

Dealing with the pain, and rewards, of pediatric oncology social work

June 21 2017, by Kathy Quirk



Stephanie Denzer (center) at the Mayo Clinic in Rochester, Minnesota, where she worked in the outpatient pediatric oncology clinic to help children and families dealing with cancer. With her are Holli Johnson (left), a social worker who worked with Denzer on inpatient cases, and Denzer's supervisor, Kelli Passalacqua, who is also a UWM alum. Credit: Mayo Clinic photo/Gosha Weivoda

Stephanie Denzer, a May graduate of the Helen Bader School of Social Welfare, spent the spring semester doing an internship working with young cancer patients and their families at the Mayo Clinic in Rochester, Minnesota. Denzer worked at Children's Hospital of Wisconsin in community services for two years before coming to UWM to earn her master's degree. The American Cancer Society funded the competitive, for-credit, paid internship, which gives students a foundation in pediatric oncology medical social work.

How did you get this opportunity?

I'm specializing in medical social work, but I didn't know this placement existed. My field placement liaison, Roberta Hanus (clinical associate professor of social work), was actually the one who turned me on to the idea and encouraged me to apply. I'm interested in "peds," in working with children.

What did the internship involve?

I worked with a clinical social worker in the pediatric oncology outpatient unit. We saw patients and their families who had a new diagnosis or were continuing treatment to see what kinds of support they needed. Many times, families traveling from out of state, for example, were concerned about where they would stay and other financial things of that nature. Clinically, I was able to participate in comprehensive assessments, therapeutic interventions, resource connection, grief and loss issues, and sibling support. Specifically, this included mental health screens and treatments, interventions and plans, relaxation techniques, crisis intervention and behavior modification support. We did a lot of one-on-one with a child about different things we could do to make the treatment process easier.

How were you involved with the medical staff?

We sat in a workroom with the doctors and nurses and were engulfed in the plan of care and the discussions and conversations. We also had a pediatric oncology social worker in the hospital—on the inpatient side—so we worked closely because we often shared patients. A patient who comes into the outpatient area might have to go inpatient to do chemotherapies or procedures. I had the opportunity to go back and forth and follow up with patients and their families, keep the rapport going and follow them along the way with questions they might have.

That must be very challenging work, dealing with children who have cancer and their families. That's not something parents expect to happen to them or their children.

It was challenging, and I learned a lot. I'm engaged at a deeper level than I was in the past. There were difficult cases and difficult aspects of being there, but I had really supportive co-workers and great supervisors, Holli Johnson and Kelli Passalacqua. Kelli is a graduate of UWM.

Were there rewards to go with those challenges?

I learned a lot about different resources available to families, and I also learned more about the clinical roles. I saw the whirlwind that a new diagnosis brings to the families, but I also experienced a few cases where a child was through treatment, things were looking good and they were in remission. That helped put the hard days in perspective.

What's next for you?

I would like to go into the pediatric social work field though I'm not sure where. I'm in the process of applying, but no firm offers yet. I enjoy the

setting, although it is difficult.

Provided by University of Wisconsin - Milwaukee

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