

Advocacy IN MY VIEW

INTRODUCTION

In my view presents seven possible 'hidden agendas' at a hospital ward round. The student wants to advocate for the client to return to his home, but each hidden agenda might explain the other professionals' involved in the ward round reluctance to accept the student's view. The activity helps students to practise whether and how they might open up the hidden agendas.

Purpose

This chapter helps students to learn how to express their views clearly and how to work with other people's agendas, when these are in conflict with their own.

The term *advocacy skills* is often used to refer to the practitioner's work on behalf of the client. In this activity we use the word advocacy to mean the skills of expressing your own view, even when it comes into conflict with the views of other people. The expressed views may, indeed, be on behalf of a client. This activity helps students to learn how to advocate both for their clients and for their own purposes.

Method

Both you and the student read *In my view* in preparation for the practice tutorial. You each agree to prepare a short, verbal summary of the hidden agenda items, taking three or four each (ward round politics, and so on.) (About 20 minutes)

In the practice tutorial, you and the student present the prepared verbal summary of each hidden agenda item, *as though you are speaking to the ward round*. You discuss the merits and problems of each item after it has been presented, and consider in what circumstances you would actually open that particular agenda item. (About 1 hour).

Finally, the student makes a priority list of the hidden agenda items, based on those items the student considers are most likely to help them advocate for their view that the client should return home. Which items, if any, does the student feel should remain hidden? (About 20 minutes).

Variations

You might want to adapt *In my view* to your own setting. However, as with *Inquiry* (Modern Social Work Practice 2005), the case material is used as a hanger for the learning points, so it is not important for the student to be familiar with the case material itself.

Situations may have occurred in the student's own practice which relate to *In my view*. The activities in this book serve as simulations of direct practice, so they can be followed at a pace which promotes the student's learning. Although the pace may be slower than live practice (because you can stop and start and re-run simulated situations), paradoxically this can *accelerate* the student's learning. It is important, however, that the learning which takes place in simulated conditions is tested in live conditions. You need to look for examples in students' direct practice which illustrate the learning they have experienced in simulated practice (Doel and Shardlow, 1996b).

Advocacy

IN MY VIEW Activity

Mr Sahid is seventy-two and he is a patient at St Francis' General Hospital. He was admitted to Ward 14 two weeks ago after he was found on the floor at home; he had fallen and injured his thigh, and when admitted to the hospital it seemed that he had been neglecting himself. He was widowed last year and his only son lives in a distant town, with the care of a disabled daughter. Mr Sahid speaks faltering English and it is necessary to be patient when conversing with him. At the previous ward round, it was clear that most people were advocating that Mr Sahid should remain in hospital and that a place in residential care should be sought. You are of the opinion that Mr Sahid could return home, with domiciliary services, and that this is what he wants.

Hidden agendas

These are some hypotheses that you have made concerning the many agendas which you suspect are influencing the decision about Mr Sahid's future.

Misunderstanding Mr Sahid's wishes

You have taken time to help Mr Sahid talk about what he would like to happen and you think he is aware of the risks. You suspect that others have not been as conscientious.

Ward-round politics

You have noticed a pattern that Dr Jenkins, who seems to have a genuine concern for his patients, always swings behind the views of the physiotherapist, but you don't know why.

Double standards

You are fairly confident that if there was immediate pressure on beds on Ward 14, Mr Sahid would be going home right away.

Race and gender

You wonder if Dr Jenkins, a white, male doctor might view Mr Sahid's position differently if Mr Sahid were a woman. Are men thought to be less able to care for themselves in the community? It is also possible that the fact that Mr Sahid is Asian could have some bearing, but you have no hypothesis at present.

Generalizing from a previous case

The death at home of a patient who was discharged too early has made the hospital very cautious in these circumstances. You surmise that it is this previous patients' 'needs' which are being (belatedly) met and not the present needs of Mr Sahid.

Care in the community undervalued

You have a feeling that your medical colleagues underestimate the extent of domiciliary services and that they feel more comfortable if they know patients are going to receive institutional care rather than care in the community.

Your own feelings

You are aware that when you become old you think that you would prefer to return to your own home, even if you were alone, with no family support. The risks would have to be greater than you think they are with Mr Sahid before you would go into residential care. You are trying to be careful that this does not influence your view of what Mr Sahid wants.

At the next ward round, you will be sharing the reasoning which has led you to your view of Mr Sahid's position and your recommendation he returns home with domiciliary care.

Which of the seven hypotheses above do you think you should address and how?