

Developing Quality Social Work Field Placements in Dialysis Clinics ☆

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Dialysis clinics provide rich field placement settings for social work students. In this article, field placements for advanced practice MSW students are carefully examined, as they are best suited to work with patients on a higher clinical level. This article also provides an outline of how advanced practice competencies can be applied in such settings with attention to supervision and the role of the field instructor.

INTRODUCTION

In the United States, the Council on Social Work Education (CSWE) is responsible for accrediting masters and baccalaureate social work programs through a set of criteria called the Educational Policy and Accreditation Standards (EPAS). The CSWE's Commission on Accreditation updates these standards about every seven years, and the most recent set of EPAS standards was published in 2015. As with any accredited degree program, there are required components of the Bachelor of Social Work (BSW) and Master of Social Work (MSW) degrees. The 2015 EPAS states: "Signature pedagogies are elements of instruction and of socialization that teach future practitioners the fundamental dimensions of professional work in their discipline—to think, to perform, and to act ethically and with integrity" (p.12). Field education is recognized as the signature pedagogy of social work education for emerging social work practitioners (CSWE, 2008, 2015; Shulman, 2005; Wayne, Bogo, & Raskin, 2010).

EPAS requires that students enrolled in field education courses receive supervisory oversight from a professional holding the same degree (CSWE, 2015). Additionally, EPAS requires that, before graduating, students serve a field internship in a human services organization for a minimum of 900 hours for an MSW program and 400 hours for a BSW program (CSWE, 2015). The social worker providing the supervisory oversight (called a field instructor) must have the same degree and two year's post-practice experience. The field placement setting—for BSW and foundation-level MSW students—must provide generalist practice opportunities for students to demonstrate nine core social work competencies with individuals, families, groups, organizations, and communities, and each program must illustrate how this is accomplished in field settings (CSWE, 2015).

For advanced MSW students, the field education program must be able to describe and justify how the setting provides specialized and advanced-level practice opportunities for students who demonstrate social work competencies within the specialized practice area (CSWE, 2015).

This article offers a rationale for why dialysis clinics are ideal field placement settings for MSW advanced practice, including how the role of the field instructor sets up success in such placements. Additionally, it provides an outline for how the 2015 EPAS for a CSWE-accredited MSW program aligns with the Centers for Medicare and Medicaid Services (CMS) requirements in a dialysis setting and how advanced practice competencies can be applied (Medicare and Medicaid Programs; Conditions for Coverage for end-stage Renal Disease Facilities, 2008).

Dialysis

Nephrology is a medical specialty that manages kidney health. According to the Centers for Disease Control and Prevention (CDC), in 2017 an estimated 30 million adults, 15% of the population, were thought to have kidney disease and a majority of them were not even aware they had kidney damage. (CDC, 2017). As individuals progress through the five stages of kidney disease to end stage renal disease (ESRD), individuals some will be required to choose a method of management, or modality, to replace their native kidney function. One option is dialysis. This can be done in a variety of settings, the most common being in an outpatient setting, called *in-center hemodialysis (ICHD)*. Patients are required to treat, on average, three times weekly for 4-hour sessions, as is done in one of the author's clinic. During these treatments, dialysis, in which a person's blood

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is cleansed through a dialyzer and fluid is removed, replaces a portion of the patient's kidney function. A nephrologist closely monitors patient's labs. These treatments often leave patients washed out and fatigued, making routine social interaction, community involvement, and employment very difficult. Additionally, this population is often burdened with multiple medical appointments, making mental health referrals difficult to complete. Another modality is *home hemodialysis*, where the same treatment is administered but in the privacy of the patient's home. This is a labor-intensive option, requiring the patient to have a partner present with them always. Additionally, patients are required to come to a clinic several times a month where labs will be drawn and monitored, and medications and dialysis prescriptions are managed. One other modality is called *peritoneal dialysis*, in which the kidney function is replaced through an exchange of fluids via a catheter that enters their peritoneal cavity. These patients often feel better and are more able to engage in work, school, and family life.

An alternate option for treatment is called *nocturnal hemodialysis*. This method takes place at night, and is a slower, longer treatment. Prescription times for nocturnal dialysis are usually 6–8 hours, three times a week. Some dialysis centers offer this modality at a clinic, but patients can also choose to do this at home. Some benefits for an individual are that the treatment is performed at night, improving sleep apnea (Hanly & Pierratos, 2001) and freeing up the day for work, school, or other life activities. Since treatment is slower, it is gentler on the body and patients do not have the washed-out feeling associated with ICHD. Regardless, dialysis patients face many well-documented challenges because of these treatment processes. For example, some are at increased risk of poor psychosocial outcomes (Cukor, Ver Halen, Fruchter, & Kimmel, 2015; Israel, 1986) such as depression (Finkelstein & Finklestein, 2000), anxiety (Goh & Griva, 2018), and quality of life (Al-Arabi, 2006). As a result, social workers are vital in supporting patients as they navigate these overwhelming psychosocial barriers and challenges of daily functioning.

Dialysis clinics as advanced practiced placement settings

Dialysis clinics can provide an ideal field placement setting for advanced-practice social work students. Advanced-practice MSW students function at a higher level of autonomy than foundation-level social work interns in an MSW program. They can engage in all learning activities under the supervision of a dialysis social worker. For example, an intern may assess psychosocial barriers to patient outcomes, participate in interdisciplinary team rounds, administer and review quality-of-life assessments (with the field instructor present), as well as administer depression and anxiety assessments.

Dialysis social workers may not be sure how to match themselves to a social work student for a field practicum. As a general guide, foundation-year MSW students will not have had as much course work and field experience as an

advanced-practice student, and BSW students will have had even less clinical preparation. BSW student field placements are different than MSW field placements because of the educational accrediting bodies require different levels of academic rigor as well. Thus, this article focuses on advanced-practice MSW students because they have completed the equivalent of one full-time year of social work education and have completed a year of field education courses. Dialysis clinics are not only an appropriate and robust environment for advanced-practice students, but they help them acquire the advanced-practice competencies desired for emerging MSW social workers.

First, there are many requirements to consider in designing a field placement setting for an MSW student in a dialysis clinic. According to the 2015 EPAS, any accredited social work program must clearly define how its accredited social work programs select field settings and must evaluate how effective the field setting is in developing social work competencies. Many field education programs actively seek to develop field placements in targeted areas for students based on educational levels identified within the EPAS and the competency framework associated with each level (BSW, MSW foundation, and MSW advanced/specialization). Another way field setting development occurs is when a practicing social worker or other professional reaches out to a field placement office at a school of social work to offer the opportunity to develop a field placement that meets CSWE standards. It is critically important that field placement settings provide a learning or educational experience for the student, not just a "work" experience.

Developing a quality field placement in a dialysis unit requires several steps. First, the university or college and the dialysis organization must develop an agreement for the practice of interns to cover liability and risk for such practice. Second, dialysis units must determine additional terms of agreement relevant for their organizations, such as mandatory immunizations, background checks, access to electronic medical and other records, and confidentiality topics pertinent to the establishment of the field placement and the placement for the prospective interns. Many times, field programs may need to develop this contract with a dialysis clinic's global entity, such as a large dialysis organization, which can be time consuming and lengthy if it requires coordination at a national versus local or state level. The field placement office in the school of social work can help complete the steps needed to accept an MSW student.

The 2015 EPAS emphasizes the critical importance of safety practice in field placement settings. The field placement setting must provide necessary measures to protect student safety. This may minimally include training in policies and procedures for conducting home visits, interacting with potentially difficult clients, dealing with bloodborne pathogens that might be found in a dialysis clinic, and handling emergencies, as well as appropriate screening of student assignments by the field instructor. Field placement settings

typically agree to introduce and orient the students to the organization's objectives, structure, policies, and procedures, including identifying specific policies that must be adhered to and the types of information or incidents that must be reported immediately to their field instructor or other organization representative. This commonly includes informing the prospective MSW interns of any physical dangers inherent in the field placement and providing reasonable training to prevent injuries. Dialysis clinics should also require prospective MSW interns to complete the same prerequisites as any dialysis social worker.

Dialysis social workers as MSW field instructors

Field instructors that supervise students in a dialysis clinic (acting as a field placement) must be credentialed by a CSWE-accredited MSW program and adhere to EPAS criteria. Field instructors for MSW students must have an MSW themselves from a CSWE-accredited program and two years of practical experience in social work after receiving their MSW. Many programs require prospective field instructors to complete mandatory training to equip them with the skills to become an effective field instructor.

Once a credentialed supervisor is identified, the amount of time the appointed field instructor is to spend on supervision must be determined, and this can vary from MSW program to MSW program. Typically, the field instructor is expected to provide an hour of supervision each week to an MSW student in an advanced practice clinical placement. Supervision in social work field internships is not only essential but critical to the development of a competent social work practitioner, especially a nephrology social worker. This is not a novel idea, and many have argued its centrality and importance over time in social work education since the mid-1950s by offering ways to better prepare field instructors for the task at hand (Bogo & McKnight, 2006; Cousins, 2004; Hair, 2012; Hensley 2015; Miehl, Everett, Segal, & du Bois, 2013; Raskin, 2005; Young, 1967).

Although Bogo (2006) identifies trends over time to include what "field instructors' experiences, motivations, and the factors that influence their participation and satisfaction" (p. 169), the literature does not offer dimensions of effective field instructors. In fact, other than what social work field education manuals provide under the section on the roles and responsibilities for field instructors, the literature remains scant. Although it might seem logical to lump the role of a field instructor into that of a supervisor because of similar characteristics, the roles are different in one critical and distinct way. Field instructors approach supervision from a teacher-learner framework not an employer-employee framework, which pays both the employee and the supervisor for work performed and which has organizational goals as the primary focus. To control for any possible violation of the U. S. Fair Labor Standards (29 C.F.R. chapter 8), the intern and the field instructor should develop and maintain a learning contract that centers the primary focus on the student's learning. Both are responsible for adhering

to this contract to ensure that the student's educational aims are met and that the supervisor is continually assessing the student's progress toward learning goals.

It is important to note essential characteristics that make for an effective field instructor positioned in a dialysis clinic, which may hold true for other types of settings. First, whether it be language, dress, or interaction with patients and other staff, the student looks to the field instructor for cues on what is appropriate in the field placement setting. As a mentor, it is the role of the field instructor to redirect, in a gentle way, inappropriate behavior, dress, and language as it occurs. These conversations can be difficult, but they preserve the professionalism of the field instructor, as well as the intern. Another role is that of educator. Field instructors should be aware of what the intern is working on in the classroom, so it can be applied in the field placement setting. Thus, they should familiarize themselves with all course syllabi for classes the intern is taking each semester.

Second, field instructors must act as a manager on some occasions. Assigning and holding the student accountable to learning tasks allows the intern to be responsible for his or her caseload as well as learning time management and effective documentation. Field instructors should provide structure and organization and have a realistic expectation of their interns, which may vary from student to student. For example, the learning tasks assigned to an advanced-level MSW intern would be different from those given to a foundation-level MSW or BSW student. The role of the field education office becomes central in helping determine appropriateness of field placements for level of student learning. The CSWE requires each social work program to identify how it determines this for accreditation purposes.

Third, patience by teacher and learner is an essential component of being an effective field instructor because a field instructor might expect an intern to be flexible in a fast-paced setting, such as a dialysis clinic. Field instructors must remember to be flexible as well and remember that interns progress through developmental stages of learning while in field placement. They must allow extra time for interventions to be mastered and completed, which requires providing interns with helpful feedback that is vital to a successful learning opportunity.

Fourth, field instructors should provide supervision but must be cautious not to confuse supervision with psychotherapy or counseling. There may be occasions when the intern experiences transference, countertransference, and avoidance or he or she demonstrates the need for self-awareness. It is the responsibility of the field instructor to gently explore these events and encourage the intern to grow from them. Students, however, should not be treated as coworkers, in that they will not hold the skills a field instructor has or be as experienced with the Code of Ethics of the National Association of Social Worker (NASW). It is important, however, to hold the student to the same level of professionalism as a coworker.

Fifth, sometimes students may work with other social workers on the floor, but designated field instructors are ultimately responsible for student learning and meeting the educational requirements of the partnership between the school and the dialysis clinic, which includes completing paperwork. This means that field instructors must review and sign off on all documentation related to the student and his or her performance. Additionally, field instructors must check in regularly with patients on the intern's caseload in order to maintain that relationship and to allow patients to express any concerns they have that they may not feel comfortable discussing with the intern.

It is important—and a CSWE requirement—to dedicate formal supervision time for students (CSWE, 2015); however, CSWE does not specify a specific amount of time. Some CSWE-accredited social work programs require a minimum of an hour of supervision weekly; others require a minimum of one hour of face-to-face formal supervision for each student only every two weeks. Regardless, it is important for field instructors to know what their intern's school requires and to set aside and dedicate time as a “safe place” where feedback, exploration, and clarification is used to promote the growth of the student.

Finally, field instructors should pay attention to their own motivations. Becoming a field instructor may reflect personal motivations such as a desire to “give back.” Another motivation may be the desire to teach and train. A more common reason practicing social workers decide to become a field instructor is the need for assistance at the organization where they are working. Although this may complement and provide for great learning opportunities, being a field instructor is a significant time commitment. Field instructors need to remember that this may be the student's first experience in a medical setting or even in a clinical social work setting so students will need oversight and are not “free labor.”

Dialysis clinic learning opportunities for advanced practice MSW students

Advanced practice MSW students interning in a dialysis setting are afforded many learning opportunities consistent with the 2015 EPAS. In general, students will have opportunities to learn not only about the medical and clinical aspects of a dialysis clinic but will experience the fast-pace of the dialysis setting. Advanced practice interns can initiate and terminate with a caseload and walk through the entire clinical practice framework by participating in client engagement, assessment, intervention, and practice evaluation. Interns may engage with patients for 2 or 3 days a week (if a concurrent model of field instruction) and develop these skill sets rapidly. These advanced practice learning opportunities provide support for students who must become licensed to work in a dialysis clinic in most states.

The 2015 EPAS identifies nine required social work competencies all students must master: (1) demonstrate ethical and professional behavior; (2) engage diversity and difference in practice; (3) advance human rights and social, economic, and environmental justice; (4) engage in practice-informed research and research-informed practice; (5) engage in policy practice; (6) engage with individuals, families, groups, organizations, and communities; (7) assess individuals, families, groups, organizations, and communities; (8) intervene with individuals, families, groups, organizations, and communities; and (9) evaluate practice with individuals, families, groups, organizations, and communities. Additionally, the 2015 EPAS identifies six dimensions associated with each social work competency—performance, knowledge, values, affective reactions, critical thinking, and professional judgment—which must be matched to the BSW/MSW curricula and their learning objectives; however, they should ideally be matched to field placement site as well. Below are examples of how each of the nine competencies link specifically to learning opportunities within a dialysis clinic with respect to these six dimensions.

Competency 1: Demonstrate ethical and professional behavior

Ethical Behavior. The dialysis setting is fraught with potential ethical dilemmas. Social workers often have to advocate for patient rights as well as have difficult conversations with patients, family members, and dialysis staff. It is imperative that the intern is familiar with the NASW's Code of Ethics, and the field instructor must have frequent conversations about this code and how it relates to the dialysis setting. Another ethical issue that comes up is mitigating the patient's best interest with the “business” aspect of the dialysis world. Reimbursement tied to dialysis outcomes has many benefits, but it is important that social workers are sure that patients understand that recommendations are in their best interest, not just the facility's “bottom line,” and that there are no ulterior motives to encouraging patient adherence to medical recommendations. Especially in for-profit dialysis settings, there are times that patient and employer priorities may conflict, and this is an area that requires discussion with a social work intern about relevant ethics.

Another ethical challenge in the dialysis setting is confidentiality and privacy. It is important to orient the intern on these issues by offering to conduct assessments and conversations, in an office or more private setting, on how to talk to patients chairside while they dialyze, or when to insist on discussing something sensitive in private. Social workers also may find themselves advocating for patient's privacy with dialysis staff and needing to remind staff that they should not be sharing patient information on the dialysis floor where other patients can hear such details.

A final ethical challenge for an intern in medical settings, including dialysis, is recognizing every patient's right to self-determination. It can be easy, especially for students with

little experience, to trust that the medical team knows what is “best” for the patient. At times, the medical team may request the social worker to help the patient understand and adhere to what is “best.” The social worker must apply critical thinking when working with patients to set and clarify goals and educating them on how they can ascertain whether those goals may or may not conflict with what the team feels is best for them. Ultimately patients can refuse any part of the dialysis treatment and have the right to self-manage their kidney disease care. This may mean that patients do not take their medication as prescribed, do not show up for dialysis or end their treatments early, drink excessive fluids, or do not follow their renal diet. This can be frustrating for the dialysis team and social work interns. Dialysis social workers will need to process this ethical challenge with their students during supervision and help the student act as a liaison between and advocate for both patient and medical team to form a compromise to achieve best outcomes.

Professional Behavior. The dialysis setting can be a difficult setting in which to maintain professional behavior. The frequency with which patients are seen and the intimacy of the setting can make sustaining a professional demeanor difficult. For some interns, this may be their first experience in a medical setting ever. It is the field instructor’s responsibility to ensure and redirect the intern to behave and engage with the interdisciplinary team in a professional manner. From dress code to professional speech and documentation in the medical record, the dialysis setting is a prime environment to develop and hone these skills.

In some field settings, social workers and social work interns are offered the opportunity to follow a business-casual dress code with a white lab coat or they can wear scrubs. Regardless which is chosen, the intern needs to be aware of the implications each may have. One who wears scrubs may need to be more prepared and diligent in identifying themselves as a social worker or social work intern rather than a nurse or patient care technician. Those who choose business-casual with lab coat will need to be prepared to identify themselves as a social worker rather than a doctor or advanced practitioner. It is the field instructor’s role to ensure the intern is dressed appropriately. Definitions of business-casual may change, requiring the field instructor to provide feedback when an intern is dressed inappropriately. In medical settings such as a dialysis unit, there are likely policies or procedures in place about employee dress codes. For example, because of the possibility of blood or other spills, staff and interns cannot wear open-toe shoes or must observe other restrictions. Students also must learn about how they should behave while on the dialysis floor i.e. not to approach patients or staff during shift changes when patients are being taken off of the machine, what to do in case of a medical emergency, etc.

Inappropriate dress and behavior can have a negative impact the team’s perception of the intern but also of the field instructor. Interns will not be able to thrive in the professional environment if they are not given appropriate guidance. It is vital for the field instructor to model professional behavior. This entails use of language, proper use of cell phones, and conduct in a medical environment, including what to do in case of a patient emergency or even death.

Competency 2:

Engage diversity and difference in practice

Kidney disease affects people of all ethnicities, races, socioeconomic classes, and genders. It does not discriminate on the basis of sexual orientation, gender identification, comorbid status, the state of an individual’s mental health, or extent of substance use. The dialysis setting is a rich learning environment and exposes a student to much client diversity. It provides the opportunity to use a variety of screening tools and therapeutic interventions. It requires that the student be aware of multiple cultural nuances. In author Muench’s clinic there is a significant Hispanic population, who may not understand or speak English. The clinic uses language lines and interpreters, and students can explore the effectiveness of each. Some African American patients may also express distrust of the medical community because of historical medical mistreatment. These concepts are important to be aware of in order to assist patients most effectively. Health literacy is also a significant issue for many dialysis patients, and it is important for students to understand interventions that can be used to improve disparities, assessment and interventions.

Self-awareness is a skill that can be enhanced through supervision. Assisting a student in identifying instances of over-identification, countertransference, and boundary crossing provides great learning opportunities. The diverse nature of the dialysis setting increases the likelihood a student will experience this. Muench gives students a caseload that consists of a bay or shift of patients, which allows them the opportunity to develop a therapeutic relationship with the patients. Student comments like “They remind me so much of my cousin” can be cues to the field instructor that there may be some countertransference issues, which the instructor can bring to the student’s attention.

The concept of “difference” is as important to address as that of “sameness.” Regardless of the student’s background—age, gender, race, ethnicity, religion, sexual orientation—there will likely be a patient in a given facility who is the “same” as the student. Muench has had the experience where the student feels that this sameness allows them into the patient’s group and the student overidentifies with the patient. It is important to keep an eye open for such developments and prevent the student from inappropriate interactions with patients, or even staff, related to these issues.

**Competency 3:
Advance human rights and social, economic and environmental justice**

Like many other medical settings, there are many opportunities for an intern to address policies that relate to social justice. Throughout the United States, there are many disparities with access not only to healthcare but to housing, transportation, insurance, and financial resources. Many patients begin dialysis with no insurance or primary care provider. This, coupled with the widespread lack of community resources, offers an intern many opportunities to be exposed to issues related to social and economic justice. Ongoing research into community and commercial assistance exposes a student to the limited resources some patients have available to them. Interns have the unique opportunity to witness the clinical effects that low income, unstable housing, and chronic health problems can have on an individual.

One of the tenants of social work is to work with the person in their environment. When working with this population, it is vital to be aware of the theories of human behavior, including those posited by Erik Erikson, Abraham Maslow, and others. So often, our patients are forced to experience end-of-life events and conversations in timeframes significantly earlier than they might have expected. It can be a significant clinical intervention to begin conversations surrounding the patient's psychosocial development and help them to explore the significance of their health status.

According to McLeod (2007), being aware of Maslow's hierarchy of needs is important in goal setting with patients. Holley (2012) notes that, while CMS's Conditions of Coverage for ESRD focuses on MSWs addressing the emotional concerns of patients, Maslow reminds us that this is not possible when our patients are concerned about maintaining adequate housing, appropriate food, and access to the healthcare resources required to manage their kidney disease. Additionally, cultural competence is vital in establishing therapeutic relationships with our patients.

When it comes to advancing human rights, another area where the dialysis social worker can have an impact is with regard to transplantation. There are many kidney transplant disparities including race, ethnicity, citizenship status, age, gender, and insurance. The dialysis social worker can be an invaluable tool in providing education and overcoming real and perceived barriers to this process.

Insurance and immigration status are areas of dialysis settings that afford students learning opportunities related to human rights and justice. If patients do not have adequate insurance or are not legal residents of the United States, they likely will encounter challenges getting routine outpatient dialysis (Hogan, Fox, Roppolo, & Suter, 2017; Madden & Qeadan, 2017). Scholarship about such problems is emerging, which provides additional learning opportunities that can be applied to this EPAS competency in dialysis clinics.

**Competency 4:
Engage in practice-informed research and research-informed practice**

Nephrology research is constantly evolving. To help interns more fully understand this practice setting and evidence-based practice of nephrology social work, it is important to share with them current medical and social work research relevant to nephrology. Dialysis social workers can share the most recent issues of the *Journal of Nephrology Social Work* (JNSW), Internet and local professional-education resources, and online/print articles relevant to the most recent research on kidney disease and social work. Dialysis social workers should encourage their students to accompany them (when possible) to local Council of Nephrology Social Work, ESRD Network, NASW, and other educational events. Social workers supervising students should be sure to provide historical information to students about nephrology social work that can help them understand research-informed practice in dialysis settings. This information can come from issues of JNSW (now available online), websites such as the National Kidney Foundation (NKF) and the ESRD Conditions for Coverage. It may be difficult for those not experienced in working in a dialysis clinic to understand how a dialysis unit operates; therefore, it would be normal for an advanced practice social work student to know very little about kidney disease and dialysis. As the intern's field instructor, it may be helpful to design an introductory curriculum for assigned interns to teach them about these things and update it to reflect the latest research in kidney disease.

**Competency 5:
Engage in policy practice**

Dialysis settings offer rich experiences for social work interns to engage in policy practice. Numerous and constantly changing policies can have an impact on dialysis patients and social workers. Social workers can help interns understand the policy implications of practice in dialysis settings. For example, on a federal level, Medicare and Medicaid policies are critically important to our patient population, as are federal and state budget policies related to disability, housing, education, and food assistance. At a state and local level, transportation or social work ratio policies can affect patient care. The NKF, the American Society of Nephrology, and other renal organizations often have advocacy information about current legislation affecting kidney disease populations. The state chapter of the NASW has information about proposed policies that have an impact on local issues as well. Interns can learn more about all these and create a plan for policy practice that is relevant for the dialysis setting. For example, healthcare reform and policies related to a new American healthcare plan are critically important for people with kidney disease. Interns can study and learn how these policy changes may affect the unit's dialysis population, and they participate in advocacy activities. Another far-reaching policy relates to the coverage of immunosuppressant medications after a transplant. There have been

yearly efforts, including proposed legislation, to extend this coverage. Interns can learn more about this, study the policies proposed, and engage in policy practice by advocating for changes. Author Muench's involvement with the ESRD network, IPRO, and the NKF provides interns a unique look into how changes are proposed and the impact an individual can have on policy recommendations.

In the dialysis clinic setting, Medicare requires that an MSW be available to each patient in order to assess an individual's cognitive status and ability to understand treatment recommendation, their ability to meet basic needs, whether there are any substance abuse and/or mental health concerns, and the history of treatment. In addition, the MSW is expected to evaluate and advocate for education, housing, financial, rehabilitation, and legal (e.g., advanced directive, guardianship) needs. Medicare also requires that an MSW assess not only the patient's ability to cope with and adjust to living on dialysis but also the patient's quality of life (Medicare and Medicaid Programs; Conditions for Coverage for End-Stage Renal Disease Facilities, 2008). Dialysis social workers also now must assess all patients for depression, quality of life, and rehabilitation needs. It is vital for these patients to have an MSW who can not only provide short-term clinical interventions but also understand how policy drives practice and the policies behind these interventions. Advanced practice MSW interns may not perform this work independently but do benefit from shadowing and assisting in these processes.

Competencies 6–9:

Engage with individuals, families, groups, organizations, and communities

The advanced practice MSW intern is required to engage each patient and client system and work along the social work practice framework of engagement, assessment, intervention, and evaluation. Muench's interns are provided a group of patients to engage, for which they become fully responsible in terms of assessment, intervention, and ongoing evaluation. After establishing rapport, the assessment interview provides the intern a first opportunity to determine psycho-social-spiritual factors, including past stressors that shape the here and now for the patient. This information is important as it can foretell how an individual may cope with the emotional stress of dialysis. The social worker is often the first professional in the dialysis experience who will acknowledge and listen to the emotional components of a chronic illness. It is the goal of the social worker to empower patients so as to improve their coping skills and address their needs, including reaching out to appropriate support networks, connecting with community resources, and advocating and verbalizing their needs to their other healthcare professionals. It is important to do this without disclosing the social worker's own ethical, moral, political, or religious views. This can be increasingly difficult as politics and governmental policies are beginning to have more influence in the decisions medical professionals make.

CONCLUSIONS AND IMPLICATIONS

As the renal patient population continues to grow, the psychosocial needs of this population will be ever emerging. According to the United States Renal Data System (USRDS) 2017 annual data report, there has been an average growth in incident cases of 4.1% per year since 2000. As this population continues to grow on both sides of the age spectrum, patients may be less likely to seek emotional support outside of the dialysis center (Bowman et al., 2018). The exposure to and training of MSW interns in recognizing and treating depression and other mental health issues will be vital to the improved outcomes in the future renal population and in better preparing and training future nephrology social workers.

In addition, as we see an increase in health issues in the general population and a larger social work presence in the medical field, the dialysis center becomes an ideal place for interns to be exposed to the complex needs of patients with multiple comorbidities and varied financial, social, and insurance access. An informed and invested instructor can truly set the field for interest and success not only in the dialysis setting but the medical field.

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