Educating Social Workers in Palliative and End-of-Life Care (ESPEC): Innovative Training for Social Workers
Disclosures

- Louise Knight, M.S.W., LCSW-C, OSW-C, FNAP, Myra Glajchen, DSW, MSW, BSW, ACSW, APHSW-C, Shirley Otis-Green, MSW, MA, ACSW, LCSW, OSW-CE, FNAP, FAOSW, and Vickie Leff, MSW, BA, LCSW, APHSW-C, have no financial arrangements or affiliations with any commercial entities whose products, research, or services may be discussed in these materials. Any discussion of investigational or unlabeled uses of a product will be identified.
Timed Agenda

• Introduction and Overview: Louise.
• Evidence, goals, rationale, and framework: Myra.
• Overview of the eight domains of palliative care developed by the National Consensus Project: Shirley.
• Identify best practices in primary palliative social work: Vickie.
• Preliminary outcomes and trailer: Myra.
Introduction

• There is a workforce shortage across disciplines in healthcare due to the increase in chronic illness in an aging population

• Social work has not kept pace with the need for health social workers to integrate knowledge and skills in palliative care

• Social workers cite lack of education and training as sources of stress, compassion fatigue, decreased job satisfaction, and high turnover at work

• This competency gap contributes to professional burnout, as social workers are called upon to provide care as part of a palliative care model, while lacking knowledge and skills in palliative care
Session Objectives

• Identify strategies for the integration of primary palliative care into social work practice

• Identify best practices in key social work skills to improve the delivery of person-centered, family-focused, culturally congruent care

• Develop a roadmap for applying the eight domains of quality palliative care and establish a foundation for social work practice
Session Agenda

• Introduction and Overview: LK
• Evidence, goals, rationale, and framework for the ESPEC training program: MG
• Overview of the eight domains of palliative care developed by the National Consensus Project: SOG
• Apply the eight domains of palliative care to social work practice: VL
• Share preliminary outcome data and next steps: MG
Faculty

Myra Glajchen, DSW, MSW, BSW, ACSW, APHSW-C, is ESPEC Project Director. She is Director of Education and Training in the MJHS Institute, and Project Director of the Caregiver Initiative. She manages the Social Work Internship, Physician Fellowship and Interprofessional Training at MJHS Hospice and Palliative Care.

Dr. Glajchen has extensive experience as a social work clinician, educator and researcher in oncology and palliative social work. She is a board member of the Social Work Hospice and Palliative Care Network (SWHPN), Past President for the Advanced Palliative Hospice Social Work Certification (APHSW-C), and a CE provider for Social Work in New York State.

Dr. Glajchen is a frequent local and national presenter with numerous publications on caregiver burden, the family meeting, interprofessional training, and palliative care.
Faculty

Shirley Otis-Green, MSW, MA, ACSW, LCSW, OSW-CE, FNAP, FAOSW, is the ESPEC Project Co-Director. She is the Director of Collaborative Caring, which focuses on education, research and consultation in palliative care.

Ms. Otis-Green is a national leader and educator in the field of palliative care, co-editor of the Oxford Textbook of Palliative Social Work, and recipient of numerous awards.

Ms. Otis-Green has a distinguished teaching portfolio as past Principal Investigator for the ACE and ExCEL teaching programs in social work and adjunct faculty at the University of Maryland. She is a prolific author and presenter locally, nationally and internationally. In addition, she serves on several editorial and professional boards.
Vickie Leff, MSW, BA, LCSW, APHSW-C, is the Executive Director of the APHSW organization and an ESPEC Master Trainer. She has over 35 years of clinical practice experience in healthcare including oncology, palliative care, and hospice. Ms. Leff serves as a subject-matter expert and presenter to several national educational organizations and institutions. She served on the board of SWHPN for many years, developing and implementing their educational and mentorship programs.

Ms. Leff has published in *Health Affairs*, *JPSM*, and other journals on moral distress, debriefings, and resilience. She has worked with Project ECHO and is an adjunct instructor at the UNC School of Social Work in Chapel Hill and an advanced ESPEC trainer.

Ms. Leff received her MSW from Simmons School of Social Work in Boston in 1984 and a BA in Political Science from Ithaca College.
Louise Knight, M.S.W., LCSW-C. OSW-C, FNAP is Director of the Patient and Family Services Program at Johns Hopkins Sidney Kimmel Comprehensive Cancer Center. She is the Director for Field Education for MSW students and adjunct faculty with the Johns Hopkins University, School of Medicine.

Louise has held positions as Interim Chief Operating Officer for the Kimmel Cancer Center, Director of the Johns Hopkins Hospital US Navy Post-MSW Fellowship Training Program, and chair of the Advisory Panel on Outreach and Education for CMS.

Louise is appointed to several national and state boards and advisory panels. She is the recipient of the American Cancer Society Lane W. Adams Award for Excellence in Patient Care, the Leadership in Oncology Social Work Award by the Association of Oncology Social Work, The Johns Hopkins Hospital Human Resources Presidential Leadership Award, and the Eleanor Clark Award for Innovative Programs in Patient Care from the Society for Social Work Leadership in Healthcare. She is an inducted fellow in the National Academies of Practice, Social Work Academy and President-elect of SSWLHC.
Explain the evidence, goals, rationale, and framework for the ESPEC Program
ESPEC Program Goals

• The goals of the ESPEC program are to:
  – Expand knowledge in primary palliative social work
  – Improve key clinical skills to enhance the quality of care for patients and families with serious chronic illness
  – Increase the professionalism and visibility of health social workers
ESPEC Program Goals: Professional Development

• Help social workers broaden the scope of their practice
• Provide social workers with increased professional recognition and visibility
• Provide new leadership opportunities
• Help social workers work to the top of their license
ESPEC Program Goals: Clinical

• Provide social workers with increased confidence in core social work practices
  – Biopsychosocial-spiritual assessment
  – advance care planning
  – the family meeting
  – interprofessional communication

• Help social workers provide the highest quality care to those most in need
ESPEC Background

- A group of experts worked over 2 years to establish core competencies for generalist level palliative social work.

- The aim was to arrive at consensus about the competencies needed by frontline health social workers to provide high quality primary palliative care in any venue.

- Social workers from hospitals, home care, hospice, and long-term care settings were surveyed, using a consensus development process—the Delphi method—to reach consensus on key health social work competencies.
ESPEC Background

• An initial set of 57 competencies was identified from the social work literature, palliative care curricula, and job descriptions

• Social workers were surveyed using three Delphi rounds until consensus was reached

• Main findings:
  – Social workers reported higher competence in 41 practice areas
  – Social workers reported lower competence in 16 practice areas
ESPEC Background

• Based on the findings from the original study, a set of core competencies was derived, which can be defined as:
  – Core knowledge in palliative social work
  – Core skills that can be integrated into primary health social work practice

• A seminal article was published in a prominent palliative care journal
Original Article

Defining Core Competencies for Generalist-Level Palliative Social Work

Myra Glajchen, DSW, MSW, Cathy Berkman, PhD, MSW, Shirley Otis-Green, MSW, MA, ACSW, LCSW, OSW-C, Gary L. Stein, JD, MSW, Tom Sedgwick, MSSW, LCSW, CCM, Mercedes Bern-Klug, PhD, MSW, Grace Christ, DSW, PhD, Ellen Csikai, PhD, LCSW, MPH, Deirdre Downes, PhDc, LMSW, Susan Gerbino, PhD, MSW, Barbara Head, PhD, RN, MSSW, Debra Parker-Oliver, PhD, MSW, Deborah Waldrop, PhD, MSW, and Russell K. Portenoy, MD

MJHS Institute for Innovation in Palliative Care (M.G., R.K.P.), New York, New York; Fordham University Graduate School of Social Service (C.B.), New York, New York; Collaborative Caring (S.O.-G.), Toluca Lake, California; Wurzweiler School of Social Work at Yeshiva University (G.L.S.), New York, New York; New York University Langone Medical Center (T.S.), New York, New York; University of Iowa School of Social Work (M.B.-K.), Iowa City, Iowa; Columbia University School of Social Work (G.C.), New York, New York; University of Alabama School of Social Work (E.C.), Tuscaloosa, Alabama; Isabella Geriatric Center (D.D.), New York, New York; New York University Silver School of Social Work (S.G.), New York, New York; University of Louisville School of Medicine and Kent School of Social Work (B.H.), Louisville, Kentucky; Missouri University School of Medicine (D.P.-O.), Columbia, Missouri; Buffalo School of Social Work (D.W.), Buffalo, New York
ESPEC Program Framework

• The ESPEC program is divided into:
  – 8.0 hours of online training
  – 2.5 hours of virtual instructor-led training
  – 4.0 hours of leadership training
  – Monthly mentorship
ESPEC Training Components

- ESPEC is designed as a train-the-trainer model
- Need for versatility during the pandemic led to a hybrid training model
- Didactics and discussion are reinforced by downloadable materials
  - Best practice guides
  - Resources and tools
  - Full-text articles
  - Comprehensive reference list
  - Copies of all PowerPoint® slides
Review the eight domains of palliative care identified by the National Consensus Project and apply these to social work practice.
The National Consensus Clinical Practice Guidelines for Quality Palliative Care

The National Consensus Clinical Practice Guidelines for Quality Palliative Care (NCP Guidelines) describe the core concepts, structures, and processes for delivery of quality palliative care

- The NCP Guidelines include eight domains of practice
- The NCP Guidelines provide the framework for the ESPEC program

Domain 1: Structure and Processes of Care

• Structural components
  – Interprofessional collaboration
  – Clinicians with appropriate qualifications
  – Interorganizational collaboration

• Process components
  – Interdisciplinary assessment and planning
  – Goal setting and advance care planning
  – Effective communication
  – Care coordination
  – Quality assurance and performance improvement
Key Social Work Practices

• Conduct comprehensive biopsychosocial assessment
• Use findings to promote person-centered goal setting and care planning
• Manage social determinants of health
• Provide access to resources
• Promote care coordination across settings
• Support coping mechanisms
• Develop safe and sustainable care plans
• Promote interprofessional collaboration
• Document and share findings
Domain 2: Physical Aspects of Care

• Assessment
  – Mediate the impact of pain
  – Explore interrelationship of physical, psychological, social, and spiritual aspects of pain
  – Understand how history may impact the experience of pain and suffering
Key Social Work Practices

- Recognize common reactions to serious illness
- Address psychological distress, anxiety, and depression
- Identify mental health risk and symptoms of distress
- Use social work interventions to promote coping
Domain 3: Psychological and Psychiatric Aspects of Care

- Conducts comprehensive developmentally and culturally sensitive mental status screenings and assessment of seriously ill patients
- Addresses psychological and psychiatric aspects of care in the context of serious illness
- Integrates psychological and psychiatric aspects of care when establishing goals of care and developing a treatment plan
Key Social Work Practices

• Screen and assess coping

• Provide emotional support to diminish emotional distress and improve quality of life

• Recognize and promote management of psychological distress including referral for issues beyond the scope of social work practice

• Recognize assessment and reassessment as an ongoing process
Domain 4: Social Aspects of Care

- Recognize that social determinants of health have a strong influence on patients with serious illness

- Palliative care addresses environmental and social factors that affect patient and family functioning and quality of life

- Professionals should partner with the patient and family to identify and support their strengths and address areas of need
Key Social Work Practices

• Address family structure and caregivers’ capacity to provide care

• Integrate the social and contextual needs of patients and families into the social work plan of care

• Promote the availability, responsiveness, and maintenance of social networks

• Promote role integrity and functioning and family coping

• Address the social determinants of health as an advocate for social justice

• Advise patients and families about available concrete needs, financial, and legal resources to address healthcare needs
Domain 5: Spiritual Aspects of Care

• Recognize spirituality as a fundamental aspect of compassionate, patient-, and family-centered palliative care

• Professionals assist in identifying and addressing spiritual distress related to concerns about
  – Meaning and purpose
  – Faith and religion
  – Transcendence
  – Interconnectedness
Key Social Work Practices

• Assess how patients and families integrate religious and spiritual beliefs, rituals, and practices into the plan of care

• Identify spiritual distress

• Address religious or spiritual concerns or distress
Domain 6: Cultural Aspects of Care

- Recognize the impact of culture on illness and end-of-life care
- Promote care that respects cultural beliefs, values, traditional practices, and language preferences
- Tailor communication to health literacy levels of patients and caregivers to create culturally congruent care
- Recognize that all conversations are “cross-cultural”
Key Social Work Practices

• The health social worker promotes social justice by advocating for access to, and equity in, quality care

• The health social worker systematically addresses cultural preferences in developing the plan of care, including:
  – Culturally respectful language, style of communication, and decision-making preferences
  – Attention to the family structure
  – Culturally respectful treatment environment, including policies, procedures, and practices
Domain 7: Care of the Patient Nearing the End of Life

• Prognostication and communication
• Management of the symptoms and signs associated with end of life
• Assessment and management of family issues
• Assessment and management of spiritual and cultural needs
• Optimizing the systems of care across settings, whether the patient is at home, in a skilled nursing facility, in the hospital, or in hospice
Key Social Work Practices

• Address quality-of-life domains to ensure the best possible experience for the patient and family approaching end of life

• Conduct advance care planning discussions

• Complete pre- and post-death planning

• Support patients and families as they cope with grief and bereavement
Domain 8: Legal and Ethical Issues

• Autonomy
  – Patients exercise the right to self-determination, the right to make their own choices about healthcare.

• Beneficence
  – Clinicians must do what is beneficial for the patient, to act in the patient’s best interest.

• Nonmaleficence
  – Clinicians must avoid harming patients, and ‘do no harm.’

• Justice
  – Benefits of healthcare must be distributed fairly among patient groups.
Key Social Work Practices

- Identify ethical concerns in the care of patients with serious illness
- Promote ethical principles in health care
- Understand the laws and regulations governing advance care planning, life-sustaining treatment, and surrogacy
- Use a comprehensive biopsychosocial-spiritual assessment to advocate for equity in person-centered, family-focused, culturally congruent care
- Identify opportunities for advocacy and leadership
## Application of NCP Domains to Health Social Work Practice

<table>
<thead>
<tr>
<th>NCP Domain</th>
<th>Social Work Competency</th>
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</thead>
<tbody>
<tr>
<td>1. Structure and Processes of Care</td>
<td>Promote systematic person-centered care planning</td>
</tr>
<tr>
<td>2. Physical Aspects of Care</td>
<td>Address physical concerns to improve function and quality of life</td>
</tr>
<tr>
<td>3. Psychological and Psychiatric Aspects of Care</td>
<td>Promote adjustment to illness and improve coping</td>
</tr>
<tr>
<td>4. Social Aspects of Care</td>
<td>Manage social determinants of health</td>
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<tr>
<td>5. Spiritual, Religious and Existential Aspects of Care</td>
<td>Support patient’s and family’s religious and spiritual beliefs</td>
</tr>
<tr>
<td>6. Cultural Aspects of Care</td>
<td>Promote delivery of culturally congruent care</td>
</tr>
<tr>
<td>7. Care of the Patient Nearing the End of Life</td>
<td>Promote shared decision-making, advance care planning, and grief/bereavement support</td>
</tr>
<tr>
<td>8. Legal and Ethical Aspects of Care</td>
<td>Recognize a variety of ethical, legal, and regulatory issues commonly impacting care</td>
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</table>
Identify best social work practices in primary palliative social work
Best Social Work Practices

The ESPEC Virtual Instructor-Led Training (VILT) course component is designed to

• integrate social work theory with clinical practice

• improve confidence and competence in integrating four primary palliative social work skills into clinical practice:

  1. Biopsychosocial-Spiritual Assessment

  2. The Family Meeting

  3. Advance Care Planning

  4. Interprofessional Communication
Strengths-Based Perspective

- Focuses on the patient’s inherent abilities and resources

- Promote coping
  - Reinforce adaptation and resilience
  - Facilitate meaning-making
  - Identify opportunities for personal growth
  - Help patient identify both positive and negative aspects of illness

- Reinforce coping
  - Problem-based coping
  - Emotion-focused coping
  - Meaning-focused coping
Biopsychosocial-Spiritual Assessment

• In this instructional video, the social worker, Ben, introduces himself to Linda, a new colleague

• He makes the case for the biopsychosocial-spiritual assessment for a new patient, Henry Larkin

• He explains his rationale for case-finding

• He explains his approach to screening and assessment
Interactive conversations
Social Work Role in Advance Care Planning

• As a health social worker, you have a role in facilitating advance care planning discussions
  – Health social workers can introduce advance directives following diagnosis of a serious illness and throughout the illness trajectory
  – Advance care planning conversations occur organically over the lifespan and are periodically revisited as circumstances change
  – Advance care planning may lead to advance directives
  – Selection of an advance directive is framed by institutional policy and specific needs of the patient
Social Work Role in the Family Meeting

• Supportive presence
• Safe space
• Person-in-situation perspective promotes whole-person care and integrates both medical and psychosocial factors
• Insight into patient’s and family’s perceptions about quality of life and the plan of care informs the team
• Social workers must often justify a role in the family meeting
  – With patients and caregivers
  – With colleagues
• Social workers seek a “seat at the table”
• Rather than waiting for an invitation, just pull up a chair

• Jonas et al, 2020
The Family Meeting

• As the social worker, you have skills in organizing, participating in, and leading the family meeting

• Different disciplines lead the family meeting in different settings

• You might consider strategies for increasing the role of the social worker in family meetings in your setting

• You may wish to influence the indications for the family meeting in your setting
Interprofessional Communication Activities

• Pre-planning meetings
• Post-family meeting debriefs
• Shared decision-making with colleagues
• Joint planning and next steps
### The Biopsychosocial-Spiritual Assessment

This guide is designed to highlight the best social work practices. The suggested steps can be used as prompts to guide and assess your own practice or the practice of someone else. Check “Yes” if you used or observed the practice, use the “Notes” box to record clinical impressions and comments.

<table>
<thead>
<tr>
<th>PRE-ASSESSMENT STEPS</th>
<th>Yes</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Identify organizational protocol for assessing patients</td>
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<tr>
<td>Use evidence-informed process to select assessment tool</td>
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<tr>
<td>Implement screening process to identify eligible patients who require assessment</td>
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<tr>
<td>Review health records of eligible patients</td>
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<tr>
<td>Check with team to clarify any questions</td>
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<tr>
<td>Make appointment for assessment with patient</td>
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<tr>
<td>Arrange logistics for meeting (virtually or physically) to ensure patient comfort and privacy</td>
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### ASSESSMENT

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Introduce yourself and your role</td>
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<tr>
<td>Provide business card or other contact information</td>
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<tr>
<td>Assess patient's readiness to engage in assessment</td>
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<tr>
<td>Complete assessment with patient's permission</td>
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<tr>
<td>If unable to complete assessment, try at another time</td>
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<tr>
<td>Normalize assessment process and the team approach</td>
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<tr>
<td>Explain intent of meeting</td>
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<tr>
<td>Establish and build support throughout session</td>
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<tr>
<td>Confirm language or literacy concerns</td>
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<tr>
<td>Explore quality of life domains to identify strengths, concerns, coping strategies</td>
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<tr>
<td>Explore support network</td>
<td></td>
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<tr>
<td>Explore areas of a patient need</td>
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<tr>
<td>Identify social determinants of health</td>
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<tr>
<td>Explore patient's understanding of their medical condition and treatment plan</td>
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<td></td>
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<tr>
<td>Address misunderstandings or misconceptions</td>
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<tr>
<td>Identify areas where further education and support are needed</td>
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### The Family Meeting

This guide is designed to highlight the best social work practices. The suggested steps can be used as prompts to guide and assess your own practice or the practice of someone else. Check “Yes” if you used or observed the practice, use the “Notes” box to record clinical impressions and comments.

<table>
<thead>
<tr>
<th>SETTING THE STAGE: PRE-MEETING PREPARATIONS</th>
<th>Yes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review patient's chart</td>
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<tr>
<td>Communicate with medical team regarding patient's condition, team roles, meeting agenda</td>
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<tr>
<td>Gather materials (reimbursement, ACP documents, business cards)</td>
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<tr>
<td>Confirm meeting logistics with team, patient, and family</td>
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<tr>
<td>Confirm who patient wants to attend the family meeting</td>
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<table>
<thead>
<tr>
<th>FAMILY MEETING ACTIVITIES</th>
<th>Yes</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Normalize the family meeting concept</td>
<td></td>
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<tr>
<td>Provide introductions and clarify roles</td>
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<tr>
<td>Review ground rules for discussion</td>
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<tr>
<td>Review expectations for meeting</td>
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<tr>
<td>Explore the patient's and family's understanding of the current illness</td>
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<tr>
<td>Explore the patient's and family's understanding of the disease trajectory</td>
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<tr>
<td>Support the patient's prognostic awareness</td>
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<tr>
<td>Explore the patient's goals, wishes, values, and preferences for shared decision-making</td>
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<tr>
<td>Develop the plan of care with input from the patient and family</td>
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<tr>
<td>Support the patient's understanding of the recommended plan of care</td>
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<tr>
<td>Encourage questions</td>
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<td>Support the patient and family in processing the emotions that arise</td>
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<tr>
<td>Educate the patient and family about their options</td>
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<td>Address any misconceptions that arise</td>
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<tr>
<td>Offer resources to address identified concerns</td>
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<tr>
<td>Assess readiness/need to engage in advance care planning</td>
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<tr>
<td>Use teach-back communication to assess patient's and family's understanding of the plan of care</td>
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<tr>
<td>Summarize conclusions and decisions from the meeting</td>
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<tr>
<td>Confirm next steps (who will do what and by when)</td>
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## Best Practice Guides (Cont’d)

### Advance Care Planning (ACP)

This guide is designed to highlight the best social work practices. The suggested steps can be used as prompts to guide and assess your own practice or the practice of someone else. Check “Yes” if you used or observed the practice. Use the “Notes” box to record clinical impressions and comments.

<table>
<thead>
<tr>
<th>Setting the Stage: Pre-ACP Preparations</th>
<th>Yes</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Review state-specific laws about ACP</td>
<td></td>
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<tr>
<td>Establish rapport and assess readiness of the patient and family to engage in ACP</td>
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<tr>
<td>Communicate with medical team regarding patient’s prognosis</td>
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<tr>
<td>Gather ACP educational materials and advance directives</td>
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<table>
<thead>
<tr>
<th>ACP Communication Steps</th>
<th>Yes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set the stage: normalize ACP conversations</td>
<td></td>
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<tr>
<td>Review perceptions of previous deaths they have experienced</td>
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<tr>
<td>Review steps in ACP</td>
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<tr>
<td>Other educational materials</td>
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<td></td>
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<tr>
<td>Explore patient’s goals, wishes, values, and preferences in relation to decision-making</td>
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<tr>
<td>Explore patient’s understanding of their healthcare state</td>
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<tr>
<td>If patient is willing, ask patient to imagine future scenarios that may include physical or cognitive limitations</td>
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<td>Explore whom the patient would trust to speak for them if the patient is unable to make their own healthcare decisions</td>
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<tr>
<td>Identify what contributes to the patient’s quality of life</td>
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<tr>
<td>Encourage the patient to talk with the healthcare agent about their values, preferences, and goals for a range of possible healthcare interventions</td>
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<tr>
<td>Encourage the patient to share decisions with all those involved</td>
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<tr>
<td>Offer to facilitate communication with the health care agent</td>
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<tr>
<td>Invite the patient to complete an advance directive to document these decisions</td>
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<tr>
<td>Educate patient about the advance directive process, summarize completion of documents</td>
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<tr>
<td>Answer questions</td>
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<tr>
<td>Remind patient and family that decisions can be changed and updated at any time</td>
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### Interprofessional Communication

This guide is designed to highlight the best social work practices. The suggested steps can be used as prompts to guide and assess your own practice or the practice of someone else. Check “Yes” if you used or observed the practice. Use the “Notes” box to record clinical impressions and comments.

<table>
<thead>
<tr>
<th>Pre-communication Steps</th>
<th>Yes</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Familiarize yourself with your organization’s mission and vision</td>
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<tr>
<td>Set to know organizational policies and procedures regarding your role and function</td>
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<tr>
<td>Familiarize yourself with your team’s role and function</td>
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<tr>
<td>Familiarize yourself with your team’s patient population, their needs, and concerns</td>
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<tr>
<td>Educate yourself regarding commonly used medical terminology</td>
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<td>Educate yourself regarding the quality-of-life impact of the patient’s illness and common treatment protocols</td>
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<tr>
<td>Use an evidence-informed process to implement social work interventions</td>
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<tr>
<td>Gather these processes and procedures to your team and other stakeholders</td>
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</table>

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<thead>
<tr>
<th>Communication</th>
<th>Yes</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Introduce yourself and your role</td>
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<tr>
<td>Clarify colleagues’ expectations of the social work role</td>
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<td>Provide business card or other contact information</td>
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<tr>
<td>Review the patient's chart or electronic health record</td>
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<tr>
<td>Clarify any questions with the team</td>
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<tr>
<td>If jointly meeting with a patient, arrange meeting logistics, virtually or personally, and coordinate how you will work together during the visit</td>
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<tr>
<td>Build rapport with your colleagues</td>
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<tr>
<td>Inform colleagues of your areas of expertise and value you bring to the team</td>
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<tr>
<td>• Highlight your expertise in exploring patients and family’s quality of life</td>
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<tr>
<td>• Highlight your expertise in assessing for strengths, economic, and coping strategies</td>
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<tr>
<td>• Highlight your expertise in exploring patients’ support network and areas of concern</td>
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<tr>
<td>• Highlight your expertise in identifying the impact of social determinants on health</td>
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<tr>
<td>• Highlight your expertise in exploring patients’ and family’s understanding of the patient’s medical condition and treatment plan</td>
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</table>
ESPEC Leadership Course

• ESPEC Leadership training is focused on professional development
  – Enhance your leadership skills
  – Identify your “brand”
  – Refine your messaging
  – Enhance your teamwork skills
  – Develop your professional development plan
ESPEC Mentorship

• Mentorship is tailored to the needs of participants
• Sessions
  – review challenging clinical and professional scenarios
  – improve confidence, motivation, and professionalism
  – provide constructive feedback, role modelling, and identification of the social workers’ strengths
• Graduates can join the ESPEC community of practice
  – share common experiences
  – provide peer support
  – showcase social work success
  – update and provide access to current resources
ESPEC Registration
https://www.socialworkers.org/espec

ESPEC Training
- 8.0 online modules
- 2.5 hours live training
- 4.0 hours of Leadership Training
- Monthly Mentorship

Bring to health social workers
- Use course for professional development
- Use course slides to teach health social workers
  - conferences
  - staff meetings
  - workshops
  - organization meetings
  - local chapter meetings
  - IDT meetings and rounds
Educating Social Workers in Palliative and End-of-Life Care (ESPEC)
Outcomes and Evaluations

• To date, 125 social workers have registered for ESPEC training, and 75 have completed the program.

• Outcomes
  – Increase in knowledge pre- and post-training
  – Increase in confidence pre- and post-training
  – High rates of satisfaction
  – Identification of professional goals
Sample Feedback

• “I just completed all 10 modules of the ESPEC training and I really wanted to let you know that it is FANTASTIC! I am so impressed. So well done and I am so excited this is out there for our field. It is so reflective of real on the ground, front line palliative & health care social work, felt like 20 years of my life right there. Excited to be part of this as an Advanced Trainer someday.”

• “The content and presentation were engaging and inspiring. It was obvious the instructors are passionate about our field which made me feel more passionate and enthusiastic.”

• “The exercise where we had to identify something that we were doing to enhance our SW skills and seeing it visually allowed us to see a room full of leaders.”
Sample Feedback (Cont’d)

• “In 38 years of training received as a masters prepared social worker, this was the most effective and useful training I have attended. Outstanding and thoughtful content as well as top notch instructors. Very grateful.”

• “I think this program is really well done. I really like the resources, which I am downloading as I go along. I think having a case study is a great way to apply what we are learning to a realistic situation. And having the periodic quizzes and the test at the end of the module is so helpful to make sure there is no misunderstanding of what you’ve learned.”
ESPEC Trailer

Click slide to play.
Educating Social Workers in Palliative and End-of-Life Care (ESPEC)

A New Training Program

This innovative program is designed by social workers for social workers to promote the integration of primary palliative care skills into daily clinical practice of caring for seriously ill patients. Interactive training techniques engage healthcare social workers and create a new community of practice.

ESPEC is a four-part curriculum:

I. **Interactive Online Training**: Eight modules of independently paced training (8.0 hours CE) include videos of patient and family encounters, interactive exercises, reflective questions, and resources for self-directed learning, using the eight domains of palliative care as a framework.

II. **Virtual Instructor-Led Training (VILT)**: Live online instructor-led training (2.5 hours CE) uses clinical scenarios and facilitated group discussions to improve competency in core social work skills, including biopsychosocial-spiritual assessment, the family meeting, advance care planning, and interprofessional communication.

III. **Leadership Workshops** (4.0 hours CE) are designed to develop more effective advocacy and leadership skills and improve the visibility of the role of health social work in clinical settings.

IV. **Monthly Mentorship** sessions, offered free to social workers who complete parts one and two, provide individualized support on implementation of new practice skills and address common challenges facing social workers in the workplace.

**ESPEC is made possible with the generous support of** The New York Community Trust, the United States Cancer Pain Relief Committee, The Y.C. Ho/Helen & Michael Chiang Foundation, and the Hearst Foundations.

**For more information about registration, visit:** [socialworkers.org/espec](http://socialworkers.org/espec)

Created by the MJHS Institute for Innovation in Palliative Care in partnership with the National Association of Social Workers and the Social Work Hospice & Palliative Care Network.
Funder Acknowledgment

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THE NEW YORK COMMUNITY TRUST

UNITED STATES CANCER PAIN RELIEF COMMITTEE

HO | CHIANG | THE Y.C. HO | HELEN & MICHAEL CHIANG FOUNDATION

HEARST FOUNDATIONS
References


Educating Social Workers in Palliative and End-of-Life Care (ESPEC)

Q & A