



A Day in the Life of a Vascular Social Worker



By Penny Durnford, MSW, RSW

I am a social worker on the vascular service at the QEII Health Sciences Centre in Halifax, NS, a tertiary level hospital, which is the referral centre for PEI and Nova Scotia. My department, the Vascular Surgery Service, works with patients who require revascularization for arterial occlusion, aneurysm repair and amputation. Many of our patients live with significant acute and/or chronic pain. Many have experienced loss of function in terms of mobility, ability to care for themselves and ability to fully participate in their social, occupational and community lives.

As a vascular social worker, I work with an interdisciplinary team that includes occupational therapists, physiotherapists, orthotists/prosthetists, pedorthists, nutritionists, spiritual care specialists, nurses, pharmacists, continuing care co-ordinators and physicians. Using a collaborative approach to care, we attempt to help our patients address the financial, social, vocational and emotional issues that can impede healing and increase distress.

Context for Social Work in Wound Care

Wound healing may at first glance seem to call for a very medical approach, but a more holistic path to healing recognizes the connection between physical well-being and the context of the patient's life. For example, the effects of poverty on physical health care are basic, and socio-economic status in particular is strongly related to rates of amputation.¹

If we can address the areas where our patients are most disadvantaged we can create a climate for

healing. This climate includes access to an adequate income; warm, dry shelter; transportation; nutrition; good dentition; appropriate footwear (offloading and protective); medications; safety equipment; vision care; education and social programs.

A holistic approach to wound healing that embraces the full range of patients' needs is considered as standard of practice.

The social worker can help with the psychosocial, social and emotional issues that influence a person's ability to cope with their health issues.

"Socio-economic status is strongly related to rates of amputation."

A Typical Day

The Vascular Care Team conducts rounds every weekday morning for inpatients. We discuss patient progress, goals of care and discharge planning. This helps me to set the priorities for my day.

Outpatient referrals are, for the most part, on an as-needed basis, although I do have scheduled appointments with some long-term patients.

Patients who are referred to social work (by any staff person) may present issues such as lack of money for basic needs, mental health issues (e.g., anxiety or depression), addictions, family stressors or grief and loss issues.

After a face-to-face interview



with the patient and a chart review are completed, we try to work toward a plan of care appropriate to the needs identified. Basic principles of creating a plan of care include:

- Starting where the patient is now
- Identifying the patient as the expert of their own experience
- Facilitating, not directing
- Actively listening in a non-judgmental, respectful way

Because we need to view the patient in the context of their greater environment, interventions span a wide range of areas, including:

- Counselling (supportive, adjustment, motivational, grief and loss): I help people come to terms with losses in functional ability, job loss, layoff (due to disability) and loss of social inclusion.
- Advocating with Income Assistance workers, Veterans' Affairs and branches of community services for special needs to increase the amounts of funding our patients are receiving. The entire team assists with these, as the range of needs requires the skills of OT, PT, nutrition, pharmacy and nursing.
- Funding for patient needs: This involves working with community groups such as the Kinsmen and Easter Seals.
- Assisting with application forms: Employment Insurance (EI), Canada Pension Plan CPP), Old-age Security (OAS), Workers' Compensation, Community Housing, Short-Term Illness (STI) or Long-Term Disability (LTD).
- Helping patients make difficult choices about their health care.

- Facilitating meetings with family, patient and care providers to make sure that all are aware of care plans, goals, needs and expectations.
- Encouraging wellness.

Coping with chronic wounds can create a burden of stress. Patients report a lack of control over their destiny, lost opportunities and loss or postponement of dreams for the future.



Patients require hope for healing, solid support and encouragement to be active players in this process.

To assist in these areas, some of my activities include finding resources such as:

- Transportation
- Lodging
- Community resources
- Meals-On-Wheels
- Dial-A-Ride
- Need-A-Lift
- Access-A-Bus
- Hospital parking
- Engagement of family and neighbours to help out

Discharge planning is part of my role, especially with more complex cases.

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Clinical Social Work in a Wound Care Setting

Part of the reason I love my job on the vascular service is that I feel challenged daily. The role of social work can be flexible and can help fill many gaps that could impede effective care delivery.

I enjoy working with patients and families who demonstrate patience, courage and resilience. By collaborating with my other health-care colleagues we help by setting the stage for our patients' healing journey. 🙌

Penny Durnford holds a Master's degree in Social Work from Dalhousie University and is registered with the NSASW. She has been the social worker on the QEII Vascular Service since 1997. She is on the QEII Ethics Committee and is a member of the Canadian Amputee Coalition's Medical Advisory Board.

References

1. Booth G. Patterns and outcomes of diabetes in Canada studied using administrative data. The Ontario Experience. *Endocrinology Rounds*. 2004;4(1);1-6.