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ExCEL in Social Work: Excellence in Cancer Education & Leadership An Oncology Social Work Response to the 2008 Institute of Medicine Report:

Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs

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Abstract

ExCEL in Social Work : Excellence in Cancer Education & Leadership was a multi-year National Cancer Institute (NCI)-funded grant for the development and implementation of an innovative educational program for oncology social workers. The program's curriculum focused upon six core competencies of psychosocial-spiritual support necessary to meet the standard of care recommended by the 2008 Institute of Medicine (IOM) Report: Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs. The curriculum was delivered through a collaborative partnership between the City of Hope National Medical Center and the two leading professional organizations devoted exclusively to representing oncology social workers - the Association of Oncology Social Work and the Association of Pediatric Oncology Social Workers. Initial findings support the feasibility and acceptability of this tailored leadership skills-building program for participating oncology social workers.

Keywords

Oncology Social Work Education; Psychosocial-Spiritual Care; Leadership Skills-Building; Professional Development; Institutional Change

OVERVIEW

ExCEL in Social Work: Excellence in Cancer Education and Leadership (*ExCEL*) was a multi-year National Cancer Institute (NCI)-funded leadership skills-building educational program for oncology social workers. This program was developed in direct response to the 2008 Institute of Medicine (IOM) Report: Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs [1]. *ExCEL* was designed to enhance oncology social workers' competence and confidence to address psychosocial issues using evidence-informed practice and knowledge. This paper provides background information on the delivery of psychosocial services for cancer patients in the US, which served as the foundation for the development of the *ExCEL* program, and subsequently describes the *ExCEL* curriculum and implementation process with data supporting the program's feasibility and acceptability among participating oncology social workers.

The aims of *ExCEL* were to: 1) Develop an oncology social work-specific curriculum addressing the recommendations of the 2008 IOM Report on psychosocial health needs of oncology patients; 2) Implement the curriculum through eight pre-conference courses offered in conjunction with the two leading oncology social work professional organizations' annual meetings: the Association of Oncology Social Work (AOSW) and the Association of Pediatric Oncology Social Workers (APOSW); 3) Provide evidence-informed education through the AOSW and APOSW websites and quarterly newsletters; 4) Evaluate the impact of these efforts by measuring the process and outcomes of the various educational activities, as well as the self-reported change efforts conducted by participants by means of institutional change goals; 5) Disseminate these findings through peer-reviewed publications, various professional organizations and oncology networks.

The 2008 IOM Report summarized a growing body of scientific evidence that validates the effectiveness of addressing psychosocial problems created or exacerbated by cancer to reduce patients' suffering, help them adhere to prescribed treatments, support their return to health and promote their well-being [1]. Unfortunately, there continues to be many barriers to clinicians' ability to adequately and reliably attend to the psychosocial-spiritual health needs of cancer patients and their families [2]. Examples include: the way in which clinical practices are designed, shortages of health personnel, the nature of payment and the policy environment in which healthcare is delivered [3]. *ExCEL* was developed as a systematic approach to improving the delivery of these vital services through the enhancement of leadership skills for oncology social workers. *ExCEL* is unique in that it simultaneously educated oncology social workers on six selected core psychosocial-spiritual health competencies and provided mentorship to participants as they developed and implemented institutional change goals.

BACKGROUND

The field of psycho-oncology was developed to address the multiple dimensions of the cancer experience [4, 5, 6]. Social workers practice in a wide array of settings and provide an extensive range of mental health services to both pediatric and adult oncology patients and their families [7, 8]. There has been an increasing focus on the urgent need to better prepare the existing workforce to more effectively meet the demands of a diverse and rapidly aging population [2, 9, 10, 11]. The 2008 IOM Report identified the following impediments to the provision of continuing education for psychosocial-spiritual health professionals, including a lack of clarity about the competencies the workforces should possess, absence of well-developed curricula around clearly defined competencies, inadequate numbers of faculty qualified to teach and mentor psychosocial skills and insufficient specificity in accreditation and licensing standards regarding competencies and curricula on psychosocial care [1]. Additionally, there continues to be a lack of institutional support for professional social work education due to constricted budgets, staffing shortages and time constraints [12, 13]. This creates practice environments that do not routinely provide opportunities for social workers to engage in leadership development.

Compounding these issues are troubling reports of oncology workforce shortages due to an aging workforce and a lack of professionals to replenish the specialty in the near future [14, 15]. There is increasing awareness that the United States healthcare system is facing a crisis that challenges the already over-burdened system for oncology professionals across all disciplines [2, 14, 16]. Oncology leaders are urgently needed with the competence and confidence to develop new programs in response to the rapidly evolving healthcare environment [17]. The development of a wide range of culturally-congruent, person-centered and family-focused services requires a cadre of professionals with an ability to quickly create, evaluate, disseminate and replicate novel programs across settings and disparate systems of care [18].

Practicing social workers continue to report a lack of adequate preparation for the specialized work they are expected to do and note this as a significant source of stress, increasing the risk for compassion fatigue, decreased job satisfaction and often resulting in a premature exodus from the field [19, 20]. Commonly, oncology social workers are supervised by non-social work professionals and embedded in multidisciplinary departments or units, limiting access to seasoned social work colleagues as clinical supervisors, mentors or role-models. Yet with adequate education and support, oncology social workers are ideally positioned in healthcare settings to fill the gaps identified in the 2008 IOM Report. *ExCEL* was developed in response to the IOM's [1] call to action for improved psychosocial oncology care through the development and implementation of a tailored curriculum specifically designed to enhance the clinical competence and leadership potential of oncology social workers.

Program Content and Implementation

The *ExCEL* curriculum focused on six core competencies identified in the 2008 IOM Report [1] as necessary for the provision of quality psychosocial-spiritual care for oncology patients and their families. Persons facing cancer require competent and compassionate care

throughout the continuum of illness, across multiple and varied treatment settings and throughout their lifespan. Yet, evidence indicates that few health care professionals and oncology care systems are adequately prepared for this task [21, 22]. Guided by professional standards of care and a code of ethics [8, 23], health social workers must personally and professionally embrace the imperative to deliver and sustain meaningful advancements in the delivery of quality psychosocial-spiritual care.

The *ExCEL* curriculum addressed these complex challenges through an evidence-informed curriculum using face-to-face education (two courses per year for four years, targeting 400 competitively selected participants), structured expectations for goal-achievement, follow-up support at six and twelve months post-course and a variety of distance-communication methods. *ExCEL* was led by a team of expert oncology social work faculty. The investigative team and faculty collaborated in the development of the curriculum, delivered the program, and were available as mentors to offer support and assistance to participants as they worked toward achieving their institutional change goals. *ExCEL* participants were encouraged to see themselves as part of a community of like-minded professionals with knowledge and experiences to share in support of one another.

Interested oncology social workers applied to attend *ExCEL* through a competitive process. Applicants completed an online application, which included questions asking them to describe their leadership potential, opportunities to implement institutional change as part of a clinical care team, and commitment to improving psychosocial care. *ExCEL* faculty and staff reviewed applicants and selected participants for each cohort group based upon their written application materials. Selection criteria included a commitment to personal and professional development (in the form of a personal leadership statement) and their ability to identify and articulate an institutional change goal (applicants with goals that addressed the needs of the traditionally underserved were more heavily weighted). Following selection, participants completed a baseline institutional needs assessment survey to further assist them in refining their goals.

In recognition that many social workers receive limited financial support from their institutions for continuing education, *ExCEL* partnered with AOSW and APOSW to offer this curriculum as “pre-conferences” to their annual organizational meetings. This strategy was designed to maximally leverage grant funds to subsidize course attendance by minimizing participant travel costs. This strategy also provided an immediate arena for dissemination, reinforcement, and discussion among large numbers of oncology social workers as *ExCEL* participants were able to share their renewed motivation and discuss their institutional change goals with colleagues at the subsequent AOSW and APOSW meetings. Steps were taken to encourage members of previous *ExCEL* cohorts to meet and support newer *ExCEL* participants (*ExCEL* participants wore identifying ribbons and pins to assist networking at the annual meetings). There were also *ExCEL* presentations and poster sessions at each year’s AOSW and APOSW meetings to support community building among participants and to share *ExCEL* activities and information with a wider social work audience.

In addition to the face-to-face courses held each year, *ExCEL* content was delivered through print and web-based educational materials to further expand program impact and to reinforce key concepts. The virtual dissemination of information offered a timely response to the complex and rapidly changing US healthcare environment. Those not able to attend a pre-conference course benefited from this exposure to critical content areas through print and web-based efforts. *ExCEL* faculty and participants presented on *ExCEL* and the results of their goal activities through a variety of professional venues, furthering the impact of the program.

Participant Recruitment

ExCEL was advertised and marketed through AOSW and APOSW media channels (including dedicated space through their websites and quarterly newsletters, where course information and educational content was regularly shared), advertisements placed in professional journals, the City of Hope website, and other professional email channels serving social workers (e.g., National Association of Social Workers). Marketing and recruitment strategies also included mailings to attendees of previous City of Hope-sponsored professional education projects. Additionally, a dedicated *ExCEL*-specific newsletter and website (housed at the City of Hope: <http://www.cityofhope.org/ExCEL>) provided a wide-array of program and curriculum information and updates, the course application materials, links to useful resources and other educational opportunities and information highlighting successful participant goal work. A dedicated *ExCEL Facebook* page and *Twitter* feed also aided in marketing the program and created a venue for the growth of a robust “virtual” community.

ExCEL Curriculum

ExCEL in Social Work educational strategies were predicated upon established adult learning theories [24] that suggest that adult learners are self-directed, possess rich life experiences and are concerned with solving relevant life-problems. Curriculum content was presented through plenary sessions, faculty-facilitated small group workshops and tailored goal refinement sessions. Video demonstrations and patient and family narratives were interwoven throughout the program to highlight awareness of the human impact of this important work. Interactive experiences were designed to encourage personal engagement and authentic professional reflection.

Courses began with an evening reception and were followed by a full-day of material to leverage limited resources and minimize participant time away from work. Participants received a syllabus with module outlines, slide content, reference lists and contact information. Participants also received a wealth of other resources including copies of the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care [25], the 2008 IOM Report [1] and the *Oxford Textbook of Palliative Social Work* [26], a flash-drive containing an electronic copy of the syllabus and IOM Report, the City of Hope Pain and Palliative Care Resource Center index [27] (<http://www.cityofhope.org/prc>, with links to hundreds of additional resources) and nearly 1,000 pages of supplemental material.

The evening reception provided an overview of the standard of care as recommended by the IOM Report and introduced the “S.M.A.R.T.” approach (see **Competency Number 6**, below) to crafting effective change efforts [28]. The evening session ended with a small group session and the opportunity for attendees to further discuss their goals and network with other social work professionals and the *ExCEL* faculty.

The full-day curriculum addressed the six core competencies necessary to improve practice and reliably deliver quality person-centered and family-focused psychosocial-spiritual services. The following six core-competencies composed the foundation of the *ExCEL* curriculum: (1) interdisciplinary collaboration and teamwork, (2) person-centered and family-focused screening and assessment, (3) family-caregiver support and family-conferencing, (4) culturally-sensitive communication, problem-solving and decision-making (5) evidence-informed psychosocial interventions and (6) advocacy and leadership (see **Figure 1: Curriculum Framework**). These six core competencies were deliberately selected to be interrelated and synergistic. Plenary sessions were interspersed with interactive workshops and a series of faculty-facilitated small group sessions designed to assist in the further refinement of participant goals (see **Table 1: Course Agenda**).

The *ExCEL* program focused on the refinement of skills in each area to enhance oncology social workers’ overall effectiveness. Results of post-course six and twelve-month follow-up surveys each year helped identify barriers to goal implementation and allowed curriculum content to be annually updated to maximize the effectiveness of the program. The six competencies are described in greater detail below.

1) Interdisciplinary Collaboration and Teamwork—Social workers have been identified as key members of interdisciplinary healthcare teams for decades [29] and frequently serve as members of ethics committees [30], palliative care services, pain teams and other committees and projects [26]. Oncology social workers play a critical role in advocating for patients and reducing barriers to patient outcomes, particularly with disenfranchised and vulnerable populations. Social workers bring crucial skills in contextualizing patient needs and offering insight into factors that impact patient quality of life and health decision-making. Yet, lack of specific team-building skills may impair cross-discipline collaboration which in turn, directly impedes team effectiveness and impacts patient care. Although oncology social workers may be well-versed in the importance of communication, they benefit from support to refine these specialized skills to enhance team practice and effective case collaboration in oncology settings [31, 32].

A transformation in oncology care delivery must include integration of psychosocial services with medical care. Interprofessional (or transdisciplinary) care improves quality health outcomes for patients and reduces health-related distress and other psychosocial barriers to health outcomes [1, 33, 34, 35]. Providers however, are too often unclear about the role social workers play on the health care team [36].

Oncology social workers benefit from targeted education designed to enhance team functioning and collaborative communication. Reinforcing oncology social workers’

inherent collaborative skills promotes improved communication with team members and enhances effectiveness in implementing effective psychosocial services.

2) Person-Centered and Family-Focused Screening and Assessment—

Oncology social workers are at the forefront in providing systematic psychosocial screening and assessments and communicating this information to the healthcare team [37]. New standards of oncology care related to distress screening place oncology social workers in a visible and potentially more powerful position to enhance oncology care systems' response to patient and family needs [38]. Doing so requires skill in the implementation of distress screening protocols, selection of appropriate instruments and evaluation of patient outcomes [39, 40, 41, 42]. Participant goals have focused heavily on the need to develop robust screening strategies to address recommended IOM [1] and *Commission on Cancer* [43] guidelines for identifying patients most at risk for distress.

3) Family-Caregiver Support and Family-Conferencing—Evidence suggests that family-conferencing is a potent and effective intervention for family decision-making and establishing shared goals of care [44-A, 44-B, 45, 46, 47]. Family conferencing is most successful when the interdisciplinary team and oncology care professionals strategize together to make a plan to enhance the effectiveness of the meeting [48, 49, 50]. Oncology social workers serve an important role in family-conferencing as translators of medical information, coordinators and advocates for the patient and family [46].

Social workers have the ability to help patients and their families better understand and cope with diagnosis and treatment and assist in communicating this information. Specifically, social workers use their considerable skills in engagement, negotiation, family dynamics, interpersonal communication, empathy, assessment and cultural understanding to facilitate family conferences. Further refining these competencies for oncology social workers empowers them to take leadership roles in facilitating family conferences and to improve patient provider communication and ultimately patient care [51, 52].

4) Culturally-Sensitive Communication, Problem-Solving and Decision-Making

—Despite advances in cancer prevention, early detection and cancer treatment in the US, the provision of the full range of medical, psychological, social and spiritual support services are not yet accessible to all persons diagnosed with cancer [1, 2, 25, 53]. Access to necessary medical and psychosocial support services is a function of having health insurance mediated by socioeconomic status influenced by individual and family attitudes and beliefs about the need and efficacy of such care and affected by personal and institutional attitudes and practices of care providers and facilities. Differential access to societal resources and institutionalized bias/discrimination lead to inequalities and variation among these factors, resulting in an unequal burden of cancer in the United States [54, 55].

These shortcomings speak to social work's ethical commitment to social justice and serve as rationale for integrating activities into oncology social work that will increase the likelihood that the care all patients and families receive is safe, efficient, effective, person-centered, timely, culturally-congruent and equitably delivered. Pediatric and adult oncology social workers are ethically obligated to offer support to the vulnerable populations they serve [23,

56, 57]. Patients and families rely upon oncology social workers to be a voice for psychosocial-spiritual concerns and to be system advocates on their behalf [58].

Oncology social workers are well trained in understanding how barriers to health are impacted by culture, community, discrimination and disenfranchisement [59]. Using their skills in cultural humility and awareness, social workers support patients and families as they communicate treatment issues to team members and talk with children, schools, extended family, friends or co-workers. There is tremendous variability regarding communication styles and decision-making across cultures, therefore attention to these differences by skilled practitioners is a necessary component of competent healthcare in a diverse society.

5) Evidence-Informed Psychosocial Interventions—Oncology social workers are guided by a set of professional values and ethics that emphasize service, the dignity and worth of individuals, the importance of human relationships, social justice and professional competence [60, 61]. The ethic of competence suggests that oncology social workers maintain and apply clinical skills that are known to enhance patients' and families' abilities to cope with the myriad of practical, interpersonal, emotional, spiritual and existential challenges posed by cancer and its treatment. Although there is emerging evidence regarding the effectiveness of many social work interventions, there remains a significant lag in the translation of research findings to clinical practice. The field of social work (like other healthcare professions) is challenged to demonstrate that clinical practice is informed by research.

ExCEL participants were reminded of the importance of critically engaging the literature and encouraged to identify interventions that are known to be effective in changing patient/family behaviors, reducing institutional barriers to care and improving patient and family outcomes. A plenary presentation the first evening on the responsible conduct of research provided the foundation for the workshop focused upon evidence-informed practice the next day. Participants were encouraged to consider how their work contributes to building a more robust and culturally sensitive evidence base and offered mentorship to disseminate their work through professional publications and presentations.

6) Advocacy and Leadership / Quality Improvement Projects and Performance Measures—Quality psychosocial practice requires professionals with a personal commitment to provide evidence-informed care, yet few oncology social workers have been trained to negotiate the complex political climate so as to maximize their leadership role as advocates for institutional change [17]. *ExCEL* specifically called on social workers to increase their leadership roles in their institutions and in their professional organizations with a focus on increasing their effectiveness as advocates for patients, caregivers and the profession itself. Many clinicians are unfamiliar with organizational change principles [62, 63, 64] and may not see themselves as having the responsibility or power necessary to create robust and sustainable institutional change.

A foundational principle of *ExCEL* was that all healthcare professionals have a duty to improve the delivery of care. Regardless of one's job title, participants were reminded that

patients and families rely upon all healthcare providers to have a commitment to continuously seek to improve the quality of care provided. A key component of the curriculum was to encourage social workers to see themselves as healthcare change-agents with the necessary skills to create meaningful organizational change within their area of influence.

The *ExCEL* curriculum emphasized the importance of identifying oncology leaders with the courage to speak out for change and with the skills to create new programs to better meet patient and family needs. Participants were reminded of the importance of collecting evidence to provide a strong foundation for their proposed change efforts. Mentorship was offered throughout the course to support participants in the further refinement of their goals using the “S.M.A.R.T.” model [28]. “S.M.A.R.T.” is an acronym used by many organizations to provide structure and practical guidance in the formation of goals. “S.M.A.R.T.” goals are Strategic, Measurable, Achievable, Realistic and Time-framed. Participants were introduced to the concept of developing “S.M.A.R.T.” goals during the course application process and refinement of this process occurred through faculty-facilitated small group sessions.

Many participants initially found that their original goals were too vague and had difficulty concisely articulating their hoped for change. Time was built into the curriculum to assist participants in creating and tailoring an “elevator speech” to describe their goal in clear and compelling language. Participants were required to create specific written steps of what they hoped to accomplish by six and twelve months post-course with reminders that their goals would continue to evolve over time. They were encouraged to identify “champions” in their home environment with whom they could partner to achieve their goals. Participants were also invited to reach out to their faculty mentors and to other course participants post-course for on-going advice as their goal work progressed.

Following *ExCEL*, participants have successfully facilitated quality improvement projects, developed new support programs, established screening procedures, revised policies, mentored colleagues, joined a range of interprofessional committees, and more consciously integrated evidence into their clinical practice. To recognize outstanding goal achievement and identify emerging leaders, the *ExCEL* team selected two participants (an individual or team from each pre-conference course) annually to receive national recognition (Awards of Excellence) and \$1,500. Monetary awards provided an important incentive to maintain commitment and were used to subsidize costs for participants to attend further professional meetings to present their work. Additionally, several Merit Award recipients were recognized each year for their excellent work. Recognizing participants’ outstanding achievements in these ways was designed to promote the IOM [1] recommended standard of care, disseminate successful strategies useful in creating change and foster an identification of leadership among oncology social workers.

PRELIMINARY PROGRAM EVALUATION

Feasibility and Acceptability

Evaluation of a program's feasibility and acceptability is necessary before establishing its level of effectiveness. The City of Hope National Medical Center's Institutional Review Board reviewed the proposal and granted an educational exemption for the study prior to implementation of these activities. Feasibility and acceptability were determined through a variety of measures, including by the extent to which program goals for recruitment and participation (as specified in the original NCI grant proposal) were attained. Investigators intended to recruit a geographically representative sample of 400 oncology social workers from across the United States over four years. Participation exceeded initial recruitment goals with over 400 oncology social workers participating in the *ExCEL* program (representing 47 states and the District of Columbia). Additionally, thirteen guests from five foreign countries (Australia, Canada, Singapore, New Zealand, and South Africa) paid to participate. By the last year, the application process became highly competitive as there was a nearly a 2:1 ratio of applicants to available participant spots.

Initial analysis of the first three cohorts (N=308) and twelve-month follow-up data from the first two cohorts (N=165) is reported here. Participants from 45 states and five foreign countries attended the courses from 2011-2013. Acceptability and feasibility of the project was also measured by the extent to which participants provided 6-month and 12-month follow-up reports describing the activities they implemented at their institution to achieve the goals they created. To date, 92% of participants from the first three cohorts have reported 12-month follow-up activities. **Table 2** provides a sampling of the thematic areas reflected in participating oncology social workers' goals for change. Additionally, acceptability was measured with a question regarding whether participants would "recommend the course to colleagues." Ninety-nine percent reported that they would recommend *ExCEL* to others.

Preliminary Evaluation

The overall program was rated as well as each session using a (1-5 scale; 5=Excellent). The overall program were rated 4.9 and the overall sessions were rated 4.8. As part of the course evaluation, participants are asked to retrospectively report their confidence in each of the six core competency areas (see Table 3: Pre- and Post-Course Self-Reported Competency Rating). **Table 3** indicates a reported improvement and suggests that participants experience moderate to large improvements in their self-rated competencies.

In follow-up surveys participants reported that they maintain increased confidence over the twelve-month period and that a great deal of effort is made to accomplish goals. Participants report successes and barriers to goal implementation at six and twelve-months post-course and actively reach out to *ExCEL* faculty or other participant mentors for guidance. Initial data analysis demonstrates that 35% of participants developed screening and assessment goals, 20% identified educational goals, 19% were devoted to developing support programs and the balance reflect quality improvement projects. A future publication will report more detailed evaluation responses.

CONCLUSION

The *ExCEL* project was designed to increase the leadership skills and confidence of oncology social workers as healthcare change-agents, by supporting participants in their efforts to identify opportunities and create goals to improve the delivery of care within their area of influence. Participant goals covered a wide variety of areas, including creating more culturally tailored support services to meet the needs of non-English speaking patients within their institution; implementing more comprehensive screening strategies and educating colleagues about the need for psychosocial support.

The voice of oncology social work is crucial in the development and implementation of sustainable and robust psycho-oncology services to meet the needs of an aging population. In the current climate of healthcare reform, oncology social workers are urgently needed who can provide quality culturally-congruent, evidence-informed, person-centered and family-focused care. This transformation in service delivery offers tremendous opportunities for oncology social work leadership.

The initial evaluation of this project suggests feasibility and acceptability among a self-selected portion of oncology social workers in the US. Combined, AOSW and APOSW have over 1,500 active members with more than a quarter attending an *ExCEL* course over four years. The findings here reflect that oncology social workers are interested in and will attend and participate in training designed to increase their skills in leadership and evidence-based psychosocial interventions in cancer care. Yet, like any new program or clinical intervention, adoption occurs in waves, with these first 407 *ExCEL* participants representing early to mid-level adopters. *ExCEL* was recognized in 2014 by the American Psychosocial Oncology Society with an *Outstanding Education and Training Award* further affirming the value of this innovative educational approach.

The *ExCEL* project was created to re-ignite oncology social workers' commitment to ensure quality psychosocial-spiritual care is provided to all of those whose lives are impacted by cancer. The *ExCEL* project's positive evaluations and robust participation rates attest to the interest and need for advanced professional education among oncology social workers. The structure and network created through participation in the *ExCEL* program supported and reinforced oncology social workers' efforts to implement changes in their institutions to improve patient care for cancer patients and families.

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Figure 1. Curriculum Framework
 Framework (Adapted From (IOM, 2008))

Table 1**ExCEL in Social Work Course Agenda**

Monday	Opening Reception Agenda
4:00 - 5:00	Sign-In & Dinner Reception (Course Material Distribution & Networking)
5:00 - 6:00	Welcome, Faculty Introduction & Overview of Course Curriculum, Resources & Responsible Conduct of Research
6:00 - 7:00	A Call for Heightened Leadership, Accountability & Professionalism Overview of <i>IOM Report</i> & Recommended Psychosocial Standard of Care
7:00 - 7:30	Making Goals S.M.A.R.T.~ Enhancing Your Effectiveness as a Change Agent
7:30	Evaluations, Dessert & Networking
Tuesday	Full-Day Agenda
7:30 - 8:00	Sign-In & Continental Breakfast
8:00 - 9:00	Interdisciplinary Teamwork & Collaboration: The Oncology Social Worker in Context: Identifying Strengths, Limitations & Barriers Making
9:00 - 10:30	Making Goals SMART (Continued) Enhancing Your Effectiveness as a Change Agent (9:00 - 9:30) Applying Content & Refining Goals: Facilitated Small Groups (9:30 - 10:30)
10:30 - 10:45	Break
10:45 - 12:00	Person-Centered & Family-Focused Psychosocial Screening & Assessment
12:00 - 1:00	Luncheon
1:00 - 2:00	Culturally-Sensitive Communication, Problem-Solving & Decision-Making
2:00 - 3:00	Workshop (Choose One Workshop, A or B): A. Evidence-Informed Practice/Interventions B. Family-Caregiver Support & Family-Conferencing
3:00 - 3:15	Break
3:15 - 4:00	Facilitated Small Group Goal Refinement
4:00 - 4:45	Professionalism in Action: Strengthening Our Commitment to Advocacy & Leadership – Achieving Quality Care for Our Patients, Communities, Profession & Ourselves
4:45 - 5:30	Enhancing Institutional Change: Applying Lessons Learned Evaluation & Goal Collection

Table 2

Examples of Goal Themes

Goal Themes	Goal Examples
To Develop Screening Strategies/Tools	<ol style="list-style-type: none"> 1 Develop a comprehensive screening & assessment program called "Getting Connected" in which all new oncology patients will have a complete biopsychosocial assessment & treatment plan as part of their new patient visit. 2 After one year, 40 patients (20 in-pts and 20 out-pts) will be screened for psychosocial distress in a pilot project. The project will be evaluated for effectiveness. 3 To develop practical guidelines and procedures for implementing a caregiver screening program in accordance with the Commission on Cancer recommendations on distress screening (Standard 3.2)
Educate Staff/ Patients/ Families/ Community Partners	<ol style="list-style-type: none"> 1 Develop and implement a psychosocial education curriculum for pediatric oncology team members, focusing on the fellowship program, pediatric house staff, and parent consultation. 2 Develop a clinical skill building resource plan for pediatric oncology, hematology, and BMT social workers. 3 Develop an MSW internship program that trains and educates students how to be a dynamic member of a multi-disciplinary team, complete full biopsychosocial-spiritual assessments in the oncology setting, and incorporate the 2008 IOM Report into their clinical practice.
Quality Improvement/Process Improvement/Research	<ol style="list-style-type: none"> 1 Establish a patient and family-centered care council within 12-months of completion of <i>ExCEL</i> course. 2 Change the culture for peds oncology care to consistently include brothers and sisters in overall family care through strategic integration of Supersibs! S.M.A.R.T. Based consulting.
Develop Support Program/Resources	<ol style="list-style-type: none"> 1 All geriatric patients with advanced cancer will have been met and assessed by the geriatric social worker and offered referral to the geriatric palliative care clinic to discuss advanced care planning. 2 Every patient that is given a new, end-stage cancer diagnosis while hospitalized will receive a support/ resources folder and will know who to contact if they need assistance.
Comply with CoC Standards (or other) to Ensure Patient-Centered Care	<ol style="list-style-type: none"> 1 Create a caregiver program to include: kick-off caregiver day including massage, Reiki, reflexology, resources, assessment of needs and possible interest in support groups; caregiver program to offer education, information and support programs; pastoral care; presentation on palliative care, patient transition from inpatient to outpatient; and expand integrative medicine program to include caregivers
Professional Development	<ol style="list-style-type: none"> 1 To research and write a comprehensive literature review using at minimum 20 articles, less than 10 years old, focusing on adolescent oncology patient needs. 2 Create a special interest student group at my hospital for those interested in oncology (specifically social work, but other fields could be included as well). The group will partner with university faculty and administration to host workshops and/or presentations by professionals in local hospitals. Create a mentoring relationship for students and professionals.
Improve Access to Psychosocial Services/Interventions	<ol style="list-style-type: none"> 1 To research the appropriate screening tools to help determine psychosocial needs of patients-breast cancer patients. 2 To develop by June, 12 therapeutic letter templates. To pilot with 24 patients/caregivers who receive care at our Cancer Center. The evaluate use of a therapeutic letter and to determine the most effective format for use in navigation services.
Survivorship Care	<ol style="list-style-type: none"> 1 After one year, 50% of patients seen on an annual basis in a long-term follow-up clinic will have a consult assessment with a clinical social worker in pediatric oncology to assess and address psychosocial needs in survivorship. 2 Informed by patient and family identified needs and the evidence available in the literature, we will have developed, tested and implemented a comprehensive psychosocial educational curriculum and support program for cancer survivors (defined as patients who are finished with treatment).
Other	<ol style="list-style-type: none"> 1 Develop a dedicated training position for MSW's in Medical/Oncology social work which will incorporate addressing the needs identified through psychosocial distress screening done in the

Goal Themes	Goal Examples
	Cancer Center. This will train MSW's in the community for oncology social work positions and provide service for the cancer program.

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Table 3

Pre- and Post-Course Self-Reported Competency Rating

Pre- and Post-Course Self-Reported Competency Rating												
N = 308 (Scale: 1=Minimally Effective 5=Very Effective)												
Core Competencies	Interdisciplinary Collaboration		Screening & Assessment		Culturally-Sensitive Communication		Evidence-Informed Interventions		Family Caregiver Support & Conferencing		Advocacy & Leadership	
	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
2011	3.7	4	3.5	4	3.6	4	3	3.8	3.6	4	3.4	4.2
2012	3.9	4.4	3.7	4.4	3.8	4.4	3	4.2	3.8	3.9	3.6	4.4
2013	3.7	4.4	3.4	4.3	3.8	4.3	3	4.3	3.7	3.9	3.3	4.3
Mean	3.8	4.3	3.5	4.2	3.7	4.2	3.0	4.1	3.7	3.9	3.4	4.3
Reported Improvement	0.5		0.7		0.7		0.4		0.2		0.9	