

Model of Care Initiative in Nova Scotia (MOCINS)

Provincial Practice Profiles: BSW & MSW Social Workers in Healthcare

The following table identifies those role functions of the **MSW Social Worker** that are expected to have a renewed emphasis and be optimized, as well as tasks that can be safely minimized or transferred out of the role, either to another role within the profession or to other members of the care team. It is expected that all Social Workers in Nova Scotia will practice according to the standards defined by NSASW and no attempt was made to replicate these expectations in this document.

For the purposes of this document the word "complex", as defined by the authors, is unpredictable, multi-faceted and dynamic with serious risk and social consequences and requiring a high level of inter-professional collaboration.

Renewed Emphasis	Optimized	Transferred
<p>Providing comprehensive bio-psychosocial assessment to inform plan of care.</p> <p>Providing case management including complex discharge planning.</p> <p>Supporting patient autonomy, self-determination and informed choice through collaborative goal setting.</p> <p>Advocating to remove systemic barriers and oppressive practices that impact health & wellness, promote diversity & inclusion, challenging discriminatory practices/policies, ensuring resources are equitably distributed, assisting patient/clients to secure the protection of laws, advocate for changes to policies, programs & legislation and ensure that marginalized people have a voice in decision making processes.</p> <p>Collaborating with our professional school to mutually inform academia & practice, to strengthen our role as field advisors and mentors to social work students and to teach social work practice in healthcare.</p> <p>Collaborating with our professional association to strengthen support for practice, professional development and to ensure the community receives services from competent and skilled professionals.</p>	<p>Providing timely, complex therapeutic interventions, based upon a range of evidence informed theoretical frameworks and modalities, to enhance patients/families' coping with immediate health crisis and long term adjustment for improved health outcomes.</p> <p>Utilizing evidence and knowledge informed practice to evaluate social work practice and improve practice outcomes.</p> <p>Providing leadership in discipline specific or interdisciplinary research and quality improvement activities.</p> <p>Developing, implementing, delivering and training the trainer for complex psycho-educational groups to increase patient/family & community self management and self advocacy and to address patient/family needs more efficiently and effectively</p> <p>Providing leadership in developing, informing and/or evaluating organizational and social policy.</p> <p>Contributing to organizational learning utilizing patients' experience of service delivery.</p> <p>With specific clinical training can complete mental health assessments with a provisional diagnosis and administer diagnostic tools.</p> <p>Playing a leadership role in promoting and facilitating inter-professional collaboration.</p> <p>Developing collaborative partnerships with the greater community to address the social determinants of health to improve health & well-being e.g. creation of community hospices, address issues of poverty</p>	<p>**To BSW Practitioners:</p> <p>Providing timely therapeutic interventions with patient populations whose treatment course, transition planning and/or psychosocial needs are of minimal - moderate risk and pose fewer psychosocial consequences.</p> <p>Working with patient populations where the primary focus is on advocacy, resource counseling, and transition/discharge planning.</p> <p>Working within a defined role that has a clear mandate and parameters in terms of the work and/or requires specific knowledge and skills with specialized training including standardized & structured assessments/ protocols through which services are provided. e.g. child protection assessment at the IWK, Crisis Intervener at CH Mental Health, Resource Specialists for patient populations who have complex resource needs requiring skilled advocacy as well as the teaching of self advocacy skills to enhance self management e.g. Medication Resource Specialist</p> <p>**The following items may be transferred to an assistive role, which could be <u>enhanced clerical support</u> or a <u>Care Team Assistant</u> with the understanding that a trained, non-judgemental service provider will work collaboratively, under the supervision of social workers, to provide services.</p> <p>** The tasks below may be embedded in the social work intervention and it may not always be appropriate to transfer these given the psycho-social context in which the social worker is performing these tasks.</p>

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		<p>Practical Support - e.g. provision of meal tickets, parking passes & taxi vouchers, portering patients, escorting patients into the community for errands, providing information & arranging accommodations for families, assisting with gathering of information & completion of application forms, assisting with phone calls e.g. utility and credit card companies, assisting with comfort allowances.</p> <p>Patient transportation- assisting patients with making straight forward arrangements for transportation</p> <p>Medication- e.g. assisting patients with applications, clarifying coverage through private insurance plans, obtaining estimates/costs of medications, liaising with pharmacare programs</p> <p>Funding & Arranging for Equipment/Supplies- –assisting patients to confirm funding for equipment/ supplies/services where the patient/client has eligibility and/or an identified source of funding and the process is clear e.g. medical insurance, income assistance. - assisting patients to arrange for equipment loans and/or purchase of equipment and delivery/pick-up</p> <p>*****</p> <p>The following can be transferred to a discharge planner, or patient transfer liaison for the organization. This person should work closely with inter-professional team members, including social workers, if patients have complicated psychosocial and medical issues.</p> <p>Complicated Patient Transportation - Making arrangements for out of province, out of country and inter-hospital transportation.</p>
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*****For the purposes of this document, the term patient/client refers to the individual, his/her family/support network & community as defined by the individual.**

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Renewed Emphasis	Optimized	Transferred
<p>Providing comprehensive bio-psychosocial assessment to inform plan of care</p> <p>Providing case management including discharge planning</p> <p>Supporting patient autonomy, self-determination and informed choice through collaborative goal setting.</p> <p>Advocating to remove systemic barriers and oppressive practices that impact health & wellness, promote diversity & inclusion, challenging discriminatory practices/policies, ensuring resources are equitably distributed, assisting patient/clients to secure the protection of laws, advocate for changes to policies, programs & legislation and ensure that marginalized people have a voice in decision making processes</p> <p>Collaborating with our professional school to mutually inform academia & practice, to strengthen our role as field advisors and mentors to social work students.</p> <p>Collaborating with our professional association to strengthen support for practice, professional development and to ensure the community receives services from competent and skilled Professionals.</p> <p>Working within a defined role that has a clear mandate and parameters in terms of the work and/ or requires specific knowledge and skills with specialized training including standardized & structured assessments/ protocols through which services are provided. e.g. child protection assessment at the IWK, CBT group at Colchester Regional Hospital, Crisis Intervener at CH Mental Health , Resource Specialists for patient populations who have complex resource needs requiring skilled advocacy self advocacy skills to enhance self- management e.g. Medication Resource Specialist</p>	<p>Providing timely therapeutic interventions with patient populations whose treatment course, transition planning and/or psychosocial needs are of minimal - moderate risk and pose fewer psychosocial consequences.</p> <p>Working with patient populations where the primary focus is on advocacy, resource counseling and transitioning/discharge planning.</p> <p>Developing, implementing and delivering psycho-educational groups to increase patient/family & community self management and self advocacy and to address patient/family needs more efficiently and effectively.</p> <p>Developing collaborative partnerships with the greater community to address the social determinants of health to improve health & well-being e.g. creation of community hospices, address issues of poverty.</p> <p>With specific training, can implement specific screening tools and standardized tests.</p>	<p>**The following items may be transferred to an assistive role which could be <u>enhanced clerical support</u> or a <u>Care Team Assistant</u> with the understanding that a trained, non-judgemental service provider will work collaboratively, under the supervision of social workers, to provide services.</p> <p>** The tasks below may be embedded in the social work intervention and it may not always be appropriate to transfer these given the psycho-social context in which the social worker is performing these tasks.</p> <p>Practical Support - e.g. providing meal tickets, parking passes & taxi vouchers, portering patients, escorting patients into the community for errands, providing information & arranging accommodations for families, assisting with gathering of information & completion of application forms, assisting with phone calls e.g. utility and credit card companies, assisting with comfort allowances.</p> <p>Patient transportation- assisting patients with making straight forward arrangements for transportation.</p> <p>Medication- e.g. assisting patients with applications, clarifying coverage through private insurance plans, obtaining estimates/costs of medications, liaising with pharmacare programs.</p> <p>Funding & Arranging for Equipment/Supplies- -assisting patients to confirm funding for equipment/ supplies/services where the patient/client has eligibility and/or an identified source of funding and the process is clear e.g. medical insurance, income assistance. - assisting patients to arrange for equipment loans and/or purchase of equipment and delivery/pick-up.</p>

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The following table identifies those role functions that may be transferred to ***assistive personnel*** which could be ***enhanced clerical support*** or a ***Care Team Assistant*** with the understanding that a trained, non-judgemental service provider will work collaboratively under the supervision of social workers to provide services.

Renewed Emphasis	Optimized	Transferred
	<p>Practical Support - e.g. providing meal tickets, parking passes & taxi vouchers, portering patients, escorting patients into the community for errands, providing information & arranging accommodations for families, assisting with completion of application forms, advocating for TVs</p> <p>Patient transportation - assisting patients with making straight forward arrangements for transportation</p> <p>Medication- e.g. assisting patients with applications, clarifying coverage through private insurance plans, obtaining estimates/costs of medications, liaising with pharmacare programs</p> <p>Funding & Arranging for Equipment/Supplies –assisting patients to confirm funding for equipment/ supplies/services where the patient/client has an identified eligibility and/or an obvious source of funding and the process is clear e.g. medical insurance, income assistance. - assisting patients to arrange for equipment loans and/or purchase of equipment and delivery/pick-up</p>	

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Differentiating between BSW and MSW Scope of Practice in Healthcare

There are three levels of social work training—BSW, MSW and Ph.D. For the purposes of this document the focus is on the BSW and MSW levels. A Bachelor of Social Work is the minimum professional qualification for the practice of social work in Nova Scotia. This degree prepares graduates for direct service positions in a variety of settings. A Master of Social Work degree is an advanced, professional qualification which prepares graduates for specialized social work practice, research, teaching and leadership. Historically, social work schools across Canada have considered healthcare a specialty, requiring advanced training and specialized clinical skills. Recently, the University of British Columbia developed a one year internship for MSW practitioners who wish to practice in healthcare.

Through discussion with social work leaders and conducting an environmental scan, there is considerable variation in the employment of social workers in healthcare organizations across Canada. Some health care organizations do not employ BSW practitioners due to the complexity of the work. Those that do employ BSW practitioners often hire for discreet positions with clearly defined mandates and parameters. e. g. a recent hire at the IWK targeted for expertise in child protection and the hiring of a BSW as Crisis Intervener at Capital Health Mental Health. Other organizations employ BSW practitioners into roles that have more emphasis on resource needs and discharge planning while the MSW practitioners address the more complex psychosocial needs. Some organizations will hire both practitioners based upon the years of experience. e.g. BSW + 5 years, MSW + 2 years. There are a few healthcare organizations that have social work assistive roles in addition to both BSW and MSW practitioners.

In healthcare social work across Canada, it is understood that MSW practitioners are expected to practice at an advanced level and have the following knowledge, skills and abilities, which defines & differentiates their practice from BSW practitioners:

- specialized clinical training in therapeutic interventions with individuals, couples and families
- leadership skills e.g. development of Alcohol Screening & Brief Intervention for inpatient social workers
- specialize in specific patient/client populations e.g. transplants
- provision of specialized clinical consultation e.g. related to specific populations, interpretation and impact of policies on patient care/program outcomes
- independent and/or interdisciplinary research
- clinical supervision of BSW and MSW practitioners
- able to make provisional mental health diagnoses and administer diagnostic tools with appropriate training
- teach social work theory and practice e.g. sessional teachers
- in partnership with community and government agencies, develop and evaluate social policy
- work autonomously with high levels of responsibility and accountability

Expectations of MSW Practitioners for Advanced Level Practice:

MSW qualifications build upon theoretical and research based knowledge under the guise of practice experience. MSW practitioners are expected to have a solid grasp of emerging and established theories that inform their practices. Likewise, MSW practitioners inform the development of theories by relating their practice experiences through such means as conference presentations and academic publications. Master level practitioners are expected to have a solid grasp of the parameters of the profession, able to work with and/or facilitate the intricacies of inter-professional relations, assess and intervene in complex cases, consider individualistic, familial and communal outcomes, be it working with patients/families, crafting health policy or developing health programs. Through practice experience and critical reflection, more experienced practitioners have the ability to create their own working knowledge which is responsive to specific situations and contexts.

Practitioners at this level are expected to have a heightened awareness associated with their use of self in practice; including self-awareness, critical reflection and professional development directives.

MSW practitioners who have sufficient mastery of practice competence can provide clinical supervision to BSW practitioners & MSW practitioners who are at less advanced levels of practice.

Expectations of MSW Practitioners for Specialization in Specific Patient/Client Populations:

MSW practitioners who practice at an advanced level are expected to develop knowledge and skills specific to populations with uniquely defined needs and challenges. Specialization can include:

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- an applicable body of knowledge and skills specific to needs of a particular population
- required education and/or continued professional development that encompasses theory and practice
- prescribed professional standards/clinical guidelines
- capacity for research
- characteristics that differentiate it from general social work practice (adapted from A Position Statement of the American Board of Examiners in Clinical Social Work, March 2002)

Expectations of MSW Practitioners for Specialized Clinical Training:

MSW practitioners are expected to specialize in one or more therapeutic interventions and have expertise in these modalities e.g. solution focused therapy, motivational interviewing, and dialectical behaviour therapy. Only MSW practitioners can be certified in certain therapeutic interventions e.g. family therapy

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Employer Considerations:

The decision to hire a BSW or MSW practitioner should be discussed with practice or social work leaders in consultation with the inter-professional team, taking into consideration the population needs, level of complexity and the knowledge and skills required to meet these needs.

With ongoing professional development and demonstrated experience, the knowledge, skills and practice of BSW and MSW practitioners may look similar depending on the practitioners. BSW practitioners with considerable experience and professional development may possess knowledge and skills that are considered to be in the purview of MSW practitioners and may be equally qualified for a position. E.g. BSW practitioners, with appropriate training and experience may be qualified to provide therapeutic interventions to complex patient/client populations or may work with these populations in a different capacity, utilizing different skills such as teaching parenting skills.

It is important that BSW practitioners are not perceived as assistants to MSW practitioners and that the concrete, practical interventions transferred to an assistive role helps to move both practitioners to full scope of practice. These practical interventions may be embedded in the social work intervention so it may not always be appropriate to transfer these given the psychosocial context in which the social worker is performing these tasks. In smaller or rural hospitals or clinical settings with limited resources, it may be necessary for the social worker to provide some or most of the practical interventions that in a larger hospital might be transferred to an assistive role or shared within the inter-professional team.

In determining who can best provide social work services to meet the needs of a particular patient/client population, consideration must be given to the following requirements:

- the nature and complexity of the work
- the level of practice knowledge, skills, abilities to address needs
- social work experience
- level of autonomy, responsibility and accountability
- level of inter-professional collaboration required
- leadership skills e.g. clinical supervision, peer mentorship, research
- specialized skills such as specific clinical therapeutic interventions
- availability and level of social work clinical supervision or formal and informal peer mentorship by experienced social workers
- nature of the practice setting e.g. sole charge social worker

With the move to program management in healthcare organizations, resulting in social workers reporting to non-discipline managers, it is even more critical that:

- (1) social work clinical supervision and/or formal peer mentorship, which is part of ethical practice and patient centred care, be available to social workers. In the event that Social Workers are lone practitioners, it is the responsibility of the employer to ensure that clinical supervision and/or formal peer mentorship is made available.
- (2) those integral to the selection & recruitment process have an in depth understanding of social work knowledge, skills and practice.

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Social Work in Healthcare - Role Summary for BSW and MSW Practitioners:

The Health Care Social Worker is a member of the inter-professional health care team providing collaborative, holistic care on the primary to quaternary care continuum. Social Workers' values and principles are aligned with patient centred care which views patients/clients in a collaborative partnership with the healthcare team, respecting their right to autonomy and self-determination including making informed choices.

Social Workers are primarily concerned with the relationships between people and their environments including the healthcare system. These relationships are integral to psychosocial, emotional and spiritual well-being.

The social determinants of health have historically been embedded in social work theory and practice. They are the focus for the dynamic and interactive processes of social work engagement: assessment, intervention and evaluation that helps empower patients/clients to achieve optimal health outcomes and well-being. (adapted from CSWE, Advanced Social Work Practice in Clinical Social Work, 2008). Social Workers build upon the strengths of patients/clients by focusing on coping strategies, problem solving skills, past successes, and personal resources.

Contributions of Social Work to patient/client care include:

- engagement, assessment, intervention and evaluation
- comprehensive understanding of the impact of physical, mental, emotional, and psychological illness on patients/clients
- skilled case management: therapeutic interventions, communication, collaboration, consultation, problem solving, mediation and advocacy
- addressing patient/clients' basic needs as they pertain to health care
- navigating systems of care
- development of collaborative partnerships to facilitate access to services that will enhance the wellbeing of patients/families and communities.
- facilitating risk reduced and timely transitions
- maximizing patients/clients ability to benefit from the skilled care of health care professionals
- understanding government and community agencies' mandates and responsibilities to influence/develop policy, advocate for changes within systems, promote diversity and inclusion, challenge discriminatory practices and policies, and ensure that resources are equitably distributed
- bringing an analysis to the healthcare team that considers the impact and implications to the larger societal systems and is the cornerstone for effective and efficient practice
- bringing the social determinants of health, the ethics of practice and the needs and concerns of patients/clients to the forefront of interventions within the health care team
- addressing patient/client needs as they pertain to health care
- knowledge, understanding and provision of services within relevant legislation e.g. Protection of Person's in Care Act, Personal Directives Act

Expectations of MSW Practitioners' Contributions to Patient/Client Care Include:

- specialization in specific population needs
- specialized clinical training in therapeutic interventions/modalities
- teaching theory and practice e.g. sessional teachers at professional school
- quantitative and qualitative research
- program planning and quality improvement, organizational policy development
- leadership roles e.g. team leader, professional practice, program chair, clinical coordinator, manager
- specialized consultation e.g. ethical decision making within the health care team & organization, complex clinical issues
- autonomous practice

Key Responsibilities:

I. COMPETENT PRACTICE

Bio-Psychosocial Assessment for BSW and MSW Practitioners:

Social Workers complete an initial and ongoing bio-psychosocial assessment to identify strengths and challenges that

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will influence optimal health outcomes and determine psycho-social risks for recurrent illness, disability and health distress. Assessments help to ensure that care planning meets the needs and goals of patients and may include but are not limited to:

- social history (living arrangements, financial status, vocational/employment status, family and community roles and responsibilities, family dynamics, stage in the life cycle and relevant developmental issues
- strengths, coping strategies, learning styles, resiliency, personal resources and supports (formal and informal), knowledge & understanding of resources
- screening for harmful involvement with alcohol, drugs and gambling and impact on patient/ client and their support system
- ethno-cultural, religious, and spiritual needs to facilitate integration of these into the health care plan
- patients' understanding and expectations of care
- identifying patient/client behaviours that may impact on ability to benefit from services
- previous and current emotional psychological and spiritual status
- impact of health on physical, emotional, social, cognitive functioning, family and community
- relationship between health and self-image, self-esteem, intimacy and sexuality
- needs/eligibility for service
- need for alternate living arrangements such as community based or LTC placement
- assess caregiver needs and level of stress
- impact of social determinants on health and well-being
- identifying ethical issues associated with the bio-psychosocial assessment e.g. transplant ineligibility based upon class, education
- collateral information provided by family and support people

Expectations of MSW Practitioners in Completing a Bio-Psychosocial Assessment:

- complex analysis, clinical reasoning and integration of assessment information reflecting multiple causation,
- with specific clinical training, completes family therapy assessments and comprehensive mental health assessments making provisional diagnoses in collaboration with the health care team
- with specific training, administers diagnostic tools

Therapeutic Interventions/Modalities: (counselling, therapy, clinical therapy, psychotherapy are used interchangeably by social workers based upon their knowledge, skills, training and practice setting) Therapeutic interventions with individuals, couples and families to address immediate health crisis or long term psychosocial needs (outpatients), are based upon a range of evidence informed theoretical frameworks and therapeutic modalities such as the ecological (person-in-environment), strengths-based, systems, anti-oppressive, cognitive-behavioural, brief, solution-focused, motivational interviewing and narrative therapies. These may include but are not limited to:

Therapeutic Interventions to Address:	Desired Outcomes for Patients/Clients:
<ul style="list-style-type: none"> • trauma • suicide & crisis • psycho-educational needs • addictions • grief and loss • resource needs • stress management • life altering transitions • mental health issues 	<ul style="list-style-type: none"> • adjustment to illness and trauma • reduce stress, anxiety and depression • maximize coping skills, resilience, increased sense of control • address immediate risks with a focus on harm reduction • problem solving and developing solutions • become knowledgeable regarding health and lifestyle changes • address basic practical needs • reduce barriers to healthcare • link to resources • address individual, couple and family dynamics that prevent adaptive behaviours • community integration • become knowledgeable of healthcare system and health policy • ability to navigate healthcare system • development of self-advocacy skills

Expectations of MSW Practitioners for Therapeutic Interventions:

MSW Social workers are expected to provide therapeutic interventions to patient populations with complex needs and have expertise in one or more therapeutic modalities as previously noted.

- individual, couple and family brief or long term therapy with appropriate training

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- complex psycho- educational groups e.g. concurrent disorders (expectation for behaviour change resulting from therapeutic interventions rather than providing didactic education e.g. stress management)
- group therapy
- conflict resolution and mediation

**** Complex is defined as unpredictable, multi-faceted and dynamic with serious risk and social consequences and requiring a high level of inter-professional collaboration.**

Case Management Including Discharge Planning for BSW and MSW Practitioners:

Case management includes assessment, planning, intervention and evaluation. Social Workers work collaboratively with other healthcare professionals to maintain a patient-centered approach to case management. Social Workers optimize patient autonomy and self-determination with the goal of creating a comprehensive plan for risk reduced and timely transitions by:

- interpreting assessment findings to the health care team so they understand the patient/clients' psychosocial context and experiences
- facilitating communication and collaboration between patients/clients and health care team to create a shared understanding of patient/clients' needs and goals to optimize services to patients
- collaborating with patients/clients and healthcare team to formulate a plan of care
- addressing life altering transitions (birth, grief and loss, trauma, illness, loss of roles, lifestyle changes, loss of autonomy, addictions, mental health challenges) by providing appropriate therapeutic interventions
- negotiating and advocating for resources to implement plan
- facilitating/participating in family and team conferences
- providing mediation between patient/clients and healthcare providers around care plans
- co-coordinating resources and the creation of a support system to address the multi-factorial nature of illness, the social determinants of health and barriers to healthcare services
- facilitating and coordinating transitions between hospital and community
- providing health care information/education to the health care team and community
- continuous monitoring, adjustment and evaluation of the care plan, in collaboration with the health care team, to ensure it meets patients/clients goals/needs
- documenting all relevant social work interventions on the health record in accordance with social work standards for documentation and employer requirements

Expectations of MSW Practitioners for Case Management Including Discharge Planning:

- provision of complex case management including complex discharge planning

****Complex is defined as unpredictable, multi-faceted, dynamic with serious risk and social consequences and requiring a high level of inter-professional collaboration.**

Psycho- Education for BSW and MSW Practitioners:

Social Workers identify learning needs and goals of patients/clients and communities through bio-psychosocial and community needs assessments and evaluation. They develop and facilitate psycho-educational activities for patients/clients to increase self care and self management.

- the psycho-social impact of physical, mental, emotional and psychological illness
- strategies to enhance coping and self-care/self management
- preventing primary and secondary illness, injury, and health distress
- increasing knowledge of resources
- navigating complex health and community services delivery systems
- empowering patients and families to be strong self-advocates
- health promotion
- public education e.g. presenting to schools , community groups

Expectations for MSW Practitioners for Psycho Education:

- development, initial implementation and delivery of psycho-social educational groups
- train the trainer (for BSW & MSW practitioners or interdisciplinary colleagues)

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Consultation for BSW and MSW Practitioners:

Social work consultation is provided at patient/client, team/program, organizational and community levels to:

- promote holistic, patient-centered care by identifying and communicating the needs of specific patients/clients
- help ensure the collaborative plan of care continues to meet patients/clients' needs and goals.
- make referrals and promote access to needed services and resources, both within the healthcare setting and the community.
- provide/exchange information related to barriers to healthcare, gaps in services, feedback on specific programs e.g. access-a- bus, family pharmacare
- provide information as requested e.g. lawyers , police
- ethical decision making within the health care team

Expectations of MSW Practitioners for Consultation:

- ethical consultation within the healthcare setting
- complex clinical issues (see previous definition of complex)
- specific patient population needs
- organizational practice and policy development

II. EXCELLENCE AND LEADERSHIP

Human Rights, Social Justice and Critical Reflection for BSW and MSW Practitioners:

Human rights, social justice and critical reflection are the philosophical foundations of Social Work. The profession has a particular commitment to the needs and empowerment of people and communities who are marginalized, vulnerable and oppressed.

Social workers are obligated to pursue social justice by:

- advocating within healthcare and other systems to remove barriers and oppressive practices that negatively impact on the development and delivery of inclusive, holistic health care services
- promoting diversity and inclusion
- challenging discriminatory practices and policies
- advocating for resources to be equitably distributed
- assisting individuals and families to secure the protection of existing laws, and to work for changes to policies, programs and legislation (adapted from CASW/NSASW Code of Ethics)

Critical reflection is the process of deconstructing the fundamental assumptions, including values and beliefs within our social order that influence professional judgment and practice. Challenging these assumptions in relation to their influence on social injustices is an important step in social work intervention.

Social Workers are expected to have an understanding of equity and justice via a critical analysis of:

- inequity and injustice and how these impact upon patients/clients in seeking health services
- ideological perspectives as they relate to health policy and service delivery, including but not limited to conservatism, globalization
- perspectives associated with health and well-being, including but not limited to Aboriginal ways of knowing, feminism, anti-racist, critical, structural, postmodern, post-structural, Africentric, spiritual, ecological
- concepts, including but not limited to oppression, privilege, power, and difference
- social work's role in advancing and impeding equity and justice as it pertains to health and well-being of individuals, families, and communities (adapted from the BSW Curriculum Transition Manual, Dalhousie School of Social Work, 2010)

Community Development for BSW and MSW Practitioners:

Social Workers work collaboratively with communities to develop, enhance and support individual and community strengths and capacity by:

- collaborating in the mapping of needs and development of programs and resources to address identified

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- community gaps
- building relationships with and participating on professional, academic, hospital, and community boards and committees and ensuring that marginalized, isolated and/or stigmatized groups have a voice in decision making processes
- exploring the many roles of social work in working with community members, groups and organizations e.g. facilitator, broker, enabler and partisan

Provision of Education and Training for BSW and MSW Practitioners:

- orientation, supervision, and evaluation of Social Work students in clinical settings, appropriate to degree level
- presentations to healthcare teams, government, community organizations and professional schools e.g. role of Social Work, social justice, psychosocial impact of illness/disability, social determinants of health
- collaboration with government and community partners to provide information, public education and training to address specific population needs and health promotion
- formal and informal peer mentorship to discipline or health care colleagues

Expectations of MSW Practitioners for Provision of Education and Training:

- expertise in participating in the professional development of colleagues e.g. formal peer mentorship, clinical supervision
- sessional teaching or becoming an adjunct faculty member at professional school
- teaching other health care professionals about our professional role and expertise

Quality Improvement:

BSW practitioners participate in quality improvement activities within their discipline or interdisciplinary teams under the mentorship/ leadership of a MSW practitioner or other advanced practitioners.

Expectations of MSW Practitioners for Quality Improvement:

Program evaluation and quality improvement is in the scope of practice for MSW practitioners. They are expected to take a leadership role in quality improvement initiatives.

- develop social work knowledge and evidence-informed interventions/practice, standards, guidelines and measurable outcomes for evaluating social work practice
- identify and address professional/practice issues e.g. scope of practice on health care teams
- evaluate effectiveness of organization and discipline services/programs by utilizing citizen engagement strategies, research and performance indicators e.g. LOS, readmissions
- evaluate staff allocation and utilization utilizing workload measurements, benchmarking and evidence informed practice
- chair organization and/or discipline committees that address patient/population needs, barriers to healthcare e.g. Social Action/Justice Committees

Research:

BSW practitioners participate in research activities within their discipline or inter-professional teams under the mentorship/leadership of a MSW practitioner or other advanced practitioners.

Expectations of MSW Practitioners for Research:

Qualitative and quantitative research is in the scope of practice for the MSW practitioner. They are expected to take a leadership role in designing and conducting discipline specific or collaborative, inter-professional/community research to develop policies/programs to meet the needs of specific populations across the continuum of care. e.g. principle investigator, management of project

- develop research question and choose appropriate research methodology e.g. participatory action, retrospective, case study
- if external funding is required, develop the research proposal as part of the application for funding
- secure research ethics e.g. approval from R.E.B.
- collect and analyze data using appropriate methodological tools
- disseminate information internally and at professional conferences
- write research articles for peer review journals

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Inter-professional Collaboration for BSW and MSW Social Workers:

Social workers value collaboration and are skilled at developing collaborative partnerships to enhance the wellbeing of the patients/clients and communities they work with. Social workers value and promote process as well as outcome. Understanding responsibilities and mandates of service providers from a systems viewpoint enable social workers to act as change agents and influence the services provided to individuals, families and communities. The interpersonal processes we utilize to build relationships with patients/clients communities and service providers will help promote inter-professional collaboration on the health care team as well.

- understands & articulates social work scope of practice, roles and responsibilities
- understands and respects the roles and shared competencies of other professionals
- provides orientation to the role of social work for team members and other healthcare professionals

Care Coordination for a Group of Patients - Specific to a MSW Practitioner:

The MSW practitioner can serve as the coordinator of care within the care delivery team. The members of this team vary depending on the needs of the patient population. In this role the Social Worker:

- provides leadership at the team level to ensure that a coordinated, integrated inter-disciplinary plan of care is created as early as possible in the patient centered experience across the continuum
- assumes responsibility for assessing, planning, implementing, directing, supervising and evaluating patient care and outcomes.
- assigns care to unregulated healthcare team members according to their scope of employment and the DHA/facility policies and procedures
- supervises assigned care of unregulated healthcare providers
- serves as a key resource to patients, families and community stakeholders
- organizes patient and family conferences as required to ensure active involvement in the development of the plan of care as well as the ongoing management and monitoring of progress
- facilitates decision making and communication to ensure timely access to services and resources across the continuum of care.
- identifies barriers to accessing services and resources and timely transitions and review with the team to rectify issues at the earliest possible moment
- facilitates and coordinate referrals based on patient-identified needs
- ensures patient/family education by an appropriate person
- participates in direct patient care delivery as per their defined scope of practice

Appendix I

Practice of Social Work: (Social Workers Act. 1993) is the assessment, remediation and prevention of social problems and the enhancement of social functioning of individuals, families, groups and communities by means of

- a) the provision of direct counselling services within an established relationship between a social worker and a client;
- b) the development, promotion and delivery of human-service programs; or
- c) the development and promotion of social policies aimed at improving social conditions and promoting social equality, including that done in collaboration with communities, and which requires the application of specialized knowledge, values and skills in the field of social work.

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**Job descriptions from provincial associations, regional health authorities and association websites across Canada were reviewed.