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Evaluation of a Social Work Continuing Education Curriculum in End-of-life Care

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Curriculum building is ongoing in social work education and is appropriate for such a dynamic profession. Curricula change in social work programs according to program needs and accreditation mandates of the Council on Social Work Education. These changes are ideally influenced by societal shifts and the needs of people that are served by social workers. In turn, continuing education programs must address these changes as well with new developments in the field.

One essential facet of addressing changes in curricula for the teaching of social work students, or current social work practitioners, is the inclusion of empirical data. Research specific to various fields of practice must be conducted to collect the most relevant information regarding what advancements have occurred and what educational content must be mastered by social workers. This is necessary in order to respond effectively to the needs of their client systems at every level.

The way the end of life has been approached in society over the past several years has changed dramatically due to many technological medical advances and much media attention to these advances as well as to controversial issues such as physician-assisted suicide. Social workers in all settings, but particularly in health care, must be able to respond to the needs of dying people and their families in light of societal shifts in the beliefs about and practice of end-of-life care. Currently, however, most social workers receive little preparation in order to respond appropriately. In this article, a data-driven continuing education curriculum for social workers in end-of-life care is introduced along with a comprehensive evaluation of the pilot delivery of the course.

Literature Review

Some research has been conducted regarding educational needs within social work practice in end-of-life and palliative care and with issues of grief and bereavement. Recent studies have revealed that social workers are not as prepared as they need to be, or would like to be, in working with end-of-life care issues (Csikai, 2004, Csikai & Bass, 2000; Csikai, 1999; Christ and Sormanti, 1999; Kovacs & Bronstein, 1999). Several recent, unpublished studies have also examined educational needs of social workers in various areas of end-of-life care, including some attention to practice interventions and state policy. However, development of continuing education curricula so far has focused on limited audiences based on research with specific populations or around specific issues (Keresztury, 2001; Walsh-Burke, 2001).

Educational Needs of Social Workers in End-of-Life Care

In response to these studies, the first comprehensive national assessment of educational needs in end-of-life care was conducted with health care social workers of several social work professional organizations (Csikai & Raymer, 2004). In Csikai and Raymer's study, a mailed survey (n=391) both confirmed the previous research and went further to identify more specific content that social workers perceived was needed to be competent in working with dying people and their families.

More than one-half of these health care social workers reported that content in end-of-life care issues was not offered in their respective social work programs. Only 31 percent agreed that the end-of-life care content received in their social work program was adequate for their employment

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after graduation. Most of the social workers had participated in continuing education with some end-of-life care content, although the amount and type of content in end-of-life care was not obtained. Barriers to obtaining continuing education in end-of-life care included a lack of social work-specific information in seminars offered and that the presenters were not social workers. For 87 percent of the respondents, the primary format for of information about the provision of end-of-life care was face-to-face in a conference format. This was also a preferred way to receive continuing education by a majority of respondents.

The social workers felt most prepared in their social work or continuing education programs in the areas of: the use of advance directives/end-of-life decisions; home care, hospice, and palliative care systems; and the psychological and social needs of patients and families with respect to death and dying. Content areas that the social workers felt were most needed were psychological and social needs of patients and families; psychosocial interventions to ameliorate distress; and the influence of dying on family dynamics (Csikai & Raymer, 2004).

The highest discrepancies, between content that social workers had and what they perceived was needed for competence in end-of-life care practice, were found for cultural differences that impact the death experience, followed by religious/spiritual differences, conducting research, psychosocial interventions, and state/federal legislation and legal issues in end-of-life care. Skill competence perceived to be most needed in assessing complex needs of patients/families was: communication of psychosocial needs of patient/family to team members; facilitation of effective family and team communication; and provision of crisis intervention. The highest rated of the attitudes needed in working with the dying were acceptance, respect, and recognition of the right/need of dying patients to make their own choices/decisions; respect for cultural, spiritual and ethnic needs/beliefs; and comfort in interacting with patients and families (Csikai & Raymer, 2004).

Curriculum Construction

Because many practitioners already in the field are currently encountering end-of-life issues in their daily practice, than in social work programs, a continuing education curriculum was thought to offer the best opportunity toward building competence for social work practice in end-of-life care. From the results of the study (Csikai & Raymer, 2004), an end-of-life care curriculum outline was constructed that underwent several revisions. The initial curriculum outline was revised in collaboration with the leaders of several health care social work professional organizations, social work educators, and other experts in the field.

The following content areas were included in the curriculum:

1. social work role/values important in end-of-life care
2. psychosocial assessment
3. specific interventions, including family conferencing, crisis intervention, cognitive-behavioral intervention
4. grief/bereavement
5. ethical issues
6. spirituality
7. cultural differences
8. secondary trauma and self-care.

Specific content including case studies, videos, and written materials were then developed by a team of five course faculty members. This team included the authors and three additional social work practitioners, all with extensive background in end-of-life care practice. The curriculum was pilot-tested at the National Hospice and Palliative Care Organization (NHPCO) Clinical Conference in April 2003 in a day-long pre-conference seminar.

Research Questions

The participants of the NHPCO session were aware that they were participating in a pilot project with the goal of producing an end-of-life care continuing education curriculum appropriate for social work practitioners. Evaluation of the curriculum was stressed as important in change/improvement of the curriculum prior to further dissemination.

Evaluation methods included: pre-test/post-test questionnaires, course evaluations, and a focus group after completion of the session. The research questions were:

1. What was the participants' level of knowledge and skill in end-of-life care prior to course delivery?
2. What were the participants' abilities to apply end-of-life concepts before and after the course delivery?
3. Which content areas best met the participants' needs?
4. How effective was the course overall, including teaching methods?
5. What ways can the course be improved?

Methodology

Sample and Procedures

The sample for evaluation of the course included 118 attendees in the pre-conference session at the NHPCO conference. Most attendees of the session were hospice social workers, with a few home health, and hospital social workers. Two hospice nurses attended as well. The social workers' practice experience in hospice ranged from having a small amount to extensive experience in the field. The participants were asked to view the curriculum in an evaluative manner as this was the pilot delivery, realizing that adjustments would need to be made. Goals for the day included:

1. To provide participants an opportunity to advance their knowledge about end-of-life care issues important for competent social work practice.
2. To gain feedback from participants regarding the effectiveness of the curriculum presented and recommendations for improvement of the program so that it can be as useful and accessible as possible for social workers.

A pre-test questionnaire was administered prior to beginning delivery of the course content. Persons who entered the session late did not have an opportunity to participate in the pre-test. Both the post-test questionnaire and course evaluations were administered immediately following completion of the course. The response rate for both the post-test and the course evaluation was 75 percent. Some participants left the session early so they did not complete the post-test or the course evaluation.

A focus group, with selected participants of the course, was conducted immediately following the course. Focus group members represented different social work professional organizations with which collaborative relationships had been maintained throughout the curriculum development process. A one-hour time frame was allotted for the group session.

Measures

Pre- and Post-test. The pre-test questionnaire served two purposes: to gauge the level of the attendees' knowledge and skill in areas covered within the curriculum, and the ability to apply these concepts in response to several case studies. The first item on the questionnaire was "how comfortable are you with your present level of knowledge about end-of-life care?" Respondents could choose from "not at all" to "extremely." The next item measured the social workers' proficiency in knowledge and skill in areas specific to the course content. Examples of knowledge items were: an understanding of the role of social workers in the realm of end-of-life care, cultural differences that impact the death experience, and the differences between grief and depression. Skill items included: the ability to provide crisis intervention, participate in family/team conferences, and select and provide needed interventions based on assessment. A 5-point Likert type scale was utilized for responses ranging from 1 (not at all) to 5 (advanced level). The participants then were asked about how comfortable they felt in their role of providing end-of-life care, palliative care, and/or bereavement service? (1, not at all, to 5, extremely). An open-ended question was included for participants to write in what they hoped to gain from the session. A series of case scenarios was provided. Respondents were instructed to read the case and circle their response for multiple choice or True/False. Content areas cov-

ered by the cases were: pain management, advance directives, children visitation, social worker interventions, and the dying trajectory. These same cases were repeated on the post-test with the same instructions.

Course Evaluation. The course evaluation was aimed at gaining feedback about the course itself. The first measure consisted of a listing of content areas from the course. The respondents were to indicate the degree that the course met their expectations (from 1, did not meet, to 5, to a great extent met). Examples of items included, social work roles, assessment of individual and family, ethical issues, and advocacy/leadership. An open-ended question asked respondents what content they felt was missing or covered to little, or too much. The next item measured the effectiveness of teaching methods used in the course including power point presentation, team format, and case studies.

Respondents rated these on a scale from 1, poor, to 5, excellent. They were also asked for suggestions for other teaching methods to include that might be effective in the course. Participants were then asked to rate the overall effectiveness of the course, the overall comprehensiveness compared to other continuing education courses they had attended, and the overall quality of the course compared to other continuing education courses they had attended. A 5-point Likert type scale ranging from 1 poor to 5 excellent was used for these three measures. Additional open-ended questions asked respondents to list two strengths and two limitations of the course. Participants then wrote in their recommended size of audience in a session and amount of time needed for the program? (1 day, 2 days, or other).

Focus Group. Focus group questions followed closely along the course evaluation that was given to all participants.

1. What were your overall impressions of the course?
2. What were the strengths? What was missing?
3. What teaching methods were effective and what would work best for different content areas?
4. What do you recommend for size of audience in a session?
5. What amount of time is needed for the course?
6. Do you have any suggestions for dissemination?

Results

Pre-test/Post-test Questionnaires

The participants were moderately comfortable with their level of present knowledge about end-of-life care (M=3.33, SD=.78) and with their role in end-of-life care (M=3.58, SD=.91). A high level of proficiency in knowledge of practical resources, differentiation between grief and depression, ethical issues, and skills in participating in family/team conferences and acting as liaisons was perceived (see Table 1). After the course delivery, the pre- and post-test case scenarios revealed that the respondents had an increase in knowledge and application to cases in all areas except for differentiation between grief and depression, which had a lower

Table 1. Proficiency in End-of-Life Care (n=117)

	Mean	SD
Knowledge		
Practical resources	4.11	.80
Differences between grief & depression	3.80	.85
Ethical issues	3.70	.86
Role of social work in end-of-life care	3.65	.84
Spiritual concerns	3.45	.87
Current trends/realities	3.41	.84
Differences between pain & suffering	3.39	1.04
Cultural differences	3.10	.86
Skills		
Participation in family/team conferences	4.12	.83
Act as a liaison	4.06	.81
Coordinate/run family/team conferences	3.87	.99
Crisis intervention	3.86	.92
Assess psychological needs	3.76	.85
Conduct comprehensive assessments	3.76	.88
Provide interventions	3.76	.87
Provide individual/family counseling	3.76	.91
Provide cognitive-behavioral therapy	3.41	.97

Note: Based on a 5-point Likert-type scale ranging from 1, not at all proficient, to 5, advanced level of proficiency.

percentage of correct responses in the post-test (see Table 2).

Table 2. Correct Responses for Pre-test/Post-test Cases (n=89)

	Pre	Post
Pain management	97	99
Advance directives	83	79
Children visitation	74	81
Social worker intervention	88	90
Dying trajectory	64	89
Symptoms of grief/depression (Delayed grief: 48% pre and 52% post)	38	41

Percentage of participants with correct response.

Course Evaluations

Sixty-six percent of the participants thought that the course should be expanded to a two-day format, 25 percent thought one day was sufficient, 6 percent 1 1/2 days, and 3 percent reported other time amounts. In open-ended responses, many participants felt that more time should be built in for group discussion and question/answer exploration. Almost one-half (49 percent) also thought that to better accomplish the course goals, the session should be limited to about 50 participants (17 percent, 30 participants, 14 percent, 20 participants, and 11 percent, 100 participants). Most participants highly rated the effectiveness (M=4.12, SD=.79), comprehensiveness (M=4.30, SD=.78), and quality (M=4.25, SD=.83) of the overall program. The use of video, materials provided, and the team approach were noted as effective teaching methods (see Table 3).

Table 3. Effectiveness of Teaching Methods (n=89)

	Mean	SD
Video	4.63	.84
Written materials	4.45	.71
Team approach	4.16	.90
Powerpoint presentation	4.16	.90
Cases	3.98	.98
Attendee participation	3.46	1.16

Based on a 5-point Likert-type scale ranging from 1, poor, to 5 excellent.

Areas within the program that were covered well (met participants' needs) were: social work values, roles, family conferences, end-of-life realities, and assessment (see Table 4). The participants felt that increased content was needed in the areas of ethical issues, particularly boundary issues, and on spirituality in end-of-life care.

Table 4. Degree that Course Met Participants' Needs (n= 89)

	Mean	SD
Content Areas:		
Social work values in end-of-life care	4.24	.66
Social work roles	4.21	.72
Family conferences	4.17	.72
End-of-life realities	4.13	.72
Assessment of individuals/families	4.11	.77
Dying process/trajectory	4.08	.70
Cultural issues	4.08	.80
Cognitive-behavioral therapy	4.03	.83
Secondary trauma/self care	4.00	.90
Crisis intervention	3.95	.83
Advocacy	3.93	.82
Group Intervention	3.89	.83
Constructs of pain/suffering	3.88	.80
Complicated grief/depression	3.84	.95
Health care decision-making	3.64	.85
Ethical issues	3.56	.92
Spirituality	3.53	.88

Note: Based on a 5-point Likert-type scale ranging from 1, did not meet needs, to 5, to a great extent met needs.

Focus Group

The focus group echoed much of the same feedback as the participants as a whole including their enthusiastic support for the course. The group was scheduled for a one-hour session; however it lasted for 1 1/2 hours. The focus group participants provided a more in-depth view of how to improve the course. Some initial discussion was held about the need for both a generalist curriculum (basic knowledge that all social workers need regarding end-of-life care) and an advanced curriculum for social workers currently working in an end-of-life care setting. Strengths of the course, according to the focus group, were:

1. its thoroughness
2. expertise of faculty
3. resource manual
4. the detail-oriented nature of the course

Starting with values and ending with leadership was a good progression and "very affirming." Modeling of the continuum of care was thought to be a strength as faculty members were from different health care practice areas, that it "communicated the essence of how people die and not where people die." The focus group members also liked the critical thinking component that was promoted through the use of cases, including a video clip, that "made you look at your practice and how you could do things differently."

Suggestions for content that could be added included more guidance in terms of interventions, particularly in difficult cases, how to "present ourselves as social workers," how drug/alcohol use affects end-of-life situations, use of a case example in assessment content, "scripts" for talking with physicians, building collaborative relationships, safety issues and self-determination, and more developmental issues across the lifespan and how this affects end-of-life (i.e., too heavy on adolescent content). Limitations commented on by the focus group were that demographics should be added for research purposes on the pre- and post-tests, manuals needed more organization, "too much content for one day," and that "to seasoned people a lot of content okay" but for those new to the field $1^{1/2}$ -2 days would be better. More time was also needed for fuller discussion of the cases, particularly ethical issues. Focus group participants agreed that there should be a smaller audience with a two-day course. Smaller groups for practical intervention sessions were recommended but that the group can be larger for other content (use of break-out groups). One point made was that it would be "okay to sacrifice some of the detail to have some other discussion."

The participants felt that the course was too expensive ($195) but that if it was kept at the state level it would cut down on travel expenses. They said that having the course connected to conferences as a pre-conference session was a good strategy. Teaching methods that they thought were effective were: the variety of speakers and the video clip (but make sure the outcome of case is known). Another video clip should be added and possibly use something that everyone would have access to: i.e., Bill Moyers series (PBS) or Last Acts (RWJF) materials. They suggested three presenters as a minimum for a one-day course. Lastly, the focus group provided the following suggestions for dissemination of the curriculum:

1. dialogue across the care continuum, and with other national organizations (social work and interdisciplinary organizations)
2. use regional/state conferences
3. use teleconferencing if expense was an issue
4. good marketing strategies need to be employed.

Another issue discussed was that outcomes of the program should be monitored via the pre- and post-test results. Based on these results and ongoing changes in the field, the curriculum would need to be updated frequently.

Discussion and Implications

Overall, the results reveal that the curriculum met the goals. Participants were able to increase their knowledge in the end-of-life care content presented and apply this knowledge to case scenarios. It was somewhat surprising that a larger percentage of the participants chose an incorrect response for the case involving advance directives, especially since the participants reported a high level of perceived proficiency in this content area. This may be partially due to some discussion that occurred during the session among participants about the varying application of, and legal requirements for, advance directives in different states. Regarding content related to advance directives, it may be best to provide general definitions of concepts and then to refer participants to laws and practices of their own particular states. With a national presentation it is not possible to address issues with such specificity. However, if the course was offered at a state-level conference of a professional organization, such as the National Association of Social Workers State Chapter Conferences or Association of Oncology Social Workers State Conferences, then content specific to that state's laws and procedures could be added.

Another area with a fairly large amount of discrepancy was in the differentiation between grief and depression. Participants only slightly improved in their overall response to the case scenario regarding this content. There was also a larger number of participants that believed the case described delayed grief after the course than before the course and this amount was at a much higher rate than the correct response of depression. This suggests that the concepts were not clear to the participants and that more time should be spent on the definitions and practice applications for situations involving grief, bereavement, and depression need in the revision of the course. A great deal of confusion exists generally in the area, with practitioners still utilizing dated models of grief that consider depression is a normal part of grief. Newer thinking makes clearer disctinction between the normal grief process without depression and clinical depression (Schneider, 2000). Social workers in all settings must be able to accurately assess whether their clients are clinically depressed or if their symptoms are a result of a recent death and are part of the normal grieving process.

The course met the participant's needs in many areas, but could benefit from additional content in ethical issues related to maintaining appropriate boundaries and in spirituality and end-of-life care practice and in aging. Overall, however the participants' remarks were overwhelmingly favorable about the course content and delivery. Many expressed to all faculty, before and after the course, that they were supportive of the course and that they were glad that the course was being developed because it addressed a gap in their social work training.

One of the needs identified was to expand the curriculum to encompass a two-day format so that more discussion about these difficult issues could take place. In the original design of the course, attention was paid to the previous findings that one of the two most significant barriers to participation in continuing education was time away from work (Csikai & Raymer, 2003, Christ & Sormanti, 1999), so a one-day course was constructed.

However, there was so much essential content to convey that little time was left for participant discussion. Participants seemed to feel that it was more important to keep the content and add more time for in-depth coverage and discussion of topics than to keep the course to one day.

From these multiple sources of evaluation, the curriculum was revised into a 2-day format and presented at the NHPCO Joint Clinical Conference in March 2004. Face-to-face instruction in conjunction with a professional conference, continues to be a preferred method for social workers to receive continuing education. One of the least preferred formats was computer-based instruction (Csikai & Raymer, 2003) despite the increasing emphasis in providing on-line courses in social work education. Course materials will continue to include a resource manual (with copies of the PowerPoint presentations, additional resources, web resource listing, and subject bibliographies) and in the final course product, a CD will accompany the manual.

In addition, a future plan for the curriculum is development of differentiation between generalist content and advanced content in end-of-life care. This will be also be based upon survey data (Csikai & Raymer, 2003) and according to suggestions made by the focus group members, social work organization collaborators, and other experts in the field. The generalist content of the course will provide essential knowledge and skill training for social workers to be able to recognize and intervene in potentially problematic situations regarding end-of-life care across a variety of settings. "Generalist" social workers (not in health care) may routinely encounter dying people and their family members or people who are experiencing grief due to a recent death of someone close to them or as in the case of the terrorist attacks of 2001, grieving due to a traumatic situation facing us all. The advanced content will be aimed at social workers already working in health care with end-of-life issues but who desire knowledge and skill to be able to handle complex situations, such as complicated grief, decision-making involving withdrawal of nutrition and

hydration: assistance with pain management interventions: and keeping current with advances and changes in health care settings.

Conclusions

Social workers have a responsibility to provide the psychosocial intervention necessary for dying persons and their families when facing such a time of great vulnerability. To be able to fulfill this critical role, educational preparation and training specifically in end-of-life care is needed so that at least a minimal level of competence is achieved. The course and evaluation described in this article takes a step toward achieving this goal. National dissemination of such a curriculum to social workers in all fields of practice through continuing education is crucial as literally thousands of social workers face end-of-life care issues in their current practices not only in health care, but in school systems, child and adult protective services, and mental health services, as well.

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