

Profiles in Social Work

Episode 4 – Bob Parke

Intro - Hi, I'm Charmaine Williams, Associate Professor and Associate Dean, Academic, for the University of Toronto, Factor-Inwentash Faculty of Social Work. Welcome to Profiles in Social Work. This podcast series is produced by our Faculty and Alumni Association. In 2014 the Factor-Inwentash Faculty of Social Work is celebrating 100 years of contributing to Social Work Practice and Education. You can find out more about us by visiting us online at www.socialwork.utoronto.ca We're glad you could join us today. The series Profiles in Social Work highlights how social workers are making a positive difference in our communities by presenting stories of how social work graduates are using their degrees. We hope you will enjoy this series. Especially if you are thinking about a career in social work or interested in hearing about what social workers do.

Profile – Bob Parke

My name is Bob Parke and I graduated from the University of Toronto, Factor-Inwentash Faculty of Social Work in 1997.

I had worked in healthcare in a number of jobs, both in occupational therapy and in physiotherapy, so I came to realize that healing was not just a matter of fixing the organ that's broken but the healing had to look at the psycho-social impact in people's lives. Consequently I thought, "how can I find avenues to contribute to that healing, but from a point of view of the psycho-social"? And given my own aptitude and abilities on my way into social work and applying for it.

First and foremost, the collegiality was one of the things that stood out for me. I made some tremendous friends while we were here. We commiserated together, we studied together and we celebrated together. The Faculty knew that we were all very stressed out in those days and so they actually had tai chi classes then. I participated in the tai chi classes. that helped to diminish some of the stresses that we were feeling. So it was really quite positive.

I did my placement at homecare, this was prior to having the community care access centres, so there was one homecare program for Toronto and I learned a lot by going out to the community to people's homes and doing the social work where people lived,

which was a very deliberate choice on my part because I had worked in hospitals prior to doing my Master's degree. I'd always seen people from the inside of the hospital but not in their environment. Sometimes I think that hospitals are artificial environments where you've got three meals a day, somebody giving you medications, somebody helping you with bathing, but it's when you're in their home that you truly see people how people are.

Social work provides a wonderful foundation for so many other careers. We have strong interviewing skills, assessment skills; we also are very good at mediating. We're frequently called into situations of conflict. There was a fairly well-known social worker who was a bioethicist for some time and he said to me "Bob, why don't you enter the program of Bioethics?" And so I applied, and had the interviews and was accepted. I did the Masters of Health Science in Bioethics. The foundation of the Masters of Social Work, a couple of years of experience at that level and now into the Bio-Ethics program and employed as a bio-ethicist.

The first question of bio-ethics "what is the good that you want to do"? Sometimes answering that question of the good is not always as easy as we might think. And the other way of thinking about bioethics in a simple way is answering the question "what could we do" versus "what should we do"? There are a lot of things we could do – but should we? So for example, perhaps the most common area that people think about bio-ethics is around end-of-life care issues. And if you're in the hospital setting, you may think about "well should we do CPR on a person who's getting into respiratory distress or getting into cardiac distress"? Certainly, you know, you could do CPR on every person who gets into that challenge, but we have to ask – should we? Sometimes you can actually be doing more harm by doing CPR on certain patients and may even add to their suffering. So we are called into a role to mediate, sometimes when families may say "we want everything done" and when the healthcare team says "it's not right to do everything, you are adding to suffering". And so we come into those difficult situations and try to mediate that conflict.

One other key role that just as social work does, and I think we take it to another level, is we are certainly interpreters of the law. We're governed by the Healthcare Consent Act in Ontario, by the Mental Health Act and we have to interpret how people make decisions what are the principles for decision making if you are a substitute decision-maker.

Another key element in terms of our bioethics role, and I think is really again a good foundation from social work is we have to work with people to help them with consenting to treatment. Do they understand? Do they appreciate consequences of making a decision or not making a decision? So there are some things we can think of as micro level when we are working with patients and families. We certainly work a lot with people who are involved in discharge planning. There are times when the staff may feel

“how can this person go home? They are too high risk of falling.” Yet the person says “I want to go home”. And so we have to work with the staff to determine, one: is the person capable to make a decision for treatment? To go home in this case, and If they’re capable we have to help have staff to understand that people are allowed to live at risk if they understand the consequences of their decision; which then leaves staff with the notion of moral distress. Sometimes there are situations where the outcome is just not going to be good, we just don’t feel comfortable with it, so there is this nagging feeling in our gut and that, in the literature, is referred to as moral distress. Actually it’s an area I’d like to see social work take on some more, I guess, research work, and I think they could be major contributors to helping to resolve, to cope with the moral distress that people feel in caring professions.

There are two other areas. One is at the institutional level. We’re certainly very much a part of organizational ethics. Organizational ethics is about looking at “how does an organization live its mission, vision and values”? Sometimes we, in fact many times, we have to be advocates within the institution so that that good can be achieved. You’re seeing recurring patterns of people being not well treated. You have to be prepared to challenge directors, managers, and so on, to make sure that optimal treatment is being provided to patients and families.

I’m going to say lastly, again like social work, macro level, we have a role in advocacy at the policy level. I’m currently involved with a group of people doing research on what is the meaning of home for disabled young people. A lesson learned from social work: take the critical appraisal courses seriously! When I was doing it I didn’t take them seriously and I realized later that that was one of the things that I should have done better. Because when you get into the workplace if you can read journals, read articles, and read them critically, it can help you in terms of your work. Because not every article is well written and I’ve come to appreciate that more after I graduated than when I was studying. Don’t be afraid of criticism. Criticism helps us grow. One thing I’ve learned in bioethics, and I’ve learned it from philosophers, is philosophers love argument. They will argue with you and they will argue with what you write. But it’s in that questioning and that challenging that we grow. I’m very grateful to professors who actually challenged me. I was doing a qualitative study and I thought I was all done, and she said to me, why don’t you put a quantitative piece in this? I thought, “oh no! What is she doing to me?” But in hindsight, she did me a favor because I ended up learning about multi-modal studies, which I wouldn’t have learned if she had not challenged me. So it’s a positive. It’s one of my fond memories actually. At the time I may not have thought of it as a fond memory, but I do now.

The success for me is just getting to know people who would support what you want to do. I don’t want to lose people because of burnout. If I can help you to diminish that burnout, or the risk of burnout, than that’s very rewarding for me. The other thing too, for me in terms of my direct work with patients and families, is if I can help them to be at

peace, with a difficult decision, then I feel very rewarded. Because you have to imagine that here is somebody you've loved and known for many years, and you've got a difficult decision to make like should we withdraw life support? It's a horrible decision and it's a decision they are going to have to live with long after the person is gone. If we can help them to be as comfortable, and as much as at peace with that, as possible, then that to me is a good outcome.

One of the things that I must emphasize about social work is some of us like the direct patient or client care type of work and others of us may be more towards the policy side of things. I think this is one of the great things about social work is you can come to Faculties like the one here, at the University of Toronto, and you can go on different pathways. So you are not fixed into a particular way of doing things. So those who want to work directly with clients, there is that way you can do that, you can facilitate that and those who want to learn about research and learn about policy, they can do that too. I remember one of my colleagues, when I was doing my placement, she had learned actually, that she was not that good at working directly with people. But she was a very good organizer. And so from her placement, and from her experience here, she ended up moving on to becoming a Director at a long-term care centre.

I would like people, would encourage people to celebrate their successes, the differences that they have made in people's lives. I would bet you that if I could meet people who were maybe listening to this in maybe ten years from now and we could go back and look over the number of people that they've helped, that they would have made a huge difference in people's lives.

Outro - This is Charmaine Williams from the University of Toronto Factor-Inwentash Faculty of Social Work. Thank you for listening to our podcast. In 2014 our school is celebrating 100 years of social work research, teaching and community service. For more information about the faculty and our programs we invite you to visit our website at www.socialwork.utoronto.ca