

Canadian Association of Nephrology Social Workers
Standards for Social Work in
End Stage Renal Disease
Treatment Settings
February 1997

The following Standards have been prepared by the Canadian Association of Nephrology Social Workers (CANSW) Committee on Standards and have been approved by the CANSW Executive and the Membership at the CANSW Annual Meeting held in Toronto, Ontario on September 20, 1996.

These standards are consistent with the values of professional Social Work as practiced in Canada and are consistent with the Codes of Ethics of the National and Provincial Social Work Associations.

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Introduction

The Canadian Association of Nephrology Social Workers (CANSW) has been in existence since the early 1960s. The primary focus of the Association is on meeting the professional needs of all Nephrology Social Workers in Canada.

CANSW – Constitution (Article II – Purpose):

The purpose and functions of the Association shall be:

1. To promote identification and solidarity as a professional specialty;
2. To promote a philosophy of total care in dialysis/transplant programs;
3. To develop and promote standards of care for social work in dialysis/transplant programs;
4. To maintain a dialogue related to the psychosocial implications of changes in patient care, e.g. medical, political, environmental;
5. To disseminate information concerning the psycho-social aspects of dialysis and transplantation and problems related to kidney failure;
6. To provide consultation to relevant organizations, i.e. Kidney Foundation of Canada;
7. To promote psycho-social research into kidney failure

(Constitution Amended and Approved, October 14, 1993).

Requests for written Standards came not only from Association members but also from such groups as the Ontario Working Group on Renal Services. A committee to draft Social Work Standards was formed at the CANSW Annual Meeting in Halifax in 1993. From 1993-1996, the Standards Committee drafted the working documents, circulated to and received feedback from the CANSW membership and developed an appropriate review process.

The following Standards are the first written Standards produced by CANSW. The Standards Committee has recommended to the CANSW Executive that these Standards be reviewed every 5 years.

Preface

What is a Standard?

A Standard is a statement based on values which explicitly describes how the values are put into practice. Standards, as devised by CANSW are normative. Normative standards reflect the value base, i.e. What practice should be rather than what it may be. These standards are idealized standards. Idealized standards help ensure that an ideal level of service is provided and that quality is continuously improved.

Operationalization of Standards

In order for Standards to be implemented in practice, there must be, in addition to the Standard "statement", written Clinical Indicators or Criteria.

Clinical Indicators are very specific statements, which are concrete and measurable indicators that the Standard is being honoured.

The next step for the Standards Committee, the Executive and the Membership of CANSW is to develop general Clinical Indicators for the written Standards.

This task is at the beginning phase. It is hoped that a first draft will be available by the 1997 CANSW Annual Meeting. In addition, Social Workers in each Renal Unit across the country will be responsible for developing their own Clinical Indicators (i.e. Clinical Indicators that reflect the unique needs of the respective Renal Units).

Standards for Social Work in End Stage Renal Disease Treatment Settings

Preamble

End Stage Renal Disease and Treatment

The term End Stage Renal Disease (ESRD) is used to denote permanent and irreversible kidney failure. Treatment consists of either dialysis or transplantation. There is no cure.

There are two forms of dialysis therapy...hemodialysis and peritoneal dialysis.

There are variations in how they can be delivered.

Hemodialysis is provided in a hospital, a clinic or at home.

Peritoneal dialysis is more apt to be self-administered manually, at home, although machinery exists to administer it automatically.

Transplantation involves the surgical implant of a kidney from one person to another.

When successful, it most closely approximates normal kidney function.

Role of the Nephrology Social Worker

The primary focus of the Nephrology Social Worker is the social and psychological impact of ESRD on patients, families and care givers. This focus acknowledges the fact that ESRD patients experience profound life changes including altered social, emotional, sexual and vocational functioning. These patients are also faced with shortened life expectancy, multiple hospitalizations and surgeries and demanding treatment regimes.

The multi-faceted role of the Nephrology Social Worker includes: assessment of patients' basic needs; individual, family and group therapy; resource counseling; advocacy; research; education to patients, families, other professionals and the community, regarding the psycho-social impact of ESRD.

Standard I – Qualifications

Social Work Services in Nephrology shall be provided by a Social Worker in a Graduate degree from a School of Social Work, accredited by the Canadian Association of Schools of Social Work. In addition, all Nephrology Social Workers shall be a member or eligible for membership in the Provincial Social Work Association and/or College.

Interpretation:

A Graduate Social Work degree from an approved School of Social Work is a prerequisite for practice in Nephrology.

Standard II – Knowledge Base

Nephrology Social Workers, as members of a specialized treatment team, must have knowledge of End Stage Renal Disease.

Interpretation:

Social Workers providing service in a Nephrology setting have an obligation to have basic knowledge relevant to the disease. This should include causes, treatment modalities, the psycho-social implications of chronic disease, ethical concerns and appropriate social work interventions.

Standard III – Professional Development

Nephrology Social Workers have an obligation to pursue ongoing professional development to ensure an adequate skill level in theory and practice.

Interpretation:

All Nephrology social Workers will partake in relevant continuing education programs available to them in order to maintain a level of expertise, knowledge

and skills required to perform their job.

Standard IV – Services to Patient/Family System

All End Stage Renal Disease patients/families are entitled to comprehensive Social Work services as part of their overall treatment program.

Interpretation:

Since End Stage Renal Disease profoundly and extensively affects the lives of patients/families, Social Work services must be available to these individuals.

Standard V – Collaboration

Nephrology Social Workers, as members of the health care team, shall collaborate with all relevant professional disciplines in the planning and provision of services to End Stage Renal Disease patients.

Interpretation:

The multidimensional needs of End Stage Renal Disease patients/families can best be met by an interdisciplinary team approach. This approach allows for the information sharing that is essential in providing comprehensive, coordinated and cost effective services to these patients.

Standard VI – Documentation

Social Work Services to Nephrology patients/families shall be documented and shall conform to Hospital/Department and Canadian Association of Social Workers Standards of accountability and confidentiality.

Interpretation:

As a core member of the Renal team, Nephrology Social Workers have a responsibility to both team members and patient/families to document the provision of social work services in a clear, concise, written form.

Standard VII – Community/ Advocacy

Nephrology Social Workers shall promote and facilitate the use of existing

community resources for all Nephrology patients/families and advocate for new resources when indicated.

Interpretation:

End Stage Renal Disease patients may require services from a variety of community agencies as they cope with social, emotional, financial and vocational change in their lives. Nephrology Social Workers should be knowledgeable about available community resources, enable patients to access these resources and advocate on behalf of patients when there are gaps in services. In addition, they are expected to collaborate with the kidney Foundation in the provision of services to patients/families.