Role of the social worker palliative care

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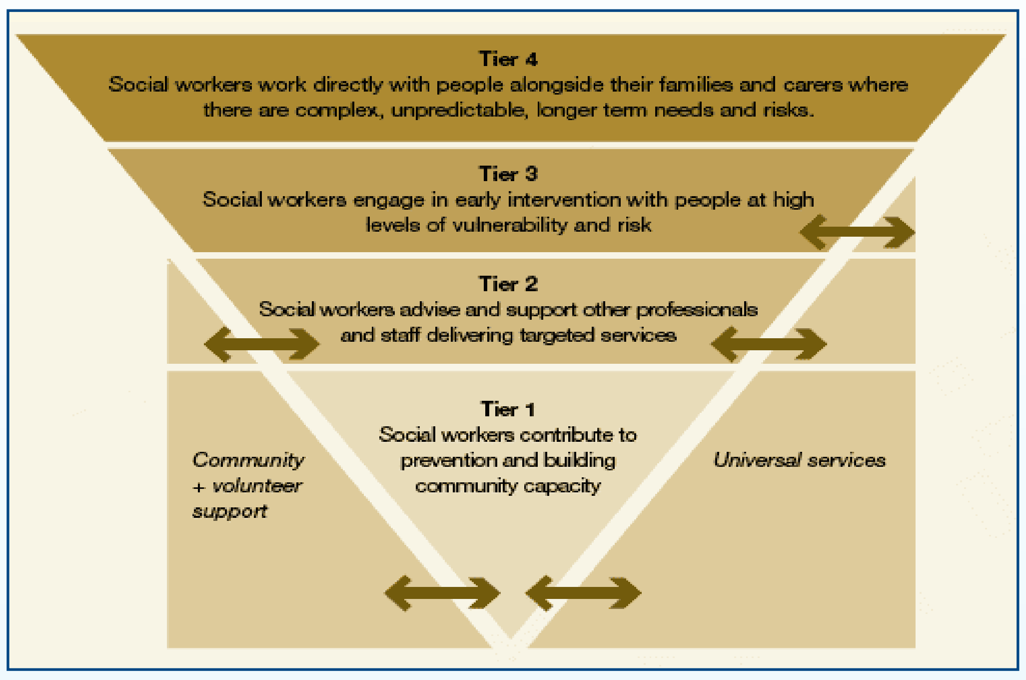
The role of social worker as defined by Scottish Government



The role of social worker in Ayr Hospital

Social workers operate within the community and the hospital setting however they are not trained in specialist palliative care. We provide a holistic assessment of the person noting their physical, emotional, social, financial and spiritual needs. We are part of the multidisciplinary team and therefore share our perspectives on the abilities and practical support that could be provided for the person to be cared for at home. Social and emotional support is part of the role with additional referrals to advocacy, befriending or counselling services as required.

As a social worker within Ayr Hospital, I recognised that I needed to update what I knew about palliative care. I have undertaken a distance learning degree module with the University of the West of Scotland – Practical Palliative Care. This module gave me an opportunity to increase my knowledge in palliative care and provided me with 5 days shadowing various members of specialist palliative care teams in the hospice, hospital and the community. My aim is to pass on to my colleagues my understanding of palliative care and what I have learned from this opportunity as well as highlighting the importance of recognising when someone may benefit from palliative care.

The aim of this poster is to show you what I am doing differently as well as what I have learned about palliative care.

Palliative care – what is it and is it only provided by health care staff?

The focus of palliative care is to look at the whole person and not just the disease. Using case study examples, we discuss where social workers could make improvements within their role in palliative care in relation to the 4 tiered approach as set out by the Scottish Government in the diagram above.

Communication

The importance of sharing relevant and appropriate information with others the knowledge we have gained of the person including their home and family circumstances. Accurate information sharing is essential within the multi-disciplinary team (MDT) to avoid duplication of questioning the individual or their family members. Therefore it is essential that the aim and purpose of communication is clear so that relevant and up to date information only is shared with others. SBAR is the main tool that is used for this purpose. SBAR provides a template for communicating care between teams as often there are many care providers who require information to support their decision making and do not have access to all the records for the client eg Out Of Hours.

Situation	what is the current situation?
Background	what is the significant medical history?
Assessment	what are the current problems and how are they being managed?
Recommendations	what are the anticipated changes or changes or deterioration in health status and what is the suggested management plan including preferred place of care?

Palliative care - Not just for cancer

Many people associate Palliative care with a cancer diagnosis, this is not the case. Palliative care is beneficial to many other health conditions, a few of which are:

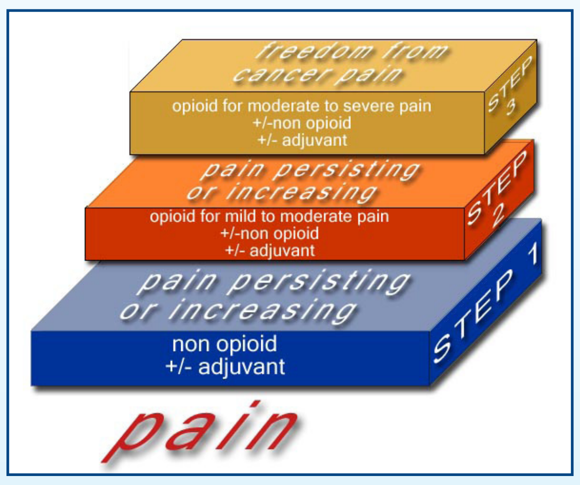
- Multiple Sclerosis (MS)
- Chronic Obstructive Pulmonary Disease (COPD)
- Motor Neurone Disease (MND)
- Creutzfeldt-Jakob Disease (CJD)
- Dementia
- Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS)

Understanding the many health conditions informs our practice and how we as social workers assess and support individuals to manage their own health while receiving palliative care.

I use my knowledge and recent experience from shadowing the Specialist Palliative Care teams to develop a case study to discuss improvements that could be provided. This helps my colleagues understand more about our role in providing general palliative care. This includes awareness of the services that are available to utilise outwith the normal NHS services.

Recognising the different types of pain

Many people associate pain with advanced disease and I learned that there were different types of pain. I am now more aware of the different types of pain and the various types of medications that are used to manage it. As well as knowing that pain is an unpleasant sensory and emotional experience that is associated with actual or potential tissue damage, I also learned the names for the different types of pain:



- Neuropathic pain - signals from nerves
- Nociceptive pain - caused by actual, or potential, damage to tissues e.g. a cut, pressure or force from outside the body, or pressure from inside the body such as a tumour.
- Total Pain – is the physical, emotional and spiritual impact of managing daily life with a palliative diagnosis. This is a holistic perspective which focuses on the individual and those around them.

I have learned that patients expect to experience physical pain during their illness, however many people under report their pain and do not recognise that long term effects of pain can impact on their emotional, spiritual and social life. It is important that as social workers we are contributing towards the assessment of pain as well as focusing on holistic aspects of the individual's life and then forwarding this information directly to the MDT.

Other common symptoms in Palliative care

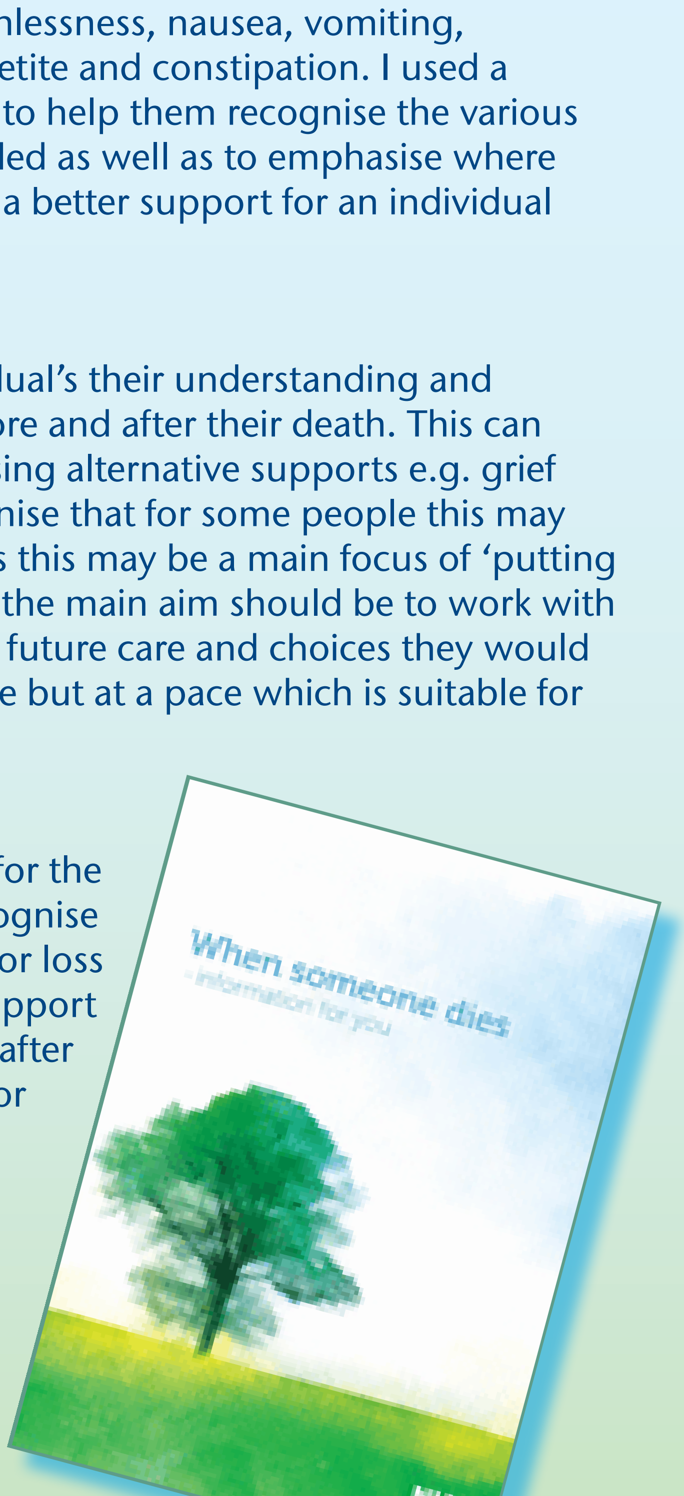
I learned more about the other common symptoms that people experience during their illness. This included management of breathlessness, nausea, vomiting, confusion, sleeplessness, depression, loss of appetite and constipation. I used a case study approach to enlighten my colleagues to help them recognise the various aspects of practical care and support that is needed as well as to emphasise where improvements in our assessments would enable a better support for an individual and their family.

Advance Care Planning (ACP)

As social workers we already explore with individual's their understanding and feelings with regards to their wishes for care before and after their death. This can be through one to one conversation or by accessing alternative supports e.g. grief counsellor, advocate or spiritual advisor. I recognise that for some people this may be very difficult and challenging, while for others this may be a main focus of 'putting their affairs in order'. I am more aware now that the main aim should be to work with the individual to explore their wishes about their future care and choices they would want to be known by others involved in their care but at a pace which is suitable for the individual.

Bereavement

I am more aware of the support that is available for the bereaved in our local community. However I recognise more than ever before that many people grieve for loss without experiencing bereavement. Therefore support is required at the right time - before, during and after a death and can often the make the experience for those involved much smoother. Social workers do offer emotional support, guidance and sign post families to the relevant resources following bereavement.



Key point to consider:

What we do to support an individual through their illness until their death leaves a lasting memory with their family.

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