

## Social Work Pioneer: Patricia M. McKevitt, ACSW, LCSW

*Joseph R. Merighi, PhD, Boston University School of Social Work, Boston, MA*

*The Journal of Nephrology Social Work is pleased to initiate a new “Social Work Pioneer” series. This series will feature social workers who have made substantive contributions to the nephrology social work profession through their leadership in policy, practice, research or community service.*



**Patricia M. McKevitt, ACSW, LCSW**

Patricia McKevitt’s passion for the social work profession and tireless commitment to helping patients and families affected by kidney disease serve as an exemplar for the nephrology community. For the past 36 years, she has been a leader and innovator in areas such as direct patient care, social service coordination, patient education, professional development, applied research and policy formation. At the core of McKevitt’s work is a belief that social workers have a vital role to play in promoting the psychosocial well-being of renal patients.

McKevitt joined Barnes Hospital (now Barnes-Jewish Hospital) and Chromalloy American Kidney Center (CAKC) as coordinator of renal social work services in 1973. While on staff at CAKC, she has held various positions, including director of social work (1981–2001), research associate in medicine (1981–1991) and clinical social worker (2001 to present). In each of these capacities, McKevitt developed materials and programs to meet the complex and changing needs of dialysis patients, families and staff. Further, her various positions at CAKC have provided her with many important opportunities to engage in cutting-edge work on issues such as older adults on dialysis, support systems in dialysis care, professional practice issues, benefits of exercise in renal patients and treatment adherence.

The primacy of McKevitt’s work has been *advocacy* in its multiple forms: advocacy for the profession, the social work role and within the health care system and community. In addition, she has spoken eloquently and with conviction regarding the importance of nephrology social workers staying focused and setting limits; working smarter by

developing written materials and creating organizational systems to enhance information dissemination and quality control; teaching rather than doing by promoting patient self-management; using existing resources and outcomes-based approaches rather than reinventing the wheel; and engaging in ongoing professional development plans that include setting annual goals for knowledge building and bolstering practice skills.

Throughout McKevitt’s distinguished career as a nephrology social worker, she has engaged in research and public speaking to inform the social work and medical communities about issues that affect the psychosocial functioning and well-being of renal patients. In addition, she has been a prominent voice at the national level with regard to factors that influence nephrology social work practice, such as staffing ratios, documentation and appropriate roles for social workers in dialysis units. To date, she has published 22 journal articles; delivered 45 presentations in the United States, Canada and Europe; and co-produced a video titled “Exercise in Hemodialysis” with colleagues at the Washington University School of Medicine. A selected list of publications and presentations is provided at the end of this article.

McKevitt has served as a reviewer for the *New England Journal of Medicine*, and as a board member for *Advances in Renal Replacement Therapy, Dialysis & Transplantation* and *Perspectives: Journal of the Council of Nephrology Social Workers* (now called *The Journal of Nephrology Social Work*). She was the editor-in-chief of *Perspectives* from 1979 to 1981. In addition to her editorial contributions, she has held numerous positions of leadership in both regional and national organizations. Some of these include the National Council of Nephrology Social Workers (CNSW; president, vice president, Executive Committee chair, North Central regional representative), Missouri CNSW (president, legislative chairman), National Kidney Foundation (NKF; Executive Committee member, Scientific Advisory Board member, Patient Services Committee chairman, trustee-at-large), NKF of Eastern Missouri and Metro East CNSW (member of the Board of Directors, Executive Committee member, Scientific Advisory Board member, patient services chairman, delegate trustee), Missouri Kidney Program (Advisory Council member, Task Force on Budgets and Resources member) and the End Stage Renal Disease Network Coordination Council (social work representative, Medical Review Board member). Of particular distinction is McKevitt’s position on the National Advisory Board of the Dialysis Outcomes and

Practice Patterns Study (DOPPS), an international research project focused on improving the morbidity, mortality and quality of life of patients on hemodialysis in 12 countries (Australia, Belgium, Canada, France, Germany, Japan, Italy, New Zealand, Spain, Sweden, the United Kingdom and the United States).

Among her many contributions to the aforementioned organizations and boards, McKeivitt was instrumental in mounting CNSW chapters in the midwestern United States, initiating the CNSW research grants program that is administered through the NKF and writing CNSW staffing guidelines. In her work at the NKF, McKeivitt promoted a national patient and family newsletter (which later emerged as *Family Focus*), organized an affiliate program-sharing manual and developed a minority outreach initiative to increase participation and programming for minority communities.

It is evident that McKeivitt's contributions to the nephrology social work profession are vast and noteworthy. Over the course of her career, she has been lauded for her work by both regional and national renal organizations. Some of these honors include an NKF of Eastern Missouri and Metro East Life Member Award, a CNSW Executive Committee Award, two NKF Distinguished Service Awards and an NKF/CNSW Lifetime Achievement Award. McKeivitt also garnered recognition outside the social work profession when she was recently awarded the Distinguished Alumna Award for Outstanding Achievement by her undergraduate alma mater, Clarke College in Dubuque, IA. This award was given to McKeivitt for her outstanding contributions to her profession and to her community.

McKeivitt is indebted to wonderful family members and colleagues for their support through the years. Of particular note are her parents, Edward and Virginia (now deceased), who set high expectations and provided the encouragement to achieve them; her sister, Judy, always a source of special support; Drs. Eduardo Slatopolsky, Herschel Harter and Vic Meltzer, who from early on understood the vital role of social work in dialysis and included social workers in policy and programming decisions; two very long-term colleagues and friends, fellow social worker Debbie Lane, LCSW, and dietitian Kathy Norwood, MS, RD, who have always been the most supportive and best colleagues for which one could hope; countless CNSW Executive Committee members whose hard work and dedication have been a source of inspiration; and, finally, her partner, Mark, for his extraordinary insight, amazing counsel and unwavering encouragement through the years.

**Author's note:** *To appreciate McKeivitt's steadfast commitment to helping people with kidney disease and understand her thoughts about the future of nephrology social work, I present the following excerpts from an interview conducted in August 2009.*

**Merighi:** What inspired you to become a social worker?

**McKeivitt:** There are probably many reasons, though the decision was made so long ago, it's difficult to sort all of them out. Probably the most important influence was a family value of helping others. I was encouraged to do volunteer work by my parents, so summer evenings during college I volunteered to do inner-city tutoring for grammar school children, work with patients at the Illinois Psychiatric Institute and visit patients at the Great Lakes Naval Hospital. My first exposure to medical social work was a summer secretarial job for the director of social work at St. Joseph's Hospital in Chicago. This experience was, undoubtedly, a major influence. When I was a senior in college, I needed to make a decision to either pursue advanced study in sociology or accept a National Institute of Mental Health grant for a master's degree in Social Work at Washington University. After considerable thought, I decided I would rather work directly with people and communities than focus on research and statistics.

**Merighi:** What motivated you to become a nephrology social worker?

**McKeivitt:** When I first started working in medical social work, I provided services to patients, families and staff on the neurosurgery service at Barnes Hospital in St. Louis, MO. When I was recruited by the Renal Division, I was drawn by the fact that end-stage renal disease (ESRD) requires chronic care and the opportunity to work with patients and families over extended periods of time. In 1973, the Medicare regulations covering ESRD treatment had just gone into effect, offering many more patients access to care. Transplant programs were in their early days. The number of opportunities to contribute to the care of patients and to develop projects and programs both within the medical center and the community were too exciting and challenging not to accept.

**Merighi:** How has nephrology social work practice changed since you started in 1973?

**McKeivitt:** In many ways, nephrology social work practice is both different and the same as it was in 1973. The need to educate administrations regarding the importance of the social work role in addressing psychosocial needs of patients and families has been and is an ongoing process; the need for advocacy within facilities, health care systems and communities remains. Patients' basic needs for support, counseling, education and resources are similar. Through organizations such as the CNSW, the NKF and its affiliates, the American Kidney Fund (AKF) and Life Options, as well as the efforts of countless nephrology social workers, many educational materials and programs exist for patients, families and staff. Most of these specific resources for kidney patients did not exist in the early days. Within the past several years our patient populations have continued to expand both in size and complexity and the Medicare Conditions for Coverage that went into effect in October 2008 have significantly impacted nephrology social work practice.

**Merighi:** In your opinion, what have been some of the biggest challenges for nephrology social work over the past 35 years?

**McKevitt:** The one constant challenge for the profession, and hence, CNSW, has been to advocate for the inclusion of master's of social work (MSW) services in the Medicare regulations. Other constant challenges have been to initially become included in policy and programming decisions within organizations, as well as state and local programs, to benefit kidney patients, and, now, to remain in those positions going forward. In more recent years, a major challenge is working within a field in which large, for-profit facilities dominate and, in many ways, drive priorities, staffing and, ultimately, the quality and quantity of services available to patients. Social workers are much less likely to report to a social work director or be members of a social work department, and so social workers must be their own best advocates for their role and services to patients. There are many other challenges as well with the increasingly complex patient population: those with addictions or HIV/AIDS, those from very diverse cultural backgrounds who often experience significant language barriers and those without access to health care coverage. Finally, with the latest Medicare Conditions for Coverage, social workers are truly challenged to manage Kidney Disease Quality of Life (KDQOL) tracking and reporting, and to provide the services needed and outlined in our interdisciplinary care plans.

**Merighi:** In your opinion, what have been some of the biggest successes for nephrology social work over the past 35 years?

**McKevitt:** Our major successes, in many ways, have followed our challenges and none more important than MSW services continuing as a requirement in the ESRD Medicare regulations. Nephrology social workers serve on boards and committees of voluntary organizations and government programs to influence services for kidney patients. Through national CNSW, chapters were developed, practice standards and guidelines written, publications developed, annual conferences organized, a research grants program made available, a listserv for information sharing offered and so on. Through CNSW chapters, nephrology social workers receive and give support, engage in professional development activities and are able to work cooperatively on projects, information sharing, resource development, and so on. CNSW is a wonderful success story; it's a unique social work organization established and developed by clinical social workers to advocate for patients and for the profession in countless ways.

**Merighi:** What would you describe as your most important contribution(s) to the nephrology social work profession?

**McKevitt:** As I reflect on my long career in nephrology social work, I think of all of the marvelous opportunities I've had, not only in working with patients, families and staff and in developing programs, materials and resources for them, but also the many avenues that have been available to impact

policies and programs locally, statewide and nationally. In addition, CNSW has offered many challenges and opportunities to organize and strengthen our profession, while developing into a premier clinical practice organization.

When I started in clinical practice, there were few, if any, patient or staff educational materials or programs. Within our facility and in collaboration with staff, I developed such materials as "Information to Get You Started..." (a patient orientation folder); the "Patient Information Book" (on ESRD, treatment alternatives, detailed dialysis information, community resources, etc.); an orientation group for patients and family members; a Patient Representative Committee (to address patient issues and concerns); a staff orientation program; a staff support group; a transportation resource (through the Red Cross); a CAKC patient newsletter and an Emergency Patient Fund. Other professional materials I developed included position descriptions and evaluations, a quality assurance program and a problem-oriented nephrology social work documentation system. Essentially all of these materials have been shared through the CNSW Practice Guide and national CNSW presentations and workshops.

Early on, when I found that our local NKF affiliate did not have patient services or community education programs—only a research grants program for physicians—I addressed the Medical Advisory Board to advocate for expanded programming. This resulted in the establishment of a Patient Services Committee that I chaired. We developed a variety of educational seminars, social activities, a patient/family support group and our affiliate's Patient Emergency Fund (for which I wrote the guidelines). I was also instrumental in establishing our CNSW chapter and was one of the initial co-chairs. Within the affiliate, I advocated that the "dialysis team," including nurses, social workers, dietitians and patients/family members, be involved at all levels, including the Board of Directors and the Medical Advisory Board. As a CNSW regional representative in the early days, I was involved in developing chapters in my region. This involved contacting existing groups of nephrology social workers who were already meeting and bringing them into CNSW as chapters, as well as identifying leaders who would be instrumental in developing new chapters. As part of this process, I developed a manual to assist chairs in understanding and fulfilling their roles. As CNSW vice president, among other projects, I developed the policies and procedures for the CNSW Grants Program, coordinated several grant review cycles and developed CNSW bibliographies on multiple topics to promote knowledge-based practice. As president, I was involved with many projects, including standards for practice and the nephrology social work staffing approach, as well as representing CNSW on the NKF Medical Advisory Board and Executive Committee.

On a state level, I have been involved with the Missouri Kidney Program since I began in nephrology social work, shortly after the program's inception. Initially, funds were

used essentially to buy dialysis equipment. Again, other needs, especially for medication and transportation assistance, were identified and guidelines/application procedures were developed. Advocacy for these additions to the program were approved so that all eligible Missourians could apply for needed help. Through the years, I have provided consultation to the Missouri Kidney Program, participated in many committees and served on the Missouri Kidney Program Advisory Board for 7 years.

A final area I feel strongly about is community outreach through local organizations and professional efforts. One such project I was integrally involved in was a grant from the Missouri Kidney Program, "Identifying and Treating Type II Diabetics At-Risk for Renal Disease." This was a cooperative effort between two inner-city federally funded health centers and the Washington University School of Medicine, Renal Division. Through screenings, we identified people with type II diabetes who had microalbuminuria, provided education and counseling to promote better management and automatically referred patients needing nephrology consultation to our renal clinic. Another outreach program I was closely involved with focused on providing information and encouragement for organ donation to the African-American community. As a member of the Community Advisory Board for the outreach program at Mid-America Transplant Services, I assisted with strategizing outreach efforts and developing culturally sensitive/appropriate educational materials.

**Merighi:** What advice would you give to the next generation of nephrology social workers?

**McKevitt:** My advice for the next generation of nephrology social workers is to view the challenges you face as opportunities to make a difference. Never stop advocating for your patients and the services they need and should be receiving under the Conditions for Coverage; use your negotiating and problem-solving skills with administration to continually sharpen your focus on appropriate, mandated social work services; and don't keep reinventing the wheel—there are marvelous materials for patient and staff orientation, education, staff in-services, support groups, facility programs, nephrology social work practices, KDQOL tracking and reporting and so on that can be accessed through your CNSW membership/chapter or the listserv. In practice, never forget the importance of knowledge-based practice, initial comprehensive social work assessments and supportive relationships with patients and families. Teach rather than do: empower your patients to advocate and solve problems for themselves. Remember you can't be all things to all people all of the time, so set priorities and stay focused. Finally, challenge yourselves, collaborate with colleagues or local schools of social work on projects such as outcome-based interventions, get involved with NKF and CNSW nationally and locally and serve on boards and committees to impact policies and programming.

**Merighi:** What do you envision for the future of nephrology social work?

**McKevitt:** It is, needless to say, difficult to predict the future of nephrology social work or medical social work in general, especially in light of the unknowns of health care reform and the influence of large dialysis organizations. Given the social work mandate in the Medicare Conditions for Coverage, it is anticipated that social workers will remain integral members of ESRD treatment teams. If trends continue, we will be providing services to older, more complex and more diverse patient populations. Staffing levels, appropriateness of assigned tasks and adequate time to provide mandated services will continue to be challenging. It would seem a good time for CNSW to strategize with a range of individuals and organizations to develop a multi-pronged approach for advocating adequate staffing and appropriate responsibilities for nephrology social workers. Certainly part of any strategy would be to work statewide and nationally with the Medicare survey process, so that surveyors are capable of assessing whether staffing is adequate to provide mandated services. From my perspective, review teams should include experienced nephrology social workers who know the services that should be provided, the appropriate tasks and whether patients are receiving the counseling and assistance they need and should have available to them.

#### SELECTED BIBLIOGRAPHY

- Carney, R. M., McKevitt, P. M., Goldberg, A. P., Hagberg, J., Delmez, J. A., & Harter, H. R. (1983). Psychological effects of exercise training in hemodialysis patients. *Nephron*, 33(3), 179–181.
- McKevitt, P. (1981). Differential treatment approaches: A review of the literature on utilizing groups in dialysis. *Dialysis & Transplantation*, 10(10), 862–864.
- McKevitt, P. (1981). Differential treatment approaches: Examples of group work in dialysis. *Dialysis & Transplantation*, 10(11), 975–978.
- McKevitt, P. M. (1976). Treating sexual dysfunction in dialysis and transplant patients. *Health & Social Work*, 1(3), 132–157.
- McKevitt, P. M. (1978). The psychosocial needs and concerns of the elderly on dialysis. *Dialysis & Transplantation*, 7(5), 435–440.
- McKevitt, P. M. (2007). DOPPS and the elderly: Implications for nephrology social work practice. *Journal of Nephrology Social Work*, 26, 55–65.
- McKevitt, P. M., Jones, J., Lane, D. A., & Marion, R. (1990). The elderly on dialysis: Revisited. *Perspectives: Journal of the Council of Nephrology Social Workers*, 11, 31–41.
- McKevitt, P. M., Jones, J. F., Lane, D. A., & Marion, R. R. (1990). The elderly on dialysis: Some considerations in compliance. *American Journal of Kidney Diseases*, 16(4), 346–350.
- McKevitt, P. M., Jones, J. F., & Marion, R. R. (1986). The elderly on dialysis: Physical and psychosocial functioning. *Dialysis & Transplantation*, 15(3), 130–137.

McKevitt, P. M., & Norwood, K. (1993). Availability of services to transplant recipients. *Dialysis & Transplantation*, 22(1), 27–36.

Tindira, C., Hong, B., & McKevitt, P. M. (1985). Dialysis team consultation group: Planning, process, and evaluation. *Nephrology Nursing Journal*, 2(2), 80–83.

### SELECTED PRESENTATIONS

McKevitt, P. M. (1976, July). *Ethics of transplantation: Living related and cadaveric organ donation*. Paper presented at the Webster College Conference, St. Louis, MO.

McKevitt, P. M. (1978, October). *Group work in dialysis and transplantation*. Paper presented at the Western Dialysis and Transplant Conference, Honolulu, HI.

McKevitt, P. M. (1980, June). *Defining and utilizing support systems in self-care and home dialysis*. Paper presented at the Michigan Kidney Foundation Symposium, Detroit, MI.

McKevitt, P. M. (1984, October). *Exercise as a rehabilitative process*. Presentation and workshop at the 4<sup>th</sup> Psychonephrology Conference, New York, NY.

McKevitt, P. M. (1985, December). *ESRD patients: Promoting fitness and rehabilitation through exercise: Psychosocial and compliance issues*. Paper presented at the Annual Scientific Program, National Kidney Foundation, New Orleans, LA.

McKevitt, P. M. (1986, June). *Nephrology social work practice and research in the USA*. Paper presented at the European Dialysis and Transplant Nurses' Association Conference, Brussels, Belgium.

McKevitt, P. M. (1997, April). *Doing what you say, saying what you do: A workshop on nephrology social work documentation*. Paper presented at the National Kidney Foundation Spring Clinical Meetings, Dallas, TX.

McKevitt, P. M. (2001, April). *What's going on in research that has clinical implications for our practice: The Dialysis Outcomes and Practice Patterns Study*. Paper presented at the National Kidney Foundation Spring Clinical Meetings, Orlando, FL.

McKevitt, P. M. (2007, April). *Things I've learned over 30 years in nephrology social work that are relevant to practice today*. Paper presented at the National Kidney Foundation Spring Clinical Meetings, Orlando, FL.

McKevitt, P. M. (2008, April). *Celebrating CNSW, celebrating us: An overview of the Council's accomplishments and nephrology social work challenges*. Paper presented at the National Kidney Foundation Spring Clinical Meetings, Dallas, TX.

McKevitt, P. M., & Whitlock, M. (1986, May). *Community based screening and intervention program for type II diabetics at-risk for renal impairment*. Paper presented at the Region VII Conference on High Blood Pressure, Kansas City, MO. [JNSW](#)