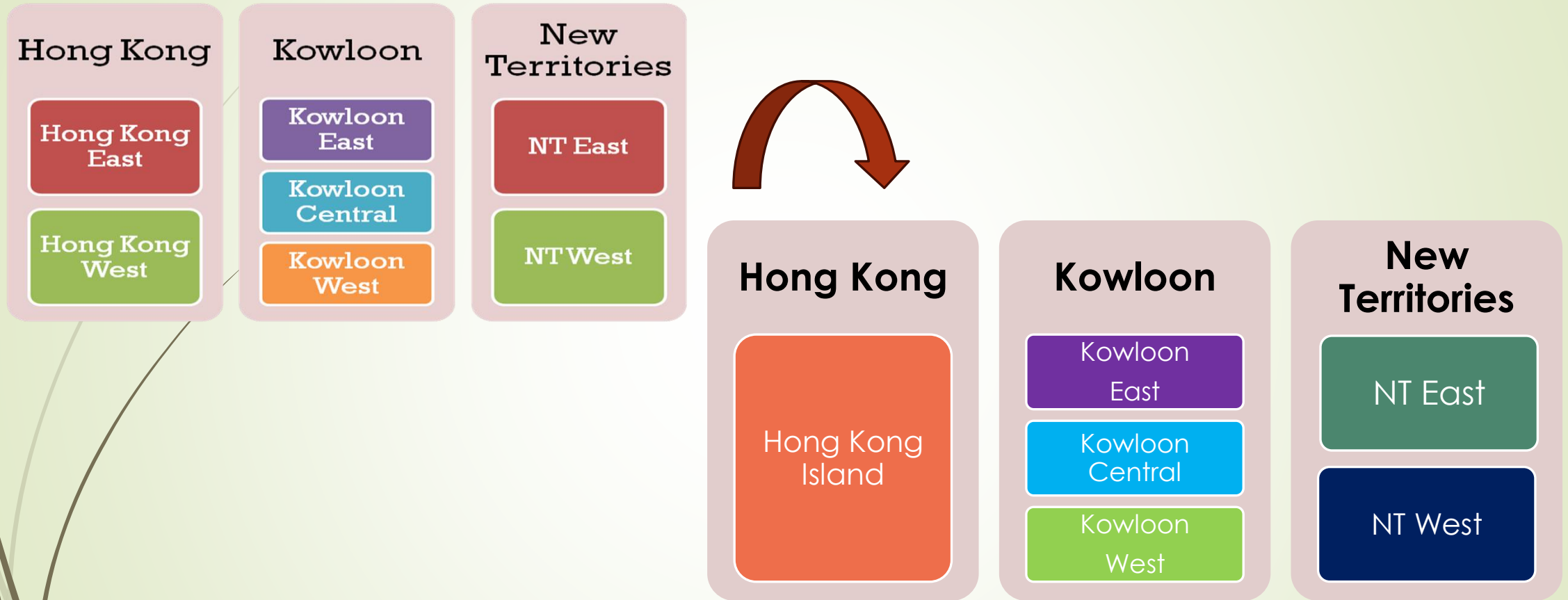
Rundown

- Mutual Introduction
- Where are you posted?
- SWD or HA, why matters? (5 mins discussion)
- Protect yourself and others
- Overview of Social Work Services in Hong Kong Health Care
- Exercise (10 mins)
- How to prepare yourself for this placement?
- Final reminder: ethical principle (Privacy and Confidentiality)
- Infection control training and Orientation visits
- Mid-Placement Sharing
- Helpful resources
- Q & A (5 mins)

Where are you posted?



HA Clustering



[Hospital Authority : Clusters, Hospitals & Institutions](https://www.ha.org.hk/visitor/ha_visitor_text_index.asp?Content_ID=10122&Lang=ENG&Dimension=100&Parent_ID=10121&Ver=TEXT)

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



Hong Kong Island Cluster (effective from 1 April 2026)

- ▶ 4 acute hospitals: QMH, PYNEH, Ruttonjee Hospital, and St John Hospital - along with 10 rehabilitation, convalescent and extended care hospitals and 18 Family Medicine Clinics, primarily serving around 1.2 million residents on Hong Kong Island.
- ▶ "localising where possible, centralising where necessary"

<https://www.ha.org.hk/HACConnect/en/WhatIsNew/Details/1706?fontsize=medium>



Summer Block 2026

- **QEH, AMC x 2**
 - **KH, MSSU x 1**
 - **WTSH, MSSU x 1**
 - **POH, PRC x 3**
 - **TSWH, PRC x 1**
 - **QMH, PRC x 2**
 - **CMC, MSSU & HRC x 2**
 - **HKU-QMH, CARE x1**
- 



Summer Block 2026

- YFSMC, MSSU (Psy. D) x 2
- PYNEH, MSSU (Psy.D) x 2
- KCH, MSSU (Psy.D) x 2
- PMH, MSSU x 2
- NLH, MSSU x1



SWD, HA, Why matters?

Discussion: 5 mins

Social workers' employment

Target group

Services provision

Relationship with the inter-disciplinary team



SWD, HA, Why matters?

- All PRC, CPRC, HRC and specialized project like AMC are under HA
- All MSSU (Psy.D) are under SWD
- Post rotation of SWD
- Ward rounds/ case conferences
- Primarily focus on casework of MSSU under SWD
- Statutory functions of SWD workers
- Medical assistance and waiving

Infection prevention measures: Protect yourself and others



戒備
A L E R T

因應特區政府應變計劃，醫院管理局現已實施戒備級別措施，所有門診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, the Hospital Authority has implemented measures for the Alert Response Level. Clinic visitors and public please follow instructions below:

- 進入及離開門診前
請徹底清潔雙手
Clean your hands before and after visiting clinic
- 如出現呼吸道感染徵狀
請佩戴外科口罩
Wear a surgical mask if you have respiratory infection symptoms
- 請預先自行量度體溫
監察健康狀況
Perform temperature check before visiting a clinic and monitor your health situation



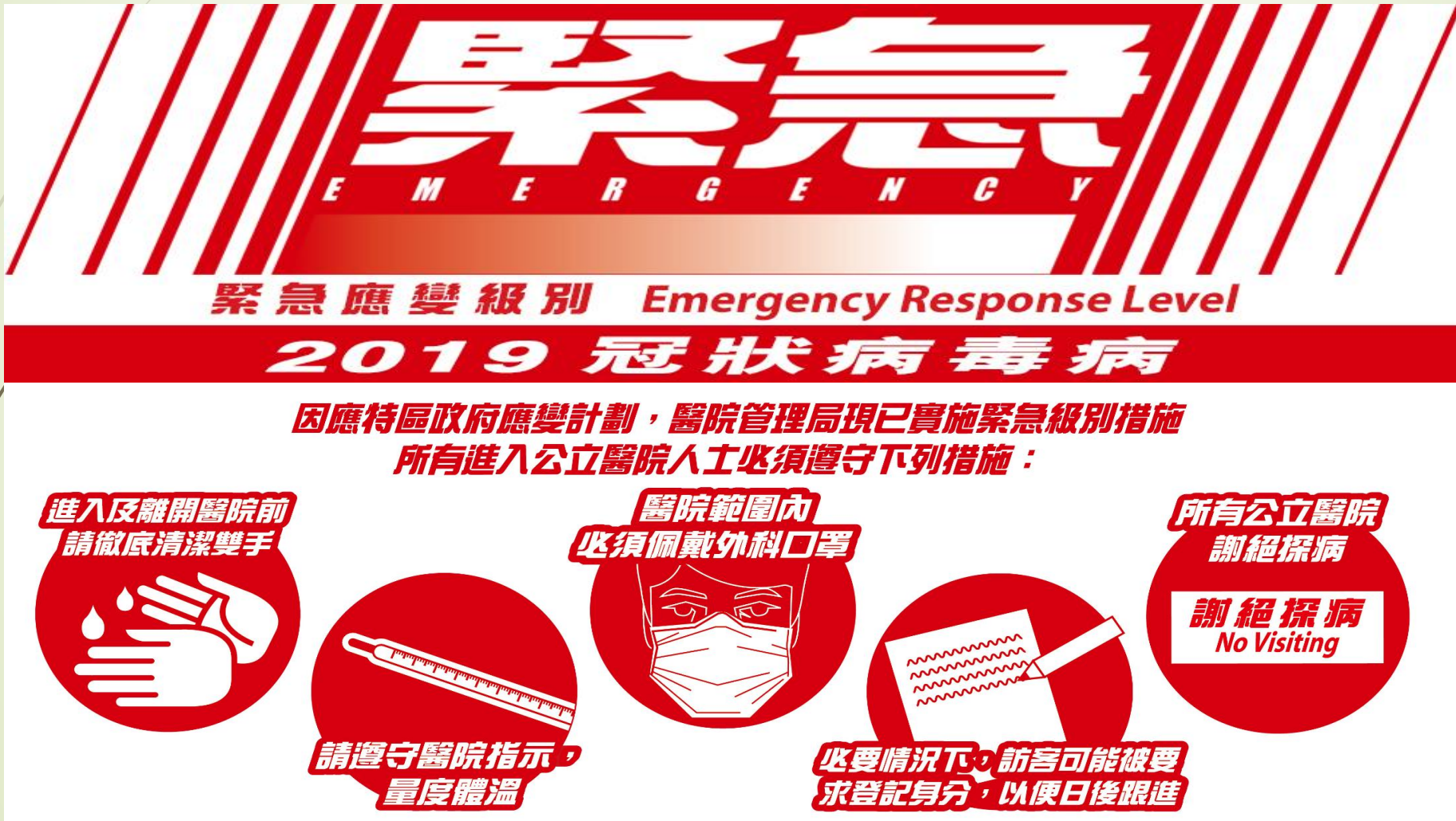
嚴重
S E R I O U S

S2 Level

因應特區政府應變計劃，醫院管理局現已實施嚴重級別措施，所有門診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, the Hospital Authority has implemented measures for the Serious Response Level. Clinic visitors and public please follow instructions below:

- 進入及離開門診前
請徹底清潔雙手
Clean your hands before and after visiting clinic
- 所有病人護理區內
必須佩戴外科手術口罩
Wear a surgical mask in all patient care areas
- 請預先自行量度體溫
監察健康狀況
Perform temperature check before visiting a clinic and monitor your health situation

Infection prevention measures: Protect yourself and others



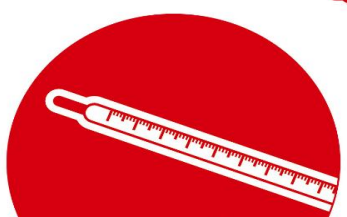
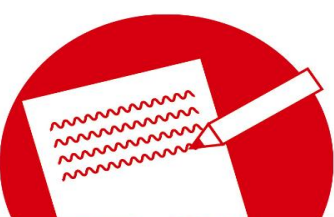



緊急
E M E R G E N C Y

緊急應變級別 Emergency Response Level

2019 冠狀病毒病


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**

- 請遵守醫院指示，
量度體溫**

- 必要情況下，訪客可能被要
求登記身分，以便日後跟進**

- 所有公立醫院
謝絕探病**
**謝絕探病
No Visiting**




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/hago%E6%9C%89%E4%B9%9C%E5%8A%9F%E8%83%BD/740971916660716/>

Public health care fees and charges reform

- Public healthcare fees and charges reform effective from 1 January 2026
- Background, rationale and major change [P2025032500394_490027_1_1742898124325.pdf](#)
- Means Test Calculators available on the Medical Fee Waiving and Samaritan Fund
- * Samaritan Fund has to be referred by doctors or allied health professionals



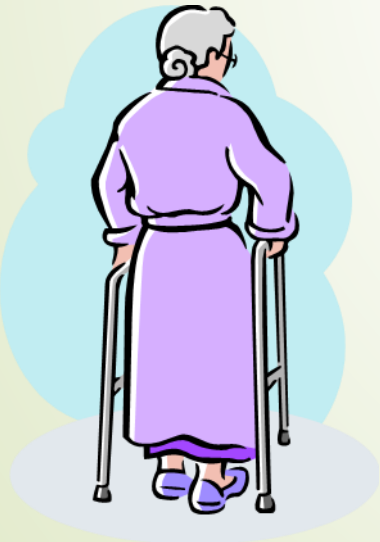


New Acute Hospital

- ▶ New Acute Hospital at Kai Tak Development Area
- ▶ Most of the clinical services of QEH will be relocated to the NAH in phases starting from the 2026, with Specialist Out-patient Clinic Block and Oncology Block being the first to move in and commence services.
- ▶ Upon completion, the NAH will be one of the largest acute hospitals in Hong Kong, with a total gross floor area of 500,000 square metres with 2400 beds, 37 operating theatres and a wide range of clinical services and facilities

- 
- ▶ Mandatory Reporting of Child Abuse Ordinance come into effect on January 20, 2026.
 - ▶ Child protection online training
 - ▶ <https://www.childprotectiontraining.hk/>

Expectations of others towards social workers in the medical setting



In-patient vs out-patient services support





Role 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

Scope of Services 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



Scope of Services 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



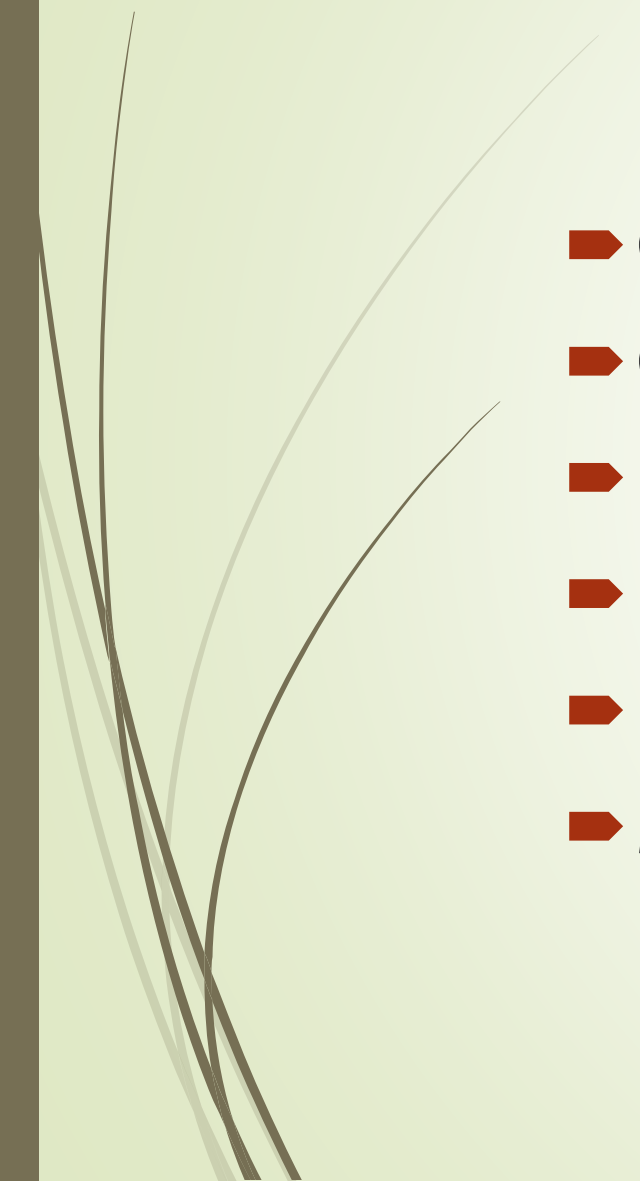
Scope of Services of PRC

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 Resources Centre

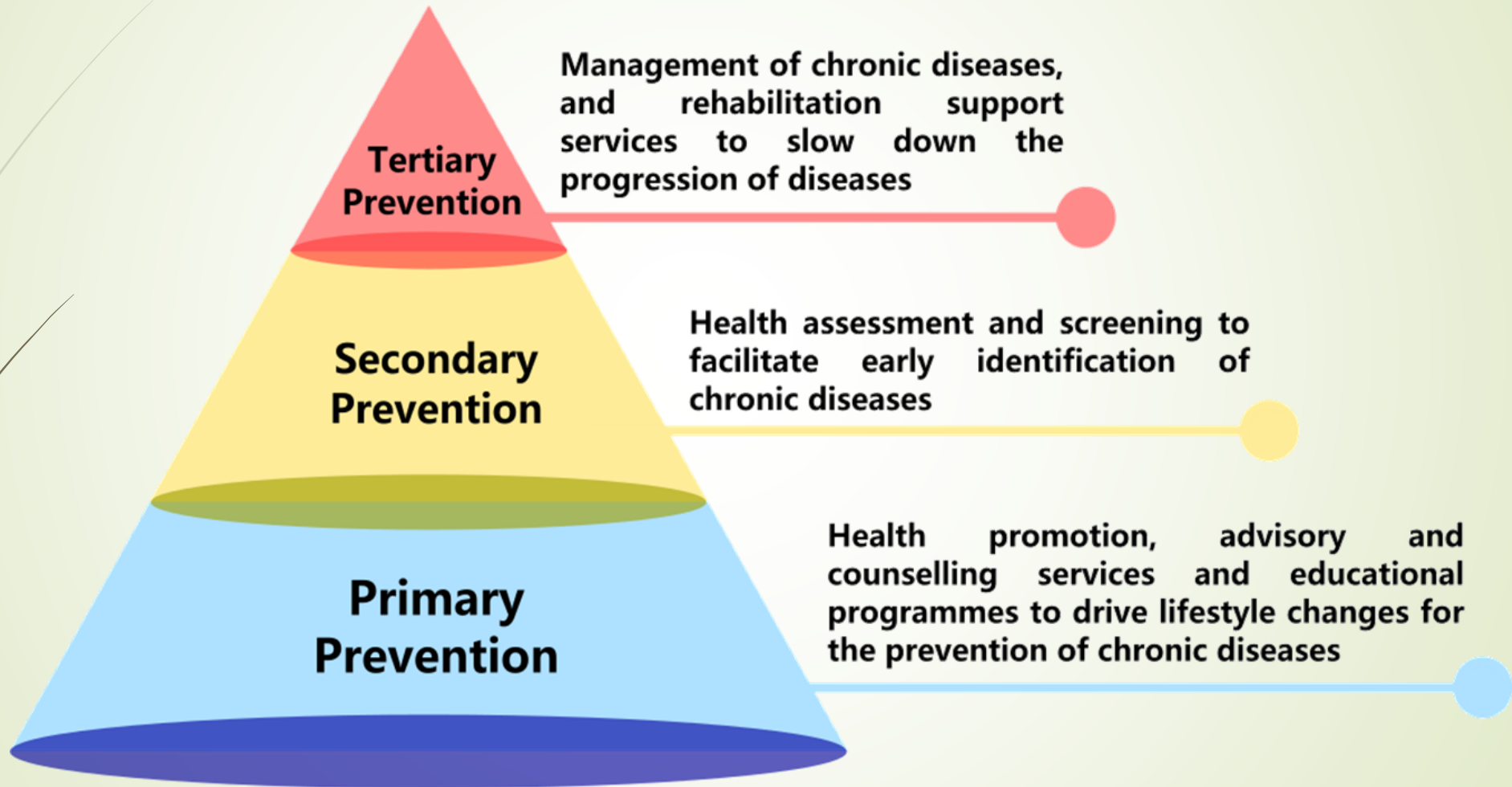
- Cancer information libraries
 - Computer stations
 - Professional counselling services
 - Relaxation rooms and massage chairs
 - Rehabilitation workshops
 - Meeting rooms for peer-support activities
- 

Palliative care services

- ▶ 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)

Exercise



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. lx was done

Med. Hx of Pt


Pt: with chronic Schiz., c irregular F/U & poor drug compliance, ADL ok., Aud. Ho++. 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

How to prepare yourself for this placement?

- Knowledge (services trend and policy, new development in HA, specific hospital, resources)
- Psychological (attitude, relationship, communication, handling cases, group, program, ethical principles)
- Time management
- Self-care and support



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)

➤ 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

- 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
- Enrolment forms and handling of applicants' data
- Screening and evaluation
- Theme and approaches

- **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

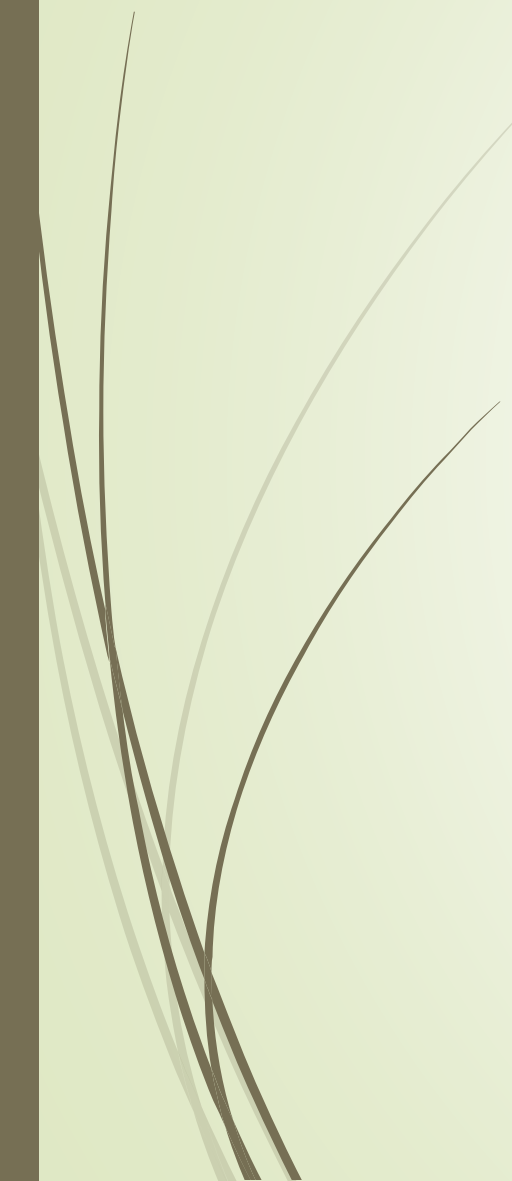


Some examples of groups

- 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



Administrative

- Format and submission of recordings
 - Application of leaves
 - Reporting
 - Status of placement students
 - Dress codes and attire: smart casual, no sexy, no exaggerated clothing, hair colour or make-up.
- 

Final reminder

Nature of workload

- ▶ PRC : Group/ Program/ Project only
- ▶ MSSU (SWD/HA): Mostly cases
- ▶ DHC: Mostly group/program

Prior Approval

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

Alert and Prompt Reporting

- ▶ If encounter with 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.

Final reminder: ethical principle (Privacy and Confidentiality)

1 .星島日報 | 2026-04-08 報章 | A08 | 港聞

「靚仔醫生」違守則炒魷 九西聯網交醫委會跟進

ViuTV節目《全民造星III》參賽者、被稱為「靚仔醫生」的蘇浚祈，上月底捲入社交平台洩露病人私隱風波，醫管局前日回應《星島》查詢時表示，早前已嚴肅調查及全面檢視事件，涉事人員現非醫院管理局員工。九龍西醫院聯網昨發表聲明指，已與當事人終止合約，會將個案轉交醫務委員會跟進。

九龍西醫院聯網昨發表聲明指，已完成事件調查，確認該員工違反員工守則，已經與當事人終止合約，並將按機制將有關個案轉交醫務委員會跟進。

要求員工恪守保障病人權益

九龍西醫院聯網表示，作為公共醫療服務的提供者，聯網要求所有員工嚴守專業守則，保持誠信，並恪守保障病人權益與私隱的宗旨。對於涉嫌違規的個案，聯網務必嚴肅跟進。九龍西醫院聯網確認該員工有違誠信，行為亦嚴重影響醫生專業形象。

根據《醫院管理局附例》，任何人未經醫院內病人同意，不得在公營醫院內拍攝照片或影片或把醫院病房勾劃出來，保障病人私隱。

有網民上月底公開一則截圖，一個名為「sojendr」的IG帳戶，於限時動態發布一張在仁濟醫院急症室急救房中搶救病人的照片，寫有「久久一遇的Cardioversion (心臟復律) 全部入晒來睇我電人」字句，圖中有疑似醫護人員正圍着正接受搶救的病人。該截圖在網上引起熱議，因在網上發布急症室救人時的相片，可能違反醫院規定，亦不符醫生專業操守。

####

■ 「靚仔醫生」蘇浚祈已被終止合約，其個案會交由醫務委員會跟進。

Important highlights on the house rules in HA

Students are required -

1. to display student / visitor card issued at all times;
2. to inform patient and clinical educator before performing any patient care;
3. not to take any photo within the hospital premises except with the permission of the HA AND not to share it in any public platform (e.g. social media);
4. not to remove, reproduce or download any information belonging to the HA or patient through any means AND not to share it in any public platform (e.g. social media);
5. to access (view/use) only the information (including patient's information) for which you have a need to know for the purpose of performing your duty under your clinical practicum;

Important highlights on the house rules in HA

Students are required –

6. to follow instructions from time to time given by the HA;
7. to abide by any rules from time to time promulgated by the HA; and
8. not to wear uniform / working clothes of the HA (i.e. only wear uniform / working clothes provided by the TI)
9. to avoid obligations to customers or business associates resulting from advantages, gifts or entertainment received in, or due to their official capacity which could compromise their position in any way



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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

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



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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....



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**

Orientation Program/Training

- Infection control training of SWD students (7 May, Zoom) or arranged by the agency and informed via FWS
- SWD Orientation for SWD MSSU students (8 May)
- Compulsory Orientation Visit:
 - 1. Tuen Mun Hospital (20 May pm)
 - Satellite centre and main centre of PRC, MSSU, Cancer PRC, Hospice Centre
 - 2. 精神健康體驗館 Mind Space (4 June am)
 - Quota: 20. Please fill in the pre-visit survey that will be sent to you later.

All the above can count in placement hours

Please inform me if you cannot attend after gaining approval from your FWS

Details please refer to the email sent out earlier



Mid-phase Sharing (Compulsory)

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

3 July 2026

9:00-1:00 pm

CPD-532 @HKU



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/pccsv/#:~: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

Good Luck

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Carry On !!