

Enhancing the Rhythm of Your Team: Key Steps for the Clinical Social Worker

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Objective

To be able to **adapt** the Clinical Social Work skills that we use everyday,

To enhance the **rhythm, flow** and **communication** of our teams.



Rewards and Challenges....

Strains/frustrations/craziness of working with other team members

Social Workers are team players-want to please and be helpful

Common goals; unique perspectives and approaches



Overview:

- ❖ Literature review
- ❖ Team Relationships & Dynamics
- ❖ Comparison of styles of team functioning and implications for daily practice
- ❖ Positive strategies to enhance team effectiveness



You can choose your friends, not your family/team members!

“ As with any group, it is helpful to understand the players on your team, the dynamic between members, what you can change, what you must accept and how best to carve out your role in the team you have been given.”

-Elyse Levin-Russman, LICSW; “Working in a Multidisciplinary Team,” APOSW website



Unique Training Perspectives

Medical Model

- Reinforces autonomy and competition
- Physician as the healer
- Ultimately responsible

Social Work Perspective

- Cooperation
- Patient/client centered; supporting strength and autonomy
- Team approach; experiential education

Cowles, Social Work in the Health Field: 2003



Secondary Setting

- 1) Be considerate and respectful of the primary service providers and their work and responsibilities
- 2) Be mindful of the fact that medical and nursing staff view the patient as “**their patient**” and will appreciate the social worker keeping them informed of any developments concerning the patient or family
- 3) Keep in mind the primary and priority functions of the organization (health service)

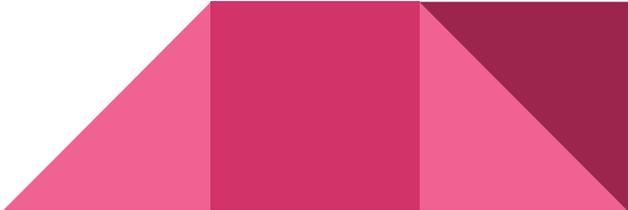
Some Group Decision Making Styles

1. Default- no decision
2. Unilateral- imposed from above
3. Majority- most agree
4. Consensus- all agree

“...team decision making in health care ... is often undemocratically influenced by those with more prestige or power.” Cowles: [Social Work in the Health Field](#), 2003, pg 22

Or: I thought we had all decided---how did that decision get reversed?!

? ? ?



Interdisciplinary vs Transdisciplinary

Interdisciplinary Team: team members interact with each other, have clear professional boundaries & understand the relationship between patients' medical needs and the psychosocial aspects of care

Transdisciplinary Team: team members are talking all the time, approaching patients together with common goals and objectives. Close collaboration and a common language between professionals are key to their structure.

Levin-Russman; "Working in a Multidisciplinary Team," APOSW website



Common Problems in Interdisciplinary Team Functioning

1. Turf Protection (“my patient”)
2. Different values/ different understanding of the needs
3. Self promotion
4. Status discrepancies that impair open communication
5. Lack of understanding of one another’s “language”, skills, and knowledge area
6. Differences in the problem solving process

Promoting Teamwork & Communication

Person-centered care dictates that we must unequivocally accept the patient as a full member of the team.

Three key roles of social worker to help promote teamwork to benefit the patient:

- ❖ As an advocate for the patient
- ❖ As as an interpreter to the team of the patient's views and to the patient of the team's views
- ❖ In using negotiating skills to help the team communicate effectively

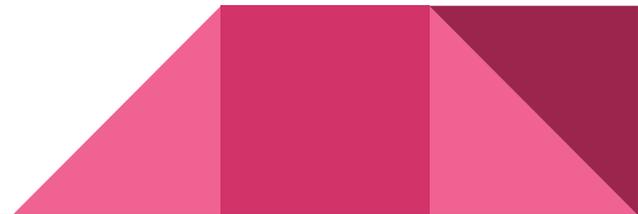
Balancing our roles

Our role as **client advocate** can create tension between the social worker and the rest of the collaborative team

Social worker as advocate is seen as an inherent part of the **social work identity**

Ethical responsibility vs **team harmony**

When do you stand your ground?



Recipe for a functional team

Teamwork is likely to be most effective if you “provide incentives to cooperation which equalize power and let negotiation take place” (Payne, 2000:29)

- Role clarity but also role flexibility
- Mutual respect and trust
- Sense of equal importance
- Sense of a group bond, not autonomy
- Flexible leadership and decision making; shared power
- Consensus on group norms, values, commitment, and purpose

Opportunities for Communication

Co-location with interprofessional colleagues gives the opportunity for physicians and nurses to learn about social work in daily interactions

Documenting in medical records as means of communication (pros and cons)

Communication and education at the macro level

“If we did this education then things would change drastically. If we didn’t have to keep tapping them on their shoulders to keep telling them why we’re so important, then services would be different.”

Clinical consultation

Ambrose-Miller & Ashcroft, Challenges Faced by Social Workers as Members of Interprofessional Collaborative Health Care Teams, Health & Social Work, 2016



Interprofessional Collaborative Practice

“The intentional educating of people in skills to work together effectively, to communicate effectively, to understand each other’s values and ethics, to work as a team”.

Shelley Cohen Konrad, PhD, LCSW. Director of the University of New England’s Center for Excellence in Interprofessional Education. [Field Educator](#), Simmons School of Social Work: Vol. 4.1, Spring, 2014



Collaborative Leadership

Expose concepts early on in one's education; classes taught across professional disciplines

Collaborative classrooms; collaborative research; collaborative learning

Interprofessional field placements; shared patients, fuller understanding

Involves effective team conversations with goal of person-centered care, helping others share their views, managing team conflict, and bringing the client voice to the table

Shelley Cohen Konrad, [Field Educator](#), 2014



Social Workers Got the Skills!

- **Communication** skills
- Listening without **bias** or **judgement**
- Engage and build mutual, productive relationships
- Openness to **learn** about others
- **Respectful** of both shared goals and differences
- Skill at developing strategies to deal with **complicated, difficult** situations
- Experience voicing our roles as **advocates** for positions and patients

Shelley Cohen Konrad, Field Educator, 2014



The Book Social Workers Could Have Written!

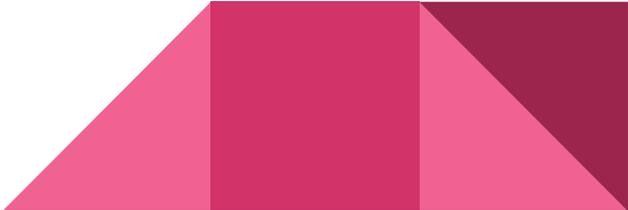
Get Better: 15 Proven Practices to Build Effective Relationships at Work by
Todd Davis, Chief People Officer for FranklinCovey

Listen to interview on Knowledge@Wharton, “The Workplace Culture Chasm: Why So Many Get It Wrong”, aired March 29, 2018

“...it really boils down to the **nature of the relationships** between the people.”

“...**we confuse activity with results**. Slow down, think from the other’s perspective.”

Pinball Syndrome; With People, Fast is Slow; Wear Glasses at Work



Implications for Practice

Spending purposeful “**up front time**” with team members--one on one--will save time and one’s sanity in the long run.

Adapting our **assessment skills** to include more fully understanding our **colleagues**: their core approach to patient care/life; how strongly they need to feel in control; their willingness to **partner** with other disciplines; their openness to learning about the scope of clinical social work practice.

Creating opportunities to gain perspective and an awareness of **shared values**, in spite of **differing approaches**, will help prevent conflicting opinions from feeling like personalized attacks.



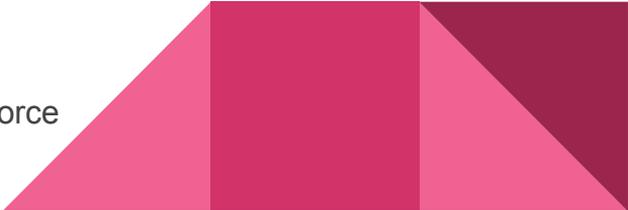
Arm Yourself with Courage, Knowledge and Professional Confidence!

Being **confident** in our own clinical role and abilities will help social workers accept that they have something of **unique value** to contribute to the team approach to patient care.

Work to not be intimidated by others in perceived positions of power; if feeling pressured, this is a sign to **take a breather** rather than make a quick decision!

Become familiar with language and documents that can help explain to others what we do, in a non-defensive manner. Explore other's misconceptions with an **open mind**.

(See "BMT Clinical Social Work Role Description," developed by the Social Work Workforce Group of the NMDP--on APOSW website)



Going Forward or “What I learned at APOSW!”

Share insights, articles, implications with other team members:

At weekly care planning team meetings

Psychosocial rounds

Meetings with fellows/residents

Nursing “lunch and learn” sessions

Social work in-services

With other Peds Onc social workers who covered for you!

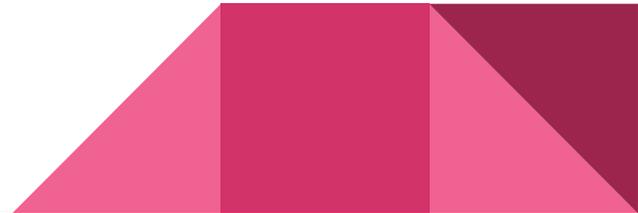


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