Interprofessional Palliative Education

Palliative Social Work Workforce: Skills & Demographics

Barbara Head, PhD, CHPN, ACSW, FPCN, APHSW-C
Professor, University of Louisville, School of Medicine
Defining Interprofessional Education

“IPE involves educators and learners from two or more health professions and their foundational disciplines who jointly create and foster a collaborative learning environment. The goal of these efforts is to develop knowledge, skills, and attitudes that result in interprofessional team behaviors and competence. Ideally, IPE is incorporated throughout the entire curriculum in a vertically and horizontally integrated fashion.”

Train health professions students in interdisciplinary teams to acquire core competencies for interprofessional collaborative, patient-centered practice.

**Why is IPE Important?**

- Better Outcomes
- Improved Patient Experience
- Improved Clinician Experience
- Lower Costs

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The Value

- The **value** of IPE in palliative care is widely acknowledged
- National and international organizations have promoted, even required it
  - **The Institute of Medicine** “educational silos that impede the development of interprofessional teams limit better palliative care,” “all clinicians across disciplines and specialties who care for people with advanced serious illness should be competent in basic palliative care, including communication and interprofessional collaboration”
  - **Liaison Committee on Medical Education**: “must prepare medical students to function collaboratively on health care teams that include other health professionals”
  - **American Association of Colleges of Nursing**: “Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength.”
  - **WHO, AAMC, ASCO, World Health Assembly...**
Why Is IPE Important to Palliative Care Education?

• Palliative care is delivered by interprofessional (interdisciplinary) teams
• Teamwork is essential to quality palliative care
• Students of the healthcare professions are most often taught in academic silos
• Once graduated, they are expected to collaborate with colleagues from other disciplines
• Palliative care practitioners should be experts on teamwork and collaboration
Challenges in Developing IPE

- Ensuring equal representation
- Adding new components to already crowded curricula
- Building curriculum on best practices
- Improving faculty expertise in IPE
- Managing logistics
- Finding time for face-to-face learning activities
- Ensuring comprehensive evaluation
- Ensuring sustainability
Our Efforts

The iCOPE Curriculum

- Funded by the NCI under R-25 mechanism
- Five year project to develop, implement and evaluate a mandatory, interdisciplinary palliative care oncology curriculum
- Led by an interdisciplinary research team with representatives from Chaplaincy, Nursing, Medicine, & Social Work
• All components of the curriculum are available at [www.icopeproject.org](http://www.icopeproject.org)
A National Program to Advance Interprofessional Education in Cancer Care
iPEX Specific Aims

• To create a national training program for faculty development in interdisciplinary, team-based palliative care for oncology

• To train and mentor 160 faculty to lead interprofessional palliative care in oncology at 35-50 institutions

• To evaluate the success of the program

• To create a national resource network for IPE in palliative care
iPEx: The Year at a Glance
Social Work Job Analysis & Certification Program
SW Job Analysis

• First nationwide survey of the role of the advanced hospice and palliative social worker
• First step in the development of a certification exam
• Grant from Gordon and Betty Moore Foundation
• Survey developed by Advisory Committee
• List of tasks generated by lit review, job descriptions, input of Committee
• Process supervised by PSI, experienced testing company
Why an Evidenced-Based Certification Program?

- 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. Application is reviewed by a committee who decides on who gets credentialed.

- 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.
Survey Results

- 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 of Respondents

- 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
• Ended with 140 tasks
• Developed exam specifications (categorization of tasks)
Other Eligibility Criteria

• 2 years experience in palliative care over the past five years
• Licensed as required by state
• Social Work degree from school accredited by the Council on Social Work Education
• Attestation statement that one practices in accordance with the NASW Code of Ethics
• BSW candidates must have 3 years of supervised post-degree experience
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

• Provide counseling to assist the patient/family to cope with suffering
• Educate patient/family/caregivers regarding advance directives
• Conduct home visits
• Collaborate with others as part of the IDT
• Practice self-care
• Maintain professional boundaries
• Identify and report abuse & neglect as mandated by law
• Adhere to requirements regarding confidentiality and release of information
Exam Development

• Subject Matter Experts (SME) recruited
• Trained in item development
• Wrote approximately 400 items
• Items reviewed numerous times by other SMEs
• Once used in testing, items re-evaluated
# Test Results 2019

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