

Developing Medical Social Workers into Palliative Care Champions Throughout the Hospital Setting



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BACKGROUND

Palliative care is a specialty in medicine for patients with serious, chronic and advanced illness that focuses on a patient's wishes, beliefs and values, symptom/pain management and improving the quality of life for both the patient and their family. Palliative Care social workers play a crucial role on a multidisciplinary team, engaging patients and families in goals of care discussions, providing supportive counseling and education, assisting with the completion of advance directives and advocating for a patient's wishes.

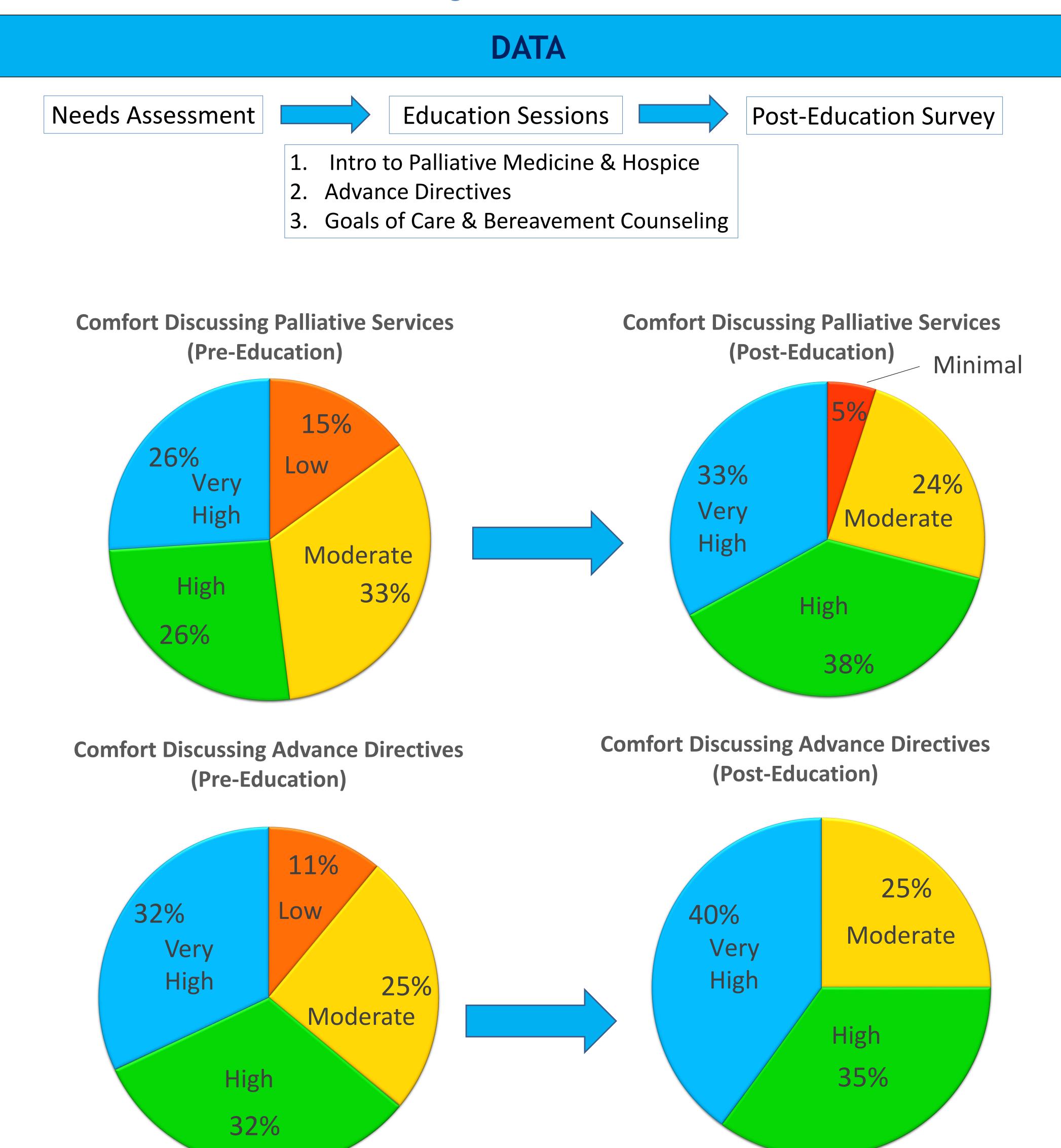
There is a lack of research and information related to the knowledge base of hospital social workers regarding services offered by palliative and hospice programs. The interdisciplinary Geriatric and Palliative (GAP) team at North Shore University Hospital (NSUH) created and disseminated a survey to the medical social workers at this acute inpatient hospital to evaluate this knowledge base.

METHODS

The social workers (SWs) and Attending Physician from the GAP team developed a survey that was approved by senior leadership. Questions addressed basic understanding of palliative and hospice services, advance directives, goals of care and barriers faced when recommending these services. Based on the responses to the survey, three targeted **educational sessions** were developed:

- 1) Understanding of palliative care and hospice services
- 2) Completion of advanced directives
- 3) Improving comfort and proficiency in goals of care discussions and bereavement counseling.

A follow up survey was completed to evaluate competency in the above directives and identify additional future educational opportunities.



RESULTS

Of the 28 initial surveys, 27 were fully completed and 61% of respondents had between one and five years of experience. The responses yielded information identifying barriers to appropriate recommendations including resistance from the primary team, fear of patient/family reactions to a difficult subject, varying levels of comfort regarding discussing and/or completing advance directives, and the desire for education regarding bereavement counseling.

Six months after receiving targeted education, a follow-up survey was distributed and completed by 21 social workers. This survey indicated that comfort levels discussing palliative services rose from 52% to 71% (rating comfort "High" or "Very High"). Additionally, the comfort levels discussing and completing advance directives increased from 64% to 75% (rating comfort "High" or "Very High").

CONCLUSIONS

Through the utilization of a survey, we were able to assess the knowledge base of NSUH social workers and implement this quality improvement project.

Targeted educational sessions can lead to greater understanding of palliative care and hospice services, advance directives, goals of care conversations and bereavement counseling amongst medical social workers in a hospital setting.

REFERENCES

Weissman, D., Block, S., et. al. *Recommendations for incorporating palliative care education into the acute care hospital setting,* Journal of the Association of American Medical Colleges, Aug. 1999

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