W-1 - Leading the Way: Implementing a Hospital-Wide Suicide Screening Program
Debby Brookstein, LCSW, LSCSW and Michelle Camerer, LMSW, LCSW

Summary
Suicide is the second leading cause of death in 10 to 34-year olds and is a significant health concern across the nation. The Joint Commission recognizes the role of healthcare providers in suicide prevention and in February 2016 issued a Sentinel Event Alert recommending all medical patients be screened for suicide risk. Social Work leaders from a large pediatric hospital will share their experience in leading efforts to implement suicide screening across their health system.

Learning Objectives
1. Participants will be able to articulate the rationale for universal suicide screening, citing both the statistical and regulatory reasons for implementation of suicide screening.
2. Participants will be able to describe at least 3 key components of a successful implementation plan.
3. Participants will be able to identify the key role Social Work leaders play in leveraging the necessary resources to implement a successful suicide screening program.

W-2 - Improving Stroke Transitions to Acute Rehab through Social Work Interventions: Development of a QI Plan for the stroke inpatient referral process
Jessica Christine Daggett, LICSW, OSW-C

Summary
This presentation will look at patients who are admitted to Northwest Hospital after a stroke (Ischemic, TpA, TIA) who will participate in the development of a rapid streamline discharge planning process to acute rehab through timely social work intervention for each stroke patient. The goals of the improvement plan are to increase the number of discharges to acute rehab, improving continuity of care and collaboration among interdisciplinary team members, increasing patient satisfaction scores and lower readmission rates of stroke patients.

Learning Objectives
1. Participants will be able to understand the intricacies and consequences of a stroke (emotional, behavioral, psychological) and learn different tools used for stroke identification as well as describe next steps once identifying a stroke
2. Participants will be able to understand the intricacies and consequences of a stroke (emotional, behavioral, psychological) and learn different tools used for stroke identification as well as describe next steps once identifying a stroke
3. Participants will be able to identify the benefits of an Acute Rehab stay for stroke patients vs discharge to a Skilled Facility or home
4. Participants will be able to identify the benefits of an Acute Rehab stay for stroke patients vs discharge to a Skilled Facility or home
W-3 - Cost Effective Population Health: Integrated Care Coordination Redesign
Jill McCambridge, LCSW, MSW and Lauren M. Coughlin, MSW, LSW

Summary
The health care industry is continuously evolving to meet the needs of the current population. In order to meet those needs innovative health care strategies must be achieved and able to be replicated. Many of the top health care providers in the nation have developed Population Health departments to devise ways to provide value-based care to patients with a forward-looking approach. Lehigh Valley Health Network is one of the leading organizations in the south-eastern region of Pennsylvania working towards health care integration.

Learning Objectives
1. The benefits of the Hub-and-Spoke Model for Population Health
2. Cost efficiency of integrated health care
3. Enhancing quality health care through the use of multidisciplinary teamwork

W-4 - Social Work Initiated Home Health Referrals in a VA Emergency Department
Greg Pugh, LCSW, PhD

Summary
Home Health Care (HHC) needs are often unrecognized in the Emergency Department (ED) setting; however, such a referral could enhance continuity of care and reduce subsequent ED utilization. This is a project led by VA ED social workers to refer eligible patients to HHC from an index ED visit, and the tracking of these referrals to determine if there was a reduction in ED utilization in the subsequent six months. The project encountered system challenges, but demonstrated a significant reduction in ED visits among those referred into HHC.

Learning Objectives
1. Participants will be able to apply Medicare criteria to home health care services determinations.
2. Participants will be able to gather data and conduct an analysis of the impact of home health care referrals from an emergency department.

W-5 - Social Work Leadership: LEAN in For Improvement
Kathryn Worland, MSW, LCSW, J. Grant Merrill, MHA, and Jodi Pecora, MSW, LCSW

Summary
Healthcare organizations and leaders face the continued challenges of improving quality and efficiency while reducing waste and cost. Many healthcare systems have turned to LEAN Healthcare as a way to meet these challenges. LEAN Visual management systems provide easy access to data and serve as a place for front line staff and leaders to openly communicate concerns and new ideas.

Learning Objectives
1. Participants will gain an introduction to LEAN methodologies and principles in regards to social work and healthcare.
2. Participants will be able to understand how to utilize LEAN methodologies and principles to support decision making in social work leadership.
3. Participants will gain understanding how data can continuously be developed and utilized in leadership practice.
4. Participants will be able to review specific examples of high-level departmental data dashboard and visual management systems.
W-6 - Creating a Pediatric Psychiatric Consult Liaison Service: Defining Roles, Interventions and Useful Tools
Melissa Bonney, MSW, LCSW, Emily Baird, MSW, LCSW and Cassidy Ray, MSW, LCSW

Summary
Health care systems struggle to meet mental health patient's needs. In response to increasing numbers of boarding patients on medical units, our Children’s Hospital created a Pediatric Psychiatric Consult Liaison Service. This service (a psychiatrist/two social workers) developed programs, interventions, tools, and staff education to address the needs of this patient population. Participants will receive an overview of program development and be able to identify interventions/processes aimed to reduce length of stay for this patient population.

Learning Objectives
1. Participants will be able to understand and articulate the difference between psychiatric boarding and inpatient psychiatric care.
2. Participants will be able to summarize the added benefits of having a pediatric consult liaison service, particularly the benefit of social workers, when patients are boarding on acute medical care units.
3. Participants will be able to identify the barriers to treating pediatric mental health patients in a medical care facility, and summarize tools to assist nursing staff when working with patients with mental illness.

W-7 - Mindfulness at Work
Liza D. Albidress, MSW, LCSW

Summary
With increased demands on social workers in health-care settings, there is an urgent need for supportive services for all of those involved in care provision. Mindfulness-based modalities will be introduced as a means of improving quality of life for the social worker in their care settings and beyond. This session will include practical tips, handouts, video clips and on-line resources. An ongoing wellness initiative will also be introduced as an example of “mindfulness at work”.

Learning Objectives:
1. Participants will be able to summarize core concepts of MBSR and ACT
2. Participants will become familiar with ways to incorporate mindfulness concepts into their daily lives.
3. Participants will be able to articulate how a mindfulness initiative could be implemented in their own social work setting.
4. Participants will be able to locate additional information and resources related to mindfulness-based interventions.

W-8 - Elevating Social Work - An Analysis of Intra-Organizational and Social Work-Specific Factors in a Psychiatric Hospital
Rick Redmond, MSW, LCSW and Brent Scobie, PhD, MSW

Summary
The advancement of the profession of social work within a hospital system does not happen quickly or by chance. It occurs because of a myriad of factors, some internal to the larger organization, but others due to the strategic and concerted efforts of social workers. This presentation examines the development of social work within a 100-bed psychiatric hospital with a specific focus on the factors that influenced the rise of the profession to all levels of hospital leadership.

Learning Objectives
1. Participants will be able to critically evaluate the readiness of their organization and social work services for leadership advancement opportunities.
2. Participants will be able to identify specific social worker development strategies to enhance leader identity among social workers.
3. Participants will be able to identify specific methods to advance leader competencies among social workers in their organization.

W-9 - Quality Improvement in Health Care/Social Determinants of Health – Models, Tools, PSDA’s – OH MY!
PART ONE
*Eva Williams, LCSW, ACSW, Meghan LaMarche, MSW Candidate, JoAnn Duffy, MSW, LSW and Leigh Wilson, MSW, LSW*

**Summary**
This workshop will outline the IHI Model of Improvement using Six Sigma methodology. DMAIC approach including PDSA cycles and tools will be discussed through experiential learning. Presenters will discuss the importance and relevance of the application of IHI Model of Improvement to SDOH and other medical social work practices. Strategies for successful quality improvement projects including common failures will be outlined. Open dialogue will be encouraged.

**Learning Objectives**
1. Understand Model of Quality Improvement in Healthcare and Importance
2. Understand DMAIC Approach including PDSA Cycles and how to implement
3. How to Identify Quality Improvement outcome measures

W-10 - I Can Do It!: The Creation of a Department Wide Interdisciplinary Mentoring Model
*Morgan Gross, MA, LCSW*

**Summary**
Professional mentoring has been shown to increase staff retention, engagement, and satisfaction, but is often not implemented in hospital social work departments, which tend to see high rates of burnout and turnover. This poster will show the process and results of creating a successful department wide interdisciplinary mentoring program, capitalizing on staff expertise and an existing patient mentoring program within a large, academic research hospital.

**Learning Objectives**
1. Attendees will learn how to establish a successful interdisciplinary department mentoring program
2. Attendees will understand the benefits of professional mentoring program within setting of large teaching hospital
3. Attendees will consider strategies for addressing challenges of generational differences in the workplace

W-11 - Strengths based Leadership in the Implementation of a Community Care Management Team in a Medicaid Managed Care Setting
*Cindy Cota, MSW, LICSW and Mairead McInerney, MSW, LCSW*

**Summary**
The purpose of this workshop is to provide an overview of an innovative population health-based community care management model in a Medicaid managed care organization. The presentation will explain utilizing a strengths-based approach in the initial and ongoing stages of developing a community based-team model Team. Additionally, evidence for the most effective interventions will be reviewed, including which conditions are most effectively addressed in face-to-face community care management settings.

**Learning Objectives**
1. Participants will increase knowledge of managed care’s role in impacting the health of members through a community care management model.
2. Participants will be able to summarize strengths-based leadership approaches and complete an activity focusing on incorporating strengths-based leadership in their own settings.
3. Participants will be able to identify the most effective evidence-based care management interventions to target members with certain chronic conditions.

W-12 - Validation of a Risk Screening Tool for Pediatric Type 1 Diabetes Patients: Predictor of Increased Acute Health Care Utilization
Summary
Psychosocial and socioeconomic risk factors contribute to poor glycemic control and increased acute health care visits. Our aim was to identify if our risk screening tool predicts poor health outcomes over an 18-month period. Patients were screened at new diabetes diagnosis as high/moderate or low risk. We found that our tool best predicts the likelihood of acute health care visits. Risk stratification can help target appropriate clinical interventions for prevention of acute health care visits and ultimately reduce health care costs.
Learning Objectives
1. Evaluate the diabetes high risk screening tool as a predictor for health outcomes
2. Explore possible interventions for patients/families screened as high/moderate risk at diabetes diagnosis
3. Discuss the benefits psychosocial risk screening in chronic illness

W-13 - The Role of Social Work in the Implementation of a Substance Use Intervention Team (SUIT) Model
Emily McKernan, LCSW and Elisabeth Ramsey, LSW

Summary
In 2017, Rush University Medical Center, an urban academic medical center, launched an outpatient addiction medicine clinic and introduced a hospital-based social work supported SBIRT model to identify and treat patients with substance use disorders. By engaging social workers, this model leverages existing resources to expand brief intervention to more patients. Two designated social workers are also primary members of the Substance Use Intervention Team, and provide clinic-based behavioral therapy and inpatient counseling.

Learning Objectives
1. Understand the impact of the current addiction epidemic on the healthcare system.
2. Describe the role of social workers in the Substance Use Intervention Team model.
3. Describe the role of social workers in the Substance Use Intervention Team model.

W-14 - Improving End-of-Life Care: From a Pathology Perspective to One of Progress
Mark David de StAubin, LCSW, FT

Summary
Social workers in hospice typically focus on problem areas/deficits identified with the patient/family which appear to impede a patient's response to overall care. This focus on pathology does not always support a patient's quality of life during a life-limiting illness. This presentation will share a complementary approach to this pathology-focus of care with a more wholistic framework of growth and well-being which may be used to more effectively support a patient/family's quality of life while receiving hospice or palliative care.

Learning Objectives
1. Identify the shortcomings of using a solely pathology/deficit-focused approach of care as compared to that of using a more wholistic growth- and well-being-promoting model of care to a patient/family during a life-limiting illness;
2. Identify specific social work practices which can support a patient/family's growth and well-being while receiving care for a life-limiting illness;
3. Demonstrate documentation methods which support this wholistic framework of patient/family growth and well-being while still fulfilling Medicare's need for deficit-focused medical model charting.

W-15 - Two Hospitals’ Journey using Quality Improvement Techniques in Social Determinants of Health Program Development PART TWO
JoAnn Duffy, MSW, LSW, Leigh Wilson, MSW, LSW, Eva Williams, LCSW, ACSW, and Meghan LaMarche, MSW Candidate

Summary
Children’s Hospital of Philadelphia (CHOP) and Truman Medical Centers (TMC) will provide overview of current efforts to establish SDOH screening/referral processes across care settings. CHOP will share their approach with emphasis on the role of technology and integration into workflows and EMR. TMC as a safety net hospital will share its experiences with a culturally and socioeconomically diverse population including the use of cultural health navigators. Both hospitals are utilizing Quality Improvement model/methodology to establish best practices. Presenters will outline in detail
programming and outcomes to date. Presenters will compare and contrast, lessons learned and next steps. Open dialogue will be encouraged.

Learning Objectives
1. Gain knowledge about planning/implementation of SDOH programming
2. Gain understanding about the integration of technology into existing workflows across hospital settings.
3. Understand evaluation processes related to the accessibility and feasibility of standardized SDOH screening/referral for providers and patients

W-16 - Social Work Facilitated Primary Care Referrals in a VA ED
Greg Pugh, LCSW, PhD

Summary
Primary care is an essential element of an effective health care system, and social workers can play a pivotal role in assisting emergency department patients to establish new primary care. This workshop presents a project comparing facilitated and non-facilitated primary care scheduling by social workers at a VA emergency department. The project encountered system challenges; however, facilitated calls were more effective, and the practice was adopted into standard services.

Learning Objectives
1. Participants will be able to describe primary care engagement practices in the Emergency Department setting.
2. Participants will be able to plan social work emergency department interventions that increase primary care engagement.
3. Participants will be able to gather data and conduct an analysis of a primary care engagement project.

W-17 - Trauma Informed Care: A Call for Social Workers to Lead
Patty Davis, LSCSW, IMH-III and Donna O’Malley, PhD, RN

Summary
Exposure to trauma produces biological responses that can be toxic to healthy development. Social Workers encourage a trauma informed approach to avoid unintentional harm and improve patient outcomes. But what if we are not aware of how our actions in healthcare may be causing problems? It is well-documented that the US white majority does not always recognize the experiences of the marginalized. Cultural humility encourages self-reflection about how we influence and are influenced by others.

Learning Objectives
1. Define how psychological trauma and toxic stress impact brain development and lifelong health
2. Delineate need for trauma-informed care with a foundation of cultural humility
3. With an examination of her/his own beliefs and cultural identities, the learner will relate how one’s own biases can influence the care they provide to their patients and families

W-18 - Mass Casualty Incidents for Pediatric Hospitals: Planning and Implementation
Jackson Huynh, LMSW, MDIV and Aisha Jones, LMSW

Summary
Speakers will share extending planning and capabilities beyond clinical response, to mass casualty incidents, to providing support and care to worried parents and friends who will arrive on site looking for an injured child. Participants will learn how the unique needs of identification and reunification of patients with the family influenced the development of Texas Children’s Hospital's Family Reception Center Plan and how these tools can be adapted and refined for use in other pediatric locations and institutions.

Learning Objectives
1. Describe how the needs of pediatric patients impacted the FRC plan development process
2. Distinguish the elements of the FRC plan and how they support family reunification
3. Discuss how to refine or adapt the plan for use in other hospitals and environments

W-19 - Social Work Triage: Identifying and Treating Eating Disorders in a Medical Hospital Setting
Tammie C. Williams, LCSW and Sara L. Nieder, LCSW

Summary
In this presentation we will summarize DSM-5 Diagnostic Criteria for Eating Disorders, discuss common associated medical complications, explain appropriate treatment and discharge interventions for hospitalized patients with Anorexia Nervosa. This will include providing guidelines on how to identify an eating disorder, case studies, and levels of care available for patients with eating disorder, the role of social work/care management with these patients and how to initiate a referral to the appropriate level of care.

Learning Objectives
1. Become adept in identifying patients with potential eating disorders
2. Review common co-occurring medical complications of eating disorders
3. Understand levels of care available for treatment of patients with eating disorders
4. Define how to access eating disorder care after discharge from a medical hospital

W-20 - Auditing Documentation: Moving from “Administrative Task” to “Shared Accountability for Improvement”
Meredith Brink, MSW, LISW-S and Tishia Gunton, MSW, LISW-S

Summary
This presentation will discuss how one hospital developed a documentation auditing committee, which focused on engaging social workers in auditing peer notes, improving social workers’ documentation, and validating data that contributed to the department executive summary. The presentation will detail how to implement such a committee and will highlight secondary benefits of the committee such as the identification of safety catches and professional development needs.

Learning Objectives
1. Discuss the benefits of implementing a peer documentation auditing committee
2. Identify a process to implement peer documentation which includes understanding group functions and lessons learned
3. Understand how a peer documentation auditing committee can validate documentation data

W-21 - Universal Screening for Social Determinants of Health at a Community Health Center through Multi-Disciplinary Collaboration
Lia Sebring, BS, Jazmin Jackson, BS, THW, Jorge Gonzalez, BS, THW, and Patrick Maloney, BS, THW

Summary
Over 80% of health outcomes are related to non-medical factors, commonly referred to as Social Determinants of Health (SDH). Utilizing a case example of an SDH initiative at a large, urban Federally Qualified Health Center (FQHC) we will discuss the importance of universal, evidence-based screening, patient centered service provision, and data collection and review.

Learning Objectives
1. Understand importance of Social Determinants of Health (SDH) on improved patient and community outcomes.
2. Identify evidence-based and evidence-promising SDH screening tools.
3. Discuss design and implementation strategies regarding universal screening and service provision.
4. Name common challenges in universal screening implementation
W-22 - VHA: Transforming Advance Care Planning with Group Visits
Jamie L. Jensen, LCSW, Melissa Harding, LCSW, and Nicole Powell, LICSW

Summary
Do you recognize the need for improved Advance Care Planning (ACP) conversations? Within Veterans Health Administration (VHA), group process is being utilized to compliment traditional ACP discussions. The group creates space for patient-centered, peer driven conversations that increase Veterans' understanding, perception of relevance, and self-efficacy. In this presentation, we'll examine the importance of ACP, the direct practice intervention of Advance Care Planning via Group Visits (ACP-GV), and the work of program implementation.

Learning Objectives
1. Examine Advance Care Planning purpose and engagement
2. Describe key components of Advance Care Planning via Group Visits
3. Discuss implementation and sustainment strategies

W-23 - Climate Change: Moving from “This is How We Have Always Done It” to Innovation
Erica P. Menzer, LCSW

Summary
Creating a shift in culture extends beyond a diversity focus. When introducing programmatic changes to a facility it takes more than just figuring out the "How To" nuts and bolts. This presentation will focus on how to create buy in when introducing new ideas, how to work through and with adversity and naysayers, and how focusing on a desired outcome when creating new practices will push you as a leader and create lasting benefit to your organization.

Learning Objectives
1. By the end of this presentation participants will have the tools to create Organizational change.
2. Participants will gain the tools to develop a leadership development model within their Social Work Department.
3. Participants will be introduced to a succession planning protocol.

W-24 - Responding to Workplace Violence
Erika Jewell, LCSW, ACM and Calvin Fakkema, CHSP, CHEP

Summary
According to the OSHA, workplace violence affects nearly 2 million workers each year in this country. Social workers are often called upon when an incident takes place, sometimes even before security. We are asked to use our crisis intervention, conflict resolution, and advocacy skills to ameliorate the situation. This presentation will describe workplace violence, review the laws and requirements hospitals are required (or not required) to satisfy, and will describe the team, policies, and approach one children's hospital has adopted.

Learning Objectives
1. Participants will increase their knowledge about the incidence and consequences of workplace violence.
2. Participants will learn about one hospital's approach to managing aggressive behavior.
3. Participants will understand the role of the social worker and social work leadership in preventing and responding to workplace violence.

W-25 - The Intersection of Epilepsy, Mental and Behavioral Health: Training for Health Care Providers
Elaine T Kiriakopoulous, MD, MSc, Chris Ryan, MSW, LICSW, Samantha S. Schmidt, BS, Jody Kakacek, MNPM, PhD, Patricia Shafer, RN, MN, Barbara Jobst, MD, PhD, Steve Owen, MD, MPH, and Ron Manderscheid, PhD

Summary
Epilepsy, the fourth most common neurological disorder affects 3.5 million Americans. This workshop is designed for social workers, advanced care practitioners, mental and behavioral health providers. Workshop goals: improving knowledge and confidence around diagnosis, treatment and impact of epilepsy on individuals and families, reviewing bidirectional relationship between epilepsy and mental health, introduction to evidence based self-management tools to inform and support patients impacted by epilepsy and mental health disorders.

**Learning Objectives**

1. Understand the Basics of Epilepsy: Participants will learn how the diagnosis of epilepsy is made, the spectrum of epilepsies and epidemiology. Participants will learn the common causes of epilepsy and available treatment options. Participants will be able to summarize common comorbidities, and treatment approaches for integrated care providers to support people living with epilepsy.

2. Build Knowledge on The Intersection of Epilepsy and Mental Health: Participants will be able to understand the types of mental and behavioral comorbidities commonly found in adults and children with epilepsy. Participants will be able to identify treatment approaches for managing mental health and behavioral symptoms and the unique role that social workers can play as part of an integrated health care team, or as providers of community-based support. They will be able to demonstrate knowledge of the impact comorbidities have on quality of life, education, employment, and social connections.

3. Recognize the Role for Evidence Based Self-Management Programs: Participants will review existing evidence based self-management programs aimed at addressing mental and behavioral health issues affecting people living with epilepsy. Participants will gain an understanding of how self-management programs can be integrated into their practice. Participants will be provided with an overview of the resources the Epilepsy Foundation has available for their practice setting and for their patients with epilepsy and mental health disorders.

**W-26 - Considerations for Implementing an Integrated Care Model for Adolescents in a Local Health Department’s Clinic**

*Kelly R. Flanigan, MSW*

**Summary**

With increasing depression rates, it is important to make every effort to provide early intervention for adolescents. This includes interactions that ensure adolescents are not only physically healthy, but mentally healthy as well. At the Champaign-Urbana Public Health District, we have integrated depression and substance abuse screenings into clinic visits with clients between the ages of 12 and 21 years. We offer considerations for other agencies looking to integrate their clinics.

**Learning Objectives**

1. Identify important elements to incorporating an integrated care model for adolescents in a Local Health Department’s clinic.

2. Understand the challenges that can delay implantation of an integrated care model for adolescent clients in a Local Health Department’s clinic.

3. Discuss the importance of signing linkage agreements with local agencies.

**W-27 – Ethical Implication of Complex Discharges**

*Eileen Zenker, LCSW, CCM*

**Summary**

Discharge Planning is Complex. Clinical decisions are being made quicker due to shortened length of stay with the aim to reduce unplanned re-admissions and improve the coordination of services. Utilizing the Principles of Bio Ethics, Autonomy, Beneficence, Non-Maleficence and Justice, this presentation explores the problems of difficult discharges and applying these principles Using a set of clinical cases we will review the complexities of discharge, the interplay of ethical, legal and interpersonal issues involved in discharge planning.
Learning Objectives

1. Understand the Principles of Bio-Ethics and what makes an Ethical Dilemma
2. Being able to apply the principles of Bio-Ethics to complex cases
3. Learning how to put a structure for understanding Ethical Dilemmas and working with the team

W-28 - Guardianship and the “chronically intoxicated” patient: Challenges and possible solutions for healthcare systems and providers

Alethia J. Battles, JD LMSW

Summary
Health systems, clinical social workers and other providers face unique challenges with regard to care and long-term planning for individuals who present with symptoms associated with chronic intoxication. Often in these cases, the individual has frequent readmissions, no decision-maker, and no long-term plan. Guardianship of the individual is regarded as a possible solution. This workshop will provide an analysis of this complex question and offer possible solutions.

Learning Objectives

1. Attendees will learn about the complexities related to care and treatment for the chronically intoxicated person.
2. Attendees will be able to discuss the challenges related to readmissions and long-term planning for the chronically intoxicated person.
3. Attendees will learn when guardianship should be pursued and what a guardian has the legal authority to do in these challenging cases.

W-29 - Dealing with the Fallout – When Decisions by Child Protective Services are Contrary to Medical Opinion

Becca Fredin, MSW, LISW

Summary
Moral distress is a primary cause of burnout or moral injury. By identifying and mitigating distress, leaders can reduce the impact on individual clinicians, creating an institutional cultural shift. Three techniques are described: self-reflection, peer support, and the conscious creation of a supportive environment. This presentation explores the issue of moral distress in the context of inpatient child abuse cases and interactions with Children’s Services, yet the concepts apply to medical social work as a whole.

Learning Objectives

1. Identify and mitigate moral distress while actively engaged in difficult cases rather than after the fact
2. Utilize self-reflection and peer support to avoid moral injury
3. Initiate a cultural shift in the larger system to reduce instances of moral injury within a social work department

W-30 - Equitable Approach to Clinical Social Work Practice

Carolyn Serie, LICSW and Joy Johnson-Lind, LICSW

Summary
We will present on equity in clinical practice, a team approach.

Learning Objectives

1. Summarize organizational process for equity case review.
2. Recognize leader roles in create new awareness, within the context of an institution.
3. Identify tools for practical use and data collection, followed by action steps, to identify implicit bias within social work teams.
W-31 - Integrating Mindfulness Based Stress Reduction Practices into the Health Care Work Day
Jennifer A. Gosar, NBCMI Interpreter

Summary
Mindfulness practice has a place and serves an essential function in the daily sprint of urban hospitals. Mindfulness Based Stress Reduction (MBSR) practice research shows better job satisfaction and engagement with diminished provider burnout and triggers of implicit bias. Still, logistical knowledge gaps persist to infuse MBSR practice organically. After engaging in a live MBSR practice, original research results will be presented for participants to assess and collaborate in building innovative health care programming options.

Learning Objectives
1. Engage in a brief, introductory MBSR experiential practice then apply that focus on vital research results for Mindfulness Based Stress Reduction (MBSR) practice effects for health care providers.
2. Explain and support the need for interventions based in the dissemination of information that details current levels of physician as well as other health care provider burnout.
3. Assess the research tool employed and collaborate in small groups to create strategies for practical applications of MBSR practice or other similar interventions within respective workplace environments.

W-32 - Leveraging population health tools in the electronic health record to enhance social work practice
JoAnn Duffy, MSW, LSW and Leigh Wilson, MSW, LSW

Summary
This presentation will describe how the Division of Social Work at a large children’s hospital leveraged population health tools in the electronic health record to build a real-time inpatient report that social workers across the hospital use to proactively identify high risk patients and conduct more efficient chart review. The report also allows social work leadership identify areas in need of more social work support based on factors such as patient acuity and volume

Learning Objectives
1. Participants will be understanding how to use data in the electronic health record to enhance social work practice.
2. Participants will be able to identify how tools within the electronic health record can leverage data to enhance social work practice.
3. Participants will be able to discuss how this work relates to key enterprise goals for health care systems.

W-33 - Moving Medicine Upstream by Integrating Social Work and Social Needs Care
Walter Rosenberg, MHSM, LCSW, Heather Brungardt, LCSW, LMSW, Victoria Rizzo, PhD, LCSW-R, and Anna Mangum, MSW, MPH

Summary
This session will discuss a new consensus study from the National Academies of Sciences, Engineering, and Medicine on integrating social care and medical care. This session will present the final report and recommendations of the committee, with detailed discussion on the impetus for the study; the process undertaken by social work advocates to bring it to fruition; best practices and impact findings identified by the study; and opportunities and plans for acting on the recommendations.

Learning Objectives
1. Describe the final report from the National Academies of Science, Engineering, and Medicine entitled Integrating Social Needs Care and the Delivery of Health Care: Moving Medicine Upstream.
2. Explain key findings and recommendations regarding social work’s role in population health initiatives, and initiatives underway to help disseminate
3. Illustrate how two social-work-led care models have achieved improved patient outcomes by leveraging social work core competencies, fostering collaboration between medical and social needs care providers, and focusing on fidelity and scalability.

W-34 - Outcomes-Based Social Work at a VA Emergency Department
Greg Pugh, PhD, LCSW and Matthew Schobert, MDiv, LCSW

Summary
Emergency Department social work at the VA is a complex programmatic undertaking. One program is analyzed in terms of how it developed, what elements were necessary and successful, and in comparison, to models from the research literature. Additional elements existing in the literature but not in the program are explored, as well as challenges encountered by the program.

Learning Objectives
1. Participants will be able to describe elements of an ED social work program
2. Participants will be able to compare ED social work program models and elements
3. Participants will be able to identify meaningful outcomes for ED social work programs

W-35 - Use of Self in Leadership to Promote Professional Development in Supervisees
Patrick Burden, LCSW

Summary
This workshop will be an exploration of a novel reworking of the concept of supervisor self-disclosure as a clinical technique in clinical social work supervision. I will discuss how supervisor self-disclosure can be used as a tool to promote and further the professional development and growth for social workers of color, particularly in healthcare settings. This can enhance the supervisor/supervisee alliance and improve the experience for all.

Learning Objectives
1. Participants will learn to implement self-disclosure strategies to engage supervisees of color in conversations regarding their professional development.
2. Participants will learn to more deeply integrate professional development discussions into clinical supervision, with a specific focus on the support needs of staff of color.
3. Participants will gain greater self-awareness to evaluate their role in supporting or diminishing aspects of identity and privilege in healthcare settings.

W-36 - Development and Implementation of an Approach to “Workplace Violence”
Carol Frazier Maxwell, LCSW, ACSW

Summary
Workplace Violence in hospitals is a growing problem. Moving away from "allowing" stressed out parents/combative patients to harm employees to "employee safety comes first" is imperative. Developing protocols, setting expectations and improving education/awareness of behaviors to watch for, de-escalation tips, and a consistent approach to inappropriate/aggressive behavior is imperative. This presentation will report on how my organization has approached such situations in the past, current protocols, and protocols/responses in development.

Learning Objectives
1. Identify and define inappropriate behaviors by patients, families, staff
2. Explain prior approach and policies to address or intervene with patients/families with identified inappropriate or aggressive behaviors.
3. Share tools developed for staff education, patient/parent awareness of expectations, electronic medical record resources.
4. Facilitate discussion with attendees on their own approaches to this wide-spread issue to identify shared best practices.

W-37 - Successful Partnerships for Youth Suicide Prevention – The CARES Journey  
*Christopher McLaughlin, MISW, LCSW*

**Summary**
With rates of mental health challenges and suicide increasing across several youth populations, it is essential that healthcare organizations and hospitals develop, solidify, and sustain strong partnerships with their communities. Siloed and reactive approaches to treating behavioral and emotional concerns in youth have been ineffective in curbing the tides of youth deaths by suicide. Hospitals must leverage the resources available to them and become leaders in prevention, education, and resource development for and with their communities.

**Learning Objectives**
1. Participants will review data and be able to identify the essential reasons why healthcare organizations and communities must collaborate.
2. Participants will discuss the elements of successful community partnerships and prevention initiatives.
3. Participants will develop skills to implement similar partnerships in their own communities.

W-38 - Innovation approaches with Heart Failure Home Bound Patient  
*La Trena A. Robinson, LCSW, MPH(c)*

**Summary**
This workshop will serve as a process group-structured opportunity for home/telephone based and community social works to review and exchange ideas to increase their employment scope of practice. Traditional Social work interventions will be briefly reviewed. A work flow example used by presenter to expand social work scope intervention strategies used with heart failure patients to be explored. Tools to assessing psychosocial barriers to CHF adherence and strength-based techniques to promoting CHF lifestyle changes to be reviewed.

**Learning Objectives**
1. Identify workflows to increase Social Work scope of employment beyond traditional roles
2. Discuss literature on psychosocial barriers and factors to explore when addressing CHF
3. Analyze Psychosocial Heart Failure Adherence Tool

W-39 - Now is the time! Value-based models to address SDOH through community collaboration  
*June Simmons, MSW*

**Summary**
Changes to Medicare and Medicaid, value-based payment, and increasing recognition of social and behavioral factors’ impact on health have created new motivation to encourage collaboration between healthcare entities and community-based organizations. This workshop will present tools and models for such collaboration and emphasize the role of social workers in healthcare to maximize health for patients and the need for strong leadership to overcome the unfamiliarity of these new partnerships and motivate change.

**Learning Objectives**
1. Attendees will be able to identify the many ways community-based organizations (CBOs) can help address the social determinants of health (SDOH) that can interfere with postacute recovery and maximizing long-term health outcomes.
2. Attendees will understand the benefits of partnering with community-based organizations (CBOs) to support patients at home after discharge.
3. Attendees will know three ways to facilitate connecting soon-to-be-discharged patients with CBOs for post-discharge support.
Attendees will be familiar with three evidence-based programs that can be combined to maximize postacute patient engagement and outcomes.

**W-40 - Psychosocial Simulation: An interprofessional collaboration in innovative learning**

_Sabra L. Boyd, LCSW, LSCSW, Dane R. Sommer, D.Min., M.Div., BCC, Shautonja Woods, BHS, RRT Amanda Woelk, CCLS_

**Summary**

Four years ago, leaders from the departments of Social Work, Spiritual Services, Child Life, and the Center for Pediatric Simulation at Children’s Mercy Kansas City, formed a team to develop interprofessional educational opportunities through the use of simulation training. The innovative use of this training lead to a research opportunity focused on the impact of simulation on knowledge of other professional’s responsibilities and capabilities and the confidence and competence of psychosocial team members around collaboration and communication.

**Learning Objectives**

1. Participants will be able to understand the core aspects of simulation training and view examples of simulations conducted at Children’s Mercy Hospital that engage Social Work, Spiritual Services and Child Life team members.
2. Participants will be able to learn how to implement a simulation training program for psychosocial disciplines at their institution.
3. Participants will be able to analyze and discuss the research conducted at CMH in using simulation training for interprofessional training. Outcomes focus on the participants’ view of simulations as well as their reported confidence and competence in interacting with professionals from other psychosocial disciplines.

**W-41 - From policy work to policies work! Integrating social work leaders into the development and implementation of policies and procedures in healthcare administration.**

_John K Delfeld, MSW, LICSW and Elizabeth Weirman Rubin, MSW, CDP_

**Summary**

Social workers in healthcare make great leaders yet are underrepresented in senior leadership and are thus challenged to find opportunities to impact the mezzo area of social work practice. This presentation showcases a model of social work led collaborative policy development, authorship, and implementation. Utilizing didactic, facilitated discussion and experiential methods, presenters will share tools to integrate social work in policy writing for the benefit of patients, the healthcare system and the profession.

**Learning Objectives**

1. Participants will be able to recognize the value of Social Work in policy writing, identifying 3 benefits of our profession on the mezzo level of practice.
2. Participants will explore an interprofessional, multi-stakeholder model in policy writing and implementation.
3. Participants will practice collaborative policy writing, enhancing practical skills in policy development.

**W-42 - Simulation Training of Trauma Informed Family Care Conferences**

_Jill Karnes, MS, MSW_

**Summary**

Family care conferences are an effective means to communicate with families in a healthcare setting. This workshop will present a simulation training method that teaches an intraprofessional team how to utilize a care conference to promote communication and collaboration. This training method emphasizes a trauma informed approach and utilizes MI to build rapport, empower families to be partners with healthcare teams in decision making, and lessen the potential trauma experienced as a result of participating in a family care conference.

**Learning Objectives**

1. Identify how to train social workers to facilitate a family care conference with members of the interdisciplinary team while promoting trauma informed care.
2. Identify which engagement skills to utilize in a family care conference to promote empowerment and collaboration.
3. Demonstrate how simulation education in healthcare can be an effective method to learn how to facilitate family care conferences.

**W-43 - 5 Years of Experience in Opening Up Therapy Notes Directly to Our Patients: Harmful, Helpful, Or?**
*Stephen O'Neill*

**Summary**
In 2010, Beth Israel Deaconess Medical Center and others developed the first OpenNotes program allowing patients direct access to their on-line medical record. In 2014 under the presenter's leadership, BIDMC opened up mental/behavioral health notes. Opening up therapy notes has been controversial. What have we learned over the past 5 years? Research on OpenNotes, including O’Neill’s studies of social workers and their 4000 participating behavioral health patients will be presented, including highlighting the clinical and ethical challenges.

**Learning Objectives**
- To learn about the OpenNotes movement, including how it works within clinical social work.
- To learn whether behavioral/mental health patients have become more or less engaged in their care as a result of OpenNotes.
- To learn whether patients, as well as their social work clinicians, want to continue in the OpenNotes program after trying it out.
- To learn the benefits and drawbacks of OpenNotes as a tool within patient care partnerships, particularly within behavioral health.

**General Session - Confused No More: Tools to Help Social Workers Use Federal Program & Support Client Access to Care**
*Lisa Carr, MSW*

**Summary**
Federal health insurance eligibility, enrollment and reimbursement continues to change resulting in confusion on the part of clients as well as social workers. New Medicare codes allow social workers to support activities for payment for Chronic Care Management services. Medicare, Medicaid, the Children’s Health Insurance Program and the Affordable Care Act continues to change. New e-Medicare tools, including Plan Compare, Price Lookup, Medicare Blue Button 2.0 and other resources available online and on smart phones are now available. Hear the latest updates on how these federal programs work and how to help your clients with eligibility and enrollment.

Participants will learn about new tools to help social workers educate clients on behavioral health, how to pay for their health care costs on a limited budget, and how to use health insurance once they have it. Spanish language tools will be shared along with research and data on health disparities

**Learning Objectives**
1. Assist individuals and families with eligibility and enrollment in federal health insurance programs including Medicare, Medicaid, CHIP and the Affordable Care Act. Spanish language resources will be shared.
2. Assist individuals and families with limited incomes with guidance on how to budget for their health care costs, how to access and use behavioral health care services, and how to use health insurance once they have it.
3. Understand and share the new e-Medicare tools available for seniors on their smart phones and on their computers.
4. Understand how they are impacted by Medicare payment reform, including new Chronic Care Management services, and new research and data on health disparities.

**General Session - Social Needs vs. Social Determinants--Understanding the Historical Forces that Shape Health Equity**
*Dr. Sarah Martin, PhD, MPP, MPH*
Summary
Social service, public health and health care agencies are increasingly being asked to do more work on less resources--as departments struggle to evolve and live into a model of care that integrates social and economic factors, how can we all learn to work smarter (not harder)? As people who serve the most marginalized members of society, how can social work leaders disrupt inequities at the systemic level and still provide access to direct services without burning out?

This keynote talk focuses on how to best influence other change-agents and sectors in order to grow your team outside the walls of your organization and make lasting change in your community.

Learning Objectives
1. Understand what data indicators to explore when attempting to understand their client’s context
2. Differentiate between social services and social determinants
3. Identify and commit to one small step towards getting involved in policy at the institution or community level
General Session - Using Interprofessional Practice to Enhance Social Work Schools' Engagement and Leadership with Medical Schools

Barbara Jones, PhD, MSW and Dede Sparks, LMSW

Summary
The Department of Health Social Work at Dell Medical School is the first of its kind in the nation and offers a unique opportunity for social work leadership in healthcare design and delivery. This joint venture was a result of years of collaborative interprofessional engagement between the Steve Hicks School and the Dell Medical School at the University of Texas at Austin. Presenters will discuss the creation of this department and the opportunities and challenges of having a department of social work in a medical school. The Department offers unique roles and opportunities for both the Steve Hicks School of Social Work and Dell Medical School, including research collaboration, professional development and student internships. Presenters will discuss how to create a team culture that supports collaboration, conflict and trauma stewardship when working with patients and their families.

Learning Objectives
1. Identify opportunities for collaboration and leadership within medical schools
2. Discuss how integrated practice units positively affect collaborative care and patient outcomes.
3. Identify benefits and challenges of creating a bridge between an academic home, medical school and clinical practice.
4. Discuss how creating an interprofessional collaborative culture can support both patient and practitioner resilience.
5. Understand how interprofessional education and collaborative practice can encourage, prepare and support social work students in becoming leaders in practice.

I-1 - Leveraging Population Health tools in the Electronic Health Record to Enhance Social Work Practice
JoAnn Duffy, MSW, LSW and Leigh Wilson, MSW, LSW

Summary
This presentation will describe how the Division of Social Work at a large children’s hospital leveraged population health tools in the electronic health record to build a real-time inpatient report that social workers across the hospital use to proactively identify high risk patients and conduct more efficient chart review. The report also allows social work leadership to identify areas in need of more social work support based on factors such as patient acuity and volume.

Learning Objectives
1. Participants will be understanding how to use data in the electronic health record to enhance social work practice.
2. Participants will be able to identify how tools within the electronic health record can leverage data to enhance social work practice.
3. Participants will be able to discuss how this work relates to key enterprise goals for health care systems.

I-2 - Intimate Partner Violence Screening and Intervention in the Pediatric Health Care Setting: Challenges and Opportunities
Jennifer Stallbaumer-Rouyer, LSCSW, LCSW, Tanya Draper-Douthit, LSCSW, and Tiffany Adams, LMSW

Summary
Children are negatively impacted by exposure to Intimate Partner Violence (IPV). Safe identification of IPV in child health settings provides an opportunity for adult survivors and their children to access needed services. Ensuring safety with screening is challenging due to the access an alleged batterer has to both the healthcare visit and the child patient’s
medical record. Screening must include attention to the type of questions, the delivery method, appropriate intervention and safe documentation.

**Learning Objectives**

1. Identify the risk of intimate partner homicide among caregivers in an urban children's hospital
2. Understand the need for screening for intimate partner violence in the pediatric healthcare setting
3. Review current screening methods for intimate partner violence in the pediatric healthcare setting
4. Identify challenges and opportunities related to IPV screening and documentation in the pediatric medical record, with particular consideration for the electronic medical record

**I-3 - Dealing with the Fallout – When Decisions by Child Protective Services are Contrary to medical Opinion**

Becca Fredin, MSW, LISW-S

**Summary**

Moral distress is a primary cause of burnout or moral injury. By identifying and mitigating distress, leaders can reduce the impact on individual clinicians, creating an institutional cultural shift. Three techniques are described: self-reflection, peer support, and the conscious creation of a supportive environment. This presentation explores the issue of moral distress in the context of inpatient child abuse cases and interactions with Children’s Services, yet the concepts apply to medical social work as a whole.

**Learning Objectives**

1. Identify and mitigate moral distress while actively engaged in difficult cases rather than after the fact
2. Utilize self-reflection and peer support to avoid moral injury
3. Initiate a cultural shift in the larger system to reduce instances of moral injury within a social work department

**I-4 - Integrating Mindfulness Based Stress Reduction Practices into the Health Care Work Day**

Jennifer A. Gosar, NBCMI Interpreter

**Summary**

Mindfulness practice has a place and serves an essential function in the daily sprint of urban hospitals. Mindfulness Based Stress Reduction (MBSR) practice research shows better job satisfaction and engagement with diminished provider burnout and triggers of implicit bias. Still, logistical knowledge gaps persist to infuse MBSR practice organically. After engaging in a live MBSR practice, original research results will be presented for participants to assess and collaborate in building innovative health care programming options.

**Learning Objectives**

1. Engage in a brief, introductory MBSR experiential practice then apply that focus on vital research results for Mindfulness Based Stress Reduction (MBSR) practice effects for health care providers.
2. Explain and support the need for interventions based in the dissemination of information that details current levels of physician as well as other health care provider burnout.
3. Assess the research tool employed and collaborate in small groups to create strategies for practical applications of MBSR practice or other similar interventions within respective workplace environments.

**Half Day - Clinical Ethics in Social Work: The New NASW Code of Ethics and a Pragmatic Road Map for Dealing with Ethical Binds**

Stephen F. O’Neill, LISW, JD

**Summary**

Social Work is fraught with difficult ethical binds and risk management concerns. Using his seasoned background as a social work leader, lawyer and bioethicist, the presenter will review the new NASW Code of Ethics and its applications and attempt to provide a pragmatic framework for addressing ethical issues in practice. This workshop will be
interactive and utilize a 'Jeopardy-style' format, including some role playing. The focus will include both health care settings as well as behavioral health.

Learning Objectives
1. Learn to identify and distinguish the various type of caregiver relationships and corresponding responsibilities, including within the NASW Code of Ethics
2. Identify the professional responsibilities and applicable ethical precepts which can be applied within clinical situations.
3. Learn to identify and then apply ethical reasoning which takes into account principles of beneficence, nonmaleficence, resource allocation, divided loyalty, patient autonomy and paternalism.
4. Be able to apply a framework of ethical reasoning in practice which enhances communication, improves patient care and lessens risk exposure.

Plenary – Ethical Excellence in Healthcare Decision Making: What are we going to do with Maria?
Terry Rossell, PhD, DMin

Summary
Our 83-year-old patient with dysphagia and aspiration pneumonia "ought" to be NPO, but her DPOA daughter insists on oral feeds. What should be done, and why? Who decides, and how?
The presenter for this session claims that every clinical situation has ethical dimensions. Decision making in particular may be done thoughtfully and with excellence, or hastily and poorly. Utilizing the case of "Maria", we will learn about "morals and methods" enabling ethical excellence in healthcare decision making.

Learning Objectives
1. Participants in this session will be able to describe Ethics in terms of morals and methods
2. Participants in this session will be able to identify morals and methods utilized for resolution of a healthcare ethics dilemma
3. Participants in this session will be able to avoid several common logical fallacies when making healthcare decisions

Kermit Nash – Injustices in the Healthcare Setting for Transgender and Gender Non-conforming Individuals
Morty Diamond, LCSW

Summary
As the awareness of transgender people grows, it is more important than ever to educate professionals in the medical field on how best to bring quality care and address needs specific to the transgender community. Every day, transgender and gender non-conforming (gnc) people are confronted with the difficulty of finding adequate mental and medical health services. In both rural and urban hospitals around the country, there is a continued need to educate providers on how to tailor care towards meeting the needs of transgender patients.

In this talk, Morty will discuss what it might look like to create a healthcare environment that is proactive in creating a safe space for trans and gnc clients to feel welcomed and respected. Morty will take the time to address the who, what and why regarding service provision for transgender patients. Morty utilizes both current research, as well as his own personal story, to provide medical social workers with the knowledge and skills to address the needs of transgender patients they work with. The focus is to promote a holistic approach when working with transgender individuals.

Learning Objectives
1. Find out ways to identify and implement respectful trans-inclusive practices pertinent to your role as a social worker
2. Describe 3 barriers to care transgender and gender non-conforming people face in the healthcare setting
3. Know the research on how transgender and gender non-conforming people are an at-risk population and what you can do to reduce risk for your clients
4. Differentiate the terms transgender, gender non-conforming, cisgender, gender identity, and gender expression
5. Find out ways to reduce stigma and shame for transgender and gender non-conforming patients

S – 1 - A Vision for the Day, Considering the Past & Imagining the Future

Terry Altilio, LCSW

Summary

This segment will review the evolution of health social work, palliative care, palliative social work as a specialty suggesting links and conceptualizations to guide advocacy and link the work of the day to the goals of meeting the behemoth need for person-centered family-focused care.

Learning Objectives

1. Review and analyze a brief history of social work in health care and as a palliative care specialty – including Project on Death in America, Oxford Text, SWHPN, Journal & Certification & the Guide weaving in the concept of “origin story” exemplified in Chapter 2 (Mulkerin, 2019), linking these milestones to social work’s current challenges.
2. Review and demonstrate aspects of the Guide which will inform the outline and process of the symposium including Domains of Care.
3. Outline the expectations for the day linking data on the needs of the seriously ill (Institute of Medicine, World Health Organization, Vatican) and fluidity of palliative care & health social work identifying challenges and opportunities to lead as clinician, administrators and advocates.
4. Reflect minority identity development theory (Atkinson et al.) and Bronfenbrenner’s ecological systems theory as conceptualizations (Higgins, 2011) to guide the work throughout the day of enhancing insight, skills and creating action plans to overcome challenges of integrating learning of the symposium into clinical work, leadership and advocacy.

S-2 - Social & Psychological Aspects of Care & Structure & Processes of Care

Meagan Lyon Leimena, MSW, MPH

Summary

This segment will focus on the Domains of Psychological and Social aspects of palliative care which are essential to considering the whole person/family experience of an illness and its’ resultant care. Embedded in this teaching will be an overview and integration of key theoretical frameworks- Intersectionality, Ecological theory and the social determinants of health, which can serve as tools for understanding these complex and dynamic experiences for individuals, their communities, and their teams of health care providers. The domain of Structure and Processes of care will explore our systems of care, including the many roles and opportunities social workers have to support a comprehensive, strengths-based approach, with a focus on teams, transitions, assessment, language and documentation.

Learning Objectives

1. Identify theoretical frameworks of Intersectionality, Bronfenbrenner’s Ecological Theory and Social Determinants of health within the context of palliative care, with implications for both patients and providers
2. Recognize psychological factors associated with serious illness & forms of psychological distress
3. Define a social assessment consistent with patient-centered and family-focused care
4. Identify interconnected social influences on an illness experience and the ways social workers address these influences
5. Investigate concepts around teams, including “teams of creation” which might include family members and other caregivers.
6. Explore the power of language around serious illness, including reviewing “therapy first” language

S-3 - Cultural & Spiritual Aspects of Care  
Shirley Otis-Green, MSW, MA, ACSW, LCSW, OSW-C, FNAP

Summary
This segment will focus on Domains 5 and 6 enhancing understanding of how everyone’s unique spiritual and cultural experiences, values and beliefs provides the foundation for the provision of quality person-centered, family-focused and culturally congruent care.

Learning Objectives
1. Review how understanding “spirituality” provides the foundation for health social workers to explore universal concepts of “meaning” and “purpose.”
2. Discuss the impact of implicit bias and social justice and how concepts such as “cultural humility” and “cultural curiosity” are key to the provision of culturally congruent care.
3. Describe key elements needed for the creation of a contextualized care plan.

S-4 - Pain & Symptom Management: Children & Other Adults  
Terry Altilio, LCSW

Summary
This segment will focus on Domain 3 and Chapter 10 introducing symptom management as multidimensional creating opportunity for social work intervention on the clinical, policy and advocacy levels. Chapter 10 explores the coherence of needs of children, older adults, as persons and as family members.

Learning Objectives
1. Review patient narratives which exemplify the multidimensional aspects of pain and symptoms.
2. Challenge the beliefs that pain, and symptoms are outside the scope of social work practice linking this aspect of care to ethical mandates.
3. Categorize aspects of assessment and interventions integral to social work practice.
4. Link pain and symptoms to opportunities for intervention on micro, meso and macros levels of practice.
5. Identify and reflect on the needs of older adults and children, whether as patients or family members across settings and diagnosis to maximize opportunity for interventions

S-5 - Ethical & Legal Aspects of Care  
Terry Altilio, LCSW

Summary
This segment will focus on Domain 8 and the integration of the legal and ethical aspects of health care practice using current policy issues such as Aid in Dying and pain management and substance use disorder to exemplify the importance of word choice and intersection of values, ethics and the law.
Learning Objectives

1. Analyze ethical principles in the context of intersecting values and perspectives across disciplines that inform judgments and decision making.
2. Review patient narratives to exemplify how culture, spirituality, personal and professional identity infuse and challenge the prevailing laws and values prioritized in medical settings.
3. Analyze common language used in health settings that complicates communication and creates unintended ethical dilemmas.
4. Identify social work skills and critical thinking useful to the negotiation and clinical work essential to ethical deliberations.

S-6 - Care of the Patient & Family at End of Life

Shirley Otis-Green, MSW, MA, ACSW, LCSW, OSW-C, FNAP

Summary

This segment will integrate key concepts from previous work of the day to highlight opportunities for health social workers to provide leadership in the delivery of contextualized care across the trajectory of illness, with a focus upon the unique needs of those facing end of life.

Learning Objectives

1. Identify and discuss how advance care planning conversations can support congruent care planning.
2. Articulate how using “anticipatory guidance” offers opportunities to demonstrate health social work leadership throughout a patient’s trajectory of illness.
3. Summarize how the integration of the principles of palliative care can support the delivery of quality contextualized care for those who are seriously ill.

LI – Part I

The Behavior of Leadership & Leadership Challenges in the Workplace

Objectives for the Day:

- Working definitions/framework that integrates the knowledge, skills, and values of the social work profession.
- Leadership assumptions and styles.
- Owing our individual leadership behaviors and contributions, being able to use them with intentionality and to see these behaviors in others.
- Networking and reputation development.
- Problem formulation, causes and prioritization, implementing and sustaining.

LI – Part II

Career Development and Management

Objectives for the Day:

- Looking at past to present to future career goals and plans to get there.