Who We Are And Where We’re Leading

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Objectives

At the end of the session, the participant will be able to:

- Describe the National Consensus Project
- Differentiate between primary and specialty palliative care social work
- List the steps in developing an evidence-based certification program
Social Work

Maybe the “most misunderstood profession”
Six Core Principles

1. Service
2. Social justice
3. Dignity/worth of the individual
4. The importance of relationships
5. Integrity
6. Competence
Introduction

Social workers are increasingly called upon to demonstrate their expertise and prove their worth.

Traditionally, social work roles and activities have been defined by employers, educational institutions, policy-making bodies and insurance companies.

Recently, social workers have begun to recognize the importance of defining their own unique contribution as a discipline through leadership, professional associations, innovative programs, training and certification initiatives.
Recent Efforts to Define Our Role
NASW Led the Way

- Standards for Social Work Practice in Palliative and End-of-Life Care 2004
- Credentialing program ACHPSW
  - Portfolio based
  - Recognized advanced, specialized SWs
National Consensus Project
Clinical Practice Guidelines for Quality Palliative Care

- Developed guidelines for quality palliative care so that patients with serious illness who were not hospice-eligible could access palliative care.


- Goal of 4th edition = improve access to quality palliative care for all people with serious illness regardless of setting, diagnosis, prognosis or age and to encourage continuity of palliative care across settings.

- Focus on continuity and community-based palliative care.
Social Work Representation
National Consensus Project

Tracy A. Schroepfer
University of Wisconsin
Madison Institute on Aging
Key Concepts in Definition of Palliative Care

- Beneficial at any stage of serious illness
- Interdisciplinary, collaborative
- Anticipate, prevent and manage suffering
- Optimize quality of life
- For patients, families and caregivers
- Any care setting
- Early integration
Social Worker Role in the Quality Standards

- Focus on continuity of care, community-based palliative care, primary care
- We are experts related to the “person in environment” and systems theory

ASK AN EXPERT
Domains of Care

1. Structure and Processes of Care
2. Physical Aspects of Care
3. Psychological and Psychiatric Aspects
4. Social Aspects of Care
5. Spiritual, Religious and Existential Aspects of Care
6. Cultural Aspects of Care
7. Care of the Patient Nearing the End of Life
8. Ethical and Legal Aspects of Care
The Role of the SW According to Standards

- Social workers attend to family dynamics, assess and support coping mechanisms and social determinants of health, identify and facilitate access to resources, and mediate conflicts.

- **Social determinants of health** = conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. (World Health Organization)

- The SW facilitates mental health assessment and treatment in all care settings, either directly, in consultation, or through referral. (Psychological and Psychiatric Aspects of Care)

- The SW maximizes patient functional capacity to achieve patient and family goals. (Social Aspects of Care)
Specialist versus Primary Palliative Care

- Delivered by health care professionals who are PC specialists (certified in the specialty, experienced)
- Delivered by health care professionals who care for the population but are not palliative care specialists.
Essential Palliative Care Skills Needed by All Clinicians

- Understand value, principles and practices of palliative care
- Able to access and address common sources of suffering
- Assessment of symptom burden, functional status, and quality of life
- Can identify and treat physical symptoms associated with serious illness
- Assess and manage psychological and/or psychiatric concerns
- Perform and integrate social assessments into the care of the seriously ill
- Assess for spiritual distress and needs; utilize available resources
- Know hospice eligibility and make timely referrals
- Has knowledge and skills to talk to patients and families about dying
- Understands advance care planning and scenarios that cause ethical and legal concerns
A study was done to determine the core palliative social work competencies for generalist (primary) social work practice as ranked by a group of front-line clinicians in the US.

Social workers were from hospitals, home care, hospice and long-term care setting.

Fifty-seven proposed SWK competencies were categorized by the eight domains of palliative care identified by the National Consensus Project for Quality Palliative Care.
Parent Study: National Consensus Project

- The competencies were rated by 41 regionally dispersed, MSW’s selected through purposive and snowball sampling.
- Consensus was defined as >70%.
- The Delphi method was used.
- Each competency was rated as:
  - essential for generalist-level palliative social work
  - acceptable with modifications
  - rejected as non essential for generalist-level practice or outside the scope of practice.
| STRUCTURE AND PROCESSES OF CARE | 1. Use best practices to assess patients and families based upon a biopsychosocialspiritual approach  
2. Communicate results of biopsychosocialspiritual assessments to members of the interdisciplinary team and other providers involved in the care of the patient and family  
3. Establish patient-centered care plans  
4. Help patients and families anticipate needs and achieve smooth transition between settings  
5. Understand specifics of eligibility and benefits for Medicare, Medicaid and commercial insurance  
6. Advocate for patients and families within health care and social service systems to maximize benefits  
7. Use best practices to communicate with professionals, patients and families  
8. Develop safe and sustainable discharge plans based on patient and family preferences and available resources  
9. Establish positive working relationships with other professionals  
10. Resolve conflicts among patients, family members, professionals, or administrators  
11. Use medical record to communicate with other professionals involved in patient’s care  
12. Use assessment to identify complex situations that require attention by social worker or other team member |
<table>
<thead>
<tr>
<th>Physical Aspects of Care</th>
<th>13. Assess caregivers’ resources, ability and willingness to assist with activities of daily living</th>
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</thead>
<tbody>
<tr>
<td>Psychological Aspects</td>
<td>14. Provide support to patients and families</td>
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<tr>
<td>Of Care</td>
<td>15. Provide counseling to patients and families</td>
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<td>16. Tailor basic interventions to address concerns identified during assessment</td>
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<td>17. Enhance patient care through collaborative practice with other professionals</td>
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<td>18. Address assumptions and biases of other professionals’ as they relate to patients and family</td>
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<td></td>
<td>19. Establish support groups for patient and family</td>
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<tr>
<td>Social Aspects of Care</td>
<td>20. Facilitate access to health and social services</td>
</tr>
<tr>
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<td>21. Address capacity of support network to provide emotional, financial, and instrumental support</td>
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<td>22. Assess amount of information patient and family are able to comprehend</td>
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<td></td>
<td>23. Communicate information in a clear and logical manner</td>
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<td></td>
<td>24. Respect patient and family’s concerns about confidentiality and privacy</td>
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<tr>
<td>Spiritual, Religious,</td>
<td>25. Identify religious and spiritual beliefs of patients and families</td>
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<tr>
<td>Existential Aspects</td>
<td>26. Refer to spiritual care providers</td>
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<tr>
<td>Of Care</td>
<td>27. Provide support for existential distress within scope of practice</td>
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<tr>
<td>Cultural Aspects of</td>
<td>28. Evaluate fluency in English</td>
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<tr>
<td>Care</td>
<td>29. Address cultural influences on family communication</td>
</tr>
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<td></td>
<td>30. Provide care within scope of patient’s and family’s culture</td>
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<td></td>
<td>31. Understand impact of the setting on patient care delivery</td>
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<td></td>
<td>32. Assess and address health literacy needs of patients and families</td>
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<td>33. Advocate for interpreter to be present as needed</td>
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<td></td>
<td>34. Acknowledge impact of own and other team members’ cultural values on treatment</td>
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<td></td>
<td>35. Recognize different cultural values, beliefs and attitudes surrounding Illness and Death</td>
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<td>Care of Patient at the</td>
<td>36. Support patient and family participation in shared-decision making</td>
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<tr>
<td>End of Life</td>
<td>37. Respect culturally diverse end-of-life rituals</td>
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<td>38. Educate patients and families about palliative care and hospice</td>
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<tr>
<td>Ethical and Legal</td>
<td>39. Consult with other professionals to meet the needs of vulnerable patient groups (youth,</td>
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<tr>
<td>Aspects of Care</td>
<td>cognitively impaired, isolated, developmentally disabled, imprisoned)</td>
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<td></td>
<td>40. Support the decision-making of patients and families within the context of laws, regulations</td>
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<td></td>
<td>and ethics</td>
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<td></td>
<td>41. Use ethical decision-making framework to address needs and concerns of patients and families</td>
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</tbody>
</table>
| STRUCTURE AND PROCESSES OF CARE                          | 1. Conduct advance care planning discussions  
                                                      | 2. Educate patients and families about treatment options at each stage of disease  
                                                      | 3. Organize family meetings regarding care at the end of life  |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| PHYSICAL ASPECTS OF CARE                                 | 4. Tailor information about treatment and side-effects to patients and families  
                                                      | 5. Assure patient understanding of medical language regarding disease course of major illnesses  
                                                      | 6. Assess impact of physical symptoms on patients and families  |
| PSYCHOLOGICAL ASPECTS OF CARE                            | 7. Provide anticipatory bereavement intervention or referral for complicated grief  
                                                      | 8. Identify and address complicated grief  
                                                      | 9. Identify impact of illness of sexual functioning, fertility, body mage  
                                                      | 10. Assess psychosocial impact of symptoms on patients and families  |
| CARE OF PATIENT AT THE END OF LIFE                       | 11. Assist patient and family in completion of advance directives (living will, health care proxy, MOLST, POLST)  
                                                      | 12. Apply therapeutic techniques for rapid engagement and crisis intervention  
                                                      | 13. Administer legacy-building activities  
                                                      | 14. Understand the dying process and educate patients and families what to expect  
                                                      | 15. Provide anticipatory bereavement, intervention, or referral for complicated grief  
                                                      | 16. Discuss funeral and post-death arrangements with family  |
Results

- The majority of competencies were endorsed in the social, spiritual, cultural, and ethical/legal areas of palliative care.

- Strongest endorsement was obtained in these domains:
  - Facilitating access to services, assessing social networks, adapting communication based on health literacy, and respecting privacy traditionally fall within the realm of social work.
  - Cross-cultural communication is taught to practicing social workers in the field, and social work has a history of advocacy for disadvantaged and marginalized groups.
  - The consensus about competencies that address spiritual care may be explained by recent work to integrate spirituality into palliative care across disciplines.
Results

- Social workers reported feeling under-prepared in advance care planning, physical aspects of treatment, bereavement, and complex psychosocial interventions
  - This may reflect role ambiguity
  - In a 2015 survey of 1149 health care social workers, only 46% of participants felt prepared for practice by their SWK education
  - Lack of confidence was noted in funeral arrangements, family meetings, hospice, palliative care, and treatment options
  - Most received information through on-the-job training from teams

- Limitations
  - MSW’s only
  - Disproportionate representation from Northeast, West Coast and hospital setting
  - May limit the generalizability of the findings
So What?

- Work continues in the development of a training program for all social workers similar to ELNEC for nurses
- Development of competencies for undergraduate/graduate students
Our Specialty Organization

Social Work Hospice and Palliative Network

Benefits include:
• Mentorship Program
• Annual Meeting
• Webinars
• Access to Journal of Social Work in End-of-Life & Palliative Care
• News Brief
National Coalition for Hospice and Palliative Care

Founded in 2001
Members = SWHPN, NHPCO, HPNA, AAHPM, CAPC, HealthCare Chaplaincy Network, NPCRC, Assoc. of Professional Chaplains, Physician Assistants in Hospice and Palliative Medicine
Goal = better communicate, coordinate & collaborate on issues and activities of importance to the interdisciplinary hospice & palliative care field
Publications

Oxford Textbook of Palliative Social Work
Atilio & Otis-Green
2005

Palliative Care: A Guide for Health Social Workers
Sumser, Leimena, & Atilio
2018
Development of the Advanced Palliative and Hospice Social Work Certification

- SWHPN supported need for an evidence-based certification program
- Certification similar to those for nurses, hospice medical directors
- Funding obtained from the Gordon and Betty Moore Foundation
Why Needed?

- SWs are essential to the practice of hospice and palliative care. We bring specialized skills and knowledge to that practice and should be recognized as advanced practitioners.
- Currently there is a credentialing program through NASW. Credentialing is based on education, experience and letters of reference.
- Certification requires verification of knowledge and competency based on passing of an evidence-based exam specifically and scientifically constructed to reflect the essential knowledge and skills required for specialty practice.
- Our colleagues in nursing and medicine have had specialty certification programs for over 20 years.
First Step = Job Analysis

- 623 responded
- 482 provided usable responses
- Those excluded failed the survey check item (n=50), failed to provide ratings for fewer than 25% of the tasks (n=83) or stated the definition didn’t match his/her practice (13)
- Average number of years of post-degree work experience was 16.06 years
- Average number of years experience in hospice or PC was 9.05
Further Description

- 89.7% had Master’s degree
- 15% had ACHP-SW and 1.7% had CHP-SW; 2.9 had OSWc
- 47.5% identified as hospice social workers; 27.7% as PC social workers and 14.4% as hospice and PC social workers
- 39.2% practiced in urban settings; 36.8% in suburban; 23.9% in rural
- 85.6% were licensed in social work
- 93.8% female, 71% white
- 58.9% felt the survey covered the job tasks completely; 40.3% adequately
Process

- AC reviewed all ratings of job tasks
- Used rules to exclude items based on performance of the task and the mean importance rating
- Considered job tasks suggested by respondents
- Developed exam specifications
Exam Development

- Item Writing Committee formed
- Item writing workshop - March 10
- psi test development staff edit items for format, style, grammar and use of language
- Items vetted by subgroup of item writers via series of conference calls
- Items imported into computerized item banking system and compared to test content outline to ensure adequate content coverage
- Board meets to review and approve items; two forms of the exam with 150 items each developed
- Appropriate passing point determined
Tasks with Highest Importance Rating (>3.74)

- Perform psychosocial assessment from a patient/family centered care perspective
- Assessment of patient’s current and desired quality of life
- Assessment of patient’s coping skills
- Assessment of family/caregiver coping
- Identify support systems
- Provide emotional support
- Facilitate communication among patient/family/caregivers & team
- Advocate for patient-centered care within the IDT
Highest Rated Tasks Continued

- Perform psychosocial assessment from a patient/family centered care perspective
- Assessment of patient’s current and desired quality of life
- Assessment of patient’s coping skills
- Assessment of family/caregiver coping
- Identify support systems
- Provide emotional support
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### Results - Exam Specifications

<table>
<thead>
<tr>
<th></th>
<th>% of Exam</th>
<th>Number of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment and Reevaluation</td>
<td>31</td>
<td>47</td>
</tr>
<tr>
<td>Planning and Intervention</td>
<td>32</td>
<td>48</td>
</tr>
<tr>
<td>Death, Grief and Bereavement</td>
<td>21</td>
<td>32</td>
</tr>
<tr>
<td>Professionalism</td>
<td>15</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>150</strong></td>
</tr>
</tbody>
</table>
First Cohort

- 188 took the exam
- Pass rate 86.7%
Next Cycle

- Application period = May 1 - June 15
- Testing Window = July 16 - August 20
Educational Needs

- Inclusion in undergraduate education
- Masters Level Education
- Continuing education
- Post masters certificate programs
- Interprofessional training
It’s time for us to advocate for ourselves