

**A FORM OF RECORD FOR
HOSPITAL SOCIAL WORK:
INCLUDING SUGGESTIONS
ON ORGANIZATION**

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A Form of Record for Hospital Social Work: Including Suggestions on Organization by
Gertrude L. Farmer

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FOREWORD

THIS book on record organizing in Hospital Social Service is welcome because its author's scheme for case histories lays special stress on the *thinking* that must lie behind thorough social case work. Emphasis in such work quite naturally tends to fall upon doing rather than upon thinking. The situations which daily confront the worker are appealing and urgent, and the action they call for (at least part of it) may seem of an obvious sort. The prompt securing of convalescent care, for instance, is not infrequently a laborious and difficult task, a drain upon patience and tact, but is not one that demands what we ordinarily term reflective *thought*. Convalescent care, however, may be only incidental to a need for a readjustment of the patient in family life or in working conditions, such as can neither be recognized nor adequately met without careful analysis of the elements entering into the individual situation. It is this sort of analysis which the author aims to stimulate by the "thought-provoking" categories of her social service card.

An important part of the plan here advocated is the regular and skilled supervision she recommends for the apprentice in case work. Such supervision is much more than an oversight of record-keeping alone; it really amounts to a continuous training in the essentials of case work itself. In this training the record is treated for the important thing it is: namely, the worker's thinking objectified. This conception of the social case history, or record, has brought a growing conviction to my own mind that in these written documents, which the worker must produce to sustain her reflective grasp of her problems as they develop, lies an opportunity for discipline in social thinking of which we have only begun to take advantage.

ADA E. SHEFFIELD,
Director, Boston Bureau of Illegitimacy.

INTRODUCTION

The record which is here suggested is for a specialized form of social work,* primarily adapted for the use of hospitals dealing with large numbers of both ward and out-patients. The following are the chief purposes I had in view in writing on this subject:

I. A realization that all hospital social record writing is more or less of a bugbear, both from the point of view of the case worker and the executive, and a desire to do what I can to help in this difficult phase of our work.

II. A belief that I have evolved a scheme of recording which has already appealed to many both as more practical, more economical, and more efficient for hospital social work than those ordinarily in use, together with the conviction that an important step toward standardization of hospital social work throughout the country would be the adoption of a more or less uniform system of case recording, and the gathering of statistical data.

III. A desire to get my material together in such concise form as would serve to make it easier to respond to the requests for information about our records which come to us from time to time from hospitals all over the country. The repeated copying of long lists of detailed instructions to send to individuals would entail too much clerical work, merely sending samples of the record cards does not answer the purpose at all. Furthermore, it is practically impossible to really demonstrate the record scheme, which I have in mind, without rather full instructions and illustrations from the actual case material.

IV. A hope that my record material may prove of use in the training of students for hospital social work. Judging from an experience gained during many years of social work in large hospitals, and an association with many hospital social

* Since this manuscript was written, the Russell Sage Foundation has published Mrs. Sheffield's Social Case History. There are points of similarity, both in type and method, between the two, and I would suggest that any hospital social worker who is considering a new form of record should read the two in conjunction.

workers, a fair majority of whom at least have had some experience in one or other of the accredited schools of social work, there is at present a lack of adequate training for the student, not only in the make-up of the hospital social record itself, but also in the arrangement and selection of record material, and in the implications of the different types of social case work which will be met with in the course of a hospital social worker's actual intake. It seems to me that in training students for hospital social work, the chief function of which, many of us believe, is social case work with individual patients, more stress should be laid upon as important a part of the technique as record writing.

THE AUTHOR.

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