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Commentary

Counseling Clients on Advance Directives for End of Life: An Interprofessional Course for Social Work and Law Students

Spira M[1*], Mitchell LK[2], Sawicki NN[3] and Gilman A[4]

[1]*Professor, School of Social Work, Loyola University Chicago, USA*

[2]*Clinical Professor of Law, Director, Health Justice Project, Loyola University Chicago School of Law, Beazley Institute for Health Law and Policy, USA*

[3]*Georgia Reithal Professor of Law, Co-Director, Beazley Institute for Health Law and Policy, Loyola University Chicago School of Law, USA*

[4]*MSW candidate, School of Social Work, Loyola University Chicago, USA*

Abstract

The paper describes an interprofessional education course on advanced counseling at the end of life. Three professors from the School of Law and the School of Social Work at an urban private university collaborated and provided an opportunity for ten law students and ten second year social work students to learn together in an interactive class. The main objective of the class was to facilitate the development of interprofessional competencies in the context of providing services to clients who wish to complete end of life directives. Students articulated their own perceptions of each discipline's roles and responsibilities. They learned the function of legal doctrines associated with the topic of advance directives and surrogate decision making. They debated the ethical issues involved in preservation of client autonomy and self- determination as well as explored the challenges of assessment of decisional capacity. They incorporated theoretical frameworks for grief and loss and developed empathic interviewing skills. The students demonstrated competency through supervised interviews with peers, standardized medical patients, and clients who resided in two senior living facilities. The class responses and evaluations reinforced the value for interprofessional education and collaboration in assisting clients in meeting challenges at the end of life.

Keywords: Interprofessional education; Advance Directives; End of life; Social work; Law

Introduction

Navigating end of life issues is a very emotional and complex process. The creation of advance directives can ease the process for adults as well their families or friends when a person's decisional capacity may be compromised during terminal illness. Advance directives are the primary tool available to individuals to communicate their own health care decisions at the end of life. These legal forms are psychologically and socially important as they preserve personal agency and autonomy during times of limited capacity. The Durable Power of Attorney for Health Care is a legal document that appoints a person to make health care decisions when a person is unable to do so. The Living Will is a statement of wishes for and against medical procedures at the end of life [1]. While it is preferable that advance directives explicitly state a person's end of life (EOL) wishes before becoming unable to make decisions, most adults do not have such documents.. Yadav et al. [2] stated that only one in three adults in the U.S. complete any type of advance directives. However, every time a patient is admitted to a hospital they are asked about such directives and given the opportunity to complete them.

There are many reasons that only 33% of adults have completed any type of advance directives. In a study by Rao et al. people claimed they were unfamiliar with the documents and they assumed their families knew their wishes [3]. In their study they found that age, race, education, access to continuous health care and financial status were correlated with likelihood of completion of directives. Rao et al. found that adults under the age of 54 were the least likely to have advance directives completed, but also found that individuals over 55 did not have directives in place [3]. Since white, higher income, college educated individuals may have more access to continuous health care, they are the population most likely to have such documents in place. Adults with chronic illness who receive continuous health care may also be more likely to have directives. Black and Hispanic adults are less likely to have completed advance directives across educational levels [3]. It is possible that cultural values as well as social barriers influence the likelihood of completion of these legal documents. Individuals who have conversations with medical professionals or loved ones about end of life concerns are more likely to have completed documents [3].

However, these discussions may be limited by the patient's discomfort or provider's avoidance of the topic. The Patient Self-Determination Act of 1991 requires that health care providers, including social workers in hospitals, nursing homes and hospices inform adult patients of their rights in making end of life related decisions [4].

Professional training

Social workers are the members of health care teams who often spend the most time working with end of life issues and decisions with patients and families. Wallace et al. argue that social workers remain ill trained for end of life issues [5]. Many continuing education programs have emerged to provide social workers with knowledge of advance directives and living wills. However, this has not translated to the social work curriculum in higher education [6]. This deficit is found in academic programs for lawyers as well. Unless law students are enrolled in specialized health law sequences or clinics, they do not typically study end of life policies as part of the general law curriculum and may have very superficial, if any, knowledge of advance directives. The role of lawyers has historically excluded counsel to people through end of life emotional issues, but they do engage in protection of the right of a person to receive or not to receive medical treatment. This right derives from the constitutional right to privacy and right of an adult to autonomy [7].

When advance directives have not been completed or are not available at the time of decision making, problems can arise [4]. The law has established a Healthcare Surrogacy Act, which provides a hierarchical list of relationships from which an agent may be appointed. The appointed agent may not know the patient's wishes, but is given the authority to make medical decisions. Patients need to also be educated that advance directives that are physically unavailable at the time of need is akin to not having one. People are encouraged to make sure they carry copies of completed directives and provide medical providers with copies as well.

Collaborations in practice

Collaboration between law and social work is a meaningful partnership to encourage more clients to complete advance directives. Social work is inextricably tied to other professions. Historically, social workers practice in agencies dominated by other disciplines, such as legal clinics or courts, hospitals, and schools. The systems theory framework employed by social workers requires cooperation with other professionals, as they undertake a contextual approach to problem assessment and intervention.

Collaborations between social workers and lawyers have become a necessary response to the complex needs of clients and their families at the end of life. As early as the 1960's, neighborhood legal aid clinics attempted to develop collaborative programs to address these needs [8]. Law clinics serving the elderly and disabled recognized that decisions about medical care at the end of life require more than a focus on the legal issues and should include the unique psychosocial aspects of a person's life.

Evidence of the value of social work and law collaborations is demonstrated in previous projects. Levitt and O'Neill [9] for instance, recognize that one set of remedies is not sufficient to intervene effectively in the complex challenges faced by older clients. Galowitz articulates the benefits of each profession to the other; social workers can teach lawyers skills of interviewing, empathy and assessment; lawyers teach social workers individuals' rights under the law and negotiation skills [10]. Further consideration of a more holistic version of psychosocial and legal remedies is facilitated by increasing attention to collaborative methods of practice between the professions. Pierce et al. [11] describe a model of implementing social work services with law services. Golick and Lessem detailed the frustrated efforts at the Cardozo Bet Tzedek law clinic to draw on these collaborations [12]. These authors viewed the problem as a misperception of roles and a model of practice that results in independent practice between professions. Rizzo et al. studied social work and law collaboration in the identification of cases of elder mistreatment and how this collaboration improves interventions [13]. Social workers are the providers of psychosocial support and implementation of treatment plans. Lawyers ensure that legal measures necessary to increase safety and protection of the alleged victim of elder abuse are in place. It seems obvious then that the collaboration of the two professions insures comprehensive attention to the person's needs.

However, there seems to be a pervasive ambiguity about the roles and responsibilities of each discipline. In legal clinics, the role of social workers is often misunderstood, and social workers skills underused. Social workers often have difficulty articulating what it is that they do in agencies dominated by other professions. In social service hosted agencies, the role of lawyers is equally ambiguous. Differentiation of roles and responsibilities need to be more clearly defined, while each profession needs to address the benefit of achieving an interprofessional partnership. Each of the professions must educate the other on their respective roles as well as the ethical standards and values that guide their professional behavior [14]. Social workers address the psychosocial issues of concern, such as the person's emotional and social conditions, financial and housing stability, assessment of caregiver needs, family dynamics, implementation of care plans and referrals to appropriate resources. Lawyers attend to the legal concerns and representation of their clients, often unaware of the psychosocial issues that may obscure them. Weinstein [15] illustrates how the process of interactive collaborations between social work and law disrupt narrow thinking and enhances creative lawyering (and may broaden the lens of social work). While these attempts at collaborations realized the need for such relationships, common barriers have stood in the way of true interprofessional practice.

Coleman discusses some of the potential conflicts and barriers that prevent effective collaborations between law and social work [16]. The divergent foci of the two fields are one commonly stated difference. Social workers tend to look beyond the individual client and serve individuals, couples, groups and communities. Attorneys most often focus on one identified client in order to avoid conflicts of interests. While

attorneys may assume the role of advocate, social workers also assume the role of advocate, but often employ a "best interests" model. While attorneys directly give advice, social workers focus on the client's self-determination and choose empowerment strategies to enable the clients' own decision making. Coleman states that historically, the legal profession reflects an individualist and non-collaborative orientation while social work is based on broader interventions [16].

Confidentiality rules between attorney and client are perceived as more restrictive than between social workers and clients. Some researchers have determined that the Model Rules of Professional Conduct that govern attorney behavior preclude interdisciplinary collaborations [17]. For instance, social workers are mandated reporters in many states with regards to elder abuse and neglect. Attorneys are not mandated to report abuse, which can create conflicts in sharing information. Wydra suggests the possibility of modifying the rules of confidentiality in order to enable collaborations [18]. However, there are costs to the loss of the client/attorney privilege, such as the possibility that clients may lose their trust in lawyers. Decisions about disclosures need to be made with full recognition by the clients.

Other concerns have been raised about collaborations between law and social work. These include expense, disparities in salary, coordination of schedules, including the time pressures to make decisions on certain cases and issues, and difficulties in divisions of tasks. Some believe that discomforts evolve from differences in training. For instance, social workers may be more focused on the emotional experience of the client, while lawyers are focused on the application of established law [16]. Additional tensions arise in the demarcation of territories between the professions. While fluidity of roles is required on interprofessional teams, each discipline may covet areas as belonging within their expertise [19]. Social workers also identify how power differentials have been exposed when opportunities arise for team decision making. Social workers often experience conflict when they perceive that the other profession feels negatively or views problems through a narrow lens. The comparability between the professions rests in the mission to enhance and protect the rights of individuals to have autonomous decision making and access to protections of the law. Recognition of the benefits to be gained through social work and lawyer associations as well as discussion of the challenges in such collaborations is the basis of development of the interprofessional course.

Despite this recognition of the value of collaborations, few educational requirements for interprofessional education (IPE) courses are mandated in academic programs. US health professions' graduates are not required to complete IPE and therefore, may not be prepared for interprofessional collaborative practice (IPCP). United States accrediting bodies are encouraged to create a common IPE accreditation standard [20]. The remedy to barriers in collaboration depends on the advancement of interprofessional education efforts.

Professional schools can facilitate collaboration through the development of conjoint educational programs. These programs help students become sensitized to the other professions and integrate knowledge that extends beyond their own respective discipline. Combining student and professional educational opportunities has the added benefits of student/practitioner interaction. This provides students with the opportunity to recognize the realities of practice and it keeps professionals updated in new educational content.

Most professional schools provide only discipline specific education. Kapp points out that while several law schools provide training in clinics, it is for a limited number of students who work with other law students or attorneys [21]. Few of those students ever interact with professionals from other disciplines, or the social contexts that may foster the legal problems presented by clients. The most effective interprofessional collaborations require interaction between the professions and educational opportunities that afford learning from and with each other.

D'Amour and Oandasan delineated the concept of interprofessionality as part of the background work for initiatives by Health Canada to foster interprofessional education and interprofessional collaborative practice. They defined inter-professionality as "the process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population... [I]t involves continuous interaction and knowledge sharing between professionals, organized to solve or explore a variety of education and care issues all while seeking to optimize the patient's participation..." (p.9).

Interprofessional partnership requires an open-minded attitude and a culture change. It is a paradigm shift from traditional models of education and practice. It requires the elucidation of values, knowledge, and competencies that are unique to this new way mode of education and practice.

Interprofessional training is necessary to understand the psychosocial and legal context of the problems encountered with the end of life. In 2001, the Institute of Medicine Committee on Quality of Health Care declared that interprofessional collaborations were necessary to attend to the complex needs of patients. The IOM followed in 2003 with an articulation of the core competencies for all health professionals. In 2011 an expert panel of multiple disciplines created a report based on the four competency domains developed by the IOM [22,23]. These domains include values and ethics, roles and responsibilities, communication and teamwork.

These domains are applicable to the interprofessional education of law and social work students. It is essential to develop curricula for students to learn how to collaborate and develop competency in interprofessional collaboration before they move into practice. Roles and responsibilities may overlap and result in territorial confusion rather than enhanced services to clients. Classroom partnerships enable students to learn about themselves through reflection and interaction with other students. Students gain interprofessional knowledge and recognize methods of working together rather than separately. Developing a partnership in which lawyers and social workers combine their knowledge and a skill in the creation of advance directives seems likely to enhance the abilities of both professions to serve clients. Collaboration is a skill that can be taught within professional education.

Bridges et al. compare three interprofessional education programs [24]. These three programs reflect one that focuses on a didactic format, another on community-based

experiences and a third on interprofessional simulations. The program emphasizing a didactic model emphasizes the competency of interprofessional team building, knowledge of all of the represented professions, client-centered care, service and cultural considerations in the delivery of health care. The community-based experience focuses on the impact of the environment and access to resources. Some programs that incorporate the use of simulations allow the team to practice their skills in communication and interviewing, as well as recognize the importance of interdisciplinary interactions. These experiences may assist students to recognize the limited perceptions held about the other profession. However, reports on effective methods of communication between the professional students are less conclusive [25]. All these programs require the commitment of the organization, administrations and commitment of faculty.

The common element among all the programs reflecting these practices is the opportunity for students to articulate the roles, responsibilities and values of their own professions and to gain understanding of the other disciplines. The potential outcome of professionals trained and working together results in improved care to clients [26].

While there are few opportunities for multidisciplinary faculty to engage in teaching within professional schools to educate students and assist them in practicing collaboration, three professors, each of whom had experience in working on interprofessional teams, from the Schools of Social Work and Law joined forces to launch an interprofessional course. The following description of the course will detail the process we used to design and implement the curriculum, the support we required in order to accomplish the task and the evaluation of students at the end of the process.

The course

The intention of this inter-professional course brought together students from law and social work to learn about health care decision-making at the end of life. The inspiration for the class came from the previous work of the clinical law professor who has been actively engaged in medical-legal partnerships over the last several years. The social work professor was previously engaged in a partnership with the law school, co-teaching law and social work students about elder law. The third law professor, whose research focuses on medical ethics, has experience in clinical ethics and consultation in an interprofessional hospital setting. The three professors, two from the Law School and one from the School of Social Work created and taught the weekly two and half hour class. This interdisciplinary faculty led the students in full class discussion, case rounds, client simulations, and live client experiences. The size of the class was limited. Ten spots were saved for each discipline. The students were assigned partners for the semester; each partnership consisted of a law and social work student. The class was created for a 14 week semester.

The process

Each student was assigned a partner from the alternative profession. Nine interprofessional teams of students worked together throughout the semester. Through didactic, interactive and community service the students learned about patients' rights, interdisciplinary approaches and ethical concerns related to end of life care and decision making. They reflected and articulated the contributions of each of the professions as they developed the skills necessary to counsel patients and draft legal documents reflecting clients' health care wishes. The overarching goals of the class were focused on providing the students with interprofessional learning activities and teaching them about the issues in end of life health care decision making.

The goals and objectives reflected the four domains outlined by IPEC. These include: (1) adopting values/ethics for interprofessional practice; (2) understanding interprofessional roles/responsibilities; (3) enhancing interprofessional communication; and (4) facilitating teams and teamwork. The objectives of the class were to enable the students to achieve competency in all four of the IPEC domains. They included the following.

- Explanation of the legal doctrines associated with the topic of advance care planning, including constitutional and common law rights to medical self-determination; statutory rights to direct medical treatment through advance directives; and surrogate decision- making authority.
- Describing the medical interventions most commonly used in the intensive care and end of life contexts, including cardiopulmonary resuscitation, ventilation, dialysis, artificial nutrition and hydration, palliative care, and hospice services
- Understanding theoretical frameworks for grief and loss, end of life needs and decision-making, psychosocial assessment, and assessment of competence/capacity.
- Gaining an understanding of the other profession, develop communication skills across professions, and demonstrate interdisciplinary collaboration in field work.
- Articulating the roles and responsibilities of the student's chosen disciplines and to convey the value the legal or social work skills contributed to client care.
- Demonstrating client-centered counseling skills, including effective interviewing; cross- cultural awareness/sensitivity; effective communication strategies with patients, families and team members; understanding the value of self-determination; and patient-centered versus relation-centered care.

These objectives were achieved through didactic presentation, groups and dyadic discussion and reflection, in class interactions and community service. The initial design and implementation of the program required an investment of time and commitment to the process. The three professors spent months prior to the beginning of the semester designing a course that would incorporate each of their ideas and reflect each discipline on the topic of end of life and creation of advance directives. They scheduled weekly sessions during the semester to meet and choreograph the following week's session.

The didactic portion of the class was delivered by all three professors according to their expertise and disciplinary perspective on the topic. When a preponderance of information was focused on one discipline – such as legal

protection of patient rights or explanation of legal doctrine, the law professors took the lead – however, the social work professor would raise issues focused on how clients respond to the documents, how to engage with clients and facilitate conversations about the issues and the students would reflect on their own responses. The students were then asked to "practice" by interviewing each other and raising the topic of end of life needs to each other and finally drafting the end of life documents.

The interactive portion of the class was enhanced through personal reflections, case rounds, mock interviews with their peers and interviews with simulated medical patients. The students had the opportunity to interview standardized medical patients and receive immediate feedback on their technique and efficacy from the standardized patients as well as feedback from each other. Social work and law students met separately in one segment of a session to identify the most effective ways for each discipline to communicate their professional roles and responsibilities to the other students.

Simulated role plays provided an opportunity for the students in each discipline to communicate their roles to a "patient." The clarity of each student's communication of the student's roles was evaluated by student observers. An important component of the evaluation was the inclusion of language literacy. Social workers became more comfortable understanding and using legalistic terms just as law students became versed in the language of social work. They immersed in each other's cultures and in the process created a unique relationship to service the needs of clients. The students were then well prepared to apply their skills with actual clients and draft advance directives.

The community service portion of the class was arranged through a partnership with a non-profit law clinic serving older adults. Arrangements were made to travel to two different senior residences and engage with residents who volunteered ahead of the visit to meet with students and draft advance directives. The residents were notified of the opportunity and willingly volunteered to participate in the student/resident sessions. Each of the partner teams were assigned a resident at each of the facilities. Their work was supervised by attorneys from the non-profit law center and again they received immediate feedback on their work. The attorneys reviewed all the completed documents.

After each round of interviews and supervision from the attorneys, the faculty debriefed with each partnership, reviewing what they thought went well and what they would change as well as their own feelings and comfort level with the process.

While all the four domains of interprofessional competency were reflected in each session, specific work in some sessions provided opportunity for more focus on some of the competencies more than others. The following chart details the content areas and the competencies associated with those sessions.

Competency	Didactic	Community	In-class interaction
Overview of all competency domains	Introduction to Interprofessional End of Life Counseling		Interdisciplinary Team Building Exercise using elevator speeches
Values and ethics of each discipline Communication Team building	Law, Social Work and Medicine, Legal/Ethical foundations of refusing treatment		Peer Interview Exercise
Values and ethics Communication among disciplines	Medical Perspectives on End of Life Decision Making, Ethical Conflicts		Reflections on Physician-Patient Communication and between disciplines
Roles and responsibilities Communication	Understanding Grief, Cultural Awareness, Talking about Death, Challenges in Conversations		Law/SW Interviews with standardized medical patients
Roles and responsibilities Communication	Legal Tools for Protecting Patient Rights		Law/SW Interview with Standardized patient Caregiver Peer Counseling and Completion of Health Care Power of Attorney
Roles and responsibilities Communication	Legal Capacity and Guardianship Proceedings/Social work assessment		Interdisciplinary Case Assessment of cognitive capacity
Communication Team building Roles and responsibilities	Rights and Responsibilities of Third-Party Caregivers and Decision Makers		Peer interviews and Case rounds
Values and ethics Roles and responsibilities	Quality of Life and Futility Conflicts		Interdisciplinary Ethics Case Rounds

Values and ethics Communication Roles and responsibilities	Right to Care and Advocacy		Interdisciplinary Case Rounds
Values and ethics Roles and responsibilities	Policy Concerns Relating to Unrepresented Patients		Development of Model Policy
Values and ethics	Professional Responsibility, Ethics, and Self-Care		Self-Care Exercise
Team building Communication Roles and responsibilities	Preparation for Experiential Component	Experiential Client Counseling Work at Senior Center	Debriefing
Team building Communication Roles and responsibilities	Preparation for Experiential Component	Experiential Client Counseling Work at Senior Center	Talking as a team to the client
Team building Communication Roles and responsibilities	Oral Reports on Experiences		Reflections- Groups Present on experiences in client interview/counseling process

Table 1: The content areas and competencies associated with those sessions.

Discussion

The domains of interprofessional competency were developed in each session. However, opportunities for development in some areas were greater in specific sessions. The competencies in the domain of roles and responsibilities included: the accumulation of knowledge about other professions; the ability to articulate the roles and responsibilities of the student's own discipline; appreciating the experiences of grief and loss, awareness of other cultural issues in talking about death; learning about the legal tools utilized in the protection of client rights, as well as assessment of legal capacity and competence in assignment of a guardianship/surrogate decision maker; policies regarding unrepresented patents and psychosocial focus on context, empathic interviewing and techniques to facilitate the end of life discussions with clients.

Values and ethics were explored through understanding the underlying values of each profession and the opportunity to challenge ethical problems from both a social work and law perspective; frameworks for making ethical decision in response to patient's refusal to treatment; conflicts regarding termination of treatment; exploration of the meaning of quality of life; ethics of responding to patients who are unrepresented by family or friends; professional responsibilities to each other and self-care. In addition, a presentation by a physician on the emotional and practical considerations that influence ethical decisions on use of feeding tubes, ventilators and other equipment raised questions and robust discussion about self-determination, autonomy and the right to refuse care.

In the early sessions more emphasis was placed on team building through highly interactive discussions. From the beginning of the course students articulated their perceived roles and responsibilities of each of the respective professions. They practiced communicating these responsibilities to each other. The opportunity to refine these definitions of roles was provided through case rounds. During these faculty led presentations of client dilemmas, all perspectives were shared as each of the students commented on the case. As the students developed competency and confidence in their professional roles, each of the law and social work student partnerships interviewed two different standardized medical patients. The standardized patients were provided with scripts, describing situations which required advance directives and after the interviews the actors provided students with feedback. At the end of the semester, the student partnerships were assigned the task of meeting with two older adults, living in low income senior apartment buildings. They interviewed voluntary participants and under the supervision of practicing attorneys from a non-profit legal agency, drafted advance directives.

A great deal of focus was placed on the values and ethics that often create complex decisions for individuals and families as well as the health care team. Content was introduced each week on the legal structures available to clients and the psychosocial methods of assessing needs and engaging individuals. Competency in communication and the value of the team/partnership was raised in every class. Social work and law students were each asked to articulate the essential value and purview of their profession in the form of an elevator speech. The requirement was to state the value and roles of their profession in a one-minute speech to someone who might hire them on their team. As they accumulated knowledge about each profession, the elevator speeches were tweaked and refined. Students were also asked to engage in difficult conversations about death and develop means for communicating with clients who were in the last stage of life. The students assisted the clients through encouragement to consider decisions about directing their end of life care. Students quickly recognized the comparability of the underlying values of both professions and found common themes in social justice and preservation of client autonomy.

Communication and team building were fostered at every step through intentional interaction, feedback from peers and faculty on evaluation of cases and the inclusion of interviews with standardized patients in the classroom. The partnerships were strengthened throughout the semester through mutual problem solving and interactions that

facilitated greater respect for each of the professional roles. The interviews with real clients at the end of class resulted in the culmination of newfound skills and knowledge that provided realistic experiences in interprofessional collaboration. During debriefing sessions students reflected on the difficulty as well as comfort they experienced as a result of the semester's previous work. Each team met with their clients and prepared a health care power of attorney that reflected the client's wishes and goals. Following the interviews, each team prepared documentation reflecting their experience with the client.

Evaluations from students were very positive with a unanimous endorsement for greater understanding of their own profession as well as the other profession; an increased sense that working together was advantageous over working as a solo practitioner and that the learning environment created by faculty from both disciplines enhanced the educational experience.

Conclusion

Interprofessional education and interprofessional collaborative practice (IPCP) will play a prominent role in the future of health professions' education and healthcare delivery. Interprofessional collaboration is a skill that can and should be taught in the classroom, making use of a multimodal process (lectures, case rounds, simulations and field opportunities) of interprofessional education proves effective in preparing students for entry into the workforce.

Specifically training law students and social work students on advance counseling techniques has multiple benefits. The benefits extend from the students, to the clients and to the administrators of the agencies in which the student's complete internships. Future innovations in the classroom curriculum should consider the presence of medical and nursing students with consideration of medical documents like the POLST and interventions implemented by nurses as with patients at the end of life.

Interprofessional education programs give disciplines opportunity to share their unique discipline based perspectives through lectures and case analysis. In the process of end of life planning, students reported increases in the scope and depth of understanding a client's behavior and expression of needs. The students explore the challenges of creatively responding to clients who are alone and unrepresented by family or friends. They explore the impact surrogate decision makers have on end- of life decisions. They respond to the burden of informed consent, the authority of powers of attorney and the need for last resort legal assignment of guardianship for those deemed incompetent by the court. Beyond the content and accumulation of knowledge, they develop the skills to communicate and support one another and expand the scope of intervention options. They gain an authentic respect for each other's professional roles and recognize the value of teamwork when managing the complex concerns of clients.

The support of the institution and the commitment of faculty are certainly essential ingredients to effect interprofessional education. While workload, staffing and finances might not enable a social worker and lawyer to always be present in the drafting of advance care directives, they will hopefully still operate with an interprofessional mindset. Social workers will recognize what legal structures are available to their clients and how the inclusion through referral might be assistive to the clients' needs. Lawyers will be sensitive to the psychosocial dilemmas that face adults as they consider end of life needs and know when to consult with a social worker. Beyond the clinical acumen to identify client needs, social workers and lawyers, trained in interprofessional contexts, will have better communication skills so that they might make moves beyond the barriers that impede interprofessional conversations.

References

1. Ashley R (2005) Why are advance directives legally important? Critical Care Nurse 25(4): 56-57.
2. Yadav K, Gabler N, Cooney E, et al. (2017).Approximately one in three US adults completes any type of advance directive for End-Of-Life care. Health Affairs (Project Hope) 36(7): 1244-1251.
3. Rao J, Anderson L, Lin F, et al. (2014) Completion of advance directives among U.S. consumers. Am J Prev Med 46(1): 65-70.
4. Department of Health and Human Services - Center for Medicare and Medicaid Services-Advance Directives 2 USC 498.100 et seq.
5. Wallace C, Thielman K, Cimino A, et al. (2017) Ethics at the End of Life: A teaching tool. J Soc Work Educ 53(2): 327-338.
6. Wang CW, Chan C, Chow A (2017) Social workers' involvement in advance care planning: A systematic narrative review. BMC Palliat Care 17(1): 5.
7. Koppel A, Sullivan S (2011) Legal considerations in End-of-Life decision making in Louisiana. Ochsner J 11(4): 330-333.
8. Asha Sameer M (2008) Law clinics and collective mobilization. Clinical Law Review 14(2): 355-414.
9. Levitt S, O'Neill R (1997) A call for a functional multidisciplinary approach to intervention in cases of elder abuse, neglect, and exploitation: One legal clinic's experience. The Elder Law Journal 5(1): 195-212.
10. Galowitz P (1999) Collaboration between lawyers and social workers: Re-examining the nature and potential of the relationship. Fordham Law Review 67(5): 2123-2154.
11. Pierce C, Gleason-Wynn P, Miller M (2000) Social work and law: A model for implementing social services in a law office. NAELA Quarterly 13(2).
12. Golick T, Lessem J (2004) A law and social work clinical program for the elderly and disabled: Past and future challenges. Washington University Journal of Law & Policy 14: 183-208.
13. Rizzo V, Burnes D, Chalfy A (2015) A Systematic Evaluation of a Multidisciplinary Social Work-Lawyer Elder Mistreatment Intervention Model. J Elder Abuse Neglect 27(1): 1-18.
14. Bronstein L (2003) A model for interdisciplinary collaboration. Social Work 48(3): 297-306.
15. Weinstein J (1999) Coming of age: Recognizing the

importance of interdisciplinary education in law practice. Washington Law Review 74(2): 319-366.
16. Coleman B (2001) Lawyers who are also social workers: How to effectively combine two different disciplines to better serve clients. Washington University Journal of Law & Policy 7: 131-158.
17. Center for Professional Responsibility, American Bar Association, House of Delegates (1996) Annotated Model rules of professional conduct. (3rd edn), American Bar Association, Chicago, Illinois.
18. Wydra H (1994) Keeping secrets within the team: Maintaining client confidentiality while offering interdisciplinary services to the elderly client. Fordham Law Review 62(5): 1517-1545.
19. Ambrose-Miller W, Ashcroft R (2016) Challenges Faced by Social Workers as Members of Interprofessional Collaborative Health Care Teams. Health Soc Work 41(2): 101-109.
20. Zorek J, Raehl C (2013) Interprofessional education accreditation standards in the USA: A comparative analysis. Journal of Interprofessional Care 27(2): 123-130.
21. Kapp M (2000) Professional development in law, health care, and aging: A model fellowship program. The Gerontologist 40(3): 364-366.
22. Schmitt M, Blue A, Aschenbrener C, et al. (2011) Core competencies for interprofessional collaborative practice: Reforming health care by transforming health professionals' education. Acad Med 86(11): 1351.
23. Interprofessional Education Collaborative Expert Panel. (2011) Core competencies for interprofessional collaborative practice: Report of an expert panel. Interprofessional Education Collaborative, Washington D.C.
24. Bridges D, Davidson R, Soule Odegard P, et al. (2011) Interprofessional collaboration: Three best practice models of interprofessional education. Med Educ Online 16(1): 1-10.
25. Erickson J, Blackhall L, Brashers V, et al. (2015) An interprofessional workshop for students to improve communication and collaboration skills in End-of-life Care. Am J Hosp Palliat Care 32(8): 876-880.
26. Barnsteiner J, Disch J, Hall L, et al. (2007) Promoting interprofessional education. Nursing Outlook 55(3): 144-150.

***Corresponding author:** Marcia Spira, Professor, School of Social Work, Loyola University Chicago, 1 E. Pearson Chicago, Illinois, 60611, USA; e-mail: mspira@luc.edu

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