Creating a Safe Learning Space for New Palliative and End of Life Care Social Workers

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The Zelda Foster Studies Program In Palliative and End of Life Care

Three Program Components

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<th>MSW Fellows</th>
<th>Post-Masters Certificate</th>
<th>Leadership Fellows</th>
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<tbody>
<tr>
<td>• Focused learning and career-building for students/beginning social workers</td>
<td>• Enhancement of PELC competencies (knowledge, skills, and attitudes) for social workers early in their career</td>
<td>• Advanced professional development and mentorship for mid-career emerging leaders</td>
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<td>• Enhanced field placements</td>
<td>• One-year intensive educational program</td>
<td>• Seminars in advanced topics in PELC practice, research, knowledge dissemination and leadership</td>
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<td>• Educational and case seminars</td>
<td>• Courses promote integration of theory and practice</td>
<td>• One year of intensive mentorship</td>
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<td>• Mentorship and career guidance</td>
<td>• Capacity-building through development of over 150 experts in palliative social work</td>
<td>• Capstone projects</td>
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<td>• Funding for conferences and professional development</td>
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Creating a Safe Space For Learning

• Relational Pedagogy
• Narrative Medicine
• Cultivating Mortality Awareness
Relational Pedagogy

Shift away from the idea of teaching as the imparting of knowledge from one person who knows more to another who knows less

Teacher's role: To structure and facilitate creative and meaningful ways for everyone—including the teacher—to learn from one another

Ingredients of Relational Learning and Teaching

- Creating a Safe and Hospitable Space for Learning
- Validating Experiential Knowledge and Already-Existing Competence
- Inviting Multiple Perspectives while Challenging Fixed Assumptions

Creating a Safe and Hospitable Space for Learning

- “A learning space needs to be hospitable not to make learning painless but to make the painful things possible, things without which no learning can occur—things like exposing ignorance, testing tentative hypotheses, challenging false or partial information, and mutual criticism of thought.”

  – Parker Palmer (1993)
Validating Experiential Knowledge and Already-Existing Competence

“When a person enters the culture of the professional disciplines, they are confronted with a shift in what counts as knowledge... In this culture, those ways of knowing the world that relate to the more popular and more local discourses of ‘lay’ communities are marginalized—often categorized as quaint, folk and naïve—and frequently disqualified. These other ways of knowing, those that have been generated in the immediate contexts and intimate communities of a person’s daily life, mostly don’t count in terms of what might be taken for legitimate knowledge in the culture of the professional disciplines.”

-Michael White (1997)

Inviting Multiple Perspectives While Challenging Fixed Assumptions

“If people don’t engage across the divide of their differences, there is no learning.”

-Ronald Heifetz (1995)

Narrative Medicine

- Listen, absorb, honor the meaning of and be moved by patients’ stories of illness

- Narrative - story with a teller, a listener, a time course, a plot and a point

- Charon, 2006
Narrative Medicine

- Close reading (short stories, poems, memoirs)
- Reflective Writing
  - Writing at home and sharing in the seminar
  - Writing in the seminar (free-flowing or in response to a prompt)
- Bearing Witness

Cultivating Morality Awareness

- “Working on a regular basis with extremely vulnerable or terminally ill patients smashes through the carefully constructed ego defenses of the clinician”
  - Liechty, 2000

Cultivating Morality Awareness

- We are mortal
- Our loved ones are mortal
- Cultivating this awareness breaks down the barriers between us and our patients
- Move to a relationship of I and Thou (Buber)
- Find ways to manage the emotions the work will engender once those barriers are down
SAFE SPACE
Cultivating Mortality Awareness
Relational Learning
Narrative Medicine
Self Reflection

Bibliography