Functional Statement
.5 Primary Care, Patient Aligned Care Team (PACT)
Social Worker/.5 Palliative Care Social Worker, GS-0185-11

1. GENERAL DESCRIPTION

Promotion to the GS-11 full performance level requires completion of a minimum of 1 year of post-MSW degree experience in the field of health care social work (VA or non-VA experience) and licensure or certification in a state at the independent practice level. Or, in addition to meeting basic requirements, a doctoral degree in social work from a school of social work may be substituted for the required 1 year professional social work experience in a clinical setting.

Individuals assigned as GS-11 social workers are considered to be at the full performance level. A GS-11 social worker has a Masters Degree in Social Work granted by a graduate program fully accredited by the Council on Social Work Education (CSWE).

The incumbent is a .5 PACT Social Worker/.5 Palliative Care Social Worker for the Iowa City VA Healthcare System. As the Patient Aligned Care Team (PACT) and Palliative Care Social Worker the incumbent is part of a comprehensive team which delivers primary care to Veteran patients in a longitudinal rather than episodic fashion and which has as its focus: prevention; health promotion, coordination and chronic disease management. The social worker in this Veteran-Centric approach often functions as a care coordinator with a panel of Veterans to ensure that health care meets the needs, as defined by the Veteran. Social workers are uniquely prepared for this role by virtue of their education, training, and experience which prepares them to understand the person-in-situation and the influences that family and community have in impacting the health care needs of Veterans.

2. FUNCTIONS OF POSITION

A. Clinical Functions: Incumbent is a professional social worker assigned to the Primary Care Patient Aligned Care Team and the Palliative Care Team. The incumbent must use a high level of skill in assessing and treating the complicated psychosocial problems of Veterans and their families/significant others. Assisting in palliative care and hospice services. Social work responsibilities include the assessment of psychosocial problems that cause distress, often impacting the health condition and creating barriers to care. These stressors can include adjustment to the current medical condition, untreated or under-treated
mental health or substance abuse condition, economic instability, legal problems, and inadequate housing and transportation. Hospice and palliative care collectively represent a continuum of comfort-oriented and supportive services provided in the home, community, outpatient, or inpatient settings for persons with advanced life-limiting disease. Referrals typically originate from any member of the interdisciplinary team, from Veterans and/or their families who call or walk-in for assistance, and from community professionals. The incumbent must complete thorough assessments to determine the underlying causes of the presenting problem(s), the interpersonal and environmental factors impacting the problem, and its affect on the patient’s ability and desire to comply with the treatment recommendations by the multidisciplinary team. The social worker will help the patient and family to understand the contributing factors to the problem(s), will discuss with them the pros and cons of possible short-term and long-term solutions, encouraging them to make positive and lasting changes to reduce stressors. The social worker will coordinate with VA staff and community agencies to assist in problem solving as needed. Case management with members of the outpatient interdisciplinary team is provided in order to coordinate a collaborative effort to meet the agreed upon goals for a Veteran’s treatment needs and include liaison with community professionals regarding needed services for Veterans and/or their families. Services include but are not limited to interventions to increase access to care, including transportation assistance and Advanced Directives, economic assistance, including assistance with medical bills, financial aid services and strategies to increase income (employment, vocational rehabilitation, VA benefits, disability), and/or reduce expenses, find the appropriate housing for the patient’s level of need (affordable independent housing, homeless shelters, group and family care homes, Veterans Homes, assisted living, nursing homes, respite care, hospice care) and order necessary services to assist with functional decline.

The incumbent:

(1) Must have a high level of skill and expertise to establish and maintain effective therapeutic relationships with Veterans in the Primary Care and Palliative Care, and/or their families. The incumbent is able to independently work with Veterans and their families who are experiencing a wide range of complicated medical, psychiatric, emotional, behavioral, financial, legal and psychosocial problems. Effective social work in the Patient Aligned Care/Palliative Care Team context often occurs over a series of several visits.

(2) Must have knowledge of the PACT/Palliative Care team approach and the role of each health and allied health care team members as well as an understanding of the role of the social worker in the PACT model.
(3) Must independently complete thorough psychosocial assessments to determine the psychosocial functioning and needs of Veterans and/or their families. The incumbent is able to assess functional acuity of the patient and provide appropriate interventions. The incumbent must be able to utilize this assessment in facilitating the Veteran’s maximum use of treatment for attainment of the highest level of independence that is possible and practicable.

(4) Must actively participate as a member of the interdisciplinary treatment team and actively participate through collaboration with Veterans and family as well as interdisciplinary treatment team members in the development and implementation of treatment goals and interventions.

(5) Must possess a working knowledge and experience in use of medical and mental health diagnoses, disabilities, and treatment procedures, including acute, chronic and traumatic illnesses, substance abuse disorders, common medications and their effects/side effects, and medical terminology.

(6) Must facilitate action for community placements through collaboration with Veterans and their families as well as interdisciplinary treatment team members to ensure that appropriate community placements are completed in a timely manner. Community placements can involve but are not limited to referrals to group and family care homes, assisted living facilities, adult day health care programs, contract nursing homes, Community Living Centers, residential care homes, inpatient and outpatient hospice services.

(7) Must have an understanding of caregiver stressors, ability to conduct caregiver assessment and provide appropriate caregiver specific interventions.

(8) Must serve as a liaison between Veterans and/or their families and VA and community resources in order to ensure thorough delivery of services.

(9) Must possess knowledge and ability to independently implement treatment modalities and evidence based practices as well as provide educational classes, and/or supportive groups for Veterans and families, including shared medical appointments. The social worker must be able to use and teach Veterans in the effective use of the My HealtheVet (MHV) system. Must possess skill in using computer systems, especially the internet for Veterans who choose this modality to communicate with the team.
(10) Must provide consultation and education to Veterans and their families regarding community resources, VA benefits and specialty programs, and Advance Directives. This includes the incumbent’s knowledge of the process for accessing and/or coordinating community-based services, including information and referral for additional services from other VA programs, other government programs, and community programs.

(11) Must be available to provide consultation to other treatment team and staff members regarding psychosocial needs of Veterans and/or their families and the impact of the identified psychosocial problems on the Veteran’s health care planning and compliance with treatment.

(12) Must maintain knowledge of Veteran’s benefits and services, community resources, and process for making appropriate referrals to community and other governmental programs or agencies.

(13) Must possess skills and knowledge to provide case management services to Veterans and their families throughout the continuum of care. The incumbent will be able to appropriately utilize principles of human growth and development over the life span and will be able to assist Veterans in coping with the loss and grief experiences from disability and terminal illness.

(14) Must have knowledge of the signs and symptoms of abuse, neglect and exploitation.

(15) Must possess and demonstrate ability to communicate effectively, both orally and in writing with people from varied backgrounds.

**B. Administrative Functions:** The incumbent:

(1) Is responsible for supporting the mission, policies, and procedures of the Department of Veterans Affairs, the Veterans Health Administration (VHA), the appropriate Veterans Integrated Service Network (VISN), and the facility.

(2) Is willing to serve on committees, work groups, and task forces at the facility as deemed appropriate by the supervisor and Chief of Social Work Services.

(3) Is mindful of keeping their supervisor apprised of problems and recommended solutions to problems encountered in the incumbent’s area of responsibility.
(4) Is responsible for furthering one’s own professional growth through continuing education and for ensuring continuing education appropriate to the area of assignment.

(5) Is able to provide assistance with the orientation and learning of less experienced social workers and, if interested, to serve as a field instructor for graduate level social work students.

(6) Is able to demonstrate knowledge and skill in the use of software applications for drafting documents and data management as well as other computer systems in use by the VHA.

(7) Is able to maintain a level of productivity and quality consistent with the complexity of the assignment and consistent with Social Work standards, Joint Commission standards, and facility standards.

(8) Is willing to modify tour of duty as necessary to accommodate the needs of Veteran patients.

3. SUPERVISORY CONTROLS

While functioning as an independent professional, the incumbent is under the direct supervision of the Social Work Executive. The incumbent receives clinical, administrative guidance/mentoring as it relates to Social Work practice for their direct supervisor but specific team assignments come through both the PACT and Palliative Care Teams that they serve.

4. QUALIFICATIONS

Meets the qualification standard for the GS 11 Social Worker as defined in See VA Handbook 5005, Part II Appendix G39, Social Worker Qualification Standard GS-185 Veterans Health Administration.

5. CUSTOMER SERVICE REQUIREMENTS

Incumbent meets the needs of customers while supporting VA missions. Consistently communicates and treats customers (Veterans, their representatives, visitors, and all VA staff) in a courteous, tactful, and respectful manner. Incumbent provides the customer with consistent information according to established policies and procedures. Handles conflict and problems in dealing with the consumer constructively and appropriately.

Incumbent willingly accepts additional and special assignments that are necessary to meet program goals or customer needs.
6. AGE, DEVELOPMENT, AND CULTURAL NEEDS OF PATIENTS REQUIREMENTS

Incumbent provides age-specific care that is appropriate to the cognitive, emotional, cultural, and chronological maturation needs of the patient. Demonstrates knowledge of changes associated with aging and principles of growth and development relevant to the adult and geriatric age groups; ability to assess and interpret data about the patient’s status; and ability to identify age-specific needs and provide the appropriate care based upon the age related factors.

Takes into consideration age-related differences of the various Veteran populations served:

a) Young adulthood (20-40). Persons in general have normal physical functions and lifestyles. Person establishes relationships with significant others and is competent to relate to others.

b) Middle age (40-65). Persons may have physical problems and may have changes in lifestyles because children have left home or change in occupation goals.

c) Older adulthood (65-75). Persons may be adapting to retirement and changing physical abilities. Chronic illness may also develop.

d) Middle old (75-85). Persons may be adapting to decline in speed of movement, reaction time, and sensory abilities. Also, persons may have increasing dependence on others.

e) Old (85 and over). Increasing physical problems may develop.

7. COMPUTER SECURITY REQUIREMENTS

Incumbent protects printed and electronic files containing sensitive data in accordance with the provisions of the Privacy Act of 1974 and other applicable laws, Federal regulations, VA statutes and policy, and VHA policy. Incumbent protects the data from unauthorized release or from loss, alteration, or unauthorized deletion. Incumbent follows applicable regulations and instructions regarding access to computerized files, release of access codes, etc.

The employee uses word processing software to execute several office automation functions such as storing and retrieving electronic documents and files; activating printers; inserting and deleting text, formatting letters, reports, and memoranda; and transmitting and receiving e-mail. The employee uses the
Veterans Health Information and Technology Architecture (Vista) to access information in the Medical Center Computer System.

8. **SAFETY**
   
a. Appropriate use of equipment, supplies.

b. Maintain safe, orderly work areas.

c. Report any accident to self, patient, fill out appropriate form.


e. Demonstrates infection control practices for disease prevention (i.e. hand washing, universal precautions/isolation procedures, including TB requirement/precautions.

**ENVIRONMENT OF CARE**

Reports safety hazards, accidents and injuries. Responds as appropriate to the Emergency Preparedness plan. Adheres to security policies/procedures. Demonstrates compliance with federal, state and local environmental and other requirements preventing pollution, minimizing waste, and conserving cultural and natural resources.

Demonstrates safe practices when performing outreach in the community on home visits or educational presentations through maintaining an awareness of the environment.

**INFECTION CONTROL**

Demonstrates infection control practices for disease prevention (i.e. hand washing, universal precautions/isolation procedures, including TB requirement/precautions.

**HEALTH AND SAFETY**

Fosters a high profile of the VA Occupational Safety and Health Program by demonstrating awareness of potential safety hazards, promptly reporting any injuries and effecting corrective actions necessary to eliminate safety and health hazards in the work area.