Discharge planning is the key to the future of hospital social work and has become a focus of attention in this age of fiscal constraints. At this time, proposed changes in federal regulations threaten to depersonalize social work in hospitals and at the same time to mandate discharge planning as a required service. It is noteworthy that according to the American Hospital Association, members of any of several professions can undertake discharge planning. In some hospitals, this function has already been removed from social work departments and placed in the hands of professionals in other disciplines. Continuing transfers of this type will jeopardize the future of hospital social work.

Despite these developments and the current painful contraction of social services in general, hospitals offer opportunities for an expanded social work role. Given the developing preeminence of the discharge planning function, such an expansion depends in part on the emergence of practitioners who prize discharge planning as a legitimate function of social work. However, some social workers, both students and graduates with master's degrees, have negative attitudes toward discharge planning and believe that providing concrete services does not require a great deal of professional skill. As a result, they regard arranging discharge as a frustrating, demeaning task and view it primarily as a route to clients to whom they can then offer “real” help. This attitude is expressed in the complaint, “I’m only doing discharge planning.”

Lurie, Pinsky, and Tuzman have noted that support for a combined focus on the patient’s psyche and the impact of the environment is by no means widespread; therapeutic counseling and concrete services are polarized in the minds of many practitioners. Such polarization is sometimes overlooked—and worse, even reinforced—in the classroom. Thus, one major task for the hospital-based trainer of social workers is to foster an appreciation of discharge planning, not as a specialty practice, but as an exemplar of social work’s distinctive focus on the person in transaction with the environment. As Bracht observed, discharge
planning and aftercare activities are central to one of the social worker’s key functions in practice, namely, enabling clients to cope by linking them to appropriate community resources. Helping learners see the connection between discharge-planning tasks and generic practice can aid in promoting a positive attitude toward this activity.

Accordingly, this discussion presents one strategy for helping students integrate generic social work principles with discharge planning. A framework for training in discharge planning is offered, which applies a widely used taxonomy of educational objectives to hospital-based social work. The implementation of the objectives is also discussed. Within the framework, the various skills and elements of hospital discharge planning are used to enable students to value this function as a social work function. The objectives are intended to teach students the social work approach to discharge planning and to enable them to extrapolate generic social work skills applicable to other settings. Although used by one of the authors for field instruction on the master’s level, the underlying principles can be used for in-service training and for supervision of practitioners with bachelor’s or master’s degrees.

Hierarchy of Objectives

Clear objectives facilitate instructional planning. Although several approaches exist to the setting of goals, many educators recommend that objectives be cast in behavioral terms, as performance objectives. The framework presented in this article uses Bloom’s taxonomy of performance objectives, which was worked out by a committee of university examiners and identifies three learning domains: cognitive, affective, and skill. However, Bloom’s group spelled out only the first two domains. For the third, Simpson’s model for teaching skills to health practitioners is used. Both sources assume that learning should be partialized, that is, broken down into small steps expressed in behavioral terms and sequenced in hierarchical order. Both provide a classification of objectives that moves from the simple to the complex, with new learning building on previous gains. Looking at the cognitive domain outlined in Table 1, for example, one can see that the various levels outlined build on one another. The first level is knowledge, as indicated by the ability to recall learned content. The second level is comprehension, indicated by the ability to make use of an idea. Application, the third level, is the ability to use facts, generalizations, principles, and theories in concrete situations. Level 4, analysis, involves the ability to break down knowledge into component parts and to interpret the results. Synthesis, the fifth level, is the ability to assemble parts into a coherent whole. Finally, the highest level of the cognitive domain is evaluation, or the ability to judge the reliability, utility, and merit of principles, procedures, and methods on the basis of established criteria.

The other domains outlined in Table 1 are organized similarly. The initial level of the affective domain is receiving, or becoming aware of an idea; the highest level is characterization by a value complex, or the integration of a value into a total philosophy in such a way that it is reflected consistently and predictably in behavior. The first skill level is perception, or becoming aware of objects, qualities, and relations through sensory input; in this framework, perception involves an awareness that skill is action in response to information. The highest skill level is complex overt response, or action performed without hesitation and with a high degree of skill.

Analysis of Key Domains

The authors have determined objectives relating to four content areas that are basic to discharge planning: community resources, psychosocial assessment, the hospital as an exemplar of an organization, and crisis intervention. Each set of objectives corresponds to Bloom’s model and is organized hierarchically into cognitive, affective, and
<table>
<thead>
<tr>
<th>Level</th>
<th>Cognitive Domain</th>
<th>Affective Domain</th>
<th>Skill Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Knowledge (of specifics, including facts, principles, concepts, and theories): involves ability to recollect appropriate material.</td>
<td>Receiving: becoming aware of a value; being willing to learn more about it.</td>
<td>Perception: awareness that skill is action in response to information.</td>
</tr>
<tr>
<td>2.0</td>
<td>Comprehension: involves ability to interpret facts, principles, concepts, and theories and to make use of them without necessarily relating them to other ideas or understanding their fullest meaning.</td>
<td>Responding: being willing to accept a value, to respond to it, and to identify the basis of the response.</td>
<td>Set: in a specific situation, readiness to obtain relevant information and to act on the basis of that information.</td>
</tr>
<tr>
<td>3.0</td>
<td>Application: involves ability to use appropriate facts, principles, concepts, and theories in specific situations.</td>
<td>Valuing: accepting that a value is worthy, preferring it over competing values, and endeavoring to promote it.</td>
<td>Guided response: in a specific situation, selection of a response to the situation and ability to identify the reasons for the response.</td>
</tr>
<tr>
<td>4.0</td>
<td>Analysis: involves ability to break down a body of data, a problem, or a conceptual framework into component parts and to recognize, interpret, and generalize the findings.</td>
<td>Organization: conceptualizing a value, placing it in the context of related values, and acting on it even under difficult circumstances.</td>
<td>Mechanism: behavior that has become part of a repertoire of skills and can be used with confidence in most situations.</td>
</tr>
<tr>
<td>5.0</td>
<td>Synthesis: involves ability to integrate facts, principles, concepts, and theories into unified and coherent systems.</td>
<td>Characterization by a value complex: integrating the value into an overall philosophy so that it becomes a consistent and predictable characteristic of behavior, even when adherence to it involves personal risk.</td>
<td>Complex overt response: action performed unhesitatingly and with a high degree of skill.</td>
</tr>
<tr>
<td>6.0</td>
<td>Evaluation: involves ability to judge the reliability, utility, and merit of conceptual systems on the basis of established criteria.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

skill domains. The objectives relating to use of community resources are outlined in Table 2 to serve as an example.

As can be seen from Table 2, the three domains are not sharply differentiated and overlap occurs. For example, Skill Level 1 (perception) is achievement of Affective Level 1; this corresponds to receiving, which is defined as being aware that social work expertise includes knowledge of community resources and skill in facilitating linkages. Skill Level 2 is achievement of Cognitive Level 1, or ability to name local information and referral sources, to identify the major types of resources used in discharge planning, and to identify questions to be asked in obtaining needed information. Similarly, Affective Level 5 clearly builds on extensive knowledge of the community resource system and its impact on clients. Thus, the domains are overlapping and complementary; the distinction between them is to some extent artificial. However, they point to the existence of different types of learning for which different teaching approaches may be appropriate. Some cognitive goals may be most efficiently achieved through reading assignments; the achievement of skill objectives is facilitated by experiential learning that involves role play and case assignments; and affective learning may involve the active exploration of feelings, including any negative feelings about discharge planning.

In keeping with the overall scheme, each community resource domain is organized hierarchically. For example, in Table 2, the affective domain begins with receiving, or awareness that social work expertise includes knowledge of community resources and skill in facilitating linkages between clients and needed resources. This is followed by responding and by valuing, which is demonstrated by willingness to spend time and energy in community resource activities and independence in seeking out new resources. Organization is demonstrated by persistence in locating resources even in difficult situations. The highest level, characterization by a value complex, is marked by remaining informed about forces having an impact on the community resource system and by promoting positive developments and preventing regressive change.

The cognitive domain of community resource objectives is organized in a similar way. Level 1, knowledge, involves learning about information and referral resources. After further learning and experience, however, the student is expected to be able to analyze the local community resource system and to relate this understanding to other areas of knowledge, such as health policy. The highest level, evaluation, involves testing theories against the actual functioning of the community resource system and assessing which strategies are most helpful in guiding intervention from the micro level of case management to the macro level of systems change. The skill domain is also hierarchically organized, progressing from a willingness to learn the requisite skills to an ability to conceptualize and teach principles of effective resource utilization. The objectives proposed for the other content areas of psychosocial assessment, the hospital as an organization, and crisis intervention are also formulated in behavioral terms, partialized and sequenced, with lower levels of learning hooked to higher levels of professional functioning.  

### Application of the Model

As already indicated, one of the authors has used the proposed model for two years in field instruction with master's degree students and has found it effective in promoting skill, in identifying generic social work content inherent in discharge planning, and in fostering learners' appreciation of this vital function. The process in which it is used will now be described.

#### Educational Assessment

The first step undertaken is educational assessment by the supervisor and the student of what the student has already mastered and what still needs to be learned. Students are asked to study the objectives in the model and to in-
<table>
<thead>
<tr>
<th>Level</th>
<th>Cognitive Domain</th>
<th>Affective Domain</th>
<th>Skill Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Knowledge: ability to name local information and referral sources, to identify the major types of resources used in discharge planning, and to identify questions to be asked in obtaining needed information.</td>
<td>Receiving: being aware that social work expertise includes knowledge of community resources and skill in facilitating linkages.</td>
<td>Perception: achievement of Affective Level 1.</td>
</tr>
<tr>
<td>2.0</td>
<td>Comprehension: given a particular resource, ability to describe accurately and clearly its services, its eligibility requirements, and its application procedures.</td>
<td>Responding: demonstrating acceptance that social work's expertise is valuable by achieving Levels 1 and 2 of the Cognitive Domain.</td>
<td>Set: achievement of Cognitive Level 1.</td>
</tr>
<tr>
<td>3.0</td>
<td>Application: given specific cases, ability to develop, with guidance from the supervisor, hypotheses about the suitability of a particular resource for a particular client.</td>
<td>Valuing: willingly spending time and energy in community resource activities; independently seeking out new resources and methods linking clients to resources.</td>
<td>Guided response: ability, in uncomplicated situations and with field instructor guidance, to locate resources for clients, to assess them for clients' needs, and to facilitate linkages between clients and resources.</td>
</tr>
<tr>
<td>4.0</td>
<td>Analysis: after the investigation of resources for several clients, ability to generalize about the availability, accessibility, and quality of local resources in relation to client needs and about the impact of the local resource system on clients, their families, and the hospital.</td>
<td>Organization: demonstrating commitment to effective utilization of community resources by persistence in locating resources and by taking care in referral even in difficult situations; seeking information about changes and new developments in the community resource system.</td>
<td>Mechanism: ability, in uncomplicated situations, to link clients to community resources independently; ability to seek and use consultation appropriately in complex, difficult situations.</td>
</tr>
<tr>
<td>5.0</td>
<td>Synthesis: ability to relate social work expertise in community resources to social work purposes and models of helping and to relate issues of the local community resource system to broader health care policy issues and to the social structure.</td>
<td>Characterization by a value complex: seeking information about legislative or other developments that may have an impact on the community resource system and clients and participating in efforts to promote positive developments and prevent regressive change.</td>
<td>Complex overt response: ability to link clients to resources independently in the majority of complicated situations and to conceptualize the principles of effective utilization of community resources and teach them to social work students.</td>
</tr>
<tr>
<td>6.0</td>
<td>Evaluation: ability to use social work values, theory, and knowledge to make judgments about the functioning of the community resource system, to evaluate different strategies for change, and to appraise the role of social work in bringing about change.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The individualized assessment of students facilitates individualized educational planning and assignments. For example, the student described as having experience in the use of community resources was given as a first case assignment the task of planning the discharge of an elderly alcoholic man hospitalized for acute medical problems and general deterioration. Locating particular resources for this client was less important than understanding and working with his broader psychosocial needs and his perception of his situation. Because of the onset of organic brain disease, he needed assistance with the activities of daily living. He had also been evicted from his living quarters. The student’s initial reaction was to locate a halfway house in the community where the client could go after discharge from the hospital. With direction from the supervisor, the student investigated this placement, learning about eligibility requirements and the facility’s purpose, and was able to conclude that although it would provide her client with shelter, it was inappropriate for him. Participation in a rehabilitation program was a condition for admission, and the client was not able or willing to undertake this. The student then worked with the local adult services division of the department of social services and, after careful investigation and several sessions with the client, located a more appropriate resource in light of his particular perceptions and needs.

This experience, along with others, led the student to achieve Level 4 of the affective domain of community resources as she became immersed in the task, basic to discharge planning, of linking particular clients to appropriate resources on the basis of psychosocial assessments and her work with them. The supervisor was able to use these experiences to help the student learn, understand, and value this task as generic to social work practice. As can be seen, the objectives can also be used to monitor students’ learning and to help them take pride in their achievements.

In contrast, the supervisor did not initially assign casework to the student who lacked
community resource experience. Instead, she asked the student to investigate Medicare, Medicaid, and area nursing homes and to write a report about one of these resources. After the student began to develop skill in obtaining information about resources, she was assigned to work with an elderly woman living with a niece who worked and therefore alone during the day. This client did not eat properly when she was alone and was inactive as well, and she had been hospitalized for dehydration and early congestive heart failure. During the initial assessment, she stated clearly to the student that she did not need help; when the student spoke with the client's niece, the niece also refused any type of referral.

Although the student had investigated a number of resources, such as Meals on Wheels, county homemakers, and day care centers, the client and her relative adamantly refused help. It was clear, however, that the client's medical condition was connected to a lack of supervision and appropriate assistance and that unless the situation was corrected through the use of community referrals, frequent rehospitalizations would occur. The supervisor was able to guide the student to the realization that the problem here was not a lack of concrete services but rather a psychosocial one. The importance of a thorough initial psychosocial assessment was discussed, and the community resource objectives being worked on were related to the initial levels of the objectives outlined for the psychosocial assessment domain. The student and supervisor planned the ongoing casework together, and the student began to understand the skills involved in providing concrete services. She felt rewarded when the client and niece expressed a willingness to try some of the referrals mentioned after she continued working with them.

Throughout the training of the two students described, the objectives for each content area were used for initial educational assessment, individualized educational planning, teaching, and the monitoring of learning. The student with extensive experience regarding community resources had no hospital experience and was at Level 1 in all domains of the objectives concerning the area of the hospital as organization. She was thus asked to write a report covering the points in Cognitive Level 1 and was instructed to obtain the needed information from observing and holding discussions with hospital staff. This task enabled her not only to understand the hospital system but also to develop an appreciation of the importance of systems analysis in social work. The other student, however, had previously worked in two specialty hospitals, both of which had strong, well-funded social work programs. She was able to begin learning higher-level objectives within this area.

**Evaluation and Accountability.** Using the objectives to monitor learning, at monthly intervals the supervisor and students examined the students' performance with their current cases and with other assigned tasks. This exercise helps students recognize their achievements and facilitates the identification of problems. Structured, ongoing evaluation provides the supervisor with a framework for deciding which types of cases and other assignments are appropriate for different students at a given time. The authors also believe that the specificity of the objectives used facilitates the documentation of inadequate performance on the part of students.

**Further Benefits.** In addition to the advantages of written performance objectives that have already been described, the use of objectives helps orient students to the field by identifying what they will be doing and what will be expected of them. Moreover, when the objectives are clear, mutual expectations are clarified and contracting is made easier. Sometimes vagueness and unclear communication lead to a discrepancy between an instructor's expectations and a student's performance. This fosters frustration on both sides, hurting the student-teacher relationship and impeding learning.
Using performance objectives as the basis of the learning-teaching contract reduces the risk of such communication difficulties. The application of performance objectives also contributes to a more focused use of time by clarifying what needs to be learned and at what level.

Performance Objectives in Hospitals

Written performance objectives are particularly valuable, the authors believe, for students and for new employees who are working in hospitals and lack previous medical experience. Hospitals are complex settings that place heavy demands on the individual to learn a wide range of new information, and work in a hospital is also emotionally demanding. One of the few research-based discussions of field instruction confirms that hospitals present learning demands different from those presented in family service, child welfare, and public assistance agencies.

Although expanding generic knowledge and skills is a basic task for newcomers to hospitals, they must also comprehend the roles and cultures of other professionals and learn how to approach these individuals as colleagues. They must master a new vocabulary. Knowledge of an extensive array of community resources must be developed. The learner must also comprehend specific medical problems, their treatments, and their psychosocial consequences. Those new to hospitals are thus learning in a high-impact setting that stimulates anxiety and other painful feelings. In addition, they are challenged to begin to learn in several different areas simultaneously, including content that is more complex and alien than that required in many other settings. Formal, written performance objectives, such as the ones presented in this discussion, help to structure learners' experiences by providing an organizing framework and sense of direction.

The hospital environment is sometimes frustrating to learners. The crisis climate and pressures for expeditious patient discharge tend to push the learner and supervisor toward enmeshment in procedural details and in tasks whose performance seems to require persistence and tolerance for frustration rather than skill. Attention may not be given to in-depth learning. When this occurs, learners may feel misused and resentful and believe that they are not achieving their professional goals. Negative feelings about discharge planning and tendencies to see a dichotomy between therapeutic practice and concrete services may thus be reinforced. Preventing this from happening requires, in part, that hospital-based educators have clear ideas about the purposes of instruction and about the need to link the specific and the generic. Discharge-planning assignments need to be conceptualized and discussed in the context of social work values, knowledge, and theory, and students must be helped to make the connection between their activities and the profession's foundation. This process can be facilitated by the conscious use of educational objectives that highlight the generic aspects of social work inherent in discharge-planning assignments. By applying the framework of objectives described, educators can promote in their students a positive appreciation of discharge planning and the provision of concrete services as a complex and valued form of social work practice.

About the Authors

Julia B. Rauch, Ph.D., is Assistant Professor, School of Social Work and Community Planning, University of Maryland at Baltimore. Hanita Schreiber, MSW, is Director of Social Work and Discharge Planning, Washington Adventist Hospital, Takoma Park, Maryland.

Notes and References

1. For an elaboration of this assertion, see Hanita Schreiber, "Discharge-Planning: Key to the Future of Hospital Social Work," Health and Social Work, 6 (May 1981), pp. 48–53.
4. For a discussion of the experience of one hospital social work department, see Zelda Foster and Diana L. Brown, “The Social Work Role in Discharge Planning: An Administrative Case History,” *Social Work in Health Care*, 4 (Fall 1978), pp. 55–63. A computerized literature search on discharge planning undertaken for this article elicited more citations in the nursing literature than in the social work literature, an indicator of other disciplines’ interest in this function.


13. Detailed outlines of these sets of objectives are available from the authors.


Accepted March 27, 1985