Research Square

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Is It Time for Medical Social Work Training to Evolve? Insight Gained during COVID-19

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Abstract

Background:

The COVID-19 pandemic exposed significant gaps in the preparation of medical social workers (MedSWs) for practice in complex healthcare environments. Despite MedSW being one of the largest and fastest-growing areas of social work practice, training remains inconsistent and is often relegated to elective coursework. This study examines how MedSW curricula can evolve to better prepare practitioners for post-pandemic healthcare systems.

Methods:

This qualitative study drew on semi-structured interviews with 54 medical social workers practicing in hospitals, dialysis centers, hospice, long-term care, and outpatient settings across the United States. Interviews were conducted via Zoom, audio-recorded, and transcribed verbatim. Data were analyzed using thematic analysis, incorporating both inductive coding and deductive alignment with the Council on Social Work Education's Specialized Practice Curricular Guide for Health Social Work. Analytic memos and team consensus were used to enhance rigor.

Results:

Three overarching themes emerged regarding gaps in academic preparation for healthcare practice: general safety and crisis preparedness, health equity and structural competency, and bio-emotional care integrating physical and psychosocial health. Participants emphasized the need for training related to pandemic preparedness, interdisciplinary collaboration, advocacy, and holistic care approaches. These findings informed practical recommendations for curricular enhancements, including competency-aligned assignments and experiential learning strategies.

Conclusions:

Findings highlight a mismatch between the demands of contemporary healthcare practice and current MedSW training. Integrating targeted healthcare social work content into core curricula may strengthen workforce readiness, improve interdisciplinary collaboration, and enhance responses to future public health crises. These results support broader curricular reform to better align social work education with evolving healthcare systems and population needs.

Introduction

The COVID-19 pandemic has impacted healthcare systems worldwide, and exposed gaps in preparedness across various professions. As a result, efforts to reimagine professional education in

medicine and allied health have heightened. For instance, physician educators are now advocating increased attention to student wellbeing and social justice issues [1,2]. Similarly, nurse educators are examining ways to fill curricular gaps related to health equity and technology [3]. Together, these efforts signal a shift in alignment between formal education and contemporary practice.

This paper contends that medical social work (MedSW) curriculum should also evolve to reflect the realities of a post-COVID healthcare environment, especially in consideration of it being the second largest area of social work practice [4]. Also, there is a growing body of evidence confirming the effectiveness of social work practice on health outcomes. For instance, social work intervention reduces hospital readmission and stays, increases patient satisfaction, and improves care quality [5–7]. Therefore, MedSW education must adapt to prepare future practitioners with the interdisciplinary skills and competencies necessary to meet the complex demands of healthcare systems.

Medical Social Work Practice and the Need for Expanded Training

MedSW practice focuses on improving the health-related quality of life of individuals with chronic conditions. MedSW blends case management, rapid assessment, and brief psychosocial and clinical interventions to develop treatment plans that target unmet psychosocial needs [8]. Treatment plans may include assistance with advanced directives, provision of health education resources, advocacy for health care policy reform, and coordination of caregiver support [9]. Often, MedSWs promote improved chronic disease self-management behaviors in the areas of physical activity, nutrition, medical concordance, and medication management [10]. Additionally, MedSWs play a crucial role in addressing mental health concerns that often accompany chronic illnesses. They also work collaboratively with other healthcare professionals to ensure a holistic approach to patient care. These skills are typically taught in Council on Social Work Education (CSWE)-accredited social work programs.

Unfortunately, MedSW courses are often offered only as electives, and some social workers in training may miss this important training. This paper contends that MedSW training should be prioritized in graduate social work training for four reasons. First, the projected outlook for MedSWs is promising, especially considering shortages created during the COVID-19 pandemic. There was already a significant shortage of social workers before the pandemic (Council on Social Work Education, 2020). Persistent shortages could impact patient care and community health [11,14]. Fortunately, MedSW employment is projected to grow by 9% by 2031, a rate faster than the average for all occupations [4,13]. This translates to approximately 74,700 job openings annually. It is the responsibility of schools of social work to prepare trainees for this demand.

Second, the COVID-19 pandemic has brought health inequities and social determinants of health to the global forefront, shedding light on the deleterious effects of structural racism [15]. In the U.S. between 2020 and 2022, Black and Latino individuals had a 1.6 and 1.7 higher rate of COVID deaths, respectively, compared to whites [16]. Similar disparities occurred in COVID-related cases and hospitalizations [17].

Indeed, MedSW is well-positioned to develop and implement practice models and policy interventions to reduce and eliminate inequities in health. For over a century, social workers have centered on social and environmental factors that contribute to health as the guiding model for practice [18]. This training has created a ready workforce to close the health gap, one of the 12 Grand Challenges for Social Work [19].

A third compelling reason for all schools of social work to prioritize MedSW training is that federal law "calls us by profession" to occupy spaces in healthcare. For example, the Medicare Conditions for Coverage (CFCs) for dialysis facilitates require masters-trained social workers to be members of the interdisciplinary treatment team [20]. The Conditions further outline social workers' roles to center on evaluating and addressing patients' psychosocial needs. The same is true for hospice and home health agencies: social workers must have received a master's degree from a CSWE-accredited school of social work [21,22]. Even where CfCs language is vague about what qualifies as a social worker, healthcare facilities risk poor psychosocial assessment and treatment [23].

Finally, healthcare is highly interdisciplinary. CSWE joined the Interprofessional Education Collaborative in 2016 because of the increased attention to better prepare health professionals for interdisciplinary settings [24]. There is a collective recognition that solving the world's pervasive health issues will require the input and expertise of multiple disciplines, and the Biden administration has included interprofessional health initiatives within its plan to address the mental health crisis [25]. Interprofessional education and practice results in improved healthcare delivery and outcomes [26,27]. COVID-19 also demonstrated expanded ways for social workers to engage on interprofessional teams and there is an opportunity for social workers to sustain and expand these innovations [28] Interprofessional healthcare training with schools of social work increases students' knowledge about other disciplines' scope and understanding of the healthcare system [29].

Study Purpose

For the reasons above, schools of social work must consider blending MedSW courses into their core curricula. This study's research question is: How can MedSW curricula be improved to better address the needs of post-COVID healthcare environments? To support this directive, this paper provides findings from the Healthcare Social Workers' Scope of Practice during the COVID-19 qualitative study[30]. This study of social workers in hospitals, dialysis, hospice, long-term care, and other healthcare settings revealed topics to be incorporated into healthcare coursework.

Method

Ethics Approval

This study was reviewed and approved by the University of Georgia Institutional Review Board (IRB; clinical trial number: not applicable). All study procedures involving human participants were conducted

in accordance with the ethical principles outlined in the Declaration of Helsinki. All participants provided informed consent prior to participation. Given the virtual nature of the study, consent was obtained electronically in accordance with IRB-approved procedures. Participants were informed of their right to withdraw at any time. Interviews were recorded on and transcribed, and all recordings were deleted following transcription. These data were stored on a password protected computer and only accessible to the research team named in the IRB application.

Research Team and Positionality

Grounded in an interpretivist viewpoint, this research employed semi-structured interviews to explore participants' perceptions about their respective academic training. Because perception is subjective, this paradigm allows researchers to derive truth through interpretation of the data [31]. This paper's co-authors have extensive MedSW research and practice experience spanning hospital case management, hemodialysis, home health, hospice, integrated health, and oncology care. Also, the lead authors, TW and TL, are associate professors that have instructed coursework and seminars on social work practice in healthcare settings, health equity, interprofessional healthcare practice, and social determinants of health.

Recruitment and Data Collection

Research team members launched the study after seeing social media posts in which medical social workers described being asked to work beyond their scope of practice (Washington & Lewinson, 2024). These accounts prompted the investigators to explore topics that could inform and strengthen MedSW education. Participants were recruited using purposive sampling strategies, including email outreach and social media promotion. Interested individuals were invited to contact the research team via the email address provided on the recruitment flyer.

In July and August 2020, TRW and TDL conducted interviews with 54 medical social workers. The interview guide, which was created for this study and is published elsewhere (Washington & Lewinson, 2024; also available as a supplementary file) contained 16 questions divided into two parts: overall practice experience during the pandemic and professional preparation. Demographic information was also collected. Interviews were conducted face-to-face using a Zoom meeting room and lasted between 40 and 60 minutes. All interviews were audio-recorded and transcribed. Respondents were provided a $20 gift card for participation. These procedures were approved by the University of Georgia Institutional Review Board (#00002248).

Data Analysis

Graduate research assistants, ZC and SRP, conducted the data analysis using steps of thematic analysis [32]. In step one, they used inductive open coding to develop an initial set of codes. This involved

repeatedly reviewing audio recordings, cleaning transcripts, and weekly discussions to identify common codes to collapse into broader categories. Analytic memos were used to document evolving interpretations, track coding decisions, and enhance reflexivity throughout the process. In each transcript, responses to the three primary questions related to academic preparedness were identified:

1. How should you have been prepared for medical social work practice in your academic curriculum?
2. What would you tell your social work professors about how they should train social work students in the classroom to prepare for a pandemic?
3. What personal characteristics, values, and skills are helpful to have as a medical social worker?

In step two, the GRAs used CSWE's Specialized Practice Curricular Guide for Health Social Work as a-priori categories to align themes with practice behaviors. This deductive phase allowed for both confirmation of competencies reflected in participant responses and identification of gaps in current curricular emphasis. Additionally, for each theme, a sample assignment was proposed that illustrates how the identified behavior could be taught or assessed in an educational setting. Finally, in step three, themes, practice behaviors, and assignments were reviewed by the lead investigators to ensure coherence and relevance to medical social work education. These steps concluded once consensus was met.

Results

There were 50 women and four men participants (N = 54), the majority of whom were White (59.2%), masters-trained (98.1%), and licensed (85.2% were LMSW or LCSW). Regionally, most social workers were in the southern United States (57.4%), in hospitals (63.0%) and outpatient clinics (24.1). Participants had worked in their settings from 9 months to 19 years. See Table 1 for a detailed description of participant demographics.

Three themes emerged related to academic preparedness for healthcare practice: general safety, health equity, and bio-emotional care. Themes, practice behaviors, and sample assignments are detailed in Table 2.

Theme 1. General Safety

Not surprisingly, many participants described the need for "fires and flu outbreaks" training along with pandemic preparedness, particularly related to general safety protocols. For example, one participant said it would have been "awesome" to have received training on "PPE from head to toe. We're talking plastic suits. We're talking breathing masks, goggles, gloves, boot wraps, things of that sort." Another participant underscored this point, noting that training on basic safety techniques during a pandemic such as knowing when to limit face-to-face contact "just to ensure that we're all safe" was important. One participant made the distinction that social work faculty's role is to "prepare [me] to be a social worker", but field placements, "should have prepared us for what could happen during a time of

pandemic, which they didn't." This sentiment was shared by others, with one participant reflecting that she, "got more experience from [practicum] than my actual education." The theme of emergency preparedness and crisis response emerged repeatedly, and included essential skills such as flexibility, effective communication, interdisciplinary teamwork, and "developing a level of comfort in living with uncertainty and unpredictability."

Theme 2. Health Equity

Repeatedly, social workers identified knowledge about health disparities and healthcare inequities as important. One participant stated that it became very clear how the pandemic impacted all populations, but especially disenfranchised groups. This social worker described working in a very rural setting and knowing, "how to recognize [inequity] and how to be ready to respond and get resources for that." An oncology social worker observed,

It is telling that people of color have been very much affected by COVID. I don't think enough attention has been paid to how institutional racism has played its part in this pandemic. If we ignore this moment, then we are just going to miss the boat as a society, as a culture, as a community, as a nation.

Another social worker was sensitive to the co-occurrence of the Black Lives Matter movement in response to police brutality and inequities in healthcare treatment. She noted how these injustices are "more prevalent, especially now."

Social workers emphasized how the critical role of policy, preparedness, and leadership decisions influence the effectiveness of health care delivery during times of crisis. One respondent asserted that even with the best preparedness training, policy matters more. Several social workers identified how macro level failures affected their ability to focus and practice effectively. For example, one social worker expressed her anger at the lack of leader preparedness when she stated,

I think the whole thing is an injustice, to be honest with you. I try to cope. I lead a COVID and cancer group and I try not to incorporate my political views. But I feel like this whole thing did not have to be as tragic as it has. I don't think that we have had to have 146,000 lives gone. Four million people testing positive. I'm really angry inside that it even had gone this far, because we don't have a strategic federal plan of action.

Another social worker noted the contradiction that one of the wealthiest countries in the world ignored potential pandemic responses evident in other parts of the world and was so inept in managing a crisis that affected patient care. Respondent comments underscored the importance of including curricular content related to how macro-level "preparedness" protocols can influence their ability to engage in equitable micro-level practice. In effect, advocacy was identified as the most salient policy practice skill; specifically, advocating for self, the profession, and patients.

Theme 3. Bio-Emotional Care

Another common perception was that although social workers are oriented in the biopsychosocial model in the classroom, what is missing from the curricula are practice models that integrate behavioral health and physical health. For example, one respondent described, “Well, I feel like I didn't get much education on like, kind of understanding like how a chronic illness really does impact someone's life, social network, and their mental health.” Another explained how the pandemic demonstrated a strong connection between emotive and physical states of being, noting that “everything connects and ties together.” She stated that it is not only imperative for social workers to have an awareness of this connection, but to employ proper interventions. An example intervention was a dance class that promoted physical movement and emotional well-being. This connected mind-body sentiment was also expressed by other respondents. Holistic care underscores the importance of integrating emotional, physical, and social dimensions in healthcare and is a cornerstone of effective social work practice.

Discussion

This study explored medical social workers’ experiences during the COVID-19 pandemic, focusing on their perspectives regarding academic preparedness. "Respondents’ comments were categorized into three overarching topics that suggest areas for curricular enhancements: general safety preparedness, health equity awareness, and bio-emotional care considerations. These findings underscore the need for curriculum updates to improve MedSW practice in healthcare settings. Participants emphasized the importance of workplace safety protocols during the pandemic, highlighting the need for training that includes crisis management and safety protocol navigation. This theme emerged as an important finding, but does it indicate a critical gap in medical social work training? Research indicates that few medical students receive comprehensive PPE training [33,34], highlighting a broader issue across disciplines. In contrast, the American Association of Colleges of Nursing has recently updated its competencies to include disaster preparedness education focused on mitigation, response, and recovery [35]. This evolution in nursing education underscores the potential value of interprofessional training where students from various disciplines, including social work, can learn collaboratively. Evidence-based interventions like TeamSTEPPS, which emphasizes interdisciplinary teamwork to enhance safety outcomes, have shown promise when implemented with nursing and social work students [36]. By fostering collaboration and sharing experiences about crisis scenarios and best practice protocols, awareness of interdisciplinary approaches could bridge existing gaps and better prepare future social workers for practice in healthcare.

Social workers observed significant disparities in access to care and resources among vulnerable populations. Respondents advocated for incorporating health equity principles into MedSW curricula to better prepare students to address systemic inequities in healthcare delivery. Social workers should possess historical knowledge of factors that contribute to medical distrust, such as those described in *Medical Apartheid* (e.g., forced sterilization of Black women) [37]. Furthermore, students must be exposed to health equity frameworks and their applicability in real life practice settings. A health equity framework in MedSW education could include content on policy, systems thinking, and advocacy

strategies to confront structural-level barriers. This broader perspective equips students not only to recognize disparities but also to intervene at multiple levels to advance social and health justice.

In this study, social workers cited the importance of identifying connections between psychosocial/emotional factors and biological responses. This is consistent with previous literature that links psychosocial and health outcomes [38]. Social workers frequent healthcare teams where psychosocial factors influence biomedical outcomes. Existing research communicates the importance of social workers understanding the biopsychosocial model of health [39]. However, existing research also highlights the challenges of social work educators teaching from a biopsychosocial perspective due to the limited curricula regarding biomedical and psychosocial factors [40]. Increasing interprofessional education is one strategy that could enhance social work education by providing students with access to professors of medicine, public health, neurobiology, and other relevant topics.

This study's findings extend Browne's and colleagues' recommendations to improve social work education in health reform, community health, aging, behavioral health, health policy, and global health [41]. They contend that transforming social work education requires a commitment from social work educators, CSWE, and other stakeholders to develop and implement a broad-scale strategic plan. The devastation caused by the COVID-19 pandemic has surely fueled interest in this effort; however, funding is needed to develop health curricula and engage healthcare field placements.

Integration into Existing Curricula

To improve medical social work curricula, social work educators should integrate additional mini-courses on health-management topics. If schools of social work experience barriers to implementing full-term courses, they can follow trends in allied health and medicine to implement short courses. For example, during the Ebola outbreak, nursing programs used a Just-in-Time Teaching approach to train undergraduates quickly and accelerated nursing students on Ebola knowledge and risk [42]. Also, medical students were trained mainly using one-day to two-week short courses using interactive discussions, field trips, and simulations [43]. Schools of social work may consider embedding short courses in interprofessional education programming. To reach healthcare social workers who did not have formal healthcare training in their respective programs, schools may consider developing certificate programs such as NYU Silver School's 36-hour Post-Master's Certificate in Healthcare Social Work [44].

Strengths and Limitations

A strength of this paper is the use of CSWE's Specialized Practice Curricular Guide for Health Social Work as a priori categories to guide data analysis. By doing so, social work educators can use these data to inform syllabi development and learning activities. Given the increasing demand for social workers, this paper highlights a mismatch between the growing needs of healthcare systems to address social determinants of care and social workers' current preparedness. Detailed descriptions of practitioner

experiences shared in this paper offer an evidence-supported rationale for enhancing the social work curricula with specialized training to address national and global crises.

While this study provides valuable insights into potential curricular enhancements to better prepare healthcare social workers, several limitations should be considered. The perspectives presented are primarily drawn from the southeastern United States, and the sample size of 54 may not be representative of health social workers from other geographic regions, settings, or with varying levels of experience and training. Additionally, this study did not examine the challenges or costs associated with implementing either minor or major curriculum enhancements. These limitations highlight the need for future research with a larger and more diverse sample. Further investigation could identify gaps across curricula, offer targeted recommendations, and evaluate the facilitators and barriers to implementation within various social work program contexts.

Conclusion

Unfortunately, progress toward enhancing MedSW education has been gradual [45]. Is it time for medical social work training to evolve? The answer is yes! According to the Bureau of Labor Statistics (2024), employment for healthcare social workers is projected to grow in coming years, compared to growth for social workers in other areas of practice. In addition, healthcare social workers earn the highest average annual wages ($60,840) in comparison to those in child and family, school, mental health, and substance use settings [4]. These factors suggest that recruiting students into specialized health training should not be difficult. The pandemic underscored the need for advanced training in medical social work to address evolving healthcare demands. Lastly, career opportunities across diverse settings such as hospitals, outpatient care, and public health organizations offer stability and professional growth, making this specialization particularly attractive to social work students as they develop their careers.

Table 1
Medical Social Worker Demographics

Characteristic	N	%
Gender		
Male	4	7.4
Female	50	92.6
Race or Ethnicity		
African American	15	27.8
Asian	1	1.9
Caucasian	32	59.2
Hispanic	6	11.1
Education *		
BSW	1	1.9
MSW	53	98.1
License **		
LMSW	23	42.6
LCSW	23	42.6
Unlicensed	8	14.8
Age, in Years		
23–30	26	48.1
31–39	16	29.6
40–58	12	22.3
Setting		
Dialysis/Transplant Center	5	9.3
Hospital	34	63.0
Other Outpatient Setting Long-Term Care	13	24.1
Hospice	2	3.6
Region		

* BSW = Bachelor of Social Work, MSW = Master of Social Work. ** LMSW = Licensed Master Social Worker, LCSW—Licensed Clinical Social Worker.

Characteristic	N	%
Midwest	4	7.4
North	12	22.2
South	31	57.4
West	7	13.0

* BSW = Bachelor of Social Work, MSW = Master of Social Work. ** LMSW = Licensed Master Social Worker, LCSW—Licensed Clinical Social Worker.

Table 2
Themes, competencies, and example assignments.

Theme	Competency*	Example Assignment
General Safety	Engage collaboratively with interdisciplinary teams to uphold safety standards and protocols (competency 6)	**Pandemic Simulation and Reflection**: students will participate in a simulated public health crisis and write a reflection analyzing interdisciplinary communication, safety protocols, and ethical decision-making in high-stress environments
Health Equity	Address structural factors that impact health and advocate for human rights and health equity (competency 3)	**Policy Brief on Pandemic Disparities**: students will develop a concise policy brief that examines how the COVID-19 pandemic exacerbated health disparities among marginalized populations and propose advocacy strategies to address systemic inequities
Bio-Emotional Care	Employ evidence-based interventions that address the interconnected emotional and physical needs of individuals and families (competency 8)	**Whole-person Care Plan**: students will design a care plan for a person with a chronic illness that integrates physical, emotional, and social needs using evidence-based, holistic social work interventions

*Competency wording revised for clarity.

Abbreviations

Medical social work

MedSW

Council on Social Work Education

CSWE

Declarations

Ethics approval and consent to participate

This study was approved by the University of Georgia Institutional Review Board (#00002248).

Consent for publication

Not applicable.

Availability of data and materials

The Healthcare Social Work Scope of Practice Dataset is not publicly available, in accordance with the terms outlined in the informed consent document.

Competing Interests

The authors declare no competing interests.

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Authors' contributions

TRW and TDL drafted the main manuscript, while ZC and SRP contributed the analysis section and KW authored the conclusion. All authors reviewed the manuscript and its subsequent revisions and have read and approved the final published version.

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References

1. Lucey CR, Davis JA, Green MM. We Have No Choice but to Transform: The Future of Medical Education After the COVID-19 Pandemic. Acad Med. 2022;97(3S):S71–81. 10.1097/ACM.0000000000004526.
2. Walters M, Alonge T, Zeller M. Impact of COVID-19 on Medical Education: Perspectives From Students. Acad Med. 2022;97(3S):S40–8. 10.1097/ACM.0000000000004525.
3. Leaver CA, Stanley JM, Goodwin Veenema T. Impact of the COVID-19 Pandemic on the Future of Nursing Education. Acad Med. 2022;97(3S):S82–9. 10.1097/ACM.0000000000004528.
4. Occupational Employment and Wage Statistics. U.S. Bureau of Labor Statistics. August 30. 2023. Accessed August 31, 2023. https://www.bls.gov/oes/2019/may/oes211022.htm

5. Alvarez R, Ginsburg J, Grabowski J, Post S, Rosenberg W. The Social Work Role in Reducing 30-Day Readmissions: The Effectiveness of the Bridge Model of Transitional Care. J Gerontol Soc Work. 2016;59(3):222–7. 10.1080/01634372.2016.1195781.
6. Cornell PY, Halladay CW, Montano AR, et al. Social Work Staffing and Use of Palliative Care Among Recently Hospitalized Veterans. JAMA Netw Open. 2023;6(1):e2249731. 10.1001/jamanetworkopen.2022.49731.
7. Saxe Zerden LD, Lombardi BM, Jones A. Social workers in integrated health care: Improving care throughout the life course. Soc Work Health Care. 2019;58(1):142–9. 10.1080/00981389.2019.1553934.
8. Cowles LF. Health Care: Practice Interventions. Encyclopedia of Social Work. NASW Press and Oxford University; 2013. 10.1093/acrefore/9780199975839.013.550.
9. Otis-Green S. Health Care Social Work. Encyclopedia of Social Work. NASW Press and Oxford University; 2013. 10.1093/acrefore/9780199975839.013.176.
10. Washington TR, Mingo CA, Childs EM. Chronic Disease Self-Management. In: Gu D, Dupre ME, editors. Encyclopedia of Gerontology and Population Aging. Springer International Publishing; 2021. pp. 981–9. 10.1007/978-3-030-22009-9_288.
11. Evans EJ, Noureddine N, Curry SR, Nam K. COVID-19 Impacts on Social Work and Nursing Now and into the Future: National Administration Plans. Health Soc Work. 2021;46(3):152–7. 10.1093/hsw/hlab020.
12. Lin VW, Lin J, Zhang X. U.S. Social Worker Workforce Report Card: Forecasting Nationwide Shortages. Soc Work. 2016;61(1):7–15. 10.1093/sw/swv047.
13. Warshaw GA, Bragg EJ. Preparing The Health Care Workforce To Care For Adults With Alzheimer's Disease And Related Dementias. Health Aff. 2014;33(4):633–41. 10.1377/hlthaff.2013.1232.
14. Whittington JW, Nolan K, Lewis N, Torres T. Pursuing the Triple Aim: The First 7 Years. Milbank Q. 2015;93(2):263–300. 10.1111/1468-0009.12122.
15. Johnson-Agbakwu CE, Ali NS, Oxford CM, Wingo S, Manin E, Coonrod DV, Racism. COVID-19, and Health Inequity in the USA: a Call to Action. J Racial Ethnic Health Disparities. 2022;9(1):52–8. 10.1007/s40615-020-00928-y.
16. Archive App | CDC. Accessed July 2. 2025. https://archive.cdc.gov/#/details?url=https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html
17. Blumenthal D, Fowler EJ, Abrams M, Collins SR. Covid-19 — Implications for the Health Care System. N Engl J Med. 2020;383(15):1483–8. 10.1056/NEJMsb2021088.
18. Rine CM. Social Determinants of Health: Grand Challenges in Social Work's Future. Health Social Work. 2016;41(3):143–5. 10.1093/hsw/hlw028.
19. *Progress and Plans for the Grand Challenges An Impact Report at Year 5 of the 10-Year Initiative*. 2021. Accessed September 6, 2024. https://grandchallengesforsocialwork.org/wp-content/uploads/2021/01/GCSW-Impact-Report.pdf

20. Browne T, Merighi JR, Washington T, Savage T, Shaver C, Holland K. Nephrology Social Work. In: Gehlert S, Browne T, editors. Handbook of Health Social Work. 1st ed. Wiley; 2019. pp. 411–40. 10.1002/9781119420743.ch18.
21. State operations manual: Appendix B – Guidance to surveyors: Home health agencies (CMS Pub. No. 100-07). U.S. Department of Health & Human Services. Centers for Medicare & Medicaid Services. 2023. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/som107ap_b_hhapdf
22. State operations manual: Appendix M – Guidance to surveyors: Hospice (CMS Pub. No. 100-07). U.S. Department of Health & Human Services. Centers for Medicare & Medicaid Services. 2023. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_m_hospice.pdf
23. Bern-Klug M, Beaulieu E. COVID-19 Highlights the Need for Trained Social Workers in Nursing Homes. J Am Med Dir Assoc. 2020;21(7):970–2. 10.1016/j.jamda.2020.05.049.
24. Coyle S, Evolving Education. CSWE IPEC Join Forces. 2016;16(5):8.
25. Fact, Sheet. : *Biden-Harris Administration Announces New Actions to Tackle Nation's Mental Health Crisis*. 2023. https://www.whitehouse.gov/briefing-room/statements-releases/2023/05/18/fact-sheet-biden-harris-administration-announces-new-actions-to-tackle-nations-mental-health-crisis/
26. Guraya SY, Barr H. The effectiveness of interprofessional education in healthcare: A systematic review and meta-analysis. Kaohsiung J Med Scie. 2018;34(3):160–5. 10.1016/j.kjms.2017.12.009.
27. Wei H, Corbett RW, Ray J, Wei TL. A culture of caring: the essence of healthcare interprofessional collaboration. J Interprof Care. 2020;34(3):324–31. 10.1080/13561820.2019.1641476.
28. Cooper Z, Zerden LDS. How COVID-19 has impacted integrated care practice: lessons from the frontlines. Soc Work Health Care. 2021;60(2):146–56. 10.1080/00981389.2021.1904316.
29. Addy CL, Browne T, Blake EW, Bailey J. Enhancing Interprofessional Education: Integrating Public Health and Social Work Perspectives. Am J Public Health. 2015;105(S1):S106–8. 10.2105/AJPH.2014.302502.
30. Washington T, Lewinson TD. Healthcare Social Workers' Scope of Practice during COVID-19. Healthcare. 2024;12(2):174. 10.3390/healthcare12020174.
31. Ayton D, Tsindos T. Chapter 2: Foundations of qualitative research – paradigms, philosophical underpinnings. Published online March 21, 2023. Accessed February 27, 2025. https://oercollective.caul.edu.au/qualitative-research/chapter/__unknown__-2/
32. Braun V, Clarke V. Thematic analysis. In: Cooper H, Camic PM, Long DL, Panter AT, Rindskopf D, Sher KJ, editors. APA Handbook of Research Methods in Psychology, Vol 2: Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological. American Psychological Association; 2012. pp. 57–71. 10.1037/13620-004.
33. Barratt R, Wyer M, Hor S, yin, Gilbert GL. Medical interns' reflections on their training in use of personal protective equipment. BMC Med Educ. 2020;20(1):328. 10.1186/s12909-020-02238-7.

34. John A, Tomas ME, Hari A, Wilson BM, Donskey CJ. Do medical students receive training in correct use of personal protective equipment? Med Educ Online. 2017;22(1):1264125. 10.1080/10872981.2017.1264125.
35. Tussing TE, Chesnick H, Jackson A, Disaster, Preparedness. Nurs Clin North Am. 2022;57(4):599–611. 10.1016/j.cnur.2022.06.008.
36. Huehn SL, Beth Kuehn M, Fukunaga Luna Victoria GM. Implementation of the TeamSTEPPS Curriculum with Baccalaureate Nursing and Social Work Students Utilizing Student Trainers: A Qualitative and Quantitative Study. Creat Nurs. 2020;26(3):063–9. 10.1891/CRNR-D-19-00024.
37. Washington HA. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. 1st pbk. ed. Harlem Moon; 2006.
38. De Saxe Zerden L, Cadet TJ, Galambos C, Jones B. Social Work's Commitment and Leadership to Address Social Determinants of Health and Integrate Social Care into Health Care. J Health Human Serv Adm. 2020;43(3):309–23. 10.37808/jhhsa.43.3.5.
39. Zittel KM, Lawrence S, Wodarski JS. Biopsychosocial Model of Health and Healing: Implications for Health Social Work Practice. J Hum Behav Social Environ. 2002;5(1):19–33. 10.1300/J137v05n01_02.
40. Burns A, Dannecker E, Austin MJ. Revisiting the biological perspective in the use of biopsychosocial assessments in social work. J Hum Behav Social Environ. 2019;29(2):177–94. 10.1080/10911359.2018.1500505.
41. Browne T, Keefe RH, Ruth BJ, et al. Advancing Social Work Education for Health Impact. Am J Public Health. 2017;107(S3):S229–35. 10.2105/AJPH.2017.304054.
42. Ferranti EP, Wands L, Yeager KA, et al. Implementation of an educational program for nursing students amidst the Ebola virus disease epidemic. Nurs Outlook. 2016;64(6):597–603. 10.1016/j.outlook.2016.04.002.
43. Ashcroft J, Byrne MHV, Brennan PA, Davies RJ. Preparing medical students for a pandemic: a systematic review of student disaster training programmes. Postgrad Med J. 2021;97(1148):368–79. 10.1136/postgradmedj-2020-137906.
44. Post-Master's Certificate in Healthcare Social Work. Healthcare Social Work. 2024. Accessed September 5, 2024. https://socialwork.nyu.edu/a-silver-education/continuing-education/certificate-programs/healthcare-social-work.html
45. Ruth BJ, Wachman MK, Marshall JW, et al. Health in All Social Work Programs: Findings From a US National Analysis. Am J Public Health. 2017;107(S3):S267–73. 10.2105/AJPH.2017.304034.

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