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Capstone: Interprofessional Collaboration

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Capstone – Interprofessional Collaboration

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Abstract

Interprofessional collaboration is vital in the social work profession. Working with an interprofessional team consisting of various professions and backgrounds is both challenging and rewarding when done correctly. There are numerous models and theories out there for best practices for interprofessional collaboration. This paper evaluates different facets of interprofessional teamwork as a client case study rooted in the nine competencies set forth by the CSWE at the micro, mezzo, and macro level. Topics such as Michelle P. Waiver program, Model for Interdisciplinary Collaboration, ethical dilemmas and violation, how to be culturally responsive, how to handle client termination, and using self-care strategies are some of the topics discussed, all with an emphasis on how it is practiced with a current client's interprofessional team.

Keywords: interprofessional collaboration, micro, mezzo, macro, social work, core competencies

Capstone – Interprofessional Collaboration

Social work employment is dedicated to working closely with individuals that have intellectual and developmental disabilities. In this case study, I will review my client care to a client I have worked with for almost two years with an emphasis on my work with their interprofessional team. To protect this client's identity, I will use the fake name Charley Brown. Charley is a 19-year-old white, male, and he is a participant of the Michelle P. Waiver (MPW). According to Kentucky Cabinet for Health and Family Services (CHFCS), "the Michelle P. Waiver (MPW) is part of Kentucky's 1915(c) HCBS Medicaid waiver program. MPW provides assistance to individuals with intellectual or developmental disabilities to help them live in the community as independently as possible" (n.d., para 1). A few of the services that the MPW provides through my agency are community living support, behavioral support, and respite for families within the program.

Interprofessional Practice in my Practice Setting

Interprofessional practice is vital in my practice setting because each client has an interprofessional team around them. Our text defines interprofessional collaboration as "an effective interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own" (Bronstein, 2003, p. 299). According to Skyberg & Innvaer (2020), an interprofessional team bring three important assumptions; "1) assimilation, that is, adapting the work of others; 2) segregation, where professional roles are separated and boundaries defended; and 3) integration, a perspective on the complementarity of professional roles" (para. 1). What strikes me with these two different definitions, is the take on role blurring. According to Iachini et al., role blurring, when done correctly, means there is a high level of team collaboration. I balance that often in my current job. I do role blurring by taking on a larger

role in our interprofessional collaboration. In my role I am meant to practice the care plan for clients, but I often am part of creating the plan as well.

The focus of this case study is a client who has a very large interprofessional team consisting of their case manager, doctors, direct support professional, behavior specialist, and teachers. The case manager is responsible for assessing the needs of Charley and Charley's family. Charley's doctor is involved through the medications that are used in this case. The behavioral specialist is responsible for creating Charley's care plan, the direct support staff and teachers are responsible for carrying out the plan created for Charley. Having this very diverse interprofessional team around this client has a major impact on the level of support they receive. The members of this team are in contact each week to inform each other of changes happening with the client and this allows the team to adjust their approach as needed. There are situations when the team's approach could change and an example of when the approach changed was when Charley started displaying inappropriate sexual behavior at school. The team sought advice from Charley's doctor and was able to stop the inappropriate actions with medication.

Developing Information, Practice Skills, and Self-Care Strategies in the Practice

I have developed a higher understanding of important legislature and policies that often shape the way social workers can work within an agency. An example is the MPW because most of the clients that work with are participants of this waiver. Charley is a participant of the MPW and it is important to understand the limitations and constraints of this waiver to be able to best serve the client.

I have also developed more self-care strategies. During my time working in this field I have discovered just how demanding it can be. Some challenges that I have come across are

keeping an appropriate work/life balance and keeping my stressors from work at work. I will often find myself thinking about work even on my time off. I have had to find different strategies to cope with the stress of being a full-time graduate student and working a full-time job while navigating a global pandemic. According to a recent study looking at the effects COVID-19 has had on undergraduate social worker students shows that students are feeling added stressors as they prepare to enter the field. Some of the coping mechanisms identified were “self-sufficient, avoidant, and socially-supported coping mechanisms” (Apgar & Cadmus, para. 1., 2022). An example of self-sufficient coping skills would be using humor or planning. Socially supported coping could be faith-based or emotional support such as therapy. Finally, avoidant coping could be substance abuse or denial. Based on this, I hope to better by using self-sufficient and socially supported coping. For me, I hope to work on self-care strategies such as prioritizing good sleep, healthy eating, and setting work-life balance boundaries.

Evaluating Evidence for Individual and Collective Action

Research

There are different types of research that is helpful to my approach which I can locate through government sites or university library. Research on the MPW is proving to be very helpful as majority of our clients receive services because of this waiver and it is important to understand its gaps so we can expand services. Another great way to learn about the complications of the waiver was through the university’s library where a dissertation which looked at care giver’s ability to successfully access and negotiate care within the system at the mezzo level (Darnell, 2019). It shows how so many of the care givers are not knowledgeable or even aware of the care they can receive through this waiver. Gaining more information on this

waiver has been extremely helpful as I have worked with our clients to fully understand the services and resources they can receive, and those they cannot, to inform my practice.

Other research relevant on how I practice interprofessional collaboration comes from the Model for Interdisciplinary Collaboration (MIC) as explained in Iachini et al. (2018) which is discussed later in the paper.

Choosing Client Intervention Method with Interprofessional Team

When choosing the interventions to use with Charley, my agency involves everyone associated with the client's interprofessional team. Interprofessional collaboration is extremely important because of the different perspectives involved in decision making. As emphasized by the Council of Social Work Education, collaboration and interprofessional efforts often provides the best care and outcomes (Council of Social Work Education, n.d.).

As I have mentioned before, Charley has a large interprofessional team consisting of their case manager, doctors, direct support professional, behavior specialist, and teachers. This interprofessional team has remained consistent for years, thus leading to very informed decisions when it comes to choosing interventions for client. We have open discussion and make sure to keep all parties informed about the progress we have made in supporting the client's goals.

Using Theory and Evidence to Inform Intervention with Client

Based on my own interprofessional team experience, each professional has different practice and evidence they use to inform client intervention. Social work professionals rely on theories such as the social systems theory and social learning theory with research to inform evidence-based practices that tap into client strengths and empower client change. Mental health professionals use theory and evidence to make decisions around their client groups based on the

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) (DSM-5-TR). For example, Charley's doctor would apply what they gathered through years of school and practice to guide them on what steps to take before diagnosing and medicating Charley. Another example from my direct team, is Charley's behavioral support worker who has different practice and evidence they base their intervention on.

Exercising Social Work Values and Ethics

Ethical Dilemma vs. Ethical Violation

An ethical dilemma is very complex in the social work field. Although both ethical dilemmas and ethical violations are about ethical situations, they do differ from each other. According to the National Association of Social Workers ([NASW], n.d.), an ethical dilemma occurs when two or more ethical principles, as set forth by the NASW, are in conflict. An ethical violation is when an action is ethically wrong, as defined by the application of an ethical decision-making model and in accordance with agency policy, if not defined by the NASW Code of Ethics (n.d.). An ethical violation is when you have gone against an agency's Code of Ethics, either written or spoken, and an ethical dilemma is something you currently have to evaluate through various steps to find the best possible solution. A violation can lead to repercussions at work, while depending on your solution to your dilemma, might never break a policy. For example, an ethical violation at my workplace would be having a relationship with my superior. An ethical dilemma I have faced is do I answer a phone call from Charley after work hours, or do I keep important boundaries and wait until I see the client the next day.

Applying an Ethical Model

An ethical model that could resolve an ethical dilemma within my interprofessional

team is the ETHIC model. The “E” stands for Evaluate the dilemma, “T” Think ahead, “H” Help, “I” Information, and “C” Calculate Risk (Walz & Bleuer, 2016). The ethical dilemma that I will use as an example is that a member of the interprofessional team has shared personal information via email about other team members to a client on accident. To address this situation, we would start by sharing with everyone on the interprofessional team what has happened and what information has been shared. We would then think ahead about how the personal information could be used by the client. Then we would contact people around the client such as parents, care takers, or even direct support professional to see if the client has seen the email. The next step would be to seek out information by others to see how they would handle the situation. The final step would be to determine the risk of what information was shared and how it could be used.

Difference in Code of Ethics on Interprofessional Team and its Potential Impact

Charley has the privilege to have a very diverse interprofessional team, therefore not all members of the interprofessional team have the same code of ethics. As social workers our code of ethics principals are Service, Social Justice, Dignity and Worth of the Person, Importance of Human Relationships, Integrity, and Competence (NASW, n.d). These ethics apply for most of the interprofessional teams I work with, however Charley’s doctor have a different code of ethics. Upon further research provided by the American Medical Association, I have found that their ethical mirror those of social workers in two major ways. The main similarities are that they both strive for professionalism and acting with integrity.

The National Library of Medicine (n.d.) defines interprofessional collaboration as “Interprofessional collaboration occurs when 2 or more professions work together to achieve common goals and is often used as a means for solving a variety of problems and complex

issues” (para. 5). Just as in the question regarding the differences in ethics between members of the interprofessional teams of our clients, most ethical values align with each other. But having the different perspectives of other professions can have a great impact on the ability of choosing an intervention for the client. Not only can we see the intervention through the perspective of a social worker, but we can also utilize the perspective of the medical profession, a behavioral supports specialist, case managers, and even community living support (CLS) workers.

The World Health Professions Alliance describes the need for interprofessional collaboration as “efficient use of resources” (n.d., para. 2). Therefore, when we utilize members from different professions we can work as a well-organized team and not compete against each other. An example of how I have seen interprofessional teams collaborate are the meetings the members have when working on Charley’s care plan. This is where every one of the team members come together to discuss the client’s needs and what goals have changed since the last meeting. We get input from everyone, and with everyone’s unique perspectives, we can create a sound care plan.

Being Culturally Responsive

Diversity’s Impact on Client’s Well-Being

Factors such as race, ethnicity, gender, and socioeconomic status are major factors for my client group and their families. As participants of the MPW, there are several eligibility requirements, one of which includes meeting the financial qualifications for Medicaid. According to CHFS (n.d.), the Medicaid waiver you can apply for can provide “personal care assistance, homemaker services, respite care, and case management”. It becomes a difficult process for Charley’s family who does not make a lot of money, and where even Medicaid

becomes a large cost for them. I have also had clients with immigrant family where parents lack of English has been a huge barrier for the client and for the care team to truly understand the needs of the client through the family.

Interprofessional Team's Approach to Social Injustice

Social justice is important in the work we do in the social work profession. Fighting for Social Justice is also one of the NASW core values and principle defined as "Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people" (n.d., para. 2). Although we are bound as a profession to fight for social change, it is not always easy how this is done in practice. For my team, I believe this is expressed through everyone's dedication for access to service and the fight we put up for every client to get the resources they deserve. For me, I fought hard for my immigrant client whose mother felt unequipped to speak to teachers making decisions about their child's educational decisions with little regard for what the parent wanted. Because of cultural and language barriers, it was evident that extra support from our team was needed so the mother could fully understand what the teacher was saying, and the implications it would have for their child.

Practicing Cultural Responsiveness as an Interprofessional Team

As stated, I work with a very diverse client group and having an interprofessional team in collaboration is very beneficial for my client group. We all have different backgrounds and some of us come from different cultures. When you have that diversity, it can be a huge benefit for the team as we are able to learn from each other and apply it to a client's care plan appropriately. We are also able to work on this together at a higher level that advance human rights and social justice as we are improving the services people receive that do not fit the norm that policies are

favoring. I do however think it is vital that agencies keep pushing for cultural competency and strive to offer trainings to make sure all workers are knowledgeable on the area. As mentioned by Zastrow & Hessenauer (2015) in chapter seven, the RAP framework is helpful when leading multi-racial groups and I hope to bring this to my supervisor to see what training they offer in the area.

Overlapping or Unique Skills with Other Disciplines

From my experience with the majority of those I have worked with in this field share a similar skill set; respectful, compassionate, empathetic, flexible, agile, knowledgeable, and able to make meaningful connections with clients. I am thankful that the majority of those I have worked with so far, share those skills and characteristics as I know there are those in this field that do not. I often see these overlap with other disciplines, which is a benefit to the client.

In my current role, I work with the clients on a day-to-day basis. I see them in everyday life and interactions which others on my team do not. For example, Charley's behavioral specialists might see the client once a week, while the case manager might see them once a month. I am therefore able to bring valuable feedback and progress reports back to my team so they can alter the care plan as needed. I provide key insights gathered from a relationship that is based on trust and respect from my client. Finally, I also have a personal perspective from growing up in a house of foster kids over many years. I have seen some of the struggles firsthand that case managers on my team have not seen before. I can bring in viewpoints that is perhaps more grounded and personal, rather than pure theoretical approaches.

Preparing, Engaging, and Assessing

Model for Interdisciplinary Collaboration

According to D'Amour et al. (2009), “the most complete models of collaboration seem to be those based on a strong theoretical background, either in organizational theory or in organizational sociology and on empirical data” (para 1.) For example, both of our professions use Systems Theory and Social Learning Theory. Iachini et al. (2018) provides a Model for Interprofessional Collaboration (MIC) that can be used to inform what contributes to effective interprofessional team intervention. This is the main model for my approach with my interprofessional team. The MIC identifies Interdependence, Newly Created Professional Activities, Flexibility, Collective Ownership of Goals, and Reflection on Process as required for interprofessional collaboration. “Interdependence” is when professionals “rely on each other to accomplish their goals and tasks” (Iachini et al., 2018, p.25). “Newly Created Professional Activities” occurs unexpectedly when high-quality interprofessional collaboration is practiced” (Iachini et al., 2018, p. 25). After time, “flexibility” is when two professions blur their roles and can use what they have learned from the other profession after close collaboration over time to help their client with questions which typically fall in the other profession’s realm. “Collective ownership of Goals” means all professionals “participate in goal setting, goal implementation, and goal evaluation” (Iachini et al., 2018, p.26). An example of how I practice Interdependence within my interprofessional team is when I must provide a report on my week with Charley to the care team before the behavioral specialists evaluates other methods of intervention. Another example for the construct on Collective Ownership of Goals, is how Charley’s team always meet to work on the client’s goals together.

Skills to Promote Interprofessional Team Collaboration

Some social work practice skills that promote interprofessional team collaboration and my own collaborative work are communication, time management, and organization. These

skills are important in our interprofessional work because it allows for interprofessional collaboration and allows for each member to express their knowledge from their individual professions. We utilize communication in our every action as an interprofessional team. We do this by having in-person meetings, phone calls, and exchanging emails. Our work is often time sensitive so time management is key in our work. An example of how my interprofessional team uses time management is when a client's care plan must be submitted within a certain time. Each member will do their part to make sure the plan is delivered on time. Organization is another vital skill because without it our success as a team would be hard to accomplish.

Agency Shaping Interprofessional Team Collaboration

My agency is person-centered. This means that they surround the client with a strong interprofessional team that will help meet the client's needs. This means the client is matched with a case manager, direct support professional, and in most cases a behavioral specialist. Depending on the situation, other professionals could be brought into the interprofessional team as needed.

Setting Goals, Planning, and Contracting

Setting Goals to Support Client as an Interprofessional Team

In the interprofessional teams that I work with, we often create goals for the team just as we create goals for the client. Some goals that we create for the interprofessional team members are that we meet once a month, stay in contact to discuss the client's needs, and reach out to the client weekly. Some goals that the interprofessional team sets for clients are creating diets, incorporating exercises into the client's daily routines, and involve them in community

interactions. Setting goals is an important part of our team and helps drive the success of the client as well as the interprofessional work.

Ensuring Determinants of Health

Before clients are introduced to their interprofessional teams, there is a lot of work done by my agency beforehand. During the beginning stages with clients, my agency learns more about the client because of the information that the MPW gathers. This includes their financial situation, as well as any case of feelings of isolation. Although a client's financial ability does not impact the client's care plan, any feelings of isolation or discrimination is worked on by the direct support professionals and the interprofessional team's evaluation of client interventions.

Incorporating Perspectives on a Interprofessional Team

The perspectives, voices, and participation of the client group and their families are very important to the interprofessional team. One strategy that my interprofessional team already has in place is that we involve a member of our client's family in our monthly meetings. This allows for their voice to be heard when decisions are made for the client. Other strategies that we could use are to send out a survey to the client's family to gauge whether they feel that we are going in the right direction or not. Sometimes it is easier for a client's family to think about a situation and answer through a survey rather than having to answer in the moment and be on the spot.

Applying Practice Theories and Skills

Model for Interdisciplinary Collaboration and Barriers to Collaboration

According to the MIC, evaluating one's own behavior and interaction with your team is vital to continued successful collaboration. It can help identify barrier to collaboration that can

prevent fruitful teamwork. When working my team, I try to evaluate my own contributions and if there is anything I am doing that is not helpful to the process or that can be improved in any way. The MIC identifies professional roles, structural characteristics, personal characteristics, and history of collaboration as variables that can either undermine or strengthen interprofessional collaboration. Personal characteristics is something our team has been fortunate with; there is a strong sense of professional trust and we all have a good time when we meet to work together – either as a full team, or in smaller pairs.

Concrete ways to Engage with your Interprofessional Team

Concrete ways that I engage with my interprofessional team to ensure collaboration is constant communication. Outside of standard meetings, I will communicate closely with the client's case manager and their behavioral support specialist to ensure that they are aware of any situations or behaviors I observed that I believe will need to be addressed by the team as a whole and that I also want another profession's input on. This communication goes both ways, and it ensures that the team is operative in a collaborative manner that is in the best interest of the client.

Dealing with a Client's Complex Needs as an Interprofessional Team

We often construct our interprofessional teams to meet the needs of the client group we are addressing. By doing this we have an interprofessional team that is best suited to address complex needs in a culturally competent manner due to the vast knowledge and skills on the team. During collaboration with the interprofessional team, we discuss how to respond to client groups and are constantly trying to improve our approach. If there are histories of trauma, the team member who has the most knowledge on how to handle this, will share this knowledge with

the team and make sure we all understand how the situation should be handle and prepare us for what problems we might encounter.

Evaluating, Ending, and Documenting

Preparing the Interprofessional Team for Client Termination of Intervention

Termination with a client can occur because they are no longer able to get services through the MPW, someone on the interprofessional team must drop the client for whatever reason, or the client could benefit from having a different person on their team. Termination can be difficult if not handled correctly. During my time with my agency, we had to terminate services with a client because the direct support professional was no longer able to keep the client due to scheduling issues. To do this, we had to rely on all members of the interprofessional team working together to communicate this with the client and their family. In this situation, the direct support professional had to stop services with their client because of a recent personal move which made it hard for the person to travel so far to see the client. Once the person notified the interprofessional team of this, the team held a meeting to find a solution. With the efforts of the interprofessional team, we were able to quickly find another direct support professional for the client in a respectable manner.

Factors Shaping the Quality of Interprofessional Collaboration

A key factor that shaped the quality of interprofessional collaboration is strong communication. This is something that has been mentioned throughout this paper, but it is a vital part of how our team operate as efficiently as possible to improve the quality of intervention as well as interprofessional teamwork. When communication is poor by any part of our team, it

hurts the overall team, and ultimately the client. There are always opportunities to be better at communication, and I think the more we strive to improve this, the better the team becomes.

Being Aware of Privilege and How it Informs Interprofessional Teamwork

As a white male, I realize my own societal privilege. It is because I am aware of that privilege, that I can recognize how others without those privileges are affected. It is so important to be educated about this topic and to realize how it affects your client group that is different from yourself. I try to make sure that my privilege, and those I can recognize from others on the interprofessional team, does not limit the viewpoints of our team. I make sure as a team we consider all viewpoints to inform our interprofessional teamwork.

Self-care Strategies

Some practice skills I need to continue to improve on in my mezzo level practice is communication, use of technology, and continue to learn more about my client group. Self-care strategies are very important to follow through with as it can be difficult to maintain these strategies over time. A self-care strategy I continuously work on, is to not bring the work home with me. When I get home from work, I have clear boundaries of not answering after-hour phone calls or emails. I also try to not dwell on any difficult situations that might have happen throughout the day. If you bring work home with you, and do not set clear boundaries, it is easy to burn out in the social work field. By leaving work at work, I can have a fulfilled personal life, which again brings more energy and motivation to my work and ultimately enhance my approach to my social work practice.

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