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An Ethical Framework for Interprofessional Social Work Education and Practice with Clients and Professionals

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Abstract

Social work students must interface with other professionals amid diverse disciplines and settings. While aspects of their work require independent practice, students also encounter practice environments that require cross-system approaches that can create ethical conflicts and dilemmas. Interprofessional collaboration and ethical decision making are specific behavioral outcomes students must demonstrate to achieve competency upon social work degree completion. In social work education, scholarship that highlights the benefits of exposing students to interprofessional education (IPE) is an emerging area. Gastmans' Dignity Enhancing Care Model and the Generalist Social Work Practice Framework have been adapted to create an integrated framework, the Generalist Framework for Interprofessional Social Work Education. This framework aligns with social work and is appropriate for use in practice settings with both clients and interdisciplinary professionals. To promote interprofessional education in preparation of future social work professionals, the application of this ethical framework will be explored using a case study.

Keywords: interprofessional practice, social work education, interdisciplinary, ethics, generalist framework

Introduction

Since the historical settlement house movement, social work has seldom been practiced in an independent environment, and the profession relies on cross-collaboration and interdisciplinary efforts to address the holistic needs of individuals in the community. Today, this work with other professionals continues to be practiced in a diverse array of social work settings. As a result, the ability to work alongside professionals of diverse disciplines has become an integral component of social work education and the preparation of future social workers (Sims, 2011). This tradition is grounded in the NASW Code of Ethics (2018), with particular emphasis being placed on the use of ethical interdisciplinary collaboration to impact decisions related to clients' well-being (Ethical Standard 2.03). The emphasis on collaboration is also infused in the Council on Social Work Education's (CSWE) 2015 Educational Policy and Accreditation Standards. Similar expectations of collaboration are infused within the 2016 revision of the IPEC Core Competencies for Interprofessional Collaborative Practice. Students of social work programs, upon completion of their degree, are expected to demonstrate the generalist practice behavior of using inter-professional collaboration as a component of achieving outcomes with clients (CSWE, 2015). Thus, interprofessional preparation becomes necessary to ensure social work students are prepared for the ethical conflicts and dilemmas that surface in these cross-system approaches.

Scholarship on the advantages of using interprofessional education (IPE) as a teaching method for collaborative practice in social work education is an emerging area of scholarship and pedagogy. IPE originated in the healthcare arena as a strategy to address the global health workforce crisis by strengthening health systems and improving health outcomes (WHO, 2010). The World Health Organization (WHO) supports IPE as an innovative approach to educating students from different disciplines about one another's professions to develop a "collaborative practice-ready" health workforce (WHO, 2010, p.7). Social workers are integral to the health care setting often participating in interdisciplinary practice and collaboration, frequently taking the lead in these efforts. While an underpinning of support is present for IPE in the social work profession, there has been less information on ways that social work education participates in preparing students with IPE (Jones & Phillips, 2016). To tackle the most difficult social problems of our time, which have been identified as the twelve grand challenges of social work by the American Academy of Social Work and Social Welfare (AASWSW) (2020), interprofessional practice will be crucial to achieving any sustainable success.

Ethical codes are commonplace in health care professions, some of which overtly expect practitioners to work in collaboration with other professions to improve quality of care. Thus, the development of frameworks for interprofessional ethics has evolved to provide more direct guidance to practitioners. Clark et al. (2007) focused the ethical dimensions of their interprofessional framework on the principles, structures, and processes that can be analyzed from different levels (individual, team, and organization). Another interprofessional framework, developed by Khalili et al. (2013), promotes the individual practitioner's development from a uniprofessional identity to a dual professional and interprofessional identity. Social work literature has also outlined a model for interdisciplinary collaborations along with the necessary ingredients to cultivate this type of professional work (Bronstein, 2003). While these frameworks are useful, this article seeks to demonstrate the specific intersectionality between social work education and practice and interprofessional education.

The aim of this article is to introduce a cross-systems framework for interprofessional education that can be infused into social work practice courses at the baccalaureate and master's

degree level as well as ethics training for future social work professionals. Moreover, we will demonstrate the framework's applicability with social work clients and colleagues. We achieve these aims by aligning 1) Gastmans' Dignity Enhancing Care Model, 2) the Generalist Social Work Practice Framework, and 3) introducing an integrated approach, the Generalist Framework for Interprofessional Social Work Education to the values and ethical principles of the social work discipline. An overview of the foundational components of Gastmans' Dignity Enhancing Care Model and the Generalist Social Work Practice Framework will be explained first followed by a more detailed exploration of the newly derived Generalist Framework for Interprofessional Social Work Education. Finally, the authors conclude with a case study that applies our framework to a practice situation with a discussion of key ethical issues.

Gastmans' Dignity Enhancing Care Model

Gastmans' (2013) Dignity Enhancing Care Model within the nursing field is underpinned by the four principles of medical ethics, respect for autonomy, beneficence, non-maleficence, and justice. These ethical principles align with the core values and ethical principles of the social work discipline.

The first principle of respect for autonomy conveys the primary aim of allowing individuals to make their own decisions and respecting the autonomy of others (Gillon, 1994). This principle requires informed consent and open communication in order to allow individuals full understanding before agreeing to move forward. It also includes confidentiality and the importance of maintaining this confidence in order to best help individuals. Therefore, the skills of listening and communication are vital to ensuring respect for autonomy and participation in one's medical care (Gillon, 1994). In social work, the principle of respect for autonomy is exemplified in the core value of dignity and worth of the person. Social work professionals are expected to be understanding and respectful of individualism, difference, and self-determination of a client's choices in their own care. Social workers support the client's capacity to change and address their challenges through the realization of their own dignity and worth as individuals. It is the responsibility of social workers to "promote the well being of clients" and "respect and promote the right of clients to self-determination" (NASW, 2018, 1.01, 1.02).

The second and third principles of beneficence and non-maleficence involve the responsibility to perform for the good of the patient and their overall well-being while evaluating the benefits, risks, and consequences of any treatment decision (Bester, 2020; Girdler et al., 2019). In order to deliver on this principle, continuing training and education as medical professionals is essential in order to offer patients the most comprehensive net benefit in order to do no harm. Medical professionals must also stay abreast of current medical research and interventions to provide thorough information to patients to weigh out risks and benefits (Gillon, 1994). In social work, the principles of beneficence and non-maleficence are represented through the values of competence and integrity. Social work professionals strive to increase their knowledge base continually through on-going continuing education and lifelong learning in order to ensure competence and best meet the current needs of their clients. Social workers are expected to behave in a manner that is honest, trustworthy, and responsible to avoid all harm to clients and practice organizations. Social workers have a duty to fully inform clients of the purpose of services including the risks, benefits, and limitations, promoting the client's autonomy in decision-making (NASW, 2018).

The fourth principle is justice, which includes the fair distribution of resources, respecting patients' rights, and respecting morally acceptable laws. Ultimately, the aim is to

provide adequate healthcare and equal access to all persons who need it (Gillon, 1994). In social work the principle of justice aligns with the value of social justice. Social workers seek to promote equity, access to information and services through equality of opportunity. Particular emphasis is focused on vulnerable and oppressed individuals and groups. Social workers are compelled to take an active role in social change efforts through advocacy on behalf of clients through agency policy and legislation (NASW, 2018).

Although Gastmans' (2013) model incorporates these four principles of medical ethics, it also expands further to a wider perspective. Gastmans posits that the following three additional components of the Dignity Enhancing Care Model are also essential to overall practice: 1) lived experience, 2) interpretative dialogue, and 3) normative standard. Although Gastmans (2013) model was applied to nursing care concepts, the authors have aligned this model with social work practice among clients as well as interprofessional colleagues. First, lived experience involves the subjective values and beliefs that clients as well as colleagues possess, which become essential to know in addressing the presenting problem (Gastmans, 2013). In social work, lived experiences are epitomized through the value of human relationships with our clients and colleagues by building rapport, understanding roles, and practicing cultural humility. Next, the second component of interpretive dialogue occurs by gaining the perspectives and input from all participants involved (client, family, and professionals) in order to make the best possible care plan decisions (Gastmans, 2013). Social work exemplifies interpretive dialogue through the partnership formed between our clients and colleagues to collaborate in making decisions for the most optimal service to our clients. Finally, the normative standard represents the overall goal or collective outcome of the professional work with clients and colleagues (Gastmans, 2013). Social work illustrates the normative standard through our commitment to ethical practice that embodies best practices of the profession.

Generalist Social Work Practice Framework

Generalist social work practice is a framework of practice typically conducted within an agency that is informed by policies, social science theories and the National Association of Social Workers Code of Ethics for work on behalf of individuals, families, groups, organizations and communities created to orchestrate change (Gasker, 2019). These professional activities improve well-being, satisfy basic needs, and create favorable conditions for vulnerable and oppressed populations. Within this process, social work practitioners endeavor to identify and leverage the strengths and diversity of each system to effect change while recognizing the influence of the social environment on the change process. Interventions occur within/across three practice levels: micro, mezzo, and macro. Micro practice refers to efforts directly with individuals. Mezzo level practice is work with families and groups. Macro practice refers to tasks with organizations, communities and institutions. Although distinct, these three levels interconnect, thus, interventions at all three levels are necessary to bring change, stability, and minimize dysfunction.

Through direct practice, social workers collaborate with clients to gain an understanding of the client's desired change. Birkenmaier and Berg-Weger (2017) described the generalist intervention model as a five-stage approach to identifying areas for change and creating solutions. The first stage of the process is engagement. During this stage, practitioners attempt to build a working relationship with the client through an exploration of the clients' current feelings, past history, and establishing expectations for the "work" of the helping relationship. In the second stage, assessment and planning, the social worker formulates a clear description of the

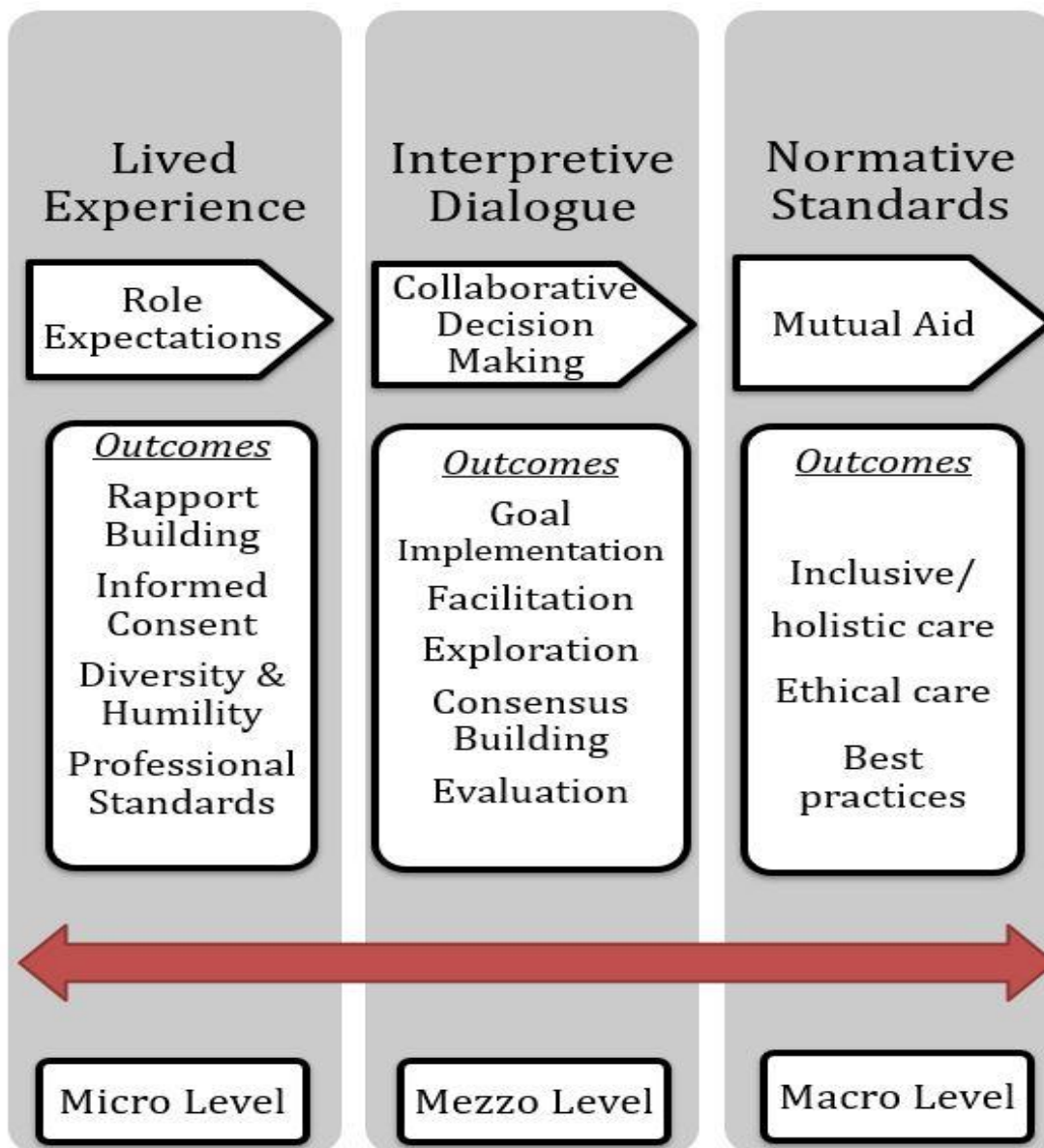
client system, recognizes clients' strengths and assets, and articulates a clear understanding of the presenting problem. A collaborative plan of action results from the assessment with specific goals, objectives, and responsibilities for execution of the work. The intervention or implementation stage denotes the execution of the work that will lead to goal completion. Role clarity is critical during this stage as each system, client, and practitioner, have obligations; thus, clearly defined expectations remain an important cornerstone. Termination is the fourth stage of this process. Termination occurs when involved parties mutually determine the end of the helping relationship. Typically, clients' progression toward and/or completion of established goals or change informs the decision to terminate. The final stage is evaluation. Practitioners and clients should assess the effectiveness of the goals established at the beginning of the helping process. Although evaluation is necessary at the time of termination, ongoing, periodic evaluation ensures that identified goals remain relevant and that identified interventions appropriately address the desired change.

Generalist Framework for Interprofessional Social Work Education

Gastmans' Dignity Enhancing Care Model and the Generalist Framework for Social Work Practice were adapted and integrated to develop the Generalist Framework for Interprofessional Social Work Education. The Generalist Framework for Interprofessional Social Work Education can be applied in practice with both clients and colleagues in varied social work settings. Applying this ethical framework occurs in a multidirectional, fluid process. Application of this framework in practice does not necessarily occur in a stepwise manner. We suggest that interprofessional practice is a process that requires on-going consideration of each dimension at all phases of professional work. The model is explained by synthesizing Gastmans' three primary components with the Generalist Framework for Social Work model. Taking Gastmans' final component of normative standard a step further in this framework, the notion of mutual aid is also integrated. Introduced as a social work concept in the mid-twentieth century by William Schwartz, mutual aid is defined as "people helping one another as they think things through...to exploit group process to the powerful helping medium it can be" (Steinberg, 2014, p.2; Steinberg, 2010).

Figure 1

Generalist Framework for Interprofessional Practice



Lived Experience

The first dimension of the framework underscores the lived experience of clients and practitioners at the micro level. Gastmans (2013) suggests that intuition and subjective feelings should be explored and elucidated. We operationalize lived experiences to include feelings as well as personal/professional values, beliefs, prior knowledge, and past experiences with helping/therapeutic relationships. Lived experiences are viewed via the client to practitioner relationship and professional to professional. Underscoring the importance of prior experience creates a context to explore everyday life (Gastmans, 2013). This exploration is critical because prior lived experiences provide insight to all parties' worldviews. These worldviews as related to engaging with and working within helping structures influence interpersonal interactions within systems and sets the tone for the care process, thus priority is given to relationship building within the context of valuing past experiences.

Key outcomes of this phase are setting the foundation for positive relationships and determining role expectations. Establishing positive relationships requires what Banks (2016)

refers to as relationship work. Relationship work includes dialoguing with others and working through emotions. Additionally, relationship work occurs in the engagement phase as noted in the generalist intervention model for social work practice. Exploring these feelings and prior experiences may naturally occur at the onset of the helping relationship particularly when persons endeavor to establish rapport. Building rapport is an essential skill practitioners employ throughout the course of the helping relationship but this skill is particularly useful in the initial stages of relationship development. Fostering feelings of mutual understanding, empathy, humility, commitment, and respect for diverse experiences exemplify aspects of a quality relationship with clients and colleagues. Although aspects of rapport building differ in the practitioner to practitioner and practitioner to client relationships, nevertheless, positive rapport building remains a critical component to establishing positive helping relationships. The second outcome, determining role expectations or “role work” (Banks, 2016), requires clarity about role responsibilities and navigating roles in relation to others. For example, the NASW Code of Ethics outlines professional standards regarding the informed consent process. Social workers must clearly detail what clients can expect from the helping relationship, the practitioner and agency role responsibilities, role limits, confidentiality, and clients’ rights. Within an interprofessional context, it is critical to explore the professional standards of each practitioner involved in the client’s care. Dialogue about professional standards across disciplines can help avoid duplication of services, role confusion, and foster a level of comfort with different perspectives.

As suggested earlier in this article, social work accreditation standards and professional standards require undergraduate and graduate programs to prepare students to be competent in the areas of interprofessional collaboration. Ways to embed this work within social work course expectations occurs on a continuum of growth and development through their academic progression. Experiential learning approaches can be incorporated into the classroom to provide real-world context for students and an opportunity to learn and apply skills (Jewell & Owens, 2017) to garner skills in this area.

Interpretive Dialogue

The second phase of the framework involves the interpretive dialogue exchanged in the practice of social work on a mezzo level. Gastmans (2013) proposes that the perspectives by all parties involved (client, family, professionals) need to be steadily advanced and interpreted. This ethical dialogue transpires between clients and professionals as well as between colleagues. This phase involves the processes aimed at collaborative decision making, paralleling the planning and intervention steps in the generalist social work framework. Extensive communication and understanding of diverse viewpoints is continual. Dialogue cannot transpire successfully without a level of reciprocal openness to one another. For social work practice with clients and colleagues, it is important to be “on the same page” with regard to implementing a plan with embedded goals. Thus, to promote collaborative decision making, transparent communication becomes integral to the exploration of the problem and plan and of consensus building with clients and colleagues. Facilitation of the plan and ongoing evaluation of progress are components of fostering interpretative dialogue as a member of the team with your client in addition to a member of the team with your colleagues.

The key areas of emphasis in this phase of the framework are exploring the problem, facilitating and building consensus among the client and interprofessional colleagues, and evaluating progress. Exploring the problem and building consensus require on-going input and communication from all participants involved from the client and family to the interprofessional

colleagues involved in pursuing the overall goal. Clients and families are the experts of their own experiences and histories and possess key information necessary to understand the problem. In addition, colleagues from various disciplines have a unique knowledge base and skill set that adds value to understanding the problem from a holistic vantage point. Evaluating the intervention plan and the client's response to the plan, not only from the client and family perspective but from the interprofessional colleagues' viewpoints, is also critical to shaping and fine-tuning the work to achieve the best fit for the client's goals.

Normative Standard

The final dimension of the framework aims to capture the normative standard of the professional work. This professional work is conducted between clients and professionals, while corresponding work is also conducted among interprofessional colleagues to attain client and organizational outcomes. In order to provide holistic, quality care to clients, professionals need to live out the values and ethics of their discipline through their interactions with clients, families, and colleagues. This phase aims to reflect the overall values of each of the professional disciplines but also the mission and values of the professional's agency. From the social work perspective, to attain best practice outcomes, the profession's values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence are critical to inclusive and ethical practice with clients as well as intradisciplinary and interdisciplinary colleagues (NASW, 2018). On a macro level, quality outcomes for the agency setting come from holistic interprofessional collaboration on behalf of clients and their families, aligning with the step of evaluation, upon termination, of the generalist social work framework. The culmination of this phase of the framework results in the notion of mutual aid (Steinberg, 2010). To ensure mutual aid surfaces as a result of this framework, a cyclical problem solving process aimed at all group members, consisting of the client, their family, and interprofessional colleagues, mold the work through a process of exploration, ethical evaluation, on-going feedback, and reflective practice. Thus, mutual aid is a strengths-based process with holistic practice at its core; it addresses the whole of the client(s) by exhausting the whole benefit of the interprofessional helpers (Steinberg, 2010).

The key areas of focus for this phase of the framework involve the persistent aim for and culmination of quality outcomes for both the client/family and the organizational entity. An ethical evaluation and assessment of the best practices of each client's case by reviewing it from both the client/family and interprofessional colleagues involved is essential for reflection and debriefing. This evaluation will reveal the level of inclusivity and holistic care performed during the professional work aiming to continually ensure high quality care through on-going inclusive and holistic care of clients using interprofessional collaboration. These processes become essential to continual quality improvement and development as well as community trust within the changing demands of the profession.

Pedagogical Strategies for Implementation

To prepare future social work students to use the Generalist Framework for Interprofessional Social Work Education with clients and colleagues, an infusion of education about other professions and multidisciplinary work is necessary. There are multiple ways to immerse multidisciplinary interaction in the course content to advance interprofessional education (e.g. role playing, small group work, and peer evaluations); however, simulation activities provide vital education and training opportunities for students as students must demonstrate and apply skills, knowledge, values, affective and cognitive processes in a variety of complex scenarios. Additionally, simulation activities challenge students to think critically about multi-problem

situations. Other partnering disciplines for interprofessional education may include: nursing, speech pathology, occupational therapy, physical therapy, medicine, nutrition sciences, education, counseling, psychiatry, law, criminal justice, and child and family studies programs. Participating in simulation labs through the lens of multiple professional viewpoints or having students participate in an Objective Structured Clinical Examinations (OSCEs) by staffing a series of particular practice situations can be useful to facilitate the understanding of varying educational backgrounds, rationale for decision making, and ethical guidelines. OSCEs have been used to assess the demonstration of competencies in health-related professional education programs and are known to increase student learning and mastery of practice skills (Daniels & Pugh, 2017). Simulation-based interprofessional education has enhanced students' understanding of varying interprofessional roles and responsibilities as well as strengthened communication outside of silos in order to support more effective treatment planning (Banks, et al., 2019). Having students complete an OSCE where students are required to assess and reflect on a complex interdisciplinary case that is observed and critiqued is another useful strategy to implement this framework (Bogo et al., 2011). Table 1 depicts the aim for student learning outcomes in interprofessional education based on the Core Competencies for Interprofessional Collaborative Practice (2016). It provides a guide for the use of this framework in social work education as it demonstrates the alignment of the IPEC competencies, CSWE competencies, learning dimensions, and social work values. Social work programs can use this guide as a curriculum map to integrate the interprofessional framework within the social work courses that focus on these related social work competencies.

Table 1
Interprofessional Outcomes in Social Work Education

IPEC Competencies	CSWE Competencies	Learning Dimensions	Social Work Values
Values/Ethics for Interprofessional Practice	<ul style="list-style-type: none"> • Demonstrate Ethical & Professional Behavior • Engage in Diversity & Difference in Practice • Engage with Individuals, Families, Groups, Organizations, and Communities 	<ul style="list-style-type: none"> • Values • Cognitive/Affective Processes 	<ul style="list-style-type: none"> • Competence • Integrity • Dignity & Worth of Human Relationships • Service
Roles & Responsibilities for Collaborative Practice	<ul style="list-style-type: none"> • Engage in Diversity & Difference in Practice • Advance Human Rights and Social, Economic, and Environmental Justice • Engage with Individuals, Families, Groups, Organizations, and Communities • Assess Individuals, Families, Groups, Organizations, and Communities • Intervene with Individuals, Families, Groups, Organizations, and Communities • Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities 	<ul style="list-style-type: none"> • Knowledge • Skills • Values • Cognitive/Affective Processes 	<ul style="list-style-type: none"> • Importance of Human Relationships • Social Justice
Interprofessional Communication Practices	<ul style="list-style-type: none"> • Engage in Diversity & Difference in Practice • Engage with Individuals, Families, Groups, Organizations, and Communities • Assess Individuals, Families, Groups, Organizations, and Communities • Intervene with Individuals, Families, Groups, Organizations, and Communities • Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities 	<ul style="list-style-type: none"> • Knowledge • Skills • Values • Cognitive/Affective Processes 	<ul style="list-style-type: none"> • Importance of Human Relationships • Social Justice
Interprofessional Teamwork and Team-Based Practice	<ul style="list-style-type: none"> • Advance Human Rights and Social, Economic, and Environmental Justice • Engage in Practice-Informed Research and Research-Informed Practice • Engage in Policy Practice 	<ul style="list-style-type: none"> • Knowledge • Skills • Values • Cognitive/Affective Processes 	<ul style="list-style-type: none"> • Importance of Human Relationships • Integrity • Competence

Because field education is deemed the signature pedagogy of social work, using field placement settings are a natural fit for “co-learning and cross-pollination” (Zerden, et al., 2018, p. 72). Working to facilitate the development of field education placements that infuse IPE is recommended (Jones & Phillips, 2016). Continuing to establish social work placements in healthcare settings is important, however, including other diverse practice settings with diverse professionals such as schools (teachers, principals, school counselors, diagnosticians, speech/language pathologists, nurses), mental health (psychiatrists, licensed counselors, nutritionists, child life specialists), criminal justice (police officers, probation/parole officers, judges), and child welfare (psychologists, advocacy workers, protective service workers, judges, attorneys) will advance interprofessional education forward to address the problems of our time. Upon entry into the field practicum, students will be prepared to apply IPE with clients and colleagues in an ethical manner. It is important that field agencies understand the need for interprofessional collaboration and its emphasis within the core competencies of social work education. Interprofessional education can be embedded within field learning contracts and reinforced in the field seminar. If IPE is not present within an agency context, ideas of ways this expectation can be incorporated into the professional work can be explored between the field agency and social work educators. The goal of field education is to successfully prepare future social work students for practice; interprofessional education is a model that is necessary for that preparation, thus, field sites must provide the training conditions necessary for this preparation (Zerden et al., 2018). All of these strategies seek to bridge the transition from classroom to practice and independent work to a team-based approach.

Case Study

The Generalist Framework for Interprofessional Social Work Education in Figure 1 will be applied to this case. Once social work students gain familiarity in the curriculum with this framework, each of the three dimensions are illustrated to demonstrate how the framework can be used to guide students through processing a case and exploring ethical considerations that may arise, through a field experience, simulation, or OSCE, by using a case example. We specifically offer a non-health related example to demonstrate the framework’s applicability in other settings.

Individuals involved:

Client – Bo

Client’s mother – Ana

Social worker – Dawn

School counselor – Tara

Principal – Wes

Teacher – Julia

Speech therapist – Martin

Case: The client, Bo, is a 14 year old White/Hispanic male who attends a public middle school. The client has difficulty with self-regulation and mood swings. When he encounters these situations, he leaves his classroom without permission or lies to his teachers about where he is going, in order to get out of class. He struggles to focus in the classroom setting due to a heightened irritability and unpredictable emotions. In these heightened moments, he has difficulty with expressive speech and has been receiving part-time speech therapy at the school.

His peers have made fun of him on social media platforms. The client's most recent meltdown has led to a disciplinary referral to the principal.

Lived Experience

In order to address the client's presenting problem on a micro level, the social work student will first need to identify the ways they will facilitate engagement and establish rapport with the client, the client's family, and each professional that plays a role in the care of the student. The social work student will demonstrate the informed consent process with the client's parent but also gain assent from the client. Once positive relationships are cultivated, role expectations and the understanding of differing professional standards and authority become necessary to clarify. Social workers, educators, administrators, school counselors, and speech therapists all have differing professional standards and ethical obligations. It is vital for the interprofessional players to understand these differences and boundaries among one another as well as for the client and their family to have an understanding to avoid confusion and provide continuity. Once the student has established the initial groundwork, delving deeper to learn the diverse elements of the client and family's past experiences and cultural context are necessary for the student to aid in addressing the current problem. Another component that will need to be processed involves each professional's past experiences and cultural values to ensure that these unique worldviews are used for a positive purpose in the client's situation rather than a barrier or hindrance. These vulnerable communications become essential as not all professional disciplines reflect on the depth of how their personal views, beliefs, and values can impact their decision making for others in a professional context. Past histories and dynamics can play a major role in outcomes. If a professional is holding a past grudge for past ideas being dismissed, these feelings could impact subsequent cases either knowingly or unknowingly. The lived experience dimension is vital to setting the overall tone of the work and potential success with the client and among the differing professional roles involved. Through this process, the social work student and instructor gain some insight into the student's cognitive processes as the student must clearly delineate their plan of care. Additionally, the social work student's ability to identify the skills required in their professional role further connects classroom knowledge to field application.

Additional Teaching Notes to Explore Ethical Challenges

The principal of the school must ensure that the school adheres to state and local rules/policies and protect the safety and well-being of all students within the school. The teacher possesses the knowledge of her subject and the education to teach this subject to middle school age students. The teacher is also responsible for enforcing classroom and school rules to keep order and safety within her classroom. The school counselor has previously been a classroom teacher; however, this is her first year to be in the role of school counselor. Her primary responsibility at the school is facilitating academic and special education testing. On a case by case basis, she will provide supportive counseling to students. The school social worker is placed in the school district by a partnering outside non-profit agency and is responsible for providing intensive case management services to students who are at-risk academically or behaviorally. She also works with students' families as well and helps establish support resources in the community for students and their families. Although she is not employed by the school district, she must work within the policies of the school district but has the autonomy to assist families at their homes as well. The speech therapist has the background knowledge of communication disorders and therapeutic modalities needed for students experiencing these difficulties. All of these interprofessionals have distinct knowledge that is needed to successfully address Bo's multi-layered problem in order for him to be successful in the school environment.

Ethical challenges of the lived experience dimension to process and model involve defining professional roles and expectations for each member of the interprofessional team, understanding differences in professional codes of conduct/ethics, establishing rapport with the client, family, and interprofessional team members, ensuring informed consent and confidentiality among professionals of different disciplines, and reconciling value conflicts/biases between team members and toward clients.

Interpretive Dialogue

On a mezzo level, this dimension would involve the student obtaining the discipline specific perspectives of all parties involved, the client, family, and interprofessionals. Coming together to share assessment knowledge and collaborate as new revelations about the case surface are vital to the on-going fluidity of the planning and intervention process. Being open and willing to explore varied ideas and perspectives with regard to determining the root of the problem and planning for an intervention are essential to setting the agreed upon goals. All of the professionals involved in the case will need to be on one accord with regard to the plan. Open communication becomes vital to keeping others abreast of improvements, setbacks, or barriers that the client encounters while pursuing goal attainment. Each member of the interprofessional team possesses essential knowledge from their role and vantage point that contributes to accurately understanding the problem as well as developing a multidimensional solution. Furthermore, engaging multiple partners in this helping process illuminates for the social work student one of social work's core values, the importance of human relationships. On-going evaluation and modifications to the plan must occur regularly with the client, family, and professionals.

Additional Teaching Notes to Explore Ethical Challenges

Due to Hispanic cultural values, Bo's mother was not receptive to the recommendation of counseling or mental health services. The school counselor feels a mental health evaluation is needed to determine if additional services could be offered by the school and struggles to understand the other team members' perspectives, especially being new to the team. The social worker presents the option of consulting a clergy member in lieu of a counselor, since the family is Catholic and actively engaged in religious activities. The speech therapist shares new strategies that the teacher could employ during her class that could help with communication with the student. A plan is developed and reworked as new developments arise. From an administrative perspective, Bo needs to decrease his behavioral issues in order to remain in the classroom environment. Bo's teacher wants to see progress in his academic work and in his ability to manage his emotions within the classroom rather than fleeing. The social worker aims to use the client's existing strengths, assist the client with identifying new coping skills, and provide the family support for holistic services beyond what is offered by the school.

Ethical challenges of the interpretive dialogue dimension to explore and model with students consists of the interprofessional team's coordination, collaboration, and exploration of the client's unique goals and needs. Although different perspectives are a strength, they also pose challenges that can arise with regard to making decisions and developing a plan of action that is client centered. Team members trust level and familiarity with one another can also impact the decision making process. Ensuring that ethics are upheld, while building team consensus and advocating for the client, poses opportunities for difficult communication to transpire.

Normative Standard

The final dimension of the framework applies to the macro level of the work to achieve individual client outcomes but also the agency's outcomes and stakeholder's expectations. In order for the client to receive quality care and meet the aims of the agency, all professionals must model the ethics and values of their respective professions in their work with clients and colleagues. Upon termination, an evaluative process is essential to assessing whether quality outcomes were attained, were all resources among the team maximized for everyone's (the client and agencies) mutual benefit?

Additional Teaching Notes to Explore Ethical Challenges

The school district's aim is to provide quality education in a safe environment under the legal and regulatory requirements of the state. To help each student meet their individualized potential, an interprofessional team of staff is employed to meet the diverse needs students face in today's society, but this work does not happen without processing challenges. For example, the social worker is trained to address not only a client's individual needs but also the holistic needs of the family and community as well within this context. Each professional has valuable strengths that can be cultivated to meet the holistic needs of students such as Bo. By including all of these resources and not working in silos, the output can be maximized for the greatest outcome, benefiting the student's growth and success as well as the staff and best practices and policies of the school system. As a result, reflective evaluation exemplifies the ethical practice of all interprofessionals involved in Bo's case, which further contributes to the overall mutual success of Bo, the interprofessionals, and the mission of the school district.

Ethical challenges in the normative standard dimension involve evaluation of client outcomes individually and collectively. This includes working to ensure that the entity is delivering quality outcomes using best practices to ensure holistic, inclusive, and ethical care of others. Being able to receive constructive feedback and critically evaluate practice is vital to community trust, funders' confidence, policy change, and program improvement. The team members all contribute to the overall quality of the program/entity and awareness of this impact is essential.

Conclusion

The Council on Social Work Education's (CSWE) 2015 Educational Policy and Accreditation Standards and the National Association of Social Workers (NASW) Code of Ethics has incorporated IPE as an expectation of social work education and future practice. In addition, the Interprofessional Education Collaborative (2016) developed competencies for interprofessional practice to serve as a guide in curriculum development for schools with health professions, which social work can be positioned. The current challenges in society call for a more contemporary approach to work beyond our profession's singular focus to a movement toward ethical interprofessional work to initiate change. This transition is a shift from learning about our own discipline to learning about other disciplines in order to respond to the changing complexity of social issues (Sims, 2011). Interprofessional education is needed in the various intersections of social work practice, not only within healthcare settings. Moreover, collaborative work is a good approach for exploring ethical issues as it creates a professional space for the inclusion of relevant voices across disciplines (Kurtz & Starbird, 2016). Sims (2011) notes that five aspects of learning, culture, confidence, challenge, creativity, and contact, can build collaborative skills and interprofessional practice. IPE can expand awareness and understanding of the cultural context, including a deeper appreciation for other professional roles in its

relationship to improving client outcomes (Charles et al., 2011). In alignment with the interprofessional collaborative competency of teams and teamwork, IPE can increase students' confidence levels, to be a part of a team and realize their own contributions to effectively apply their skills in a team setting (IPEC, 2016). Interprofessional exchanges also present ethical and cross-system challenges that students have an opportunity to face, even leading to a broader understanding of systemic challenges (Charles et al., 2011). The use of IPE motivates future practitioners' creativity to think beyond a singular dimension in the intervention process developing more critical ways to address challenges. Contact with other professionals and their own culture and values is promoted through IPE, pushing beyond silos to work on a team through collaboration (Sims, 2011).

The Generalist Framework for Interprofessional Social Work Education, adapted from Gastmans' Dignity Enhancing Care Model, is presented as a framework that can be used in social work practice that focuses on the interchange between clients, families, and interprofessional colleagues. The Generalist Framework for Interprofessional Social Work Education embraces the strengths and experiences of clients, families, and interprofessionals, building meaningful relationships that promote collaborative decisions, maximizing the internal resources available to receive the most optimal professional outcomes. Preparing social work students to apply this ethical framework begins in the social work curriculum, so students have the opportunity to develop interprofessional skills and apply those skills prior to practice entry. The complex challenges of today require interprofessional engagement, with the aim of mutual aid, to provide holistic quality of care in an ethical manner to the populations under our responsibility.

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