The Silos of Yesterday Should be the Unobstructed Relationships of Today
Improving Relationships and Communication between Nurses and Social Workers

Presented by...
Pat Kramer, Ed.S., ACM, CCM, CSW
Director of Case Management
Duke Raleigh Hospital
Raleigh, NC

Karen Preston, BSN, RN, CCM
Team Leader - Inpatient Case Management
Duke Raleigh Hospital
Raleigh, NC

Duke University Health System
Duke University Hospital 1,019 beds
Duke Regional Hospital 369 beds
Duke Raleigh Hospital 186 beds
Numerous Outpatient Clinics Oncology, Cardiology, Sickle Cell, Behavioral Health, ID, High Risk OB, Palliative Care

Objectives
- Understand the importance of the skill sets and strengths of each discipline
- Learn to communicate appreciation and respect
- Learn to build collaborative relationships that support a cohesive department
Social Work Core Values

- **Service** - Social workers' primary goal is to help people in need and to address social problems.

- **Social Justice** - Social workers challenge social injustice. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

- **Dignity and Worth of the Person** - Social workers respect the inherent dignity and worth of the person. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs.

- **Importance of Human Relationships** - Social workers recognize the central importance of human relationships. Social workers seek to strengthen relationships among people in a manner that promotes healthy development, social justice, and participation and contribution to the life of the community and society.

- **Integrity** - Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

- **Competence** - Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice.

From the NASW Code of Ethics

Nursing and Social Work Code of Ethics

- **Provisions of the Code of Ethics for Nurses**
  - Compassion and Respect for the inherent dignity and worth and unique attributes of every person
  - Primary commitment to the patient
  - Promotes, advocates for, and protects the rights, health and safety of the patient
  - The nurse establishes, maintains and improves the ethical environment of the work setting
  - The nurse collaborates with other health professionals to protect human rights, promote health, and reduce health disparities
  - The profession of nursing, nurse leaders and nurses, and their organizations, work in partnership with other professions and sectors of society to advance the health and well-being of the public
  - The nurse is ethically accountable for professional practice
  - The profession of nursing values, articulates, promotes and protects the integrity of the profession and integrates the principles of social justice and interprofessional practice

From the ANA website – Code of Ethics for Nurses with Interpretive Statements

Together we…

- Have a strong desire to help people in need and protect their rights
- Integrate principles of social justice into our everyday work
- Focus on the dignity, worth and unique attributes of the individual
- Work to promote health and wellbeing
- Hold personal integrity in high regard
- Maintain competence in our field
Skill Sets for each discipline

**SOCIAL WORK**
- Empathy
- Communication/active listening
- Social perceptiveness
- Self awareness
- Persuasion
- Emotional Intelligence
- Boundary Setting
- Organization/multitasking
- Time management
- Interpersonal
- Understanding of human psychology
- Analytical/critical thinking
- Ability to evaluate a complex problem and work thru possible solutions
- Tolerance
- Compassion
- Patience
- Good judgement

**NURSING**
- Understanding of science and humanities
- Diagnostic skills
- Interpersonal skills
- Psychomotor skills
- Communication/active listening
- Emotional intelligence
- Judgment/critical thinking
- Compassion
- Organizational skills/multitasking
- Calm under pressure
- Patience
- Ability to work as part of a team
- Ability to deal with emotionally charged situations

Together we have...
- Good communication/active listening skills
- Emotional Intelligence
- Compassion
- Patience
- Organization/multitasking
- Judgment/critical thinking
- Good Interpersonal skills
- Ability to work as part of a team

Strengths of Each Discipline

**Social Work**
- Social Perceptiveness
- Persuasion
- Boundary Setting
- Time Management
- Understanding of human psychology
- Ability to evaluate a complex problem and work thru possible solutions
- Tolerance

**Nursing**
- Knowledge of science
- Medical background
- Medical diagnostic skills
- Psychomotor skills
- Calm under pressure
- Knowledge of medical terminology
- Coordinator/provider of physical care
Education and credentials

**SOCIAL WORK**
- Bachelor's Degree in Social Work (BSW)
- Master's Degree in Social Work (MSW)
- Licenses granted by States: LSW, CSW (most states will grant these, after passing the ASSWB exam, to BSWs) and LMSW or CMSW to MSWs
- LCSW - a license to practice as a clinical social worker - granted by States to Master's level individuals after two years of supervised (by an LCSW) clinical practice and passing a test.
  - The ACM credential is available, after passing the exam to both levels

**NURSING**
- Diploma in Nursing
- Associate’s Degree in Nursing (ADN)
- Bachelor’s Degree in Nursing (BSN)
- Master’s Degree in Nursing
- All levels eligible to take the Nursing Boards in their respective State and, after passing, becoming a ‘Registered Nurse’ – RN
  - There are many specialty certifications available to nurses with the requisite experience
  - The ACM credential is available to any Registered Nurse after passing the exam

Standards of Practice for Case Managers

- **Accountability** - this is shared accountability inherent in collaborative practice as a member of an interdisciplinary team
- **Professionalism** - upholds the standards of practice of both their discipline and case management
- **Collaboration** - respects and values the contributions of all disciplines to achieve optimal patient outcomes
- **Care Coordination** - facilitates the progression of care for the patient and integrates the work of the whole care team by coordinating resources and services to reach the agreed-upon goals
- **Advocacy** - supporting and recommending services and protecting patient rights
- **Resource Management** - assures prudent utilization of all resources, balancing cost and quality to achieve optimal clinical and financial outcomes
- **Certification** - Case Managers holding the ACM credential have proven they are equipped to deliver case management services within a health care delivery system

Overlapping values

- Both social work and nursing bring values and standards from their own professions that are included in the Case Management Standards of Practice:
  - Accountability
  - Professionalism
  - Collaboration
  - Certification
Together we...

Share a professional presence defined by accountability to our patients and our institutions, our commitment to collaboration between all members of the care team, our education, our licenses/certifications and our strong dedication to continuing education related to both our own discipline as well as across a broad range of topics to improve our ability to care for our patients and ourselves.

Top 5 Reasons for a Nurse/Social Work Team

- Someone to run interference with a difficult family member
- Someone to stalk the hospitalist for you to get a face to face signed
- Someone to cover for you at lunch because you are HANGRY!
- Someone to get the SNF to take that patient that no one else will, because they owe you a favor!

Top 5 Reasons Nurses and Social Workers Make a Great Team!

1. They bring a different skill set with common values to the patient care team with a common goal of a safe transition
2. They develop a team environment that ensures continuity of care for patients on their assigned floor
3. They lean on each other to problem solve and accept help during an especially difficult day
4. They willingly share expertise in complex discharges and share “secret contacts” to decrease length of stay
5. They celebrate each other’s accomplishments and value one another as a health care professional
Who is on the Nursing team?

- Primary Nurse
- Wound care nurse
- Infection control nurse
- Employee health
- Nurse manager
- CNO
- Case Manager
- Utilization Manager
- Home Care Nurse
- Skilled Nursing Facility

Who is on the Social Work Team?

- Case management
- Palliative Care
- Emergency Room
- Wellness Center/Cardiac/Pulm Rehab
- Outpatient clinics
- Home Care
- Skilled nursing Facilities
- Adult and Child Protective Services
- Behavioral Health

Who’s on Our Team...

Coach "K" and the 2015 NCAA Champions
Who is on Your Team?

- Many different staffing models in Case Management Departments
  - UR as part of CM duties
  - UR as separate role
  - CM only an RN
  - CM either RN or MSW
  - Clinical Social Workers
  - Other disciplines included in CM role
  - Probably other models…

Regardless of Who Makes Up the Team…

- Certain things have to be in place for a high-functioning department:
  - Inter-professional respect
  - Inter-professional communication
  - Inter-professional collaboration
  - Inter-professional education
  - Basic understanding of personality diversity
  - Appreciation of differences
  - Emotional Intelligence
  - Leadership that recognizes the need for on-going teambuilding

Inter-professional Communication

- It is a shared responsibility
- Collaborative decision making—essential for comprehensive care to patients
- Study by Sommers, Barbaccia and Randolph (2000) concluded that a team comprised of physician, nurse and social worker showed results in reducing utilization and maintaining health status for seniors
- Hospitalization rates were decreased when nurse/social worker and physician were most satisfied with their working relationships
Roadblocks to Communication

- Generational Differences
- Cultural Differences
- Time
- Differences in Perceived Value of the Message
- Assumptions that It Has Happened
- Poor Listening Skills
- Multitasking
- Not Clarifying the Message
- Information Overload

Communication Enhancers

- Respect for others
- Timing
- SBAR (Situation, Background, Assessment, Recommendation)
- Taking the time to listen
- Seeking clarification – “read back”
- Awareness of body language
- Eye contact
- Environment (confidentiality, distractions)
Effective Leadership

- McCallin and Bamfor study (2006) showed that the effectiveness of collaboration within teams depends significantly upon the role played by team leaders.
- Create environment where individual and professional diversity is encouraged and fosters a safe place for individuals to share expertise.

How to create an environment of professional diversity

- Staff meetings
- Multidisciplinary rounds
- Subject matter experts
- Teaching sheets
- Professional development (time off)
- Poster presentations
- Certification in expert area
- Participation in professional organization
- Department awards and celebrations
- Organizational awards

Perception of Mutual Roles

- “When you are able to use both social work and nursing, you really rally the forces and come up with a good package to get the person home” (Veeder et al 1999)
- Nurses rely on their medical background as a basis for their competency.
- Social Workers feel that they have been prepared by training in “person-in-environment” which means the interrelated dimensions of the person such as intellectual, emotional, social, familial, spiritual, economic and communal—that may serve as either supports or barriers to effective functioning.
Interprofessional Education

- Dutton and Worsley (2009) study define this as “the occasion when two or more professions learn from and about each other to improve collaboration and quality of care”
- Interprofessional Education can play a crucial role in the way nurses and social workers understand one another
- Study concluded that regardless of the group the individual falls in, the perception of professional collaboration greatly affects teamwork and the quality of comprehensive care to the patient
- It was also found there is a need to provide students with conflict management and team work skills.

Team building

- A team is a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable

Elements of a team

- **Common Goal**—It is very important for team members to have common goals for team achievement. A simple, but useful, team building task is to assign a newly formed team the task of producing a mission and goals statement
- **Goal Clarity**—Make sure that the team goals are totally clear and completely understood and accepted by each team member.
- **Commitment** from each team member—mutual supportiveness, communication, and sharing of feelings. Team members develop trust in one another and confidence in the team.
- **Do what you do best**—The first factor in team effectiveness is the diversity of skills and personalities. When people use their strengths in full, but can compensate for each other’s weaknesses.
Elements of a team…

- It’s not all about you—Recognize people when they do something extraordinary
- Talk to each other—Nothing beats communication!
- Work as a team/play as a team—Other Fellow office team members build trust and openness between each other in team building activities and events. Give them some opportunities of extra social time with each other in an atmosphere that encourages open communication.
- Everyone can’t lead—“A man who wants to lead the orchestra must turn his back on the crowd.”

Team Building Across Personalities

There are as many differences in personalities within a discipline as there are between the disciplines!

“The Big Five” model of personality traits:
1. **Openness to experience**
2. **Conscientiousness**
3. **Extraversion**
4. **Agreeableness**
5. **Neuroticism**

“The Big Five”

- The Big Five Model was defined by several independent sets of researchers. These researchers began by studying known personality traits in order to find the underlying factors of personality. The researchers credited with this model include Ernest Tupes and Raymond Christal, J.M. Digman and Lewis Goldberg across three decades of research.
- These five overarching domains have been found to contain most known personality traits and are assumed to represent the basic structure behind all personality traits.
1. **Openness to experience (inventive/curious vs. consistent/cautious):**

   Appreciation for art, emotion, adventure, unusual ideas, curiosity and variety of experience. Openness reflects the degree of intellectual curiosity, creativity and a preference for novelty and variety a person has. It is also described as the extent to which a person is imaginative or independent, and depicts a personal preference for a variety of activities over a strict routine.

2. **Conscientiousness (efficient/organized vs. easy-going/careless):**

   A tendency to be organized and dependable, show self discipline, act dutifully, aim for achievement, and prefer planned rather than spontaneous behavior.

3. **Extraversion (outgoing/energetic vs. solitary/reserved):**

   Energy, positive emotions, assertiveness, sociability and the tendency to seek stimulation in the company of others, and talkativeness.

4. **Agreeableness (friendly/compassionate vs. analytical/detached):**

   A tendency to be compassionate and cooperative rather than suspicious and antagonistic towards others. It is also a measure of one’s trusting and helpful nature, and whether a person is generally well tempered or not.

5. **Neuroticism (sensitive/nervous vs. secure/confident):**

   The tendency to experience unpleasant emotions easily, such as anger, anxiety, depression, and vulnerability. Neuroticism also refers to the degree of emotional stability and impulse control.
Emotional Intelligence

Is the ability to identify and manage your own emotions and the emotions of others. It includes three skills:

1. Emotional Self Awareness: ability to identify your emotions and those of others
2. Self Management: the ability to harness one’s emotions and apply them to thinking and problem solving
3. Social Skills: the ability to manage emotions including the ability to regulate your own emotions. This also includes the ability to cheer up or calm down another person.

Emotional Intelligence: Improvement strategies

- Observe how you react to people – Do you rush to judgement before knowing the facts? Put yourself in their place and be more open and accepting of their perspectives and needs
- Look at your work environment – Do you seek attention for accomplishments
- Do a self-evaluation – What are your weaknesses? Can you accept you are not perfect and that you areas to work on to make yourself a better person?
- How do you react in a stressful situation? Do you blame others or become angry when it is not their fault?
- Take responsibility for your actions. Apologize if you hurt someone’s feelings
- Examine how your actions affect others – before you take those actions—put yourself in their place and then decide whether or not to proceed

Quick and Easy Teambuilding with Personality Tests

- Identifying personality types before building a team can prevent future conflict
- Placing individuals with various personality types on a team can increase productivity if done correctly
- While personality is “fixed” communication and work styles can flex somewhat
- When all members of the team know what makes the others “tick” the team can reach a higher level of functioning

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From: Using Personality Tests to Build Strong Teams by Ken Silber on Wednesday, July 4, 2012 (blog)
Where To Start:

- Invite a team member to take charge
- Help them research a quick and fun test online
- Have everyone on the team complete the test during the meeting (or, if it’s a bit longer, send it out ahead of time)
- Provide some background information on personalities and the test itself—keep it light!
- Break into groups of like types for a brief discussion of a selected topic
- Divide the groups into a mixture of types and have them discuss the same topic
- Ask how the discussion differed from one group to the other
- Ask how close to expected each individual’s “type” is

Hartman Personality Test

- Recognizing each other for their skills set and gifts
- The main idea behind the Hartman Personality Profile is that all people possess one of the four “core motives.” They are classified into four colors:
  - White: Motivated by Peace
  - Yellow: Motivated by Fun
  - Blue: Motivated by Intimacy
  - Red: Motivated by Power

Showing our “true colors”

Problem: High Census

- **Reds**: logical in process, assertive, will not take lunch, tells everyone to “deal with it” regarding the tough assignment and keep going. They may be late getting home instead of being with family. They tend always to be right.

- **Blues**: worried about completing assignments because all the patients must be seen the documentation exact. They worry that they may not finish until late in the day but will stay until everything is done. They have an opinion about everything… talking negatively the entire day.
Showing our colors on a high census day (cont.)

- **Whites:** go about their day saying “it could be worse”. They check in with their workmates during the day to see if everyone is ok and comfortable with their assignment. They would never talk to the boss about an unfair assignment. They offer to get water for them team-mates when they go the nourishment station.

- **Yellows:** enthusiastic about the day even if they have the worst assignment…. persuades the team to take a “10 minute” lunch and provides the fun and entertainment while eating. They spontaneously make plans after work with several friends. Socialization is their primary goal which makes getting to their work of the day a second priority.

More Free Tests

- Additional Free Resources:
  - Carl Jung and Isabelle Briggs-Myers – “Jung Typology Test” www.humanmetrics.com
  - “The Big 5” Test http://drphil.com/shows/bigfivepersonalityquiz
  - “Archetypes – Live your Story” www.archetypes.com
  - “Keirsey Temperment Sorter” www.keirsey.com
  - “True Colors” Personality Test http://www.teambuildingactivities.org/True_Colors.html

What is collaboration?

“Collaboration in health care is defined as health care professionals assuming complementary roles and cooperatively working together, sharing responsibility for problem solving and making decisions to formulate and carry out plans for patient care.”

Value of Collaboration

- There should be no argument—the value of collaboration is evidence based!
- In reality, interdisciplinary collaboration is not the norm
- Defined as: sharing of planning, making decisions, solving problems, setting goals, assuming responsibility, working together cooperatively, communicating, and coordinating openly
- Collaboration is both a process and an outcome in which shared interest or conflict that cannot be addressed by any single individual is addressed by key stakeholders.

10 Essentials for Collaboration

1. Know Thyself
2. Value & manage diversity
3. Develop constructive conflict resolution skills
4. Use your power to create win-win situations
5. Master interpersonal and process skills
6. Recognize that collaboration is a journey
7. Leverage multidisciplinary forums to increase collaboration
8. Appreciate that collaboration can occur spontaneously
9. Balance autonomy and unity in relationships
10. Remember collaboration is not required for all decisions

Barriers to Effective Collaboration

- Value System
- Cultural differences
- Gender differences
- Power/Status: unequal actual or perceived power status
- Communication across the disciplines, turf issues and poor definition of roles and responsibilities
- Conflict and Confusion of roles
Effective Collaboration Study

- **Purpose:** learn medical social workers’ and nurses’ perception of effective collaboration
- **Subjects:** Three nurses and four medical social workers –
  - Social workers: average of 10.5 years experience
  - Nurses: average 4 years experience
- **Where:** University of St. Thomas/St. Catherine University, St. Paul, Minnesota

Findings: Barriers to Collaboration

- Nurses are viewed as coordinator of patient’s physical care/ liaison between the doctor
- Social workers viewed as patient advocate and problem solvers
- Time management
- Nurses not reading CM notes
- Unclear definition of roles
- Lack of Management understanding/appreciation of each discipline

Findings: Bridges to Collaboration

- Healthy and respectful communication
- Understanding of each other’s roles
- Knowledge of, and respect for, each discipline’s skills
- Support from Management to more clearly define the role of social workers in the institution where the study was conducted
**Conclusions of Collaboration Study**

- Nurses and social workers are crucial to creating a safe discharge plan in which the patient has the greatest chance of being successful.
- The Nurse/Social Worker team each bring an important perspective and skill toolbox to the caring of the patient as a whole and the study demonstrates that interprofessional collaboration and mutual respect continues to improve.

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**Interviews with other leaders**

- “Teach each discipline for success – just because you are a nurse, does not mean you know all about what a patient needs for a safe discharge with a chest tube...”
- “Each discipline needs to be dedicated to learning the part of the job they don’t know.”
- “Shadowing the other discipline is built into orientation.”
- “Need to ‘uptrain’ each discipline to the skills (of the other) they are lacking.”

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**Interviews (con’t.)**

- “The beauty of having 2 disciplines in the same role is they are all constantly learning from each other.”
- “We have ‘subject matter experts,’ for example ‘The Wound Vac Queen,’ the “SNF expert” (who happens to be a nurse) and the “Pleurex Cathether Queen” (who happens to be a social worker).
- “Overlapping in both disciplines is the knowledge of the human condition.”
Interviews (con’t.)

- "We sometimes have in mind (for the position) the best fit of discipline but usually we just look for the most qualified person of either discipline."
- "When either discipline is faced with a scenario for the first few times, they ask for help."
- "Big staff satisfier – the SW didn’t like waiting for the RN to refer the patient – now they can start their days earlier and this model reduces hand-offs when the plan changes."
- "One thing we need to stay aware of is not creating the same kind of silos between CM and UM."

Review of the Literature…

1. “A Qualitative Study of Medical Social Workers’ and Nurses’ Perceptions on Effective Interpersonal Collaboration” Britta E. Ryan, MSW, St. Catherine University and University of St. Thomas, St. Paul, MN (graduate school research paper)
4. “Nurse-Social Worker Interdisciplinary Practice: A New Model for a New Millennium” N. Veedor, J. Hawkins, N. Williams, C. Parker National Academies of Practice Forum 1(1)
6. American Case Management Association Standards of Practice and Scope of Service
10. From Wikipedia.org Big Five Personality Traits
11. From the NASW Code of Ethics
12. From the ANA website – Code of Ethics for Nurses with Interpretive Statements