Novice Social Worker’s Experiences Learning Advance Care Planning Conversations

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Introduction

“No one would listen” “No one would even ask”

The professional staff (MD, RN, SW, Chaplains) not equipped to facilitate important conversations

Educational theory suggests that novice health care professionals may struggle to bridge the gap between knowing the rules and steps (the “what”) involved in advance care planning (ACP) and embedding that knowledge (the “how”) into practice. The opportunity to incorporate building knowledge and skills facilitating ACP conversations into health care professional education is important if these professionals are expected to address these issues in practice. This pilot study sought to answer: What do novice social workers experience as they learn to facilitate ACP?

Development

Identified published curriculum with high validity and reliability
IRB approval – Exempt status – University of Louisville
Thematic analysis (Braun and Clark, 2006)
Informed consent from all learners
‘Contract statement’ to complete five reflections
Theoretical Model: Benner’s Novice to Expert
Assigned self reflections to capture thoughts and feelings (affective learning)

Participants

2 Gerontology SW Professors
1 Retired Social Worker (funder of project)
11 MSW Gerontology SW Students – final year
  11 female  3 male
Age Range: 24 - 90

Methods

Qualitative
Longitudinal over 4 months
Written reflection prior to beginning
Six online modules
Respecting Choices First Steps© Curriculum
Written reflection
Competency-based 8 hour workshop
Face-to-face – discussion – trigger video – role play
Written reflection
Complete personal ACP statutory document
Powerful – Some resistance
Written reflection
Complete ACP conversation with significant other / loved one
Written reflection

Results

7 Themes  3 Categories

Category 1: Theoretical Knowledge

Theme1: Understand ACP conversation
“I won’t sign people up for a time slot just to fill out the forms”
Participant #10

Theme2: Individualize ACP Conversations
 “[Facilitators] should strongly encourage preparing a letter or statement outlining choices, values, goals.”
Participant # 14

Category 2: Skill Development

Theme 3: Gaining medical and legal knowledge
"When I read [the statistics] regarding limited success of CPR, I was shocked"
Participant #11

Category 2: Skill Development

Theme 4: Gaining confidence
“I believe I will be more competent and comfortable [facilitating ACP discussions] as result of our training.”
Participant #13

Theme 5: Wanting expertise
“I can’t help but wonder what should be said when you do not have [decades of experience] to draw on.”
Participant #5
relates to instructor being able to field question

Theme 6: Acknowledging novice status
“I believe that I have the full ability to facilitate these conversations. I certainly and without question, need additional practice.”
Participant #6

Category 3: Self-Reflection

Theme 7: Self-reflection
“With becoming more accepting of death, I have come to appreciate life more, and for that I am grateful.”
Participant #9

Conclusions

1. Healthcare professionals must know more than completing the statutory form.
2. Those working with serious illness need additional training.
3. Novice learners expect too much of themselves.
4. Need to develop skills of thinking holistically and contextually about practice situations, not just follow the steps.
5. Knowing one’s limitations may motivate learner to seek additional information.
6. Social Workers need to be more conversant with physical health information.
7. Power of completing personal ACP document is transformational.
8. Self-reflection, in addition to knowledge and skill building raise the awareness of personal values and bias.

Bibliography

Full study has since been published: