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Evaluation Through Collaboration: A Model Program of Agency-Based Training in Geriatric Social Work

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ABSTRACT. The Institute for Geriatric Social Work (IGSW), located at Boston University School of Social Work (BUSSW), formed a collaborative partnership with Elder Services of the Merrimack Valley (ESMV), a large urban Area Agency on Aging (AAA) near Boston to design, implement, and evaluate an innovative model program of agency-based training for practicing social workers. The collaboration facilitated and strengthened the development of a program that benefited the university-based program and the community-based agency. The training program comprises a “blended” model of core and elective online courses combined with face-to-face training. Evaluation of the model program is integral to its design, and includes a randomized control trial to test the effectiveness of the training program in increasing practice competencies. doi:10.1300/J083v50n01_04 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2007 by The Haworth Press, Inc. All rights reserved.]

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In the past decade, the social work profession has increasingly recognized the need for provision of services and care for older adults resulting from the aging of society. Dramatic increases in the diversity and aging of our population (Smith, 2003), a steady increase in the number of social workers working with older adults (NASW Center for Workforce Studies, 2005), and the emergence of new educational and training initiatives in geriatric social work, such as those supported by The John A. Hartford Foundation and The Atlantic Philanthropies (Robbins & Rieder, 2002; Geron, Andrews, & Kuhn, 2005), are transforming the professional landscape in which social workers operate. To provide necessary and appropriate services to older adults, social work acknowledges the necessity of gaining the knowledge and skills to work with older adults, their families and other health and social services providers (Geron, Andrews, & Kuhn, 2005; Rosen & Zlotnik, 2001).

Although schools of social work have experienced a significant increase in funding for aging curricula, relatively few social work students graduate with the skills and background needed to work effectively with older adults (Gonyea, Hudson, & Curley, 2004; Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000). Moreover, the vast majority of continuing education programs provide practicing social workers and other direct care professionals who work with older adults with little or no training in aging. A challenge exists in creating and promoting continuing professional education that provides practitioners with a meaningful learning experience in agencies, that is, skills-based, incorporates the latest in theory and research, and is affordable and accessible. Infusing, strengthening, and expanding skills related to aging throughout the social work practice community is a crucial aspect of addressing this challenge.

GERIATRIC SOCIAL WORK TRAINING

The Institute for Geriatric Social Work (IGSW), located at Boston University School of Social Work (BUSSW), was established to improve the quality and increase the availability of geriatric social work practice by helping social workers meet the challenges presented by the

diverse and growing aging population. Building upon the school's historical commitment to the field of aging and strength in geriatric teaching, research and training, IGSW is now fully engaged in its mission to provide social workers and other direct care practitioners with the practice skills they need to play a leading role in serving the growing population of older adults. Through a broad range of education and training programs, IGSW aims to address key challenges facing the profession in improving the practice skills of social workers.

IGSW's initial training efforts focused on developing educational programs across the country, including face-to-face training sessions at conferences, schools of social work, community-based agencies and other settings throughout the country. The Institute also offers online training courses and Web seminars through which social workers can gain access to training at home or in the office. These courses are specifically designed to reach those practitioners who seek a convenient, accessible and low-cost alternative to traditional face-to-face training. Over the past three years, IGSW has provided training to almost 30,000 practitioners in geriatric social work.

Informed by these successful efforts, IGSW has begun to address the profession's need to improve the quality and effectiveness of continuing professional education for social workers. Based on a review of training currently available for practicing social workers, assessment of the literature on continuing professional education, and experience developing education programs, IGSW understands the urgent necessity of improving the quality of training for practicing social workers and evaluating whether and to what extent social work trainees are able to transfer professional education into practice skills.

MEETING TRAINING NEEDS THROUGH COLLABORATION

Several of IGSW's initiatives have focused on collaborations with community-based agencies and social work education programs. Collaboration provides a number of critical benefits as a strategy to address the need for advanced training in aging. Although continuing professional education is commonly provided in isolation from the work setting, on-site training often maximizes transfer of skills (Kemerer, 1991; Salas & Cannon-Bowers, 2001; Baldwin & Ford, 1988). By providing agency-based training, the match between job performance and the

training environment is strengthened. Furthermore, the involvement of multiple staff members and the support of agency management increase the likelihood of transfer of skills learned in training to the work environment (Baldwin & Ford, 1988; Clarke, 2002; Salas & Cannon-Bowers, 2001; Shin, Wehrmann, & Poertner, 1999). Collaboration with community agencies provides a unique opportunity to design and evaluate training in a “real world” laboratory. Both university and community partners benefit from sharing information, ideas, and resources, often expanding their capacity to accomplish both individual and shared goals (Hemmings, 1984; Beder, 1984a; Natarajan, 2001).

This paper describes an important collaboration with a community-based agency to test these ideas. In the fall 2004, IGSW began collaboration with Elder Services of the Merrimack Valley (ESMV) to design a competency-based training program that would lead to improved practice skills through identification of training needs; include implementation of an individualized training curricula, and incorporate the evaluation of training effectiveness and impact.

Partnership Development

ESMV is a private, nonprofit agency located in Lawrence, Massachusetts. It was incorporated in 1974 to serve older adults residing in the Merrimack Valley’s 23 cities and towns. The agency is a federally designated Area Agency on Aging (AAA) and, as a state-designated Aging Service Access Point (ASAP), manages the Massachusetts Home Care Program in the region. ESMV employs approximately 70 direct care practitioners called “care managers,” the large majority of whom self-identify as social workers. Twenty-five percent of the case managers are LSWs, a title that Massachusetts state regulations allow social service professionals to obtain without having a degree in social work. ESMV provides a range of community services to frail older adults and their families, including Meals-on-Wheels, transportation, case management, and assistance with housing, health and wellness programs, and mental health services.

IGSW first contacted ESMV in the fall of 2004 to discuss options for collaboration in the pilot testing of IGSW’s online training courses. In a series of conversations between staff of the two organizations, IGSW and ESMV discussed a range of collaboration possibilities involving staff training. In December 2004, IGSW and ESMV held an initial planning meeting to discuss a potential partnership to develop a skill-based training program addressing specific training needs of practicing social

workers and evaluate the effectiveness of the training. The potential benefits and challenges for both the university and agency were discussed. This meeting consisted of introductions of key staff, an overview of the current agency training program and a discussion of the research requirements. With all key staff committed to the project, an initial timeline was developed for program development, implementation and evaluation, with input from both ESMV and IGSW staff. In an effort to enhance communication and program effectiveness in advance of the implementation of the collaboration, both the university and agency identified a contact person.

After the planning meeting, IGSW staff conducted a focus group with agency management. ESMV program development and management staff were asked to identify gaps in staff knowledge, skills, and values as well as staff training needs in terms of content and design. During the focus group, managerial staff stated that the proposed collaboration and provision of a geriatric social work training program would increase the staff's knowledge base, as well as their effectiveness in working with clients. Focus group participants identified key training needs for both new and seasoned staff, including training topics and skill requirements, which contributed to the development of an appropriate and meaningful training curriculum to meet staff needs.

COLLABORATIVE CURRICULUM AND RESEARCH DESIGN

Research shows that successful collaborations are characterized by the key features of reciprocity, system openness, trust and commitment, and structure (Natarajan, 2001; Ament, 1987; Beder, 1984b). Throughout this article, these features are discussed in the context of the development and successful implementation of a university-agency partnership.

Training Program Curriculum

The training program was comprised of a combination of three face-to-face training sessions and seven online courses addressing basic topics in social work practice with older adults. This type of "blended model" has been identified in the literature as providing the best results when using e-learning (Carter, 2004; Welsh, Wanberg, Brown, & Simmering, 2003). The benefits of incorporating face-to-face training with online learning is that it can provide learning experiences

that will satisfy the needs of a wide variety of learning styles as well as increase the learner's comfort level (Garrett & Vogt, 2003). Research has demonstrated that having a "live" training component increases perceived participant learning and participant satisfaction with training (Aragon, 2003).

IGSW and ESMV's initial face-to-face session included an introductory overview of the training program and instruction on e-learning. Study participants were then required to take four "core" online courses developed by IGSW: Basic Issues in Aging, Geriatric Assessment, Mental Health and Aging, and Substance Abuse and Aging. All IGSW online courses incorporate case studies, skill-based exercises, and opportunities for learners to think creatively about practice skills. Such variation in training approaches has been linked to the effective transfer of skills (Davenport, 1992; Garavaglia, 1993; Salas & Cannon-Bowers, 2001; Johnson & Aragon, 2003; Carter, 2004).

Following completion of the core courses, there was a midpoint face-to-face training session to integrate material from the core courses. Participants were then asked to complete three "elective" courses. These courses were chosen from a course catalog of over 15 additional online courses in aging available from IGSW through a partnership with the American Society on Aging (ASA). Offering "electives" allows for learner choice, an important element in adult learning. At the end of study, a final face-to-face integrative session was held.

Another key component of the training curriculum was the inclusion of practice competencies in the design of the courses through identification of knowledge, skills, and values prior to curriculum development. Practitioner competencies in aging were assessed prior to the beginning of the training program. Relating practice skills of trainees to the courses was also an integral component of the training. The pilot study training program included the provision of a combination of core courses and electives to target individual deficits in knowledge, skills, and values (Baldwin & Ford, 1988; Curry, Caplan, & Knuppel, 1994; Naito-Chan, Damron-Rodriguez, & Simmons, 2004). The face-to-face trainings at the middle and end of the training program are designed to help trainees understand how to integrate competency gains from the courses provided. Through post-training assessment of competency gains, we expect to learn that the integration of the geriatric social work training program improves practice competencies for participating practitioners (see Methods section following).

METHODS

A key objective of IGSW is to integrate the evaluation of training effectiveness into our collaborative projects. Evaluation can lead to the improved design and implementation of future training and, ultimately, to improved practice outcomes (Kirkpatrick, 1998; Salas & Cannon-Bowers, 2001; Ottoson, 2000). In this project, a randomized control study was used to explore the impact of agency-based training in geriatric social work on practitioners' knowledge, skills and values. This classic experimental design was utilized to evaluate changes in social work competencies as they relate to the implementation of the IGSW agency-based training program.

Sample and Recruitment

The project began in April 2005. Participant recruitment occurred primarily through announcement of the study during an ESMV monthly staff meeting. A presentation to more than 100 staff provided a brief overview of the training program and research study. They were given two weeks to sign-up for the project. Staff members who consented to participate were randomly assigned to either the experimental or control group. Those randomized to the experimental training group received a packet of information detailing the study procedures and training curriculum. Those assigned to the control group were notified of the option to participate in the IGSW education and training program following completion of the study.

Throughout the recruitment process, ESMV project staff played a key role in helping IGSW develop selection criteria, design program forms and materials, and distribute information. ESMV suggested that an extended sign-up period be offered, to provide adequate time for staff to consider participation, and offered to collect consent forms, allowing for an ongoing process of sign-up and consent to participate. ESMV also identified a potential concern that staff would not fully understand the process of randomization into a training or control group. ESMV staff worked with IGSW to describe the process clearly to staff. Clear and open discussion of the research process benefited the study tremendously, resulting in high response rates and an understanding among participants of the value of their contribution. The issue of "contamination" of staff who were not selected to participate in the training was also discussed. The control group was informed that they would have access to the complete training program following completion of

the research study. Control group members were not included in face-to-face training sessions and were prevented from accessing the online courses since a username and password were assigned to training group participants only. Therefore, while control group members may have had secondary exposure through their colleagues, they did not have direct access to training material.

Measures

The primary measure was a survey instrument designed to collect information on participant demographics and geriatric social work skills. Demographic information was collected using an IGSW survey of personal, educational, and professional experience. Assessment of social work knowledge, skills, and values was conducted using the Geriatric Social Work Competency Scale II. Developed by the Hartford Geriatric Social Work Practicum Partnership Program (PPP), this scale measures the degree of skill competency of social work students and practitioners who specialize in practice with older adults and their families (New York Academy of Medicine, 2004). This 40-item instrument is a shorter, revised version of the Social Work with Aging Skill Competency Scale previously developed by the PPP. The instrument is divided into four domains: Values, Ethics and Theoretical Perspectives, Assessment, Intervention, and Aging Services, Programs and Policies. It measures the respondents' perceptions of their skill level on a scale of 0 to 4 (0 = Not skilled at all; 4 = Expert skill). Scores can be derived from evaluating individual items, combinations of individual items by domain, or the total competency score of all items. The maximum score for total competency is 16. Mean scores are derived by dividing the total score or the scores in each domain by the number of items. The instrument has considerable face validity; however, the revised instrument has not yet been systematically tested for validity and reliability. Three additional questions were added to the Geriatric Social Work Competency Scale II to further assess respondents' intervention skills.

In addition to study participants completing the competency scale as a self-assessment, we wanted to include a second assessment of the participant's geriatric social work competencies. Obtaining the supervisor's assessment was not possible, as ESMV utilizes a self-managed interdisciplinary team model rather than a traditional supervisory model. With assistance from ESMV, we asked team members who were most familiar with participants' knowledge and skill base to evaluate their geriatric social work skills using the competency scale.

Participants were also asked to rate the importance of various training topics on a scale of 1 to 10, with 1 being the least important and 10 being the most important. Participants were also asked an open-ended question about additional topics in aging in which they would like to receive training. Team members were asked to complete the same set of questions. In addition to measures used to evaluate the impact of the training program on geriatric social work knowledge, skills and values of practicing social workers, the training program itself was also evaluated. Following each course within the training program, training group participants were asked to complete a survey to evaluate the quality and applicability of the course, as well as their satisfaction with its content and format. These course evaluations will be analyzed upon completion of the training program. This was the only measure that was not also completed by the control group (i.e., since control group members did not receive the training program and thus could not comment on the courses).

The demographic questions and course evaluations match those collected by IGSW in our other online and face-to-face courses, so that we can compare the results of the ESMV program to other training programs nationally. The competency scale, based on professional competencies for social work developed from a literature review and expert opinion, has proven effective at measuring the degree of skill competency of social work students and practitioners (Damron-Rodriguez, Lawrance, Funderburk, Enguidanos, & Jameson, 2003). The competency scale also can be used for both program planning and evaluation. The survey of training topic importance was designed by IGSW to collect information for future program planning. Prior to the distribution of the measures to study participants, ESMV project staff reviewed the instruments, shared them with key managerial staff, and confirmed that the tools were appropriate and applicable for staff to complete.

Data Collection

IGSW project staff distributed pretest measures to both training and control group members. Each study participant was assigned an ID number and forms were distributed and tracked accordingly. Participants were given two weeks to complete and return the forms in a sealed envelope to the agency contact person, who then returned all forms to IGSW. Demographic profiles and pretest forms were completed and returned at a 100% response rate. This was due, in large part, to the presence of the ESMV staff member who facilitated the process by sending reminders to participants and collecting all forms at the agency. To date,

posttest data are not available; therefore, only demographic and pretest data are presented. Training program participants are in the process of completing their elective courses and will conclude the training in February 2006. Upon completion of the program, posttest data will be collected from both training and control group members, using the same data collection process utilized for the pretest.

PRELIMINARY FINDINGS

A total of 32 ESMV staff members were randomized to the experimental training group; an additional 28 were randomized to the control group. The vast majority of training group participants were female (97%) and identified as white (91%). Participants ranged in age from 25 to 69, with an average age of 40. Although 81% of the participants reported they do not have a social work degree, 66% identified themselves as a social worker. Few participants received education in aging, with only 20% taking courses in aging as part of a degree program and 16% having a concentration or certificate in aging. However, 91% of respondents indicated they have received training in aging in the past five years. The number of trainings ranged from three to 80, with an average of 19. In addition to receiving training in aging, many have worked in the field before, with an average of 15 years in human services, 12 years in the field of aging and nine years exclusively at ESMV. Although the training program participants consisted of both direct service and managerial staff, 84% reported that 75% or more of their work involves older clients and their families.

For comparisons between the training group and control group, independent samples *t*-tests were used with continuous variables while chi-square analyses were used for nominal level variables to detect significant differences. As indicated in Table 1, there were no significant differences between the training and control groups in terms of demographic variables.

The PPP Geriatric Social Work Competency Scale II was utilized to obtain a baseline assessment of geriatric social work skills for both control and training program participants. Competency scores are reported in percentage of the maximum score for each competency domain. As shown in Table 2, the highest skill area for the training group participants was values, ethics, and theoretical perspectives, while the lowest skill area was aging services, programs, and policies.

TABLE 1. Demographic Profile

Variable	Training Group N = 32	Control Group N = 28	Sig.
Gender (%)			.476
Female	97	93	
Male	3	7	
Average age	40	45	.136
Race (%)			.816
Asian American/Pacific islander	3	3	
Caucasian/White	91	86	
Hispanic	6	11	
Social worker (%)			.304
Yes	66	78	
No	34	22	
Social work degree (%)			.132
None	80	79	
BSW	10	21	
MSW	10	0	
Social work license (%)			.322
Yes	16	4	
No	81	92	
N/A	3	4	
Coursework in aging (%)			.898
Yes	20	15	
No	27	27	
N/A	53	58	
Concentration/Certificate in aging (%)			.162
Yes	16	32	
No	84	68	
Number of trainings in aging	19	15	.341
Percentage of work with older adults			.158
None	10	0	
≤ 25	0	4	
26-50	0	4	
51-75	6	0	
≥ 75	84	92	
Years working in social work or human services	15	14	.876
Years working in field of aging	12	11	.666
Years working for ESMV	9	8	.542

Independent samples *t*-tests were used to determine the difference in mean competency scores between the training and control groups. As shown in Table 3, there were no significant differences in the mean competency scores for each domain or in the overall mean competency score.

Paired samples *t*-tests were used to determine the difference in mean competency scores from the training and control group participants' self-assessment and the assessment conducted by their team members

TABLE 2. Competency Scores

Domain	Training Group Score (%)
Values, ethics and theoretical perspectives	69
Assessment	66
Intervention	66
Aging services, programs and policies	56
Overall competency score	64

TABLE 3. Competency Scores of Training and Control Groups

Domains	Training Group N = 32	Control Group N = 28	Sig.
Values, ethics and theoretical perspectives			.633
Mean	2.74	2.65	
Standard deviation	.87185	.59286	
Assessment			.508
Mean	2.65	2.80	
Standard deviation	1.04892	.72143	
Intervention			.900
Mean	2.66	2.63	
Standard deviation	.85920	.65418	
Aging services, programs and policies			.979
Mean	2.24	2.23	
Standard deviation	1.04775	.80384	
Overall competency score			.910
Mean	2.56	2.58	
Standard deviation	.84823	.57336	

(see Table 4). These analyses show a significant difference between participant and team member assessment of competencies in several domains. Team members assessed participants' skills in each domain to be more advanced than the participants' self-assessments. In the areas of values, ethics and theoretical perspectives and assessment, as well as in terms of overall geriatric social work skills, team members assessed competencies to be significantly higher than participants assessed themselves. This difference between participant and team member assessment of competencies confirms the importance of incorporating trainee self-assessments in the development and evaluation of training programs.

When asked to rate the importance of various geriatric social work topics on a scale of 1 to 10, with 10 representing most important, participants identified Mental Health and Aging, and Legal and Ethical Issues, as the most important topics, with average scores of 8.60 and 8.48 respectively. The topics of Basic Issues in Aging and Caregiving received the lowest average scores, 6.85 and 7.13 respectively. Suggestions for additional training topics included community resources, hoarding, LGBT issues, empowerment, advocacy, wellness promotion and disease prevention, and the application of evaluation and research findings to improve practice and program outcomes.

TABLE 4. Assessment of Competency by Study Participants and Their Team Members

Domains	Study Participants N = 60	Team Members N = 49	T	Sig.
Values, ethics and theoretical perspectives			-2.134	.038*
Mean	2.70	2.86		
Assessment			-2.087	.042*
Mean	2.72	2.98		
Intervention			-1.559	.126
Mean	2.65	2.80		
Aging services, programs and policies			-1.153	.255
Mean	2.24	2.27		
Overall competency score			-2.026	.048*
Mean	2.57	2.73		

* $p \leq .05$

At the midpoint face-to-face session, training group members participated in focus groups designed to gather information on their experience in taking the core courses of the training program. There were 21 participants, divided into three separate groups. Key findings included feedback on course content: All respondents reported that the content of the courses was relevant to their practice, that courses capture the major issues within each topic, and were very comprehensive. Respondents also provided positive feedback on the design of the courses, stating they were “user friendly” and “clearly geared toward the adult learner.” When asked about their experience in accessing the material, respondents provided several suggestions for improving access to the online courses. This feedback has been incorporated into course format and technological improvements of the IGSW online courses.

DISCUSSION AND IMPLICATIONS FOR PRACTICE

ESMV is perhaps typical of agencies providing vital services to community-dwelling older adults, with a majority of direct care staff who are not licensed social workers but who self-identify as social workers and many of whom would obtain a social work degree if they could. Training programs like this agency-based training program with ESMV have value because they directly lead to improving the quality of the front-line work force providing essential services for older adults, they provide a valuable model for collaboration and partnership between social work education programs and community-based agencies, and they can also indirectly serve as a recruitment source by motivating training participants to seek their BSW and MSW degrees.

The findings reported are only the beginning of our understanding the effectiveness of providing an agency-based training program in geriatric social work. Following completion of the course curriculum, both the training and control group completed a posttest to evaluate the impact of the training program on geriatric social work competencies. Additionally, both the training participants and the management staff participated in focus groups. These focus groups included questions about the applicability and quality of the training program, as well as the usability of the online courses. The additional input of this group surely contributed to the understanding of effective training methods for social work practitioners in an agency-based setting.

Promoting Successful Collaboration

Although the training program is still in progress, the partnership between IGSW and ESMV has already proven a successful collaborative relationship between a university and a community-based agency. The structure of the partnership was established early and communicated clearly, essential components for any successful collaboration. Both partners have maintained clear and open communication throughout the process of implementing the training program and research project. This has led to the outcome of successful completion of both the training objectives for the agency, and research and pedagogical objectives of IGSW.

There are several implications of this type of collaboration for social work education in general, gerontological social work in particular, and for social work practice. Social work faces enormous challenges in the decades ahead in meeting the needs of a diverse and rapidly aging society. Despite the critical need for skilled workers in aging, research shows that there is a severe shortage of social work practitioners trained to work with older adults (Gonyea, Hudson, & Curley, 2004; Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000). In addition, rapidly shifting policy imperatives, growing competition from related professions, and the emergence of new technologies and services have transformed the professional landscape in which social workers operate. As social work moves forward in the twenty-first century, it is clear that social workers must be able to learn new skills and adapt to change.

Schools of social work have begun to respond to these needs at both the MSW and BSW levels, but much more needs to be done. It is imperative that schools of social work gain flexibility to respond more quickly to changes in the work environment, on the one hand, and more opportunities to assess program and educational innovations in the “real world” practice environment, on the other (Geron, Andrews, & Kuhn, 2005). At the same time, social service agencies, in spite of our best efforts, rarely benefit enough from the experience of social work educators and researchers who are at the cutting edge of research and educational design. Active collaborations between universities and community-based agencies provide the best opportunity to achieve these critical objectives. Currently, most social work education programs provide limited opportunities for educational exchanges, principally through continuing education programs or workshops, and through periodic training of field instructors. These opportunities for collaboration and exchange

of information between the school and the field, while important, do not go far enough to integrate the field and university.

The collaboration described in this paper offers a model for more intensive interaction between university and community-based agency to the common benefit of both, and towards the common goal of improving the quality of the social work work force. Exemplifying a successful collaboration to provide research training of community-based geriatric social workers, the partnership has several suggestions for creating and maintaining successful university-agency collaboration.

- Communicate objectives for establishing a collaborative partnership;
- Clarify roles and responsibilities within the partnership;
- Establish support for the partnership. Both the university and community leadership must demonstrate a commitment to the collaboration and its mission;
- Identify a key contact person or project manager at both the university and community locale;
- Discuss the research design and methodology early in the process and as clearly as possible, when a research component is involved;
- Demonstrate recognition and appreciation for work done;
- Revisit roles and responsibilities regularly to evaluate whether expectations are being met and responsibilities fulfilled;
- Be flexible. Be willing to adjust roles and responsibilities as well as timelines and expectations;
- Communicate clearly, communicate often. Identify the most appropriate modes of communication and enable partners to communicate.

The constraints and limitations of collaborations between university programs like IGSW and community-based agencies are largely predictable, if not preventable. The success of our collaboration rests in part on the dedication and participation of two key staff members from both organizations, and the success of the program would be jeopardized if either left. Funding and time is another common problem likely to limit collaborations of this type. In this project, IGSW benefited from generous grant funding from The Atlantic Philanthropies, with which we were able to offer ESMV a small grant and without which we would have difficulty funding or staffing the project. Another particular limitation with this type of collaboration is the scope of the evaluation: We are not able to track trainees for a long enough time period after the training to fully assess training impact on practice. Finally, another obstacle, not fully addressed in this collaboration, is the limitation in bringing the

results of the training curriculum into the social work curriculum or field education department. While we can and will suggest these findings to the BUSSW curriculum committee and field practicum staff, it is beyond IGSW's purview to make these changes. One way to strengthen similar collaboration projects in the future would be to involve the curriculum committee and field practice department of social work in the planning process.

At a time when most social service agencies charged with the mission of providing services to older adults are also facing significant budget cuts, the ability to assist agencies in the training of their staff will have an impact on the social workers employed in those agencies, the agencies themselves, and, ultimately on older adults and their families. We believe that this field study of agency-based training will have broad implications for improving the transfer of practice skills in social work education programs and in continuing professional education programs. By studying the effectiveness of training that leads to improved practice skills, identifying elements of "best practices," and disseminating curricula and training materials nationwide, there can be a significant benefit to social work education programs, continuing professional education programs, and community agencies providing social services to vulnerable, aging populations.

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