Palliative Care Social Work Job Description

I. Direct Patient Care
   a. Coordinates social work services for the palliative care service across hospital settings.
   b. Manages IDT patient plan of care for palliative care consultation service.
   c. Provides strengths-based, person and family centered, comprehensive psychosocial assessment
   d. Provides psychosocial interventions with the highest integrity related to cultural appropriateness and developmental stage along the continuum of illness including:
      i. supportive counseling
      ii. psychoeducation
      iii. anticipatory guidance
      iv. advocacy
      v. facilitation of family meetings
      vi. coordination of social services
      vii. linkage to community resources
      viii. non-pharmacological pain and symptom management
   e. Reinforces patient and family personhood and coping as they negotiate complicated and often prolonged hospitalizations.
   f. Assesses risk and intervenes clinically to identify potential for complicated grief and explores anticipatory bereavement related to possible death and multiple aspects of loss and adaptation along the continuum of illness.

Provides clinical guidance and consultation to interdisciplinary primary teams, including social workers and case managers, prompting continuity of care and primary palliative care, as well as safe and comprehensive care coordination and discharge planning as indicated.
Assesses team coping with challenging clinical cases (for both the PCS and consulting teams). Provides guidance and debriefing as necessary.

II. Community Leadership/Systems Improvement
   a. Manages and enhances community partnerships.
   b. Participates in System Improvement and Quality Initiatives
      i. Collaborates with Palliative Care Service for Quality Initiative projects for the fiscal year
      ii. Leads and participates within [UCSF Health] initiatives to improve and develop care for those with a serious illness requiring complex care.
   c. Identifies services, clinics, etc. needing enhanced palliative care and formulate strategies for addressing this need.
   d. Identifies service lines and providers at risk for compassion fatigue and vicarious trauma and will implement self-care strategies.

III. Education
a. Facilitates educational opportunities with focus on primary palliative care for clinical and ancillary providers.
   i. Implements nursing focused palliative care educational rounds for units with complex palliative care needs
   ii. Develops and instructs didactics for Palliative Care Fellowship.
   iii. Facilitates communication training amongst multi-disciplinary providers.
b. Acts as faculty lead in the creation of specialist, transdisciplinary palliative care training.

IV. Advocacy and Empowerment
a. Identifies and addresses disparity within and barriers to effective palliative care.
   i. Financial inequities
   ii. Cultural Competency
   iii. Inaccessibility