



# Oncology Social Work and Interprofessional Education (IPE): Analysis of Multidimensional Competencies

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## Abstract

This article compares the education competencies of the social work professional in the United States with standards related to interprofessional education. The analysis maps the Council on Social Work Education (CSWE) Educational Policies and Accreditation Standards (EPAS) (2015) to the competencies of the Interprofessional Education Collaborative (IPEC, 2016). The additional lens of oncology health care disparities is used to emphasize the added educational needs of oncology social workers to participate in and lead interprofessional medical teams in the oncology field.

## Introduction

This critical analysis will explore articles related to social work and interprofessional (IPE) education and their intersecting competencies using the additional lens of oncology healthcare disparities. The works included in this analysis relate to both social work education and IPE, especially in terms of elevating social work as leaders in IPE. First, the analysis will include a mapping of Council on Social Work Education (CSWE) Educational Policies and Accreditation Standards (EPAS) [1] to the competencies included in the Interprofessional Education Collaborative Core Competencies for Interprofessional Collaborative Practice [2]. The analysis will then summarize and discuss recommendations for social work education to include IPE concepts and competencies. In medical settings, social workers often work in interdisciplinary teams focused on patient care [3]. Related to oncology, recommendations from the IOM [4] Report include psychosocial care, in terms of distress screening and treatment, as an essential component of whole patient care. As such, social work education must prepare social workers as leaders of multidisciplinary teams, particularly in work with underserved and marginalized populations such as aging adults and multiethnic groups. Social work education must include IPE to socialize social work students as future leaders in interprofessional practice (IPP) in order to confront healthcare disparities of marginalized populations.

## IPEC and CSWE

Competency based educational standard in IPEC and CSWE include multidimensional competencies for professional education. The IPEC standards include four competency domains: Values/ Ethics for Interprofessional Practice; Roles/ Responsibilities; Interprofessional Communication; and Teams and Teamwork [2]. These domains include specific competencies falling under each domain. CSWE has nine competencies with corresponding practice behaviors and curricular dimensions. For the purpose of mapping the competencies between IPEC and CSWE, this paper will discuss IPE language

found in social work competencies followed by connecting IPEC to CSWE competencies.

## Social Work Competencies and IPE Language

Within social work competencies, the language of IPE, such as “collaboration” and “teamwork” are found in 6 of the 9 competencies, specifically competencies in 1, 4, 6, 7, 8, and 9 [1]. Competency 1: Demonstrate Ethical and Professional Behavior states that social workers, “understand the role of other professions when engaged in inter-professional teams” [1](p. 7). Competency 2: Engage Diversity and Difference in Practice, Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice, and Competency 5: Engage in Policy Practice do not contain language related to IPE, which separates social work from IPEC competencies. CSWE Competency 4: Engage In Practice- Informed Research and Research-informed Practice call for social workers to, “understand that evidence that informs practice derives from multi-disciplinary sources and multiples ways of knowing” [1](p.8). Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities includes inter-professional collaboration as a value principle. Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities discusses the importance of inter-professional collaboration in the assessment process. Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities also discusses inter-professional teamwork as an important value in the intervention process, and moreover discusses professional teamwork and communication as important in effective intervention. Finally, Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities discusses the importance of “multidisciplinary theoretical frameworks in the evaluation of outcomes” [1] (p. 9).

## IPEC Competencies

The four competency domains of IPEC are patient-centered in nature, focusing on a healthcare framework. The first domain is Values and Ethics, which is grounded in a “collective goal of optimal care [that] is shared by all members of the interprofessional team” [3] (p. 22). Furthermore, domain one involves professional values and ethics, which is closely tied to CSWE’s Competency [1]. The second competency domain of IPEC is Roles and Responsibilities. This area similarly is patient centered in nature and involves knowledge of each profession’s role in the context of supporting the healthcare needs of patient populations [3](p. 22). Certainly social work competencies 2 and 3 fit with Domain 2 in addressing the support of diverse and underserved populations. The third competency domain

is Interprofessional communication, which involves listening and facilitating across systems [3]. CSWE EPAS Competencies 6, 7, and 8 are strikingly similar in terms of engaging, assessing the needs, and intervening at various system levels [1]. The fourth IPEC competency domain is Teams and Teamwork. This domain support patient care through behaviors that support accountable and effective communication [3]. Although several CSWE EPAS competencies align with this domain, it is clear that Competency 9 focuses on accountability and effectiveness of programs through evaluation [1].

## Social Work as IPE Leaders

### Importance of IPE in Social Work Education

Jones and Phillips [3] discuss the role of IPE in social work education specifically through the lens of palliative care. This article cites a study by Fineberg, et al. [5] that shows the importance of preparing social work and medical students to work collaboratively in the educational process in order to increase knowledge of IPP. Students in this study were trained in an undergraduate pre-professional program led by social work faculty that aimed to increase knowledge and skills in the competencies defined by IPEC [3]. The area of palliative care is highlighted by the authors as an example of the importance of social work as leaders of multidisciplinary patient care teams, as the nature of palliative care involves complex systemic interactions [3]. Although social work is the leading provider of psychosocial oncology services, it also has unique competencies and values related to support of diverse populations, cultural humility, social justice advocacy, and policy practice not found in other professions and disciplines that position the social work profession in a leadership role in IPE [6].

## Oncology Social Work

### Oncology Social Workers as Interprofessional Leaders

The field of social work in terms of cancer care involves providing psychosocial services for cancer patients and their families. The provision of psychosocial services improves quality of life and health outcomes regarding cancer care. Oncology social workers follow a framework of identifying and screening patients in need of psychosocial services, assessing and developing plans that link patients to resource and services, coordinating and brokering services between patients and medical providers, and monitoring and evaluating effectiveness of services provided. This last step also includes adapting services for patients as needed. Social workers in cancer care also consider how a cancer diagnosis impacts interrelated environmental systems, such as families and communities [7] (p. 388). This framework for practice includes the person-in-environment perspective. In rural areas, for example, particularly with minority populations, oncology social work is elevated in importance in terms of connecting isolated individuals and families to resources.

The University of Texas at Austin School of Social Work designed a course focusing on interdisciplinary patient care to address psychosocial needs of cancer patients and families [3] (p. 24). Problem based learning activities were used to build collaboration among medical, nursing, pharmacy, and social work students in patient care. The class increased competency in areas of collaborative patient care practice across disciplines. In fact, the school has gone beyond oncology care to include this teaching method as a model for behavioral health. IPE is both incorporated into social work classrooms as well as separate IPE courses [3](p. 25).

## Diverse Settings

Cancer rates, in terms of incidence, mortality, and survival, tend to be significantly higher in racial and ethnic minority populations [8]. Bridges, et al., [9] discusses a healthcare course entitled, "Culture and Healthcare" (p. 3). In this course, students from various disciplines create educational materials and patient care plans that focus on the role of culture. Students in this course conduct a patient interview

that incorporates the role of culture, including a cultural history along with a post-interview reflection and feedback [9](p. 4). Social workers, however, receive integrated training involving cultural humility in every course. This specialized professional training promotes social workers as leader in IPP, especially in terms of communication among health care professionals and patients. Social work educational standards that relate to cultural humility and culturally responsive practice are present throughout the curriculum and assist in understanding patient experiences from an ecological perspective [1, 10].

The point made by Jones and Phillips [3] that social workers are "ideally situated to participate and provide leadership in IPE" (p.26) may go beyond collaborative and group skills to also include aspects of historical oppression and discrimination and understanding the intersectional relationships of healthcare and diversity. Poor communication and lack of cultural responsiveness from providers may contribute to a misunderstanding of course of treatments, treatment options, and treatment side effects. Additionally, one study suggests that despite some training in the role of culture by medical providers, patients feel that questions regarding treatment decisions were often left unanswered by the medical team, who used medical terminology rather than culturally responsive communication [11]. Oncology social work may be used in facilitating and supporting cultural responsive communication between patients and biomedical providers.

Other subpopulations in oncology include the additional lens of age: either children, young adults with cancer or patients over age 65. The complex needs of cancer patients who may be raising children, have cognitive impairments, or a pediatric patient involve the competence of a social worker to guide the multidisciplinary team in effective patient communication. In addition to oncology social work skills, social workers may be trained in assessment of psychosocial concerns that may impact or impede effective cancer treatment, such as chemical dependency or financial stress [6]. Social workers must be trained early in their educational journey to lead and facilitate effective, patient-centered interprofessional teams.

## Conclusion

The IOM [4] Report highlights the essential role of psychosocial realm of care in oncology practice. In cancer care, psychosocial services are a basic standard of care much like nursing or pharmacy. IPE competencies call for patient-centered values and ethics, which must include the lens of support for diverse and underserved populations. Social work, as the professional carrying ethics, values, and educational competencies to confront healthcare disparities, are well positioned to lead IPE and IPP. Social work's ecological theoretical framework and person in environment perspective creates a paradigm in which interprofessional communication and collaborating may be facilitated. For these reasons, social work education must include IPE models across the curricula in order to lead the charge in supporting systems that confronting oncology disparities. If this socialization occurs early in the social work curriculum, social work students may develop this role in order to impact the future of healthcare [3].

**Conflicts of interest/Competing interests:** Author report no conflict or competing interest.

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