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Cansw Voice

25th Annual Fall CANSW Conference

October 22 – 24, 2003

Kingston, Ontario

“Celebrating Our History...Planning Our Future”

This year's conference will include sessions from CANSW members and other renal health care professionals. Some of the topics include withdrawal from dialysis and end of life issues, forcing dialysis, and the elderly on dialysis. Other issues to contemplate will be “Where We Have Come From and Where We Are Going”.

Registration packages are now available. Accommodation for visitors to Kingston will be at the Holiday Inn Kingston Waterfront.

Consider attending the conference and enjoy some of the perks of gorgeous Kingston with your nephrology social work colleagues from across the country.

*For more information you can contact
Mary Joan Brinson at (613) 966-2300 or
bronsonm@kgh.kari.net*

CANSW EXECUTIVE:

President – Gary Petingola

*Vice President - Sheridan Van
Blaricom*

Treasurer – Lyle Stockwell

Regional Reps:

*BC and Yukon – Michaela Leicht
Southern Ontario – Dianne Boisjoli*

Northern Ontario – Shirley Pulkkinen

*Quebec and Atlantic Canada –
Maureen Brownlow*

JANE DICKS AWARD!

This award was initiated in 1995 to commemorate the contributions made to Nephrology Social Work in Canada by Jane Dicks. The award is presented as an acknowledgement of significant achievement within the profession. It is a recognition by the community of Nephrology social workers.

You can nominate a colleague and CANSW member for their contribution in community or clinical work, in education or research, or for their contribution to CANSW.

Nominations and information for eligibility to Gary Petingola, CANSW President, at (705) 523-7045 or gpetingola@hrsrh.on.ca by Friday, September 26, 2003



COMMENTS FROM THE EDITOR...

As social workers, we often talk about our “cases” when we get together. We can feel passionate, angry, unsure but usually this comes from caring about the people we are working with and for.

At a time when we have to justify what we do, count the number of people we see, categorize their issues, decide if we are the right discipline for the job, and have the right skill set it is all the more important to remember that we are here to listen, to understand, to explain and to try and fight for what is right in the world of budgets and timelines.

Let’s talk and listen to one another’s stories and hear our voices and the voices of those who live with kidney disease.

In this issue we hear the voices of those who work with children and their families, those who work with new Canadians who grapple with illness in an adopted country, and a program to ask people with kidney disease to make end of life decisions.

We also hear from social workers who find the time to look at issues of program development.

I thank you for your contributions and for your comments...

Lorraine St-Martin, MSW

Vancouver General Hospital

If you would like to write an article for future editions, please email me at lstmarti@vanhosp.bc.ca

In January’s edition, we will be featuring articles about working with hemodialysis and peritoneal dialysis patients

I look forward to receiving articles and any ideas for future editions..

Deadline for submitting articles will be December 15th/2003 for the January edition.

Working with Children and Their Families

Kevin Brady is a Social Worker at Montreal Children’s Hospital

The issues that families and children deal with when faced with a diagnosis of kidney disease are numerous. As a social worker at the Montreal Children’s Hospital Department of Pediatric Nephrology, I work as part of a multidisciplinary team consisting of doctors, nurses, psychiatrists, psychologists, nutritionists, teachers, child-life specialists and art and music therapists. We work together in assisting all family members cope with, and adjust to the many changes and stresses that kidney disease can introduce into the family. Because a sick child is completely dependent upon his/her family to successfully manage their overall care, our client-centered, family-focused approach works well within the context of a pediatric setting. Our goal is to assist not only the patient in learning to cope with and manage their disease in a healthy way, but also to assist family members in adjusting to the many changes and stresses that kidney disease can have on the entire family system.

One major stress that families with children who suffer from kidney disease must initially deal with stems from the lack of specialized pediatric nephrologists who practice outside major urban centres. The higher ratio of adult nephrologists when compared to those who specialize in caring for children makes access to specialized services for adults much easier than for the pediatric population. Because the majority of pediatric specialists are located in major urban centres, most families are forced to displace themselves long distances in order to ensure that their child receives the specialized care that they require. Regular visits to hospital for medical follow-up can be tiring for all family members, and can also be financially exhausting for the family. The displacement of a parent, particularly when there are other children living at home, stresses the entire family system. Parents are stuck with the dilemma of supporting their sick child, while simultaneously trying to maintain their responsibilities to other family members.

Most often when a child is diagnosed with kidney disease, it is the parent who is forced to manage their care in the home. This often means that there is a change in the financial status of the family since one parent must stay home in order to attend to the needs of the child. In addition, forcing their child to undergo invasive and sometimes painful medical treatments, monitoring blood pressures, administering medications and injections, and worrying about the nutritional needs of their child, become a constant preoccupation for the parent. These concerns seriously impact on the overall family dynamic: marital communication can break down, and siblings often feel left on their own. Most parents become so involved in the sick child’s management that they can unintentionally prevent them from growing up. This in itself becomes problematic, particularly when the child passes into adolescence and young adulthood, and must make the transition into adult care. Depression and parental “care-giver” burn out is always a concern.

Clearly, being a parent and “professional care giver” at the same time introduces a new facet to the new child-parent relationship. Dealing with chronic illness in itself is difficult for any family to manage. The role of social work in the context of pediatric nephrology is very diverse, and must focus beyond the individual needs of the patient. In this regard, assisting families in manoeuvring their way through the ups and downs associated with kidney disease, from initial diagnosis to transplant, entails a tremendous amount of time and investment from professionals involved. But the investment is very rewarding!

WORKING WITH THE CANADIAN CHINESE PRE-DIALYSIS PATIENT

By Myrna Poon, MSW

At the pre-dialysis, or Chronic Kidney Disease Clinic of the Vancouver General Hospital, there is a high percentage of Canadian-Chinese patients whose first language is either Cantonese or Mandarin. (Cantonese is a dialect from a southern province in China, and in Vancouver, the Cantonese and Mandarin speaking groups are the most prominent). Their understanding of English is very rudimentary. In an effort to ensure that these Canadian-Chinese patients and their families receive correct, unbiased and unfiltered information, the care team at the Clinic arranges for a professionally trained interpreter to be present when these patients come for their sessions with the English speaking nurse, social worker and dietitian. We also have a Chinese speaking social worker and have received very positive feedback on this approach.

There are several other resources available to our Cantonese and Mandarin speaking patients:

A peer support program was developed by one of the social workers and a Chinese group of peer patients was screened and continues to be managed by a social worker. The intent is to

offer support to the pre-dialysis patient who needs to make a decision about treatment modality. If the patient is interested, the social worker matches them up with a fellow patient. We've found that the peer support program helps the prospective patient feel more at ease and less fearful of beginning the dialysis process when they can ask another patient questions and hear about a first hand experience of dialysis.

We also provide an extensive selection of patient education materials for the Chinese pre-dialysis patient. Many of the English brochures are translated including Living with Kidney Disease, as well as other medical pamphlets such as implications of having high blood pressure and diabetes.

There is a very active Chinese Chapter of the BC Branch of the Kidney Foundation which also issues quarterly publications of their activities and other information. In January of 2003 they published the stories of 15 Chinese patients and their families, sharing their dialysis and organ donation experiences.

The Chinese Chapter runs monthly drop-in sessions, annual outings, dinners and seminars in



an ongoing effort to provide support and educate the Chinese community about kidney disease and organ donation.

The VGH Chronic Kidney Disease Clinic runs a day-long educational session conducted in Chinese, twice a year. Patients and family members meet fellow patients to give and gain support from each other.

The session is organized by the CKD staff and sponsored by them and the Chinese Chapter of the Kidney Foundation.

The content is presented by all the disciplines involved in their care including a nurse, an occupational therapist, a dietitian (focusing on Chinese foods), a social worker, a pharmacist, and a nephrologist (focusing on traditional and Chinese herbal medicines).

Lunch is provided and peer support volunteers are integral to the day to discuss the challenges of dialysis. A spouse is present to talk about the stress and experience of being a caregiver.

Myrna Poon works at Vancouver General Hospital and is retiring in August of this year.



From Far and Wide...

REGIONAL NEWS FROM QUEBEC

Nephrology Social Workers from Quebec are meeting bi-annually to discuss clinical, program, and resource issues. The last meeting was in June, 2003 where group guidelines and purpose were decided. As staff development and education budgets are minimal, most of the Social Workers who attended came from the Montreal and surrounding area. Meetings are held in French.

If you would like to find out more about location, topic and participation, you can contact Nadia Chouinard, a Renal Social Worker at C.H.Charles LeMoynes Hopital at (450) 466-5000 Loc. 2713 or by email at nadia.chouinard@rrsss16.gouv.qc.ca

FROM THE PRESIDENT'S PEN...Gary Petingola

Like so many of you, each day that I enter the hospital I am challenged to take the time out of my daily work regime to clean my office in an effort to gain a "sense of control" in my work life. I usually have had my cup of coffee, and I have these thoughts of grandeur that I might actually have some time to sort through the piles of papers that cover my desk, sift through the last six months of printed dialysis schedules, organize my files and catch up on my recording.

On July 28th, 2003, I walked into my office once again determined to unearth some order in a metamorphic trance. Coincidentally, this was also the first day that my two daughters were starting sailing camp. This meant whisking them out of their beds, getting them in the car and having them accompany me to my office prior to me walking them across the street to camp. Keeping in sync with my fixation for order and to help the girls to pass the time, I requested that they remove all of the items on my bulletin board and organize it in a functional and neat manner.

This is a daunting task. In many ways my bulletin board has become a tribute to who I am and what I have accomplished since my induction to Nephrology Social Work and CANSW only 4 years ago. At first glance the bulletin board signals to the observer disarray, dog-eared papers barely fastened and multi-colored layers. But it is more than that.

As a Nephrology Social Worker, I was introduced to a meager office arrangement and placed in a small corner of my colleague's office with a little wooden desk no more than 2 feet by 3 feet in size. I made a plea for my own office space, begged for some

comfortable seating for my patients and combed the halls of a deserted hospital wing dodging union stewards on a mission to locate a new desk.

My next goal was to obtain a bulletin board, as no social worker in my opinion should be without such a fine item. I befriended one of the housekeeping staff who told me about a very large bulletin board that was sitting in storage not being used, a travesty that needed to be corrected. Once I attained this prize possession I made it “me”.

My bulletin board has CANSW conference brochures, continuing education certificates and certificates of appreciation, all detailing my accomplishments since my affiliation with CANSW. The bulletin board is covered with running numbers and safety pins dangling once sported on my running jerseys during marathons. There are photographs of family summer vacations and places of solitude posted to help me get through those hectic days. There are photos of my children depicting their growth as well as Fathers’ Day cards. There is a narrative by my daughter with brown eyes who rants about her love for baloney sandwiches, when the fact of the matter is that this child has never tasted baloney in her life. It is amazing how this child’s narrative has made my patients smile. There is a vivid colored piece of construction paper with a poem written by my daughter with blue eyes entitled “I will be” that illustrates sound, texture, and personality. There is a *ménage dans son pupitre* (Jean Chretien is cleaning out his desk) that she ironically completed during the last federal election 3 years ago. There are watercolor paintings done while at the cottage, on a sun baked beach with Muskoka Chair. There are cards of thanks from patients that have come and gone. There is a small Santa decoration that was given to me by a patient my first Christmas in Nephrology. There is a wealth of good resource information that I have collected for the past 4 years.

It’s timely that I reflect by closely observing this bulletin board that is posted directly above my desk as I have become oblivious to it.

This is my last entry as president of CANSW. As the memorabilia of my bulletin board validates who I am, CANSW has validated my professional self-worth and integrity as a renal social worker. From the moment that I first stepped into the hospitality suite in Winnipeg in 1999 at the CANSW conference, I have been adorned with camaraderie and support. My experience with CANSW has changed who I am. With downsizing and the erosion of Social Work directorship, I no longer feel alone and floundering if I am

challenged with difficult professional situations. If I have a burning question directly related to my work as a Nephrology Social Worker I know that I can turn to my respected renal social work friends for assistance to solve any dilemma.

As I enter a new period of transition as a renal social worker, no longer the president of CANSW, but still very dedicated to the cause, I am able to bask in the memories yet anticipate with excitement more challenge. I have CANSW to thank for this.

By the way...my daughters decided that they would rather read Harry Potter and color while waiting for camp so my bulletin board remains untouched, intact and for the moment “me” at least the way I am now. I think I will just leave it the way it is for the time being, reminiscent of many fulfillments. My daughter with the blue eyes sums it up very well in this closing narrative pinned to the bulletin board, “Imagine not having a deadline set of when your journey will end. Just exploring day after day.”

Gary Petingola is a Social Worker at Sudbury Regional Hospital and will step down as CANSW President in October, 2003.

From Far and Wide...

Regional News from Eastern Ontario

The Ottawa Hospital apparently can now boast of the dubious distinction of having the largest Nephrology Department in Canada. Let us say that it makes for a lot of people – both staff and patients. We’ve opened satellites in the last two years in Hawkesbury, Cornwall and the latest last fall in Winchester. But the work is never done and further expansions are expected in future. We now have 6.3 nephrology social workers and are plotting to increase our numbers as the work load continues to grow.

We held our 1st regional nephrology social work meeting this spring. It was greatly appreciated by the social workers servicing Renfrew, Cornwall and the Children’s Hospital of Eastern Ontario. The social workers who go to Hawkesbury and Winchester are based in Ottawa.

Some of the social workers are participating on the committee planning CANSW’s October Conference. We are looking forward to an educational and fun time in Kingston this fall.

Our Dr. Deb Zimmerman has started a pilot project of daily home hemo and is hoping to obtain Ministry financing soon.

Our transplant team now has a surgeon doing laparoscopy removal of donor kidneys which cuts down their recovery time.

We are continuing with support groups for hemodialysis patients and our turnout is improving. Our groups are mixed with patients from all the treatment areas.

Dianne Boisjoli is the Eastern Ontario rep of CANSW and works at The Ottawa Hospital

EVERYTHING YOU OUGHT TO KNOW ABOUT THE KIDNEY FOUNDATION AND MORE !

By Donna Murphy-Burke, MSW

As social workers in the nephrology field it is common to have contact with the Kidney Foundation of Canada. Interaction can occur at various levels, (National, Branch, or local Chapters) and for a variety of reasons (educational materials, loans and grants, peer support programs, committee work).

For well over 10 years I worked as a front line renal social worker. I thought I had a good grasp on what the Foundation was all about, yet as I enter my 4th month as the Director of Programs with the Kidney Foundation, BC Branch I find I am only beginning to realize the depth and breadth of what the Foundation offers.

The Foundation is a national charitable organization and as such all our services are made possible through public, corporate, and service club donations. As a non-profit the challenge of stewardship of donated funds is always at the forefront of our decision making. At the end of the day the question becomes is the Kidney Foundation responding to the needs of the chronic kidney patient in a responsible, accessible, and timely fashion?

The four cornerstones of the Kidney Foundation are Research, Patient Services, Organ Donation, and Advocacy for high quality accessible health care. From my limited experience from within I feel it is the unique blending of these four activities that makes the Kidney Foundation stand out from other non-profit health agencies.

Our commitment to research (roughly 40% of the National budget is designated for research) has meant seed money for many of the leading Canadian nephrology researchers. Without this research major advances in renal care, including transplantation and early detection, just would not have happened.

Our commitment to be a major funder of kidney research compliments our focus on patient services as through medical advances patients experience an improved quality of life.

In the realm of patient services the two aspects the Kidney Foundation is best known for are our educational programs and our emergency loan and grant program. Symposium, forums, newsletters, brochures, websites, and video productions are constantly being produced at both the National and Provincial levels. The Foundation's commitment to educating patients, family members, the public and health care professionals is seen as a priority throughout the agency. To date we have been able to provide the vast amount of these programs with little or no cost to the consumer. Our emergency loan and grant program is a distinctive feature of the Kidney Foundation. This program allows the Foundation to stay in touch with the day-to-day financial issues that many individuals with chronic renal failure must endure. In some areas of the country this aspect of patient services has seen funding reductions, due to overall decrease in revenues for the Kidney Foundation. Yet at the same time many provincial and federal programs have tightened criteria making life tougher for chronic kidney disease patients, and their families. The Kidney Foundation is not a social service agency yet this program can directly serve the most needy of chronic kidney disease patients in an immediate, and practical manner.

The advocacy role that the Kidney Foundation provides has many different faces. Within Chapters the Foundation works to support the members in becoming visible and involved within each renal community. Provincial advocacy work is done with various ministries and health

authorities to ensure equitable, high quality patient care. The National office works to inform and educate the federal legislators as to the many and varied issues affecting the lives of chronic renal patients. Chronic diseases will continue to dominate the health landscape of the future, and the Kidney Foundation is among the leaders in health planning. The advocacy work done is often behind the scenes, and likely the least known service provided by the Foundation.

Transplantation is well known to be the best treatment available for chronic kidney disease. It is also well known that transplantation rates in Canada are deplorable. The Kidney Foundation has always worked toward improving the

publics' understanding and awareness of organ donation, often in partnership with other health agencies. Advocacy in this area continues to be a strong focus for the Kidney Foundation.

The future holds many challenges for the Kidney Foundation, too many to list in a comprehensive fashion. As we develop a new vision statement for the Foundation these challenges will be addressed. I am confident that the Kidney Foundation of Canada will continue to be a leader in the non-profit sector, known as an agency dedicated to meeting the needs of chronic kidney disease patients in a sensitive, professional manner while bridging both immediate and longer term demands.

From Far and Wide...Regional News from British Columbia

Nocturnal Dialysis: A pilot project included 3 – 6 training weeks for 4 patients from Vancouver Island and 8 others from around BC. Funding is approved for another year and new patients are being recruited.

Community Dialysis Units: This year the emphasis is on patients dialyzing closer to home and as a result new units opened on the North Shore, Richmond (Lower Mainland), Terrace (Northern BC), Creston (Interior). Existing units in Surrey and Nanaimo (Vancouver Island) expanded their capacity.

Transplant: Living Anonymous Donation: Results of a study by BC Transplant Society reveal that a significant number of sane and altruistically motivated individuals are willing to donate a kidney to a perfect stranger. The agency is starting a pilot project recommending that potential recipients exhaust their LRD options before eligibility.

BC Renal Agency is currently working on a new costing model for renal care, as the current funding formula does not accurately reflect the changing acuity levels and modalities of care.

New Drug Policy: A cost containment measure by Pharmacare, the BC taxpayer-funded drug insurance plan, took effect mid-July, 2003 and is being referred to as the first time any government has imposed “therapeutic-substitution” on doctors and patients.

Public-Private Partnerships (P3): The Provincial Health Services Authority and Fraser Health Authority plan to work with Baxter to manage renal services in the Fraser area, which is one of five renal regions in BC. The project is expected to save \$1.3million over 5 years and will be keenly followed by other regions. Partnerships BC was created in May 2002 to pursue public-private partnerships in the delivery of public infrastructure. The private sector is thus involved in financing and ongoing operations of non-medical services.

Cutbacks in Home Support Services: Every health region is reviewing services to the elderly and disabled to meet budget restrictions. The cutbacks contradict the Ministry’s proclaimed mandate to provide “alternatives to institutional care” and “enhancing self-care and self-management”. Many frail seniors and the disabled have had service drastically reduced or completely discontinued. Seniors who lack the funds to purchase private services or do not have support from family or friends have become increasingly vulnerable. This could add to the cost of the system if people fail at home and have to move to expensive institutional care setting. *Michaela Leicht is a social worker at St. Paul’s Hospital in Vancouver.*

ADVANCED DIRECTIVES AND THE ROLE OF THE SOCIAL WORKER

By Zhila Schofield, MSW, RSW Penticton Regional Hospital, BC

TALKING WITH ALL RENAL PROGRAM CLIENTS

The intent of the Advanced Directives initiative is that every client in the Renal Program at Penticton Regional Hospital completes and signs the Advanced Directives form. The title of this form is "Patient Directive for Life Support".

The role of the renal social worker is to prepare the clients for this process. The social worker approaches each client with the principle of respect for autonomy, and assists him or her to achieve a sense of control amidst managing their chronic condition.

The renal social worker is responsible for -

- Introducing the Advanced Directives by showing the client a copy of the form, explaining what it is for, and why it needs to be done. The social worker lets the client know that the Nephrologist will speak to him/her in more detail about filling out this form.
- Informing the clients that they can change their minds at any time, and the form will be changed accordingly.
- Inviting questions to clarify any misunderstandings or misconceptions.
- Giving the option to bring along a partner, relative or friend to the session with the Nephrologist to fill out the form.
- Explaining to the clients that after the form is signed by the nephrologist, a copy of the form will

be given to the client, a copy will be faxed to their family physician, and the original will become part of the Health Record.

- Validating the psycho-emotional impact of what is discussed.
- Following up with more distressed clients
- Giving the client the option of not discussing the Advanced Directives (if the timing is not right, frustration too great, crisis in the family, etc.).

FEEDBACK ABOUT THE PROCESS SO FAR

At this point all the hemodialysis, home hemodialysis, and peritoneal dialysis clients have been introduced to this form. We are now in the process of introducing it to all the Renal Health Clinic clients.

Client reactions thus far have ranged from appreciation, indifference, feelings of depression, and emotional distress. An occasional patient has been unwilling to hear about the concept, to discuss it with the Nephrologist or to sign the form.

Although, I do not have any statistics to show, I can say that the majority of the clients have not expressed difficulty with the process and have not shown any symptoms of distress or sadness.

Some positive expressions from clients regarding the process have been to compliment the hospital for undertaking this task. They said this would make things easier for them and their families when making decision about life supports. They were pleased to have these decisions specific to their renal care as some already had general living wills.

Some clients were so ready for this process that they started giving their answers to the renal social workers before even meeting with the Nephrologist.

A copy of the Patient Directive form is available from the editor

CORE SOCIAL WORK SERVICES AND STANDARDS

By Ann Marie Henderson, RSW

Today, in 2003, Nephrology Social Work is being reviewed to focus on outcome and improving functional status, patient-perceived quality of life, patient satisfaction and rehabilitation. These outcomes impact other general outcomes such as treatment adequacy, morbidity and mortality. In British Columbia, the Provincial Renal Agency is presently gathering to discuss guidelines for establishing the “desired future state” of renal service delivery. Social work plays an integral part in service delivery and has demanded adherence to our “standards of practice” established in 1998.

In 1998, I had the pleasure of being part of a working group established to identify social work staffing guidelines within the province of British Columbia. A thorough literature review revealed that no other group of medical social workers had published reports outlining acceptable staffing levels on a per capital patient basis. The working group represented urban and rural areas within the province.

Prior to recommending staffing levels it was necessary to establish CORE SERVICES that are “the minimum social work services that patients/families faced with ESRD in BC are entitled to receive from hospital based renal social workers”. These services address the psychological impact and lifestyle adjustments related to ESRD and treatment for patients, couples, and families to maximize the patient’s



rehabilitation potential. These CORE SERVICES are consistent with the BC Social Workers Code of Ethics and are based on current practice, on the Standards for Social Workers in End-Stage Renal Disease Treatment Settings, developed by the Canadian Association of Nephrology Social Workers, and on the Standards of Practice for Nephrology Social Work developed by the Council of Nephrology Social Workers in the United States.

It is these CORE SOCIAL WORK SERVICES and STANDARDS that I share with you with the expected level of performance to 100% compliance in the provision of core services to patients with ESRD in BC.

As of this summer, I’ve agreed to be the social work representative on the BC Provincial Renal Agency and am working on the new venture of “Renal Funding Model/Service Redesign Reference Group and Target Practice for each modality. It is exciting to examine where changes can be made to improve efficiency and reduce costs but also to improve patient outcomes.

At our yearly BC Nephrology Days held in October in Vancouver, I hope to gather the nephrology social workers together to review and discuss these standards and to identify tools which we can use for accurate outcome measurements.

Ann Marie Henderson is a social worker at Prince George Regional Hospital. If you wish to provide her with feedback, comments, or to discuss this information, you may email her directly at AnnMarie.Henderson@northernhealth.ca

Core Services and Standards to follow...

GOAL OF SOCIAL WORK SERVICES

To facilitate the provision of treatment for patients in ESRD by providing psychosocial assessment and treatment for the patient and their significant others.

ROLE OF THE RENAL SOCIAL WORKER

The renal social worker is an integral part of the multidisciplinary team that includes physicians, nurses and nutritionists. The primary focus of the renal social worker role is the psychosocial impact of ESRD and may include: psychosocial evaluation: individual, family and group counseling: vocational assessment and referral: patient/family education: advocacy: and discharge planning.

Part I: Core Social Work Services

The core social work services are provided to several patient populations designated as: (1) pre-dialysis; (2) peritoneal dialysis; (3) hemodialysis; (4) pre-transplant; and (5) post-transplant. These services must include patients receiving treatment in community-based dialysis clinics and in at-home programs.

1. Psychosocial Evaluation

Gathers information about the patient's/family's social, psychological, cultural, environmental, and financial situation to formulate a psychosocial assessment and treatment plan. P

STANDARD: All patients with ESRD will be referred to a social worker by their physician for a psychosocial evaluation and documented treatment plan.

2. Individual, Family and Couple Counselling

Provides counseling directed at helping an individual patient/family and/or couple, as well as groups of patients/families adjust to illness, treatment, role, and lifestyle changes. Counselling may also address specifically identified problems/goals.

STANDARD: All patients/families dealing with ESRD will have access to a social worker as required to assist them in adjusting to their illness, treatment role, and lifestyle changes.

3. Patient/Family Education

Ensures that the patient/family has received sufficient information about treatment modalities and assists them in dealing with the impact on lifestyle.

STANDARD: All patients and families will have access to a social worker as required to assist them in dealing with the psychosocial impact of the treatment modality presented by their physician.

4. Counselling Related to Treatment Withdrawal Decisions

Supports the patient/family in decisions related to opting against dialysis treatment, discontinuing dialysis treatment and planning for dying and death.

STANDARD: A renal social worker will be available when the patient/family requires supportive counseling after reaching a treatment decision with their physicians.

5. Referral to Community Agencies

Provides patient/family with information and/or assists the patient to access appropriate community resources. Advocates on behalf of the patient with community agencies to access existing services and to identify gaps in services. Works to find practical solutions to pragmatic issues such as transportation and child care.

STANDARD: All renal patients will have access to a social worker to assist them with financial, vocational transportation and accommodation concerns.

6. Consultation with the Interdisciplinary Team

Provides information regarding the patients' psychosocial situation and participates in developing a total plan of care. Assumes an advocacy role on behalf of the patient/family within hospital/treatment setting.

STANDARD: All Renal Programs will have a social worker as part of the interdisciplinary team that will develop a comprehensive plan of care for the patient.

7. Planning for Inpatient/Outpatient Treatment

Facilitates and assists the patient/family to plan for temporary relocation if needed to access treatment programs; counsels on patient/family problems related to planning for hospital admission. May include practical as well as emotional preparation.

STANDARD: All patients and families will have access to a social worker when they require assistance in planning for their inpatient or outpatient admissions for treatment.

8. Discharge Planning

Counsels patients/families and collaborates with the interdisciplinary team and community resources to facilitate timely and appropriate discharge from acute care facilities.

STANDARD: All patients will have a documented discharge plan and all necessary referrals to community agencies will be organized and communicated to the patient and family prior to discharge.

9. Peer Support Program

Organizes and co-ordinates a peer support program including supervising peer support volunteers. Facilitates patient/family access to Peer Support Program.

STANDARD: All patients diagnosed with ESRD will be referred to a Peer Support Program.

10. Rehabilitation

Assists patients and their families where appropriate in making plans for and accessing appropriate rehabilitation services.

STANDARD: All patients shall have access to social work services to assist in planning rehabilitation.

Part II. Functions Related to Core Services

It is recognized that in addition to core services, indirect services provided by renal social workers are essential elements of social work practice and support the core services provided to patients with ESRD in British Columbia. These functions are variously demanded by professional standards and legal requirements as well as hospital and departmental policies. When developing staffing and funding formulas for social work practice, consideration must be given to these indirect services. These services include:

- Participation in interdisciplinary rounds
- Documentation
- Collection of statistics
- Support to other hospital staff
- Conflict resolution (patient to staff; staff to patient, staff to staff)
- Liaison activities with Kidney Foundation, community resources, etc.
- Participation on Renal Program Team
- Participation with program development activities
- Supervision of students
- Research activities
- Responsibilities associated with Social Work Department committees
- Services to the hospital and community, e.g, hospital committees, Multi-cultural committee, Renal Volunteer Program
- Advocacy to develop new programs including writing program proposals
- Case consultations
- Professional development
- Clerical tasks

Canadian Association of Nephrology Social Workers Membership Application/Renewal January 1, 2003 – December 31, 2003.

Name: _____
Business Address: _____

Business Tel# () _____ Fax# () _____
E-Mail Address _____

Educational Background & Professional Experience: MSW _____ BSW _____ Other _____

Members of Professional Social Work Association / College: Yes _____ No _____
Name of Association / College: _____

Years in Nephrology: _____
Areas in which you work: Pre-dialysis _____ Hemodialysis _____ Peritoneal _____
Transplant _____ Adults _____ Children _____
Committee Work(eg. working committee on renal services, Kidney Foundation, etc...)

WAYS THE ASSOCIATION CAN ASSIST YOU IN MEETING YOUR PROFESSIONAL GOALS AND OBJECTIVES? _____

*Active Membership \$50.00. *Any Social Worker currently working in a dialysis/transplant program in Canada. Active members may vote and hold office and act as a chairperson of a committee. The immediate Past President will be considered an active member.*

*Associate Member \$55.00 *Those eligible for Associate Membership include the following: - Social Workers practicing Nephrology Social Work in any area outside Canada*
- Professionals practicing in a related field of Nephrology
- Laypersons from related organizations
- Previously Active Members.

Associate Members may attend meetings, conferences, participate on committees, receive significant mailings. Associate Members may not vote or hold office in the Canadian Association of Nephrology Social Workers.

Please return to: Lyle Stockwell MSW, RSW – Lakeridge Health Whitby, Room M073
300 Gordon Street, Whitby, ON L1N 5T

