

# Student Readiness for Integrated Care Practice: Insights from BHWET Scholar Trainees

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## INTRODUCTION

Western Carolina University's (WCU) Department of Social Work participates in the Behavioral Health Workforce Education and Training for Professionals (BHWET-Pro) Program, funded by the Health Resources and Services Administration (HRSA) Bureau of Health Workforce within the U.S. Department of Health and Human Services.

HRSA funding supports initiatives to improve health outcomes and promote health equity by strengthening the behavioral health workforce and expanding access to quality care in underserved communities. This grant focuses on the Qualla Boundary, home of the Eastern Band of Cherokee Indians (EBCI), and surrounding rural counties of Western North Carolina (WNC).



Consistent with WCU's mission to promote community development and individual well-being in WNC and beyond, the BHWET-Pro program prepares graduate social work students to provide team-based behavioral health care in rural health settings.

## ABSTRACT

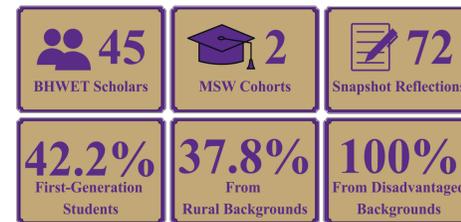
This study analyzed reflective "Snapshot" narratives written by WCU BHWET-Pro Scholars during their MSW specialization year to identify themes in training experiences and professional development. Using inductive thematic analysis, 72 Midpoint and Endpoint reflections from 45 Scholars across two MSW cohorts were examined to explore how Scholars describe the impact of BHWET-Pro trainings and internships on preparation to serve rural and underserved populations. Five themes emerged: **clinical skill development, interprofessional collaboration, systems awareness of rural health barriers, program development and systems improvement, and professional identity formation.**

Comparisons across timepoints suggested a shift from skill acquisition to leadership, systems awareness, focus on patient/client outcomes, and agency contributions, highlighting the role of BHWET-Pro training and immersive field placements in preparing behavioral health professionals to deliver integrated rural care.

## METHODS

### Study Design

Cross-sectional hybrid design examining reflective "Snapshot" narratives from WCU BHWET-Pro Scholars across two MSW cohorts (2024, 2025). Reflections were collected at two timepoints during the specialization field placement year: Midpoint (end of Fall) and Endpoint (end of Spring). At analysis, the 2024 cohort had completed both reflections, while the 2025 cohort had completed Midpoint only.



Narrative reflections submitted for routine BHWET-Pro program evaluation were used as the primary qualitative dataset, and Scholars' BHWET-Pro application materials on file with the program provided demographic and placement characteristics data.

### Specialization Placements and Trainings

100% of Scholars interned at placements meeting program criteria: sites with a Mental Health HPSA score  $\geq 16$  and located in a Medically Underserved Area (MUA) or serving a Medically Underserved Population (MUP) within the 12-county rural WNC catchment area or the Qualla Boundary. Scholars also participated in BHWET-Pro Interprofessional Education (IPE) opportunities and a monthly MSW integration seminar concurrent with field training.

### Data Analysis Process

An inductive thematic analysis approach allowed themes to emerge directly from Scholars' Snapshots while identifying common patterns related to BHWET-Pro Scholars' professional development. The process went as follows:



## RESULTS

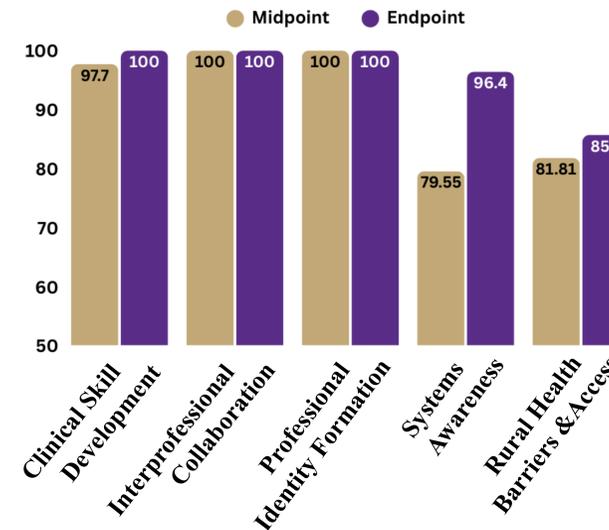
### Major Themes Identified

Inductive thematic analysis identified five major themes across Scholars' reflections: clinical skill development, interprofessional collaboration, systems awareness of rural health barriers, program development and systems improvement, and professional identity formation. Themes appeared consistently in both Midpoint and Endpoint reflections and reflected key components of BHWET-Pro training and field placement experiences.

### Thematic Frequencies

All five themes appeared frequently. Interprofessional collaboration and professional identity formation were present in 100% of reflections, while clinical skill development appeared in 97.7% of Midpoints. Program development/systems improvement and rural health barriers were also widely discussed.

At the Endpoint, clinical skill development, interprofessional collaboration, and professional identity formation appeared in 100% of reflections, with program development in 96.4% and rural health barriers in 85.7%, indicating consistency at 100% or an increase across themes.



### Developmental Shift Across the Specialization Year

Comparisons between Midpoint and Endpoint reflections suggested a developmental shift across the specialization year.

Midpoints more frequently emphasized learning roles, clinical skill development, exposure to interdisciplinary teams, and personal growth, while Endpoints reflected greater leadership, systems-level thinking, interdisciplinary engagement, and focus on organizational and patient/client outcomes.

This shift suggests BHWET-Pro Scholars progress from developing clinical competencies to actively contributing to program development and service delivery within integrated care settings as their field placement during their final MSW year progresses; *and* that these themes matter most to Scholars when they contemplate what they've accomplished.

## LIMITATIONS

Endpoint reflections were not available for all Scholars at analysis, limiting full cohort comparisons across timepoints. Data were based on self-reported reflective narratives, which may be influenced by personal interpretation or social desirability. A baseline survey at the start of the specialization year could provide comparison data for future analyses. Findings reflect a single university BHWET-Pro program and may not generalize to other behavioral health training programs.

## CONCLUSIONS AND IMPLICATIONS

BHWET-Pro Scholars consistently described experiences related to clinical skill development, interprofessional collaboration, systems awareness, program development, and professional identity formation across their specialization year. Reflections suggested a developmental shift from learning roles toward leadership, systems awareness, and contributions to agency programming and service delivery as field placements progressed.

These findings highlight the value of BHWET-Pro trainings and immersive field placements in preparing behavioral health professionals to deliver integrated care in rural and underserved communities. Programs combining interdisciplinary education, experiential learning, and rural workforce investment may strengthen provider preparation and retention in high-need areas.

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