

Addressing New Paradigms: Social Work Professional Identity and Interprofessional Teams

J. Stacy Elliott, MSW; Fawn Pettet, LMSW; Elena Delavega, PhD, MSW

Overview

Social workers in the United States have long struggled for recognition of legitimacy in the healthcare field. The authors present a project to train social work students for full participation and leadership in healthcare teams as the paradigm shifts to emphasize biopsychosocial and team models of practice.

Learning Objectives

- Participants will understand the critical role of social work professionals in interprofessional healthcare teams.
- Participants will critically analyze the historical foundation for the hierarchical structure in healthcare teams in the U.S., and its effect on modern social work professional roles.
- Participants will identify strategies in social work education for the development of competence in leadership and transactional skills necessary for practice in interprofessional healthcare teams.



Background

Healthcare is a system that involves many disciplines, but since its inception, the American Medical Association has endeavored to limit the authority of nonphysician healthcare providers, including social workers. In 1910, Abraham Flexner released a report highlighting the importance of biomedical approaches to healthcare to the exclusion of all others. Flexner's report was particularly damaging to social work, which he derided as less than a profession, with a questionable role in the healthcare field. Flexner's report had the effect of strengthening biomedical models, reducing access to medical education, restricting access to healthcare, and limiting the scope of healthcare practice.

Healthcare for the 21st Century

While the AMA has loosened its stance on the legitimacy of nonphysician healthcare providers, it continues to insist on Physician-Led Team Based Care. Under this model, physicians are promoted as the qualified leader of healthcare teams. This is particularly challenging for social work professionals, who have struggled with professional identity since the inception of the profession. Much of this arises from Flexner's central critique: a lack of a body of knowledge that defined social work and a lack of specificity in the objectives of social work education. However, the role of social work in interdisciplinary healthcare settings is important because social workers are best positioned to address the social and environmental aspects of the patient's health. This issue of how social work fits into the history of ideas about the social world, social problems, and professional practice must be addressed in modern training programs. Teaching the skills to participate effectively and even lead interprofessional healthcare teams will become increasingly necessary in social work education given the global challenges that graduates will face.

Social Work Leadership in Interprofessional Teams

- Interprofessional training opportunities at U of M MSW program
- Midsouth Social Work Professional Development Initiative
- Health Resources and Services Administration (HRSA)
- Social work integration with primary care
- Health as "holistic well-being" rather than simply the absence of disease

References

- Abramovitz, M. (1998). Social work and social reform: An arena of struggle. *Social Work*, 43, 512-526.
- American Medical Association [AMA]. (2016a). *Our history*. Retrieved from <http://www.ama-assn.org/ama/pub/about-ama/our-history.page?>
- American Medical Association [AMA]. (2016b). *Physician-led team based care*. Retrieved from <http://www.ama-assn.org/ama/pub/advocacy/state-advocacy-arc/state-advocacy-campaigns/physician-team-based-care.page>
- Blevins, S.A. (1995). *The medical monopoly: Protecting consumers or limiting competition?* The CATO Institute. Retrieved from: http://www.cato.org/pubs/pas/pa246.html?pub_id=1105&full=1
- Flexner, A. (2001). Is social work a profession? Research on Social Work Practice, 11, 152-165. Reprinted from Flexner, A. (1915). Is social work a profession? In National Conference on Charities and Corrections, Proceedings of the National Conference of Charities and Corrections at the Forty-second annual session held in Baltimore, MD, May 12-19, 1915.
- Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.
- Gevitz, N. (1989). *The chiropractors and the AMA: Reflections on the history of the Consultation Clause*. *Perspectives in Biology and Medicine*, 32(2), 281-299. doi: 10.1353/pbm.1989.0009
- Stahnisch F.W., & Verhoef, M. (2012). The Flexner Report of 1910 and its impact on complementary and alternative medicine and psychiatry in North America in the 20th century. *Evidence-Based Complementary and Alternative Medicine*, 2012. doi:10.1155/2012/647896
- World Health Organization (WHO). (2010). *Framework for action on interprofessional education & collaborative practice*. Geneva: World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRP_HPN_10_3_eng.pdf