Hospice and Palliative Social Work Knowledge and Skills

Hospice and palliative social work requires specialized knowledge and skills, as described in the NASW Standards for Palliative & End of Life Care (2004). Practitioners must be attuned to and able to intervene in situations involving complex ethical concerns, such as end-of-life decision making. Personal and professional self-awareness is needed to ensure compassionate, person-centered responses to individuals and families participating in hospice and palliative care. Moreover, social workers must recognize that individual and family perceptions of and responses to illness, disability, dying, death, grief, and bereavement vary greatly and, consequently, strive to serve each client system in a culturally and linguistically appropriate manner.

Hospice and palliative social workers frequently deal with nuanced situations and, therefore, must possess strong skills in client engagement and biopsychosocial assessment. Practitioners may implement a wide variety of interventions used to support individuals and families. Clear, concise, timely documentation of social work assessments and interventions is essential in ensuring the quality and integrity of care.
critical to ensure continuous, coordinated care. Furthermore, because self-determination is integral to both the social work profession and the hospice and palliative philosophy, social workers need to advocate for the rights, decisions, and needs of individuals and families.

Hospice and palliative social workers must be comfortable working autonomously and able to exercise strong individual judgment, often in crisis situations. At the same time, they work closely with other members of the interdisciplinary team, communicating during and between team meetings and sometimes conducting joint visits or facilitating family meetings with their colleagues. Such collaboration necessitates not only a strong social work knowledge base, but also an understanding of how to support the work of other disciplines while maintaining a social work scope of practice. Thus, palliative and hospice social workers need to engage in ongoing professional development to ensure their practice reflects ongoing advances in the field.

Personnel Requirements for Hospice and Palliative Social Work

The Centers for Medicare & Medicaid Services (CMS) sets Conditions of Participation (CoP) for hospices that participate in the Medicare and Medicaid programs. These requirements, first implemented in 1983, were revised to some degree in 1990 and underwent major revision between 2005 and 2008. The latest CoP, which took effect on December 2, 2008, include significant changes to the personnel requirements for hospice social work:

- Whereas the previous CoP required a bachelor’s or master’s degree in social work (BSW or MSW) to perform hospice social work, the current CoP require an MSW, BSW, or “a baccalaureate degree in psychology, sociology, or other field related to social work” (Medicare and Medicaid Programs, 2008, pp. 228–229).
- Whereas the previous CoP did not require MSW supervision of BSWs, the new CoP require all baccalaureate-level staff performing medical social services within hospice programs to be supervised by an MSW. This requirement applies to both BSWs and individuals with baccalaureate degrees in other disciplines. CMS exempts only one subgroup from the supervision requirement: BSWs who work for the same hospice organization that employed them before the CoP took effect (Medicare and Medicaid Programs, 2008).

Of greatest concern to NASW and many social workers is that both BSWs and MSWs must now compete for hospice social work jobs with individuals who lack social work education and training. This change parallels both the deprofessionalization affecting multiple social work practice settings (NASW, 2012) and the downgrading of CMS personnel requirements for certain other health care settings, such as nursing and skilled nursing facilities (Requirements for Long-Term Care Facilities, 1992). In both instances, social workers have raised concern that lack of social work education and training may compromise the quality of services provided to individuals and families (Bern-Klug et al., 2009; Social Work Policy Institute, 2010a, 2010b). The revised CMS personnel requirements for hospice social work have implications far beyond hospices participating in Medicare and Medicaid. The Joint Commission’s accreditation standards for hospice require that individuals and palliative social workers keep up with the latest developments in practice and research.

What Social Workers Can Do

Countering the deprofessionalization of palliative and hospice social work requires a multipronged approach. NASW consistently strives to promote the professional social work role in hospice and palliative care on a national level. Social work practitioners can further this goal by taking action in their individual practice and within their organizations, communities, and states:

• STRIVING FOR INDIVIDUAL EXCELLENCE. Reading professional literature and participating in continuing education specific to palliative and hospice care helps social workers keep up with the latest developments in practice and research.

• CONSIDERING CERTIFICATION. The NASW-NHPCO credentials for hospice and palliative social work allow social workers to demonstrate their commitment to palliative and hospice care.

• EDUCATING COLLEAGUES. Social workers can help their interdisciplinary colleagues understand both the psychosocial challenges associated with serious or life-threatening illness and the social work role in palliative and hospice care.

• Raising Consumer Awareness. Effective social work intervention not only enhances client coping but also conveys a positive impression of the social work profession.

• CONDUCTING RESEARCH. Research linking social work education with beneficial client and program outcomes is needed to make the case for hiring BSWs and MSWs in palliative and hospice care.
Hospice and palliative social work require specialized knowledge and skills, as described in NASW’s Standards for Palliative & End of Life Care (2004).

Critical to ensure continuous, coordinated care. Furthermore, because self-determination is integral to both the social work profession and the hospice and palliative philosophy, social workers need to advocate for the rights, decisions, and needs of individuals and families.

Hospice and palliative social workers must be comfortable working autonomously and able to exercise strong individual judgment, often in crisis situations. At the same time, they work closely with other members of the interdisciplinary team, communicating during and between team meetings and sometimes conducting joint visits or facilitating family meetings with their colleagues. Such collaboration necessitates not only a strong social work knowledge base, but also an understanding of how to support the work of other disciplines while maintaining a social work scope of practice. Thus, palliative and hospice social workers need to engage in ongoing professional development to ensure their practice reflects ongoing advances in the field.

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- Whereas the previous CoP did not require MSW supervision of BSWs, the new CoP require all baccalaureate-level staff for jobs previously held by MSWs. On the other hand, the new supervision requirement may limit employment opportunities and mobility for BSWs.

In addition to the educational and supervision requirements specified above, the 2008 CoP require “one year of social work experience in a health care setting” (Medicare and Medicaid Programs, 2008, p. 229). This requirement matches that of previous CoPs for hospice programs participating in Medicare and Medicaid.

Though states and employers may implement more stringent personnel qualifications than those set by CMS, changes in the federal requirements have garnered concern among hospice social workers of all educational levels. MSWs may find their direct practice opportunities limited because some hospice programs now employ baccalaureate-level staff for jobs previously held by MSWs. On the other hand, the new supervision requirement may limit employment opportunities and mobility for BSWs.

Of greatest concern to NASW and many social workers is that both BSWs and MSWs must now compete for hospice social work jobs with individuals who lack social work education and training. This change parallels both the deprofessionalization affecting multiple social work practice settings (NASW, 2012) and the downgrading of CMS personnel requirements for certain other health care settings, such as nursing and skilled nursing facilities (Requirements for Long-Term Care Facilities, 1992). In both instances, social workers have raised concern that lack of social work education and training may compromise the quality of services provided to individuals and families (Bern-Klug et al., 2009; Social Work Policy Institute, 2010a, 2010b).

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  Reading professional literature and participating in continuing education specific to palliative and hospice care helps social workers keep up with the latest developments in practice and research.

- CONSIDERING CERTIFICATION.
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- RAISING CONSUMER AWARENESS.
  Effective social work intervention not only enhances client coping but also conveys a positive impression of the social work profession.

- CONDUCTING RESEARCH.
  Research linking social work education with beneficial client and program outcomes is needed to make the case for hiring BSWs and MSWs in palliative and hospice care.
Conclusion

The downgrading of the social work personnel requirements within CMS’s Hospice Conditions of Participation has a wide-ranging impact on hospice and palliative social work. This change presents concerns and challenges for many social workers. Multifaceted intervention is required to uphold and promote the professional social work role within palliative and hospice care. Action on the part of practitioners can complement work being done on a national level.

References


Resources

NASW RESOURCES

Advanced practice specialty credentials in hospice and palliative social work

www.socialworkers.org/resources/advanced_practice

Bereavement/end-of-life care practice page

www.socialworkers.org/practice/bereavement

Continuing education

www.socialworkers.org/ce


Social Work Policy Institute hospice symposium report


Medicare and Medicaid Programs: Hospice Conditions of Participation Rule

§ 418.114 Conditions of participation: Personnel qualifications.

(b) Personnel qualifications for certain disciplines.

The following qualifications must be met:

(3) Social worker. A person who—

» (i) Has a Master of Social Work (MSW) degree from a school of social work accredited by the Council on Social Work Education; or

» (ii) Has a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or

» (iii) Has a baccalaureate degree in psychology, sociology, or other field related to social work and is supervised by an MSW as described in paragraph (b)(3)(i)(A) of this section; and

» (4) Has 1 year of social work experience in a healthcare setting; or

» (5) Has a baccalaureate degree from a school of social work accredited by the Council on Social Work Education, is employed by the hospice before December 2, 2008, and is not required to be supervised by an MSW. (Medicaid and Medicaid Programs, 2008, pp. 228–229)
• PUBLISHING: Articles published in the professional literature and popular media enhance the profession’s knowledge base and promote public understanding regarding the social work role in hospice and palliative care.

• ADVOCATING: States and organizations have the option to exceed personnel requirements set by both the federal government and accreditation bodies for hospice and palliative social work.

Conclusion

The downgrading of the social work personnel requirements within CMS’s Hospice Conditions of Participation has a wide-ranging impact on hospice and palliative social work. This change presents concerns and challenges for many social workers. Multifaceted intervention is required to uphold and promote the professional social work role within palliative and hospice care. Action on the part of practitioners can complement work being done on a national level.

References


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Bereavement/End-of-life care practice page www.socialworkers.org/practice/bereavement

Continuing education www.socialworkers.org/ce


OTHER RESOURCES

Center to Advance Palliative Care online discussion forum for social workers in palliative care www.capc.org/forums/

Journal of Social Work in Palliative & End-of-Life Care www.tandfonline.com/toc/wswl20/current

National Council of Hospice & Palliative Professionals social work section www.nhpco.org/44a/pages/INDEX. cfm?pageid=3628


Social Work Hospice and Palliative Care Network www.swhcpn.org

Social Work Network in Palliative and End-of-Life Care Listserv (Beth Israel Medical Center) www.stopain.org/for_professionals/ content/information/listserv.asp

1 NASW does not have access to the advanced certification manual for palliative care programs. The author obtained information by email from the Joint Commission’s Standards Interpretation Group, www.jointcommission.org/standards_information/online_question_form.aspx


(b) Personnel qualifications for center directors.

The following qualifications must be met:

(3) Social worker. A person who—

(A) Has a Master of Social Work (MSW) degree from a school of social work accredited by the Council on Social Work Education; or

(B) Has a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or

a baccalaureate degree in psychology, sociology, or other field related to social work and is supervised by an MSW as described in paragraph (a)(2)(ii) of this section; and

(i) Has at least 1 year of social work experience in a healthcare setting; or

(ii) Has a baccalaureate degree from a school of social work accredited by the Council on Social Work Education, is employed by the hospice before December 2, 2008, and is not required to be supervised by an MSW.

(3) Social worker. A person who—

(A) Has a Master of Social Work (MSW) degree from a school of social work accredited by the Council on Social Work Education; or

(B) Has a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or

a baccalaureate degree in psychology, sociology, or other field related to social work and is supervised by an MSW as described in paragraph (a)(2)(ii) of this section; and

(i) Has at least 1 year of social work experience in a healthcare setting; or

(ii) Has a baccalaureate degree from a school of social work accredited by the Council on Social Work Education, is employed by the hospice before December 2, 2008, and is not required to be supervised by an MSW.
Social Work Practice Perspectives

Challenges and Opportunities for Social Workers in Hospice and Palliative Care

Introduction
Social work in hospice and palliative care requires a high level of professional knowledge and skill. NASW has long advocated for professional social work qualifications in hospice and palliative care. In recent years, however, the federal government has downgraded the qualifications needed to practice social work in hospice settings. This change is part of a deprofessionalization trend affecting social workers and clients in a variety of practice settings. Social work practitioners can promote the profession by enhancing their palliative and hospice expertise, educating consumers and their colleagues about the social work role within interdisciplinary palliative and hospice teams, conducting and promoting research to demonstrate the value of social work education and training within hospice and palliative care, and advocating on organizational and state levels.

Hospice and Palliative Social Work Knowledge and Skills
Hospice and palliative social work require specialized knowledge and skills, as described in the NASW Standards for Palliative & End of Life Care (2004). Practitioners must be attuned to and able to intervene in situations involving complex ethical concerns, such as end-of-life decision making. Personal and professional self-awareness is needed to ensure compassionate, person-centered responses to individuals and families participating in hospice and palliative care. Moreover, social workers must recognize that individual and family perceptions of and responses to illness, disability, dying, death, grief, and bereavement vary greatly and, consequently, strive to serve each client system in a culturally and linguistically appropriate manner.

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