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Beyond the Classroom:

Students Improve Access to Supportive Care Services

The oncology social work program at Penn Medicine Virtua Cancer Program, Voorhees, N.J., is composed of two licensed social workers who provide a myriad of services across three campuses. Though social work responsibilities vary among cancer programs across the country, our social workers are tasked with the responsibility of meeting all new radiation patients regardless of disease site. Oncology social workers follow these patients from diagnosis into survivorship with no predetermined date for concluding social work contact. We believe that it is important to keep the lines of communication open with patients because many issues with survivorship present later in life. Our oncology social workers provide five free counseling sessions to patients on an individual, couple, or family basis.

Across care settings and a range of responsibilities, shared goals exist among oncology social workers; for example, the provision of emotional support to patients and families coping with a diagnosis of cancer. Oncology social workers may also help patients:

- Navigate insurance coverage.
- Apply for health insurance and social security benefits.

> When we began analyzing our data, we found that our oncology social workers were missing a large majority of patients who did not trigger for follow-up. For example, our conversations with patients would often reveal issues not disclosed in the distress screen.

- Research and apply to grant programs sponsored by local organizations that provide financial assistance to patients diagnosed with cancer actively undergoing treatment.
- Facilitate support groups and/or educational offerings.
- Make referrals to transportation and other needed community services.

At Penn Medicine Virtua Cancer Program, we can provide all of the above services, in addition to the five free counseling sessions mentioned above.

Oncology social work receives referrals through very specific avenues. Typically, nurse navigators are the first point of contact, engaging with patients at time of diagnosis or surgery. Nurse navigators identify patient needs and make referrals to appropriate resources, which often generate a referral to social work. Physicians, nurses, system partners, family members, or patients can also directly refer to social work services.

Our oncology social workers see all patients—regardless of disease site—and the survivorship care continuum does not have a standard termination date, because issues related to cancer survivorship can present throughout the patient's life span.

In 2016 Virtua Cancer Program saw approximately 2,400 analytic cases across three campuses. Our two full-time (FTE) social workers were challenged to meet this high patient demand, and it soon became clear that improvements were needed.

Identifying Programmatic Gaps

Our first step was to identify gaps within the social work program, allowing us to conceptualize areas that could be improved. Next, the cancer registry department conducted a retrospective chart review and found that social work was interacting with only one-quarter (about 25 percent) of all oncology patients diagnosed at our facility (see Table 1, page 45). Further research attributed this low patient volume to three factors: (1) issues related to distress screening, (2) limited staff, and (3) the referral system.

The first driver behind our volume of patient encounters concerned follow-up criteria for the NCCN Distress Thermometer that was being distributed to all patients receiving radiation treatment at three locations (see Table 2, page 45). Traditionally we had been assessing only patients who indicated a score of 4 or higher on the distress thermometer. According to the NCCN, 0–3 is considered no/low distress, 4–6 is considered moderate stress, and 7–10 is considered high distress. Oncology social workers followed up with patients who scored a 4–6 within five business days and patients who scored a 7 or higher within 24 to 48 hours.

When we began analyzing our data, we found that our oncology social workers were missing a large majority of patients who did not trigger for follow-up. For example, our conversations with patients would often reveal issues not disclosed in the distress screen.

Additionally, our follow-up criteria created impediments to responding in a timely manner. For instance, if a patient who scored a 6 on the NCCN Distress Thermometer but also indicated transportation concerns, our follow-up criteria allowed five business days for follow-up. In these five days, however, patients were beginning treatment and in need of transportation sooner than called for by our follow-up criteria. It was becoming nearly impossible for our social workers to adequately address concerns and schedule rides through community providers.

This scenario was not uncommon, and issues were not always confined to transportation. Follow-up criteria for the NCCN Distress Thermometer were creating delays for concerns related to mental health services, nutrition, and ambulating safely in the home. For patients whose distress screen did not trigger for follow-up, these concerns were sometimes never addressed.

The second reason for the gap in patient encounters was attributed to limited staffing. Historically, two FTE oncology social workers covered three locations. Our oncology social workers see all patients—regardless of disease site—and the survivorship care continuum does not have a standard termination date, because issues related to cancer survivorship can present throughout the patient's life span. Based on these criteria, our capacity to provide support services to a vast patient population was limited.

Lastly, the stratified referral system we work within brought its own challenges. Our patients are seen at private medical oncology practices, so we are dependent on these practices to support our social work program. In other words, because our oncology social workers are not stationed in these private practices, we rely on staff and physicians to identify patient needs during initial consults, infusion visits, or follow-ups. Because these staff are not typically trained in providing mental health services—or identifying the emotional needs of patients undergoing cancer treatment or posttreatment—needs often went unnoticed until an oncology social worker could intervene or identify a concern. Typically, this intervention would not occur until the patient was seen by radiation or surgical oncology, because social work support is built into the treatment plan for these disciplines. So, for example, if staff in these private medical oncology practices were not assessing for biopsychosocial needs or patients did not feel comfortable voicing concerns, such as fears of recurrence, the burdens of caring for an elderly parent, or difficulty discussing their diagnosis with a young child, needs would go unaddressed and unmet.

The retrospective chart review provided interesting findings concerning our stage IV cancer diagnoses population and how our program was currently addressing these patients' needs. The total number of cases seen by social work was 19 percent. We considered this a low volume based on the needs commonly presented by this late-stage population, such as the importance of creating a living will, facilitating conversations among patients and their providers and family members, and the need for increased support as patients face advanced disease, end-of-life care decisions, and more.

Table 1. Retrospective Chart Review of Oncology Social Worker Visits

Total number of patients	348
Top five primary sites	• Lung 125 (36%) • Liver/pancreas 43 (12%) • Colorectal 34 (10%) • Breast 27 (8%) • Gynecology 22 (6%)
Total number of patients nurse navigated	44 (13%)
Total number of patients palliated during first course of treatment (any surgical procedure, radiation therapy procedure, and/or systemic treatment provided and indicated as palliative treatment by the physician)	107 (31%)
Total number of cases seen by social worker	66 (19%)
Total number of cases receiving no treatment	96 (28%)
Total number of cases expired within one year of diagnosis	196 (56%)
Total number of cases with advanced directive	145 (42%)

Table 2. NCCN Thermometer Follow-up Criteria

NCCN Follow-up Criteria		
Distress score	**Distress Level**	**Follow-up Criteria**
0 to 3	Low	Five business days
4 to 6	Moderate	Five business days
≥7	Severe	4–48 hours

In short, we were confronting a compelling need to offer social work services to more patients without hiring additional staff. Our challenge was to find an alternative method that did not add a cost burden to the organization and yet allowed us to preserve the high quality of social work care offered.

Developing and Implementing a Student Program

Developing a student program to help fill these gaps in care was a plausible option, but it would require our social work program to change. Until now, oncology social workers at our cancer center functioned more as outpatient therapists. They had little to no involvement in the multidisciplinary cancer care team and did not assist in combating patient barriers to treatment. Around 2013, cancer program leadership made staffing changes, which allowed our oncology social workers to transition the program into a more collaborative model. During this transition period, Rutgers, the State University of New Jersey, reached out to Penn Medicine Virtua Cancer Program to request that our institution become a field placement site for social work students. During this transitional period while major changes were underway, our social workers did not believe that the timing was appropriate; however, in 2015, after a few years of stability and with the support of management, our oncology social workers decided to move ahead with mentoring students at our cancer center.

> Based on the clinical nature of oncology social work and the demands of working in a healthcare facility, we decided that Virtua would only consider second year Master's in Social Work Students or Advanced Standing students for the cancer program.

Once the decision to proctor students was made, the assistant vice president of the Oncology Service Line suggested that we invite representatives from Rutgers to our cancer center where they would have the ability to meet with oncology social workers, learn about the Penn Medicine and Virtua Cancer program and its services, and understand what we hoped to offer students placed at our program. The result of that meeting: Rutgers field liaisons expressed a strong appreciation of our program and what we could offer students and understood our need to have high-caliber students who would align with the mission of our program. The field liaisons asked us for an outline detailing what students could expect at placement. They would then use this tool to both match and guide potential students in determining whether they were an appropriate fit for our social work program.

It is important to note that there are different types of student field placements. The type of placement will inevitably determine the hours students provide a week, along with the start and finish of their field placement. We were fortunate to have advanced standing students who would start their placement in the early summer compared to traditional students who start at the end of summer. Most students provide 22.5 hours a week over the course of nine months.

Student Selection and Training

Advanced standing students are students with a Bachelor's in Social Work, allowing them to complete their Masters degree in one year. Traditional MSW students are those with a variety of Bachelors degrees and typically complete their Masters in Social Work degree in 2 years. Based on the clinical nature of oncology social work and the demands of working in a healthcare facility, we decided that Virtua would only consider second year Master's in Social Work Students or Advanced Standing students for the cancer program. As mentioned earlier, when establishing a field placement agreement with Rutgers, we were asked to develop a document that clearly explained the placement, duties, and caliber of student needed to excel at Virtua. This information meant that students clearly understood expectations, prior to their interview. The interview process consists of meeting the students and introducing them to the social work staff along with our director to ensure the right fit.

> By having students meet with all patients, patients were able to express needs in conversation that may not necessarily have come out during distress screening.

Once students begin their placement, training consists of various field exposure and clinical tasks. Students receive weekly hour-long individual and/or group supervision to allow them to discuss their learning, share case examples, and process recordings, along with short-term and long-term professional goals. Supervision is paramount to the students' abilities to recognize internal and external perceptions that are occurring as they work with patients undergoing significant life changes. This requires great skill on behalf of the supervisor, to guide students and allow them to gain confidence as a clinician as they prepare to graduate and become professionals in the field. Additionally, the supervisor must uphold the policies and procedures of the program, acting as both a mentor and, at times, disciplinarian while students gain responsibility and becomes a member of the care team. Though the students provide valuable assistance with workload and daily tasks, there is a considerable amount of time involved in acting as a supervisor, balancing caseloads and work demands while also overseeing multiple students, which must be considered when preparing to oversee students.

Delineating Student Roles

It is vital to provide an overview of the student's roles and responsibilities at the field placement to better understand how the students directly addressed our identified gaps in care. These responsibilities include meeting with all new patients starting radiation treatment to discuss support services, providing supportive counseling, offering meditation to patients in the infusion rooms, facilitating support groups, offering support and advanced care planning resources to patients in the palliative care clinic, and other tasks as needed (see Table 3, page 47).

As we initiated our student program, oncology social workers began seeing all patients in radiation—regardless of distress screening score. With the initiation of our student program, the decision was made that we were now able to meet with all patients and thus able to restructure our follow-up criteria. This change increased our patient encounters by 133 percent in that first year alone and allowed for proactive support of patient needs. By having students meet with all patients, patients were able to express needs in conversation that may not necessarily have come out during distress screening. Once trained on the resources, and after having sufficient shadowing experience, students began meeting with patients individually, clearly stating their role and purpose as a student upon initial introduction. Students meet with patients on the day of their CT simulation, the planning session for their radiation treatment, reviewing the distress screen in a private room and connecting the patient to support resources as needed. If for any reason a patient did not wish to meet with a student, he or she would be given access to the student's supervisor that day or within the week, though this was rare.

Students began providing meditation in the infusion centers and became an active presence in our private medical oncology practices. During Ms. Bernhardt's previous master's in social work field placement experience, she was able to provide meditation to patients in the infusion rooms and found this a meaningful way to build rapport with the patient while also offering a means for the patient to relax. Meditation has been shown to decrease stress and anxiety when provided to patients undergoing infusions. Because of this experience, students were introduced to the various meditation techniques, including guided imagery, body scans, and others. Once students felt comfortable, they would meet with patients in the infusion rooms, reading meditative scripts selected based on patient preference. Patients began asking students to return to facilitate meditation throughout their treatment based on the relief it provided them on the initial visit.

Each student facilitates a monthly support group as well. Previously, our community lacked face-to-face lung and colorectal support groups. With the addition of our students, we were able to add these support groups at two of our clinic locations that are facilitated by the student.

After a few months of placement experience, students began meeting with patients individually for supportive counseling sessions. In doing so, we were able to decrease the wait time that had previously existed based on limited social worker availability. This allowed for greater access to individual, couple, or family counseling sessions with little to no wait time.

Table 3. Roles and Responsibilities of Student Interns

Year	Number of Students	Roles and Responsibilities
2016	Two advanced standing master's in social work students	• Meet with all new radiation oncology patients • Provide meditation in the infusion centers • Offer social work support to patients in the palliative care "Lifecare" clinic • Document all patient engagements • Meet with patients for supportive counseling • Assist with grant funding • Community referral and resource procurement • Facilitate site-specific monthly cancer support groups
2017	Two advanced standing master's in social work students One master's in social work student with certificate in health and aging	
2018	Two advanced standing master's in social work students One master's in social work student with certificate in health and aging One art therapy student[a]	

[a]Art therapy is a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.

Bottom line: the student program allowed our social work team to address gaps in care and expand services at no additional cost to the healthcare system.

Key Takeaways

For cancer programs looking to implement a similar student program, our oncology social workers offer three takeaways. First is the importance of building community partnerships and a local social work network. The partnership with the Rutgers Social Work Program created leverage for Virtua Health System and Rutgers to consider future student collaborations, such as integration of art and music into the oncology program. In addition, this collaboration aligned with the 1996 National Association of Social Workers Code of Ethics, which states that "social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations."[1] The partnership created a win–win situation for both the students and their oncology social worker supervisors. Specifically, our oncology social workers gained a deeper understanding of themselves as professionals and as leaders while simultaneously providing mentorship and career development to students.

The second takeaway is the cost savings the student program brought to the Virtua Healthcare System by adding to the work-

force and increasing services at no additional cost (Table 4, right). Prior to the student program, our 2.0 FTE budgeted oncology social workers had 284 patient encounters annually. The first year of the student program recognized a gain of 1.1 social work FTEs, resulting in 664 patient encounters—a growth of 133 percent from the previous year. In the third year of the program, the students added 1.65 social work FTEs, allowing for even more patient encounters.

> To implement and find success with a student program at your institution, your social work staff must be onboard and willing to take on the added responsibility that comes with mentoring a student.

The third and final takeaway is the correlation between increased social work encounters and increased volume and revenue into the ancillary departments that support the oncology program. These departments include physical therapy, outpatient nutrition counseling, and palliative care (see Table 5, right). Visits to these three departments ranged from an increase of 16 percent to an increase of 47 percent after implementation of the student program. In the second year of the student program, the cancer center offered new ancillary services—acupuncture and oncology nutrition counseling—in three of our radiation treatment facilities. Thirty-six months into the student program, total revenue from these ancillary services increased by 55 percent. (Note: Palliative care revenue is not reflected here because the program is a partner of Virtua Healthcare System and is not owned by the system.)

Replicating a Student Program

Having discussed the benefits of developing a student program, including revenue generated and the increase in patient encounters, we find it essential to share the knowledge and growth we have experienced. To replicate a similar student program, we offer these key considerations:

- Determine the available resources offered by cancer institutions within your community. Are your services commensurate to those being offered by other programs in your marketplace?
- Develop and conduct a needs assessment. This provides invaluable data about your services, your patients, and your community, revealing gaps in care that may exist. Without a clear understanding of these gaps, it is nearly impossible to devise strategies that will better meet patient needs. Understanding these needs allows you to ask the right questions to bridge existing gaps. For our social work program our question was, "Could we bridge gaps in care with a student program?" Our answer was a resounding "Yes!"

Table 4. Social Work Encounters

Staffing	2015
Two FTE oncology social workers	284 Patient encounters
Staffing	**2016**
Two FTE oncology social workers Two master's in social work students (1.1 FTEs)	664 Patient encounters
Staffing	**2017**
Two FTE oncology social workers Two master's in social work students (1.1 FTEs)	1,705 Patient encounters (160% increase from 2016)
Staffing	**2018 Projection**
Two FTE oncology social workers Three master's in social work students One art therapy student	413 Patient encounters (January to March 2018) 1,650 Projected patient encounters

Table 5. Patient Encounters at Ancillary Services

Ancillary Service	2015	2016	Percentage Increase
Physical therapy	137	201	+47%
Nutrition	32	56	+75%
LifeCare (palliative care)	183	213	+16%

- Create community partnerships. This works best when there is a shared vision among the institutions involved. Develop relationships that allow stakeholders to determine whether there are mutual interests that will further the goals of each organization.

To implement and find success with a student program at your institution, your social work staff must be onboard and willing to take on the added responsibility that comes with mentoring a student. Having embarked on this journey with the social work students, our oncology social workers believe that the potential for expanding the program is unlimited. We have had the privilege of working with a student who was accepted into a Health and Aging Fellowship. Her enthusiasm for this patient population and her school project requirement has resulted in a complete overhaul of our palliative care program. This project will have lasting value in our organization long after the internship ends. Having had this positive outcome, our social workers are very interested in partnering with other students who have a specialty focus that could further enhance our program. Our oncology social workers remain eager to mentor additional students, allowing them to experience the sacred space that is shared between a patient and an oncology social worker when dealing with this life-altering diagnosis. OI

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Reference

1. National Association of Social Workers. Code of ethics. Available online at: socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English. Last accessed March 28, 2018.

Our Program At-a-Glance

The Penn Medicine Virtua Cancer Program provides a wide range of comprehensive cancer care in southern New Jersey across three counties (Burlington, Camden, and Gloucester). The program sees approximately 2,400 analytic cancer cases annually, with breast, colorectal, and lung cancer being the primary sites. State-of-the-art medical care is provided by radiation oncology, surgical oncology, and medical oncology. The program also offers a variety of oncology support services to patients from the time of diagnosis into survivorship and end-of-life care. Services available include:

- Oncology social work
- Nurse navigation
- Genetic counseling services
- Fitness
- Rehabilitation services
- Nutrition
- Integrative therapies
- A palliative care and hospice program
- Case management
- Survivorship programs.

The Oncology Services Department includes 5.0 FTE nurse navigators, 2.0 FTE oncology social workers, and 2.5 FTE cancer genetic counselors.