

AOSW NEWS

EXCELLENCE IN PSYCHOSOCIAL ONCOLOGY

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Around AOSW



Krista R. Nelson, MSW, OSW-C
President

Happy Spring! Spring represents a time of renewal and growth, and our 29th annual conference is right around the corner. It is a perfect

time to connect with colleagues and expand your knowledge. I hope to see many of you in San Diego June 5th – 7th! I have always found the conference a tremendous way to renew my passion for the work we do and connect with experts in psychosocial oncology. Special thank you's to Ashley Varner, Conference Chair, and Sara Goldberger, Director of Education, and their team for working tirelessly to provide an incredible conference.

I am excited to share with you that the AOSW Board of Directors has finalized the strategic plan for 2013-2015. We have identified four main strategic priorities and developed tactics to help AOSW stay relevant in the changing environment of health care and standards that affect the work we do.

- *To ensure the sustainability of AOSW through leadership, membership, and financial viability.*
- *To strengthen and promote the visibility and esteem of oncology social workers as leaders and experts in psychosocial care.*
- *To develop, promote, and implement best practices for oncology social work.*
- *To raise awareness of the needs of people affected by cancer.*

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2013 Conference Update

Supporting New Oncology Social Workers

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Yvette S. Cárdenas, MSW
Conference Committee Member

I attended my first AOSW conference in 2010. At that time I was an eager tri-fold newbie — a new MSW, a new oncology social worker, and a new palliative care social worker. I was committed to finding my professional style and enhancing my clinical skills. I remember feeling insecure and overwhelmed before the conference. Sometimes I even questioned my supervisor's decision to hire me. "How could she trust someone who just graduated with the delicate task of supporting individuals facing one of life's most difficult phases — death?" It was not long before I found out how much I had to offer and proved to myself that she made the right decisions.

My determination to enhance my skill set led me to attend the AOSW Conference in Phoenix. I was filled with optimism and specific goals. My goals were to learn how to better assist my oncology patients, develop my clinical assessment skills, and collect some resources for my Latino oncology and palliative care patients (65% of my patients are Latino). Although I had experience in working with mentally ill, foster care, and homeless/indigent populations, I knew I needed specific oncology training. Overall, I knew I needed more support and looked to the conference for it.

The conference provided more than I bargained for! It gave me useful information and key resources to help me reach all of my goals. Plus, it gave me the opportunity to network, feel a sense of community and encouragement. It was there I met Ashley Varner and Sage Bolte during their presentation on the COPE model. I loved their training so much that on the following Monday morning I went directly to my supervisor's office and pleaded my case as to why we

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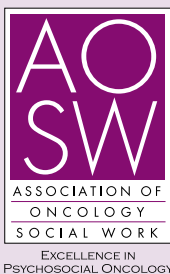
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Around AOSW

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We feel confident these priorities will lead AOSW into a successful future. We are committed to transparency of these goals. More details will be available in the members' section on the website as they are finalized. One of our priorities is looking for ways to provide support for our members as they strive to meet the new ACoS standards. Another is to use our website as the platform to share best practices.

The board is always seeking ways to further our mission and our profession. Recently we received a grant to give our website a makeover. The intent is to make our web presence more professional, relevant, and interactive with members and other leaders in oncology care. We are looking to enhance the resources available to members, and include features like blogs and live feeds.

In the spirit of leadership development and organizational sustainability, AOSW is looking to expand our official leadership volunteer roles in order to deliver these new strategic priorities. I encourage you, as always, to consider being an AOSW volunteer in any capacity. I can speak from experience that it is a privilege to serve. The reward of your commitment will come back tenfold. Please watch for notices or contact any of us on the board for opportunities!

Speaking of leaders, I want to thank Carly Parry, Brad Zebrack, and the SWORG team for their leadership at a recent visit to the National Cancer Institute, Division of Cancer Control and Population Sciences. Through a day of meetings with NCI leadership, this team promoted how social work practice and research inform each other. AOSW members learned how we might increase grant opportunities for social work researchers, as the research agenda of the NCI responds to changes in healthcare delivery. Brad, Karen Kayser, and Jim Zabora delivered an incredible overview of oncology social work and research and its contributions to the advancement of knowledge and clinical care in cancer to a group of NCI leaders. I left with an impression that we have many opportunities to promote and understand the impact of cancer on patients and caregivers.

Thank you to other AOSW members who took their own time to promote AOSW and oncology social work at the NCI: Iris Fineberg, Tara Schapmire, Hee Lee, and Julianne Oktay. Brad Zebrack will provide a more detailed report in the next issue of *AOSW News*.

I want to close with a special thank you to all of you for your commitment to helping those affected by cancer and the work you do daily to support them. I am so proud to represent such an incredible group of professionals. I hope to see you in June!

President@aosw.org

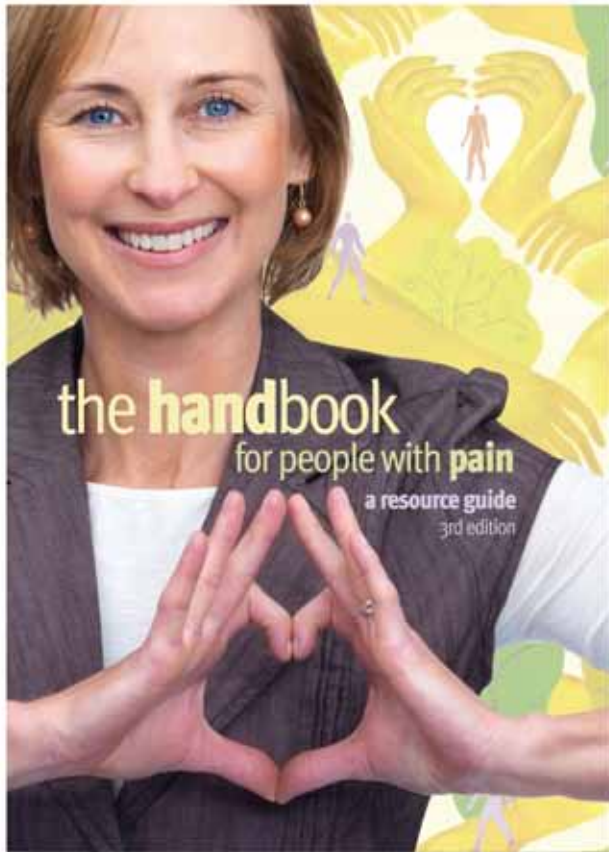
2013 Conference Registration

Full Conference Registration	By April 5	April 6 – May 3	After May 3
Member, Full Conference	\$425	\$475	\$525
Full-time Student/Retired, Full Conference	\$330	\$380	\$430
Join AOSW + Register (Student)	\$420	\$470	\$520
Join AOSW + Register (Retired)	\$450	\$500	\$550
Join AOSW + Full Conference	\$575	\$625	\$675

One-Day Conference Registration — For Wednesday, Thursday or Friday

	By April 5	April 6 – May 3	After May 3
Member	\$255	\$305	\$355
Non-Member	\$285	\$335	\$385

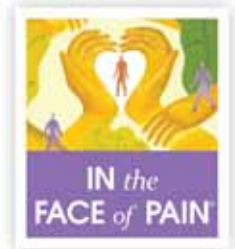
2013 Continuing Education Units: When registering please indicate if you would like to receive CEUs for the additional cost of \$35.



Be an Advocate. Be Informed.

Stay up-to-date with pain advocacy information and resources.

Download or order the FREE Handbook for People with Pain, an empowering resource.



IntheFaceofPain.com/AOSW



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Conference Update

Continued from page 1

needed to implement the COPE model and apply for a grant. But that was only after acquiring a renewed sense of empowerment at the conference, which was stimulated by Yvette Colon's inspiring speech on leadership and after chatting with social workers I met randomly at the conference. The networks I formed gave me the extra confidence I needed to feel competent in my new position and take on more of a leadership role.

The best part is that I did not let that newfound momentum stop. I took a more active role at work and I joined the 2013 AOSW Conference Planning Committee. It has been an exciting opportunity that has allowed me to learn about the inner workings of the conference and has been instrumental in developing my leadership skills.

I have to admit my eagerness got the best of me at that first conference. I packed my schedule so tight I was inundated with information by the time I left. Therefore, I have the following six tips for newbies and friendly reminders for the seasoned:

1. *Self-Care.* Make sure you allow down time for yourself between sessions. Have a peaceful morning cup of java, eat, and have a good time....remember, you are not at work. This is your time to take in the wonderful things the conference has to offer. Keep in mind that you don't have to be doing something every second.
2. *Enjoy the location.* You traveled to California, for Pete's sake! Take advantage of it, go for a walk on the beach. Take the free shuttle to the Gaslamp District. Have fun!

3. *Pack light.* Anticipate the collection of many business cards (and remember to bring your own), flyers, resources, and lecture materials. Make sure you have enough room in your luggage to take them home.
4. *Make time for networking.* Networking is sometimes intimidating for the newbies and some seasoned introverts, so try going to the poster sessions, silent auction, and tour San Diego in the free shuttles. You will find these are great opportunities to get to know your colleagues without any pressure.
5. *Prioritize.* Look and plan ahead. What sessions are most important to you? What do you think will help you most when you return to work? When will you have self-care time?
6. *Get inspired and return to work rejuvenated!* You will be excited to implement your new skills and share information gained with your colleagues.

The AOSW community I met at the Arizona conference ignited the support and encouragement I needed as a newbie to feel competent, take on leadership roles, and support my patients to the best of my ability. The conference offers a variety of learning and networking opportunities. I highly recommend that new oncology social workers attend. I know this year's conference will have a similar effect on new professionals. As a newbie, you will find that AOSW social workers are the friendliest and best looking group of MSWs you will meet, not to mention resourceful and knowledgeable. I'm not kidding!

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Member Spotlight



Magi Philpot, LCSW, OSW-C
Clinical Medical Social Worker
NorthBay Cancer
Fairfield, California

Jean Rowe, LCSW, OSW-C, CJT
Program Manager
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Atlanta, Georgia



Jean Rowe

Where do you currently work?

I have been at NorthBay for more than 10 years, but only the last five as the sole oncology social worker (part time) in the outpatient adult oncology and oncology radiation clinics. Before I took this position, I worked on an inpatient med/surg floor.

Where did you earn your degree(s)?

I earned my baccalaureate at the University of California, Irvine, and my master's of social work from Sacramento State University, Sacramento, CA. I have been a Licensed Clinical Social Worker since 2007 and OSW-C since 2011.

How long have you been a member of AOSW?

I have been a member of AOSW since September, 2010 and attended the conferences in St. Louis and Boston.

In your role as an oncology social worker/clinician, what is one of your favorite resources to share with clients?

Recently I was given a budget to create a room to provide women in treatment with wigs, hats, and scarves, and soon we will include cosmetics and oncology massages. In our very limited financial world, I am blessed by a great supportive team that believes in treating "the whole patient." I partnered with our local American Cancer Society, which now staffs the room with a volunteer and sees patients by appointment. The local ACS office burned down in mid 2012 and women in treatment were traveling quite some distance to look for a wig. Our Woman's Resource Center partnered with the local fire departments to do a wig hat and scarf drive. I was able to create a wonderful, glamorous room for women to have a one-on-one session with an ACS volunteer and get a wig without the travel. This room is available to all women in Solano County going through treatment regardless of hospital affiliation. It is wonderful, and we have had a great deal of positive feedback.

In your experience with survivors, would you share a memorable story with us?

That would be about my 19-year-old Mexican patient. Not only does this story bring me to tears, but also does the sense of community that assisted in making this patient's dying wish come true. We treated this young man's cancer (pro bono) for more than a year. He had come here to earn money to send back to his 18-year-old wife and unborn child. I was able to build a small relationship with him because I am blessed to speak some Spanish, and he spoke very limited English. He never asked for a single thing throughout the course of his treatment, and he would try to work on days he felt up to working. Of course, those days became less and less, and after he was told his prognosis, all he wanted to do was go home to be with his family and 9-month old daughter, whom he had never met. I worked with so many people and organizations to take him home, including a healthcare foundation, travel agency, TSA, Mexican Consulate in San Francisco, palliative care RN, Cancer Center Staff, pharmacy—and the list goes on. NorthBay funded plane tickets for the patient and his cousin to travel with him. The Mexican Consulate issued passports for the two in one day, the palliative care RN assisted with pain management. Facilitating this whole process was definitely difficult, frustrating, rewarding, and heart-warming. I felt completely supported by my supervisor and director the entire time. It makes me so proud of my profession and the healthcare system for which I work. Three weeks after the patient returned home, he died with his family surrounding him. His cousin called to tell us he was so happy to see his daughter and family, and they were grateful for all that was done for him. I will never forget him and all the support and resources that went into helping him.

In that "little something more" section, what is one thing you might share with us about you personally, one that is outside of your work life?

It took me a long time as a professional social worker to understand what self-care really means. I play hard and work hard. I love spending time with my family, coaching soccer, running, and playing with my children. I owe it to my husband to understand the real meaning of self-care, communication, and love. He is truly my best friend.

Anything more you'd like to tell us?

I have an awesome desert tortoise named Steve the Monkey. How random is that? Leave it to a child to think of a name like that.

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Integrating Social Networking Into Your Social Work Practice



*Christina Bach,
MBE, MSW, LCSW, OSW-C
Coordinator, AOSW Social Networking
Penn Presbyterian Medical Center
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I admit it. I am a tech addict. I love gadgets and the Internet. I spend entirely too much time on Facebook, Twitter, and Pinterest. And you know what? I am a better social worker because I do.

I've heard many reasons why social workers do not want to use Facebook, Twitter, email, and other Internet/tech platforms as part of their practice: "I'm too old for that." "I don't want to be 'friends' with my patients/clients." "I am worried about privacy issues." I want to stress that we are not too old—we owe it to our patients to keep current on all information that can help them. Social networking helps us do that. When done well and with proper privacy settings, services, and connections, social networking does not compromise confidentiality. We can improve our social work practice, knowledge of resources, and educational database by engaging with social networks.

You do not have to be a techie to harness the power of AOSW's social networking pages available on Facebook, Twitter, and LinkedIn. You will, however, need a Facebook page and a twitter "handle," and to join our LinkedIn community. All of these are available for free.

Facebook

To get started with Facebook, follow these simple steps:

1. Visit www.facebook.com and click the green 'Sign Up' button.
2. Complete the brief form, which requires only your name, email, and birthdate.
3. Complete your profile with as much or as little information as you prefer.

You also can choose who sees the information you have posted, as well as the ability for other people to "tag" you in a post or picture. To manage your privacy, click the gear in the upper right corner of any Facebook page and click "Privacy Settings." Many professionals create separate pages for their professional selves and personal selves.

Once you have a Facebook page, you can "friend" other people by sending a friend request. You can also "like" pages that are maintained by companies, sports teams, and nonprofits. For example, I "like" the Philadelphia Phillies, so I receive updates from the Phillies Facebook page. I "like" the Service Dog Project and get updates about their progress in placing animals with people who have mobility disorders. I "like" AOSW because it is where I find the most recent, relevant, and timely information about cancer care, resources, research, and

patient services. There are many cancer care organizations that maintain Facebook pages, including the American Cancer Society, Livestrong, NCI, and the Cancer Support Community. Many patients, survivors, and caregivers connect with service organizations via Facebook.

The AOSW Facebook page is a public page; anyone can "like" it. This means that the messages AOSW posts on this page can reach other social workers (who might contemplate AOSW membership), groups, and nonprofits that are interested in oncology social work. Facebook is a great way to connect, learn, and share information about psychosocial oncology services.

Twitter

AOSW is also present on Twitter, another social networking platform that facilitates the rapid sharing of information. To register, visit www.twitter.com and complete the brief "Sign Up" forms. You will need to register a Twitter "handle" (username) to use as your account. You can then choose to follow other people/organizations and their tweets (messages) will appear in your Twitter feed. Like Facebook, privacy settings can be managed by clicking the gear in the upper right corner of any Twitter page. Be sure to check the "protect my tweets" option to ensure your tweets are not public. I follow a variety of feeds including my favorite local news channel, my favorite sports journalists, the New York Times, and the Food Network. I also follow some cancer service organizations including Stupid Cancer, Livestrong, NCI, and ASCO. I love the rapid nature of Twitter, as well as the fact that only the really important stuff gets shared on this platform—all Tweets are limited to 140 characters.

LinkedIn

AOSW also maintains a LinkedIn page. This is another social networking platform, but with a very specific purpose—professional networking. To join the AOSW LinkedIn community, you will need a LinkedIn account. Visit <http://www.linkedin.com> and complete the brief form to join. Like Facebook, add as much or as little information as you prefer. You will also need to request inclusion in the group, which is approved by our LinkedIn coordinators. Once part of our LinkedIn community, you will receive updates posted by other members about trends in oncology care as well as job postings and CEU opportunities. This is not a place for patients or caregivers. LinkedIn has great potential to foster professional connections and relationships amongst service organizations. As always, remember to ensure your privacy. To do so, click the arrow next to your name in the upper right corner to view your privacy controls.

Facebook, Twitter, and LinkedIn also maintain free apps for iPhone and Android. This adds another, mobile dimension to the accessibility of information that helps us do our jobs better!

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Lisa O'Brien, LCSW, OSWC

AOSW *News* is a wonderful venue to tell you what my role on the AOSW Board of Directors has entailed this past year. Staffing standards and acuity rating have been two topics in the forefront of AOSW member discussions. At last year's conference in Boston, a PowerPoint program, "I'm So Glad You

Asked," which summarizes staffing and acuity rating tools, resources, and methods used by AOSW members, was unveiled and is now available on our website. This tool was designed to help you determine staffing in your own workplace.

AOSW is not the only organization focusing on this important issue. I have been participating in conference calls with AOSW in an attempt to further explore and find a tool that measures acuity of care and staffing standards in pediatric and adult oncology settings. Social workers in the VA and nephrology social workers have developed standards that work in their settings. These standards have been reviewed by the AOSW task force assigned to determine staffing standards. The task force plans to survey AOSW members, similarly to AOSW's member survey.

AOSW was recently awarded a grant from Purdue Pharmaceuticals to market the value of oncology social workers. Members will have the opportunity to make short films showcasing what we do as OSWs and how our work impacts the field of oncology. Details for remote entry and filming onsite at the AOSW conference will be available on SWON and the AOSW website in April. Members will be able to access the finished product, 2-3 films, to use as a training tool in their communities, and the video will be available on SWON and the AOSW website in the near future.

AOSW is in the process of updating and revamping its website. The improved site will identify our State Representatives, which will make it easier for members to contact them. AOSW regions have been revised, as have State Representative job descriptions. I look forward to continuing to serve AOSW and assisting the State Representatives in the Western Region. Please do not hesitate to contact me with any suggestions, questions, or updates for your state. Keep sending those Kudos for your state members to Membership Director Kim Day for regular inclusion in *AOSW News*.

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Social Networking

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Be Part of Our Social Network Team

Now that you are up and running on the social network, how about getting more involved with spreading the word about AOSW and oncology social work? We are actively seeking members to join our social networking team and help build our presence and audience on Facebook, Twitter, and LinkedIn. We are looking to diversify where our content contributors live and work, as well as engage more personally in social networking dialogue through the reposting and retweeting of posts, and commenting on other organizations' posts on behalf of AOSW.

Can you commit to helping manage content and post on one of the platforms? This would likely include posting 3-5 times per week, totaling just 15-20 minutes per week, one week per month. That's right—15-20 minutes per month. We need

three volunteers for Facebook content contributors, three Tweeters, and a LinkedIn co-manager. This is an easy, minimally time-consuming way to get involved with AOSW! The potential to reach the larger population about oncology social work is great. This is why we need volunteers to help spread the word.

Are you planning on attending the AOSW conference in San Diego? Join our social networking team and help share the information being presented at conference to the world. Are you excited to get involved? Do you want more information? Would you like to talk to a current volunteer and find out more about posting and contributing to AOSW's social networking pages? Please contact me. I am happy to talk about the opportunities available and how you can influence AOSW's presence on our various social networks with a few keystrokes and the click of a mouse.

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2013 AOSW Conference

San Diego

June 5 – 7, 2013



*"Setting Sail for New Horizons
in Psychosocial Oncology"*

For more information, go to aosw.org/html/conference

A Sampling of Integrative Therapies: Starting a Program Utilizing Community Resources



*Sherry Martin, LCSW, OSW-C
Oncology Social Worker/Counselor
Penrose Cancer Center
Colorado Springs, Colorado*

More than two years ago the staff at the Penrose Cancer Center began discussing the benefit of providing complementary therapies for their patients. We already had several monthly support groups in place, including groups for patients with breast, gynecologic, and head and neck cancer. What we didn't have was a group or class that patients with any diagnosis could attend or one that taught specific tools or complementary techniques.

We discussed beginning with a weekly Yoga class; however, with no budgeted funds to pay a professional to lead the class, that wasn't an option. Our next thoughts were, "Why not have several different classes that offer exposure to a wide range of modalities that provide tools patients can use as they go through cancer treatment? What about providing therapies that can strengthen and support the immune system, relieve symptoms and side effects of treatment, or reduce stress and anxiety? What about using community volunteers, professionals who are willing to volunteer an hour a month, to teach classes in their area of expertise?"

Rather than using the familiar Complementary and Alternative Medicine (CAM) title, we decided to call the program "Integrative Therapies." This title indicates that our classes are an integral part of cancer care. Our goal changed from considering which one class to begin with, to offering a sampling of integrative therapies. Patients and caregivers could then experience and discover which modalities were of special interest or benefit to them.

We decided on a weekly daytime format with hour-long sessions. We chose Easy Chair Yoga and Reiki as our two "anchor" classes, meaning each class was held every month. Both instructors were community volunteers who had a passion for their area of expertise. The Easy Chair Yoga was a group experience. Reiki was offered as individual "mini-Reiki" sessions, which allowed participants to learn about and experience Reiki. The Reiki master would take each qualified participant to another room for the individual session while I led the rest of the group in an interactive discussion related to coping with a cancer diagnosis.

In addition to the two anchor classes, I led a monthly Stress Busters class that focused primarily on cognitive behavioral techniques (CBT). Patients responded positively to learning about thought stopping, reframing, allocating worry time,

the CBT approach to managing insomnia, guided imagery, visualization, deep breathing, and progressive relaxation. I encouraged patients to view the techniques they were learning as tools as they could put in their "toolbox" and draw on when needed and appropriate.

We used a very broad definition of integrative therapies and included any modality that provided a coping mechanism, therapeutic technique, or added benefit patients could make use of during treatment and beyond. We offered experiential classes in journaling, aromatherapy, mindfulness, Tai Chi, NIA (non-impact aerobics or neuromuscular integrative action), therapeutic drumming (HealthRHYTHMS®), laughter yoga, mindful eating, humor, spirituality and contemplative prayer, art, music, making a vision board, reflexology, inspirational readings and writing prompts, nutrition (fighting cancer with a fork), physical therapy (cardio, balance, strengthening), exploring mandalas, origami, and therapeutic gardening. We secured community professionals or members of our staff who had expertise in a specific area to lead the classes.

Our Integrative Therapies Program has grown from 496 participants in 2011 to 1,094 participants in 2012. Our weekly classes require no outlay of funds. We use conference rooms in the center and no refreshments (other than water) are provided. Because the weekly program has been so well-received, we have expanded the program to include an annual two-day music retreat and a one-day art retreat using the Touch Drawing technique. Throughout the year, we have six-week classes in NIA and therapeutic drumming plus a five-week bibliotherapy group. The Easy Chair Yoga class recently moved from once a month to every week. We have secured monies from grants and fundraising events to pay professionals to facilitate the retreats, NIA, and Yoga sessions.

Lessons Learned

- Many types of classes can be offered with minimal to zero cost, which allows patients to experience a wide range of modalities and decide which ones are most effective. They can then seek out ongoing classes or therapies in the community if they so choose.
- Volunteers feel good about donating an hour of their time once a month or even two or three times a year. Most appreciate being asked.
- Marketing is crucial to ensuring a successful program. We utilize our website and post flyers throughout the facility in addition to e-mailing participants who have attended any of our classes. We rarely need to use expensive mailings to get sufficient attendance.

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- Once programs become established, new classes can be marketed as ongoing classes.
- Having handouts for each class that document either the therapeutic benefit or evidence-based nature of the class is important in establishing credibility of the modality and the program in general.
- It is important to have a staff person take ongoing responsibility to coordinate or “facilitate” each class — to

be there early, ensure room set-up (arrange doors signs, name tags, sign-in sheets), welcome participants, and introduce the volunteer facilitator.

- Providing integrative therapies during the cancer experience empowers patients and caregivers to utilize new tools that can promote healing and recovery.

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Editor’s note: The author will present “Integrative Therapies on a Zero Budget” at the AOSW conference in San Diego in June. The session will include information on class structure, organization, marketing, challenges, and evidence-based documentation for many of the classes.

KUDOS TO THESE AOSW MEMBERS



**Kim Day, LISW-S, OSW-C, ACHP-SW
Membership Director**

In the spirit of evidence-based social work practice, allow me to engage in the tried and true therapeutic intervention of reframing. For all of you who feel shy about sharing your achievements, consider it this way: submitting your successes is not about tooting your own horn, rather, it is

about inspiring colleagues. Throughout the brief time this column has been included as a regular feature of the *AOSW News*, I have not once ceased to be amazed at the wonderful things colleagues across the country are doing. Please join me in congratulating the following AOSW members for what they have accomplished.

- **Kristy Case, LMSW, OSW-C**, Clinical Coordinator for Women’s Cancers at CancerCare, has passed the New York LCSW exam.
- The Carolinas Healthcare System in North Carolina can be proud of AOSW member, **Cora Davis, MSW**. Cora works at Carolinas Medical Center-Northeast. She was recently honored with two awards—Service Excellence Hero Award and Pinnacle Award Honoree. These awards reflect her skill and dedication to patient care.
- The Center to Advance Palliative Care held a conference in Miami in November, 2012. **Larmender Davis, MSW, LMSW**, Director, Social Work and Supportive Services at Karmanos Cancer Center in Detroit, presented a poster with a 10-minute oral presentation. Her topic was “Impact of a Supportive Care Team and a Standardized Assessment Tool in a Cancer Center: Building a Bridge Between Symptom Management Specialists and Providers of Chronic Illness Care.”
- **Kristina Giustozzi, LMSW**, and her co-worker, **Margie Taylor, LMSW**, both recently passed the LMSW exam. They work at Cancer Treatment Centers of America in Tulsa, Oklahoma.

- **Carolyn Messner, DSW, ACSW, DCSW, BCD, LCSW-R**, Director of Education and Training for CancerCare, recently contributed the chapter, “Resources for Cancer Patients,” to Springer Publishing’s new book, *Psychological Aspects of Cancer*.
- The American Cancer Society has asked **Jean Rowe, LCSW, OSW-C, CJT**, to serve on the Peer Review Committee for Oncology Social Work Training grants. Jean is Program Manager, Survivorship and Support for the Young Survival Coalition.
- **Teri Sahn-Silver, LMSW, OSW-C**, Clinical Oncology Social Worker at Charach Cancer Treatment Center, Huron Valley Sinai Hospital in Commerce Township, Michigan, has had an abstract accepted for the NASW Michigan Chapter 2013 Annual Conference. Teri will present a workshop titled, “What Do We Tell the Kids? Supporting Families When a Parent has Cancer.”
- The American Cancer Society *Triumph* Magazine, a national magazine for donors, featured the lovely **Tara Shapmire, PhD, MSSW, CSW, CCM, OSW-C**, on the cover with a great story inside. The link to this article is <http://www.aosw.org/html/news-pop.html>. Tara is a member of the AOSW Board of Directors and works at the Kent School of Social Work, University of Louisville.
- **Brahms E. Silver, MA, MSW, OSW-C**, has been elected to the Board of Directors of the Jewish General Hospital in Montreal, Canada as the representative of the Multidisciplinary Council. The council is a consultative council that includes allied healthcare professionals and provides input for steering the hospital to greater prominence.
- For the first time ever, the Association of Community Cancer Centers has elected an oncology social worker as its leader. **Ginny Vaitones, MSW, OSW-C**, has taken on the role of President of this organization effective March 2013. Ginny, we are so proud of you.

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Ethics in Social Work Practice: Using Medical Interpreters for Patients With Limited English Proficiency



Tracy Borgmeyer, MSW, LCSW
Ethics SIG Co-coordinator

Social workers have long recognized the challenge of improving access to healthcare services for people with limited English proficiency (LEP). Many healthcare organizations recognize that the provision of culturally and linguistically appropriate services (CLAS) not only addresses compliance with national standards and federal regulations, but also improves health outcomes, enhances patient satisfaction, and helps avoid common ethical concerns that can result in poor care.

The Problem: “We’re getting by...”

As a social work student in my field practicum, I found myself struggling to communicate with Mrs. Alvarez. I asked her attending physician, “How are you getting along with Mrs. Alvarez? Her English is very limited and I don’t know if she understands me at all.”

“Well, her English is a lot better than my Spanish, but we’re getting by.”

A number of studies have documented adverse outcomes associated with language barriers, including missed diagnoses, medication errors, patient dissatisfaction, and poor adherence to treatment recommendations. Time constraints in the healthcare setting may discourage the use of professional medical interpreters, even though language barriers themselves can cause delays and medical interpreter services may facilitate better efficiency. The unfortunate tendency to rely on a family member of the patient as “ad hoc” interpreter is common and compromises patient privacy. A bilingual physician may rely on his or her use of a second language without regard to how well the patient understands. People with LEP are vulnerable in many ways, and may not disclose that they do not understand. Medical residents who engaged the help of a family member whose English they perceived to be better characterized the quality of communication as “getting by” when declining the services of a medical interpreter (Diamond, Schenker, Curry, Bradley, & Fernandez, 2008; Flores, 2005). Yet there are a number of interventions—including education, provision of role models for appropriately engaging interpreters, and establishing norms in the practice environment—that enhance the utilization of medical interpreters (Diamond et al.).

Considering Ethical Principles

As social workers we advocate for consistent use of medical interpreters for people with LEP. Some ethical principles germane to health care are:

Autonomy. The use of medical interpreters supports autonomy (or self-determination) by improving a person’s

understanding of his or her medical condition, the various options for treatment, and the patient’s right to make his or her own decision. Effective use of medical interpreters reduces the likelihood that the physician may select his own preference for treatment, or that a family member of the patient will make a decision that would not be the patient’s choice or reflect his or her values. Informed consent must be based on imparting information, versus a passive assent to treatment or procedures.

Beneficence. The duty to do what is good; to provide help. Upholding beneficence requires that we build a relationship based upon respect and trust.

Beneficence may be in tension with autonomy when a clinician provides treatment based upon a judgment that it is what is best for the patient, without regard for the patient’s preference.

Nonmaleficence. The ethical duty to “do no harm” is upheld when communication is effective and information is accurate. Consider a scenario where a patient is administered a medication to which he has a known allergy because the patient misunderstood the question about allergies to medications. Eliminating language barriers plays an important role in patient safety.

Justice. Equitable access to care is ensured when patients are able to communicate effectively in their preferred language. A just healthcare culture will address the potential for unequal access even in activities as basic as scheduling an appointment or accessing one’s own electronic health record online. Signage that advises patients of their rights and admission processes and that identify patients in need of language services are examples of actions designed to promote justice in the healthcare experience.

National Standards for Culturally and Linguistically Appropriate Services in Health Care

In 2000, the Office of Minority Health, U.S. Department of Health and Human Services, issued 14 *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*. The standards are summarized in three dimensions:

- *Culturally Competent Care.* Care that respects cultural health beliefs and preferred language, diversity of staff and leadership representative of the service area, ongoing education and training of staff across all disciplines.
- *Language Access Services.* Provision of bilingual staff and medical interpreter services, verbal and written notices in the patient’s preferred language regarding their rights to language assistance, ensuring competence of those providing interpreter services, signage in language of commonly encountered groups of the service area.

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Melissa Sileo Stewart



Susan Francis

Melissa Sileo Stewart, MSW, LCSW
Susan Francis, BA
SIG Coordinators

The Patient Navigation Special Interest Group addresses the broad range of interests represented in the membership regarding patient navigation and navigation

processes. In August 2011, the Commission on Cancer released the *Cancer Program Standards 2012: Ensuring Patient-Centered Care*. One of the standards is the patient navigation process. At the 2012 AOSW annual conference, we discussed this standard at the Patient Navigation SIG session and decided that “process” was the key word. The standard states, “A patient navigation process driven by a community needs assessment, is established to address health care disparities and barriers to care for patients.” This standard has a phase-in period of 2015. Our discussion also focused on the many definitions of patient navigation, job descriptions, education and training, and the role of social work in patient navigation. We thank **Ginny Vaitones** for providing clarification of the patient navigation standard at this meeting.

The goals of the Patient Navigation SIG are to:

- Update and solicit ideas for additional patient navigation content for the website.
- Be a resource for support and awareness for members with an interest in patient navigation.

- Monitor trends and identify any action AOSW may need to take regarding the broader scope of patient navigation.
- Work in collaboration with the AOSW Board of Directors on their strategic priority focusing on patient navigation.

Navigating the cancer care continuum is continuing to grow in complexity. As more resources and personnel are targeting this area, there is a greater need for training and education of these navigators to ensure comprehensive and consistent service delivery. AOSW is targeting this audience as consumers for training and professional affiliation. Efforts also include expansion of SWON networking and resource integration.

If you are interested in learning more about the Patient Navigation SIG, look no further. To join this SIG, you will need to update your membership profile on www.aosw.org:

1. Type in your user ID (your five digit membership number) and your password (last name) to enter the members’ only section.
2. Click on the “MEMBERS SECTION” heading.
3. Look to the right to “Change member profile.”
4. In the profile section, you will see “Patient Navigation” listed among the SIG groups. Select this option.
5. “Continue” to review your profile, then “accept” to update your membership record with the new SIG affiliation. Now your SIG leaders will keep you involved with SIG activities and communications.

Melissa Sileo Stewart is the Director of Navigation Services at LIVESTRONG. She oversees the day-to-day operations of the LIVESTRONG Cancer Navigation Center in Austin, Texas as well as the phone and email support programs that are available to anyone affected by cancer. Melissa manages the staff of navigators, which includes counselors, social workers, and other professionals. She is a licensed clinical social worker and, prior to coming to LIVESTRONG, worked in a pediatric medical setting and hospice care.

Susan Francis is a Patient Services Coordinator at Be The Match Patient Services. In this position, she helps families access information, formulate questions to ask their physicians, become more familiar with the marrow and cord blood transplant process, and obtain the tools to make informed healthcare decisions. Assessment is done to determine where the patient is in the transplant process, followed by identifying any barriers that may impede a patient’s access to transplant or receipt of post-transplant care. Prior to coming to Be The Match, Susan worked as a Patient Navigator and Survivorship Program Coordinator with the American Cancer Society.

During the 2013 conference in San Diego, the Patient Navigation SIG will meet to network, share information and resources, discuss trends, and hear your thoughts and ideas about patient navigation. All are welcome!

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Alexandra Gubin, MSW, LGSW
Karen Fasciano, PsyD
SIG Coordinators

We are thrilled to co-chair and facilitate the launch of AOSW's newest Special Interest Group.

The National Comprehensive Cancer Coalition Network (NCCN) defines adolescents and young adults (AYA) as people ages 15 to 39 at the time of a cancer diagnosis. According to NCCN, in comparison to older adults and children, the AYA population has experienced minimal improvement in survival rates over the last two decades. When facing cancer, the AYA patient population often confronts a unique set of psychosocial challenges related to the normal developmental tasks associated with this life stage, including identity formation, developing independence, managing school and beginning a career, finding a life partner, and creating a family.

As a means to address the psychosocial needs experienced by the AYA population and impact survival outcomes, it is imperative that mental health professionals are well-informed about the issues facing this population, and are equipped with effective, evidence-based interventions. As such, through the creation of the AYA SIG, AOSW is committed to ensuring that the needs of this target population are effectively addressed.

The purpose of the AYA SIG is to:

- Promote awareness of pertinent psychosocial issues faced by the AYA population,
- Share information on effective clinical “best practices” and interventions,
- Develop and disseminate resources designed to enhance the quality of lives of AYA patients and their families,
- Initiate research projects,
- Inspire advocacy work targeted to enhance the quality of care received by AYA cancer patients, and
- Provide a forum of support for AOSW members working in the AYA field.

Should your practice involve adolescents and young adults, or if you are interested in learning more about this patient population, we strongly encourage you to sign up for the AYA SIG!

For those of you attending the upcoming AOSW conference in San Diego, we look forward to connecting in person, and formalizing a 2013/2014 work agenda. As always, we welcome your thoughts and input.

Alexandra Gubin is a clinical social worker in Pediatric Oncology at Johns Hopkins Hospital, Baltimore, and the Patient Navigator for the Ulman Cancer Fund For Young Adults. Karen Fasciano is the Program Director of Young Adult Program at Dana Farber Cancer Institute, Boston.

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Using Medical Interpreters

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- **Organizational Supports.** Supports to provide CLAS to LEP patients through the development and implementation of strategic plans, policies, and procedures; oversight and accountability, self-assessments, performance improvement, and satisfaction studies; current demographic data, community partnerships around consumer needs for CLAS, grievance resolution processes, and public notices of the availability of services.

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care would suggest that “getting by” is not sufficient in the provision of care to those with LEP. By examining each of the 14 standards, social workers can identify basic principles of medical ethics that are observed when the standards are met. Further, as social workers, we can be excellent role models for our colleagues across disciplines when we advocate for and routinely access interpreter services for people with limited English proficiency.

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The Role of the Social Worker in Shared Decision Making

*Kate Syverson, MSW, LCSW
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Shared decision making is the process of patients and providers working in harmony to reach healthcare decisions. In the oncology setting the concept of shared decision making is vital. It is not a new phenomenon but, rather, a model of care delivery that incorporates best practices into our daily work. When done well, shared decision making promotes patient empowerment that, in turn, leaves patients feeling as if they are an integral part of their healthcare team.

Often serving as the connector, the role of the social worker within shared decision making is an important one. We are the link. We excel at connecting. We connect our patients with resources of every kind—financial, supportive, and educational. We connect them with their provider when communication has gone awry. We try to help patients connect with their own emotions when they have become lost along the way. Yes, we are an integral part of the team. That being said, we often have a difficult time touting our place on the team; that really isn't our style, is it? Even if it were, how exactly does one communicate the complexity of our work? Work that allows us to appreciate how financial concerns often drive treatment decisions. Work that gives insight into how patients can leave an appointment with their physician and not remember a single thing that was said. Work that gives purpose and creates a sense of responsibility—responsibility to connect our patients with resources, advocate for them when the need arises, and empower them to feel as if they are a valued member of their healthcare team along their journey.

The concept of empowerment through shared decision making is deep-rooted in the foundation of social work practice. As social workers, we inherently understand that in order for oncology patients to feel empowered they need education, information, support, and resources to make informed decisions. They must feel knowledgeable about their diagnosis and treatment plan. They must have a place at the table. To be truly effective, empowerment must occur at the time of diagnosis, often before a patient even encounters a social worker. What can oncology clinics do to promote shared decision making from the beginning?

Strategies to Promote Shared Decision Making and Patient Empowerment

- *Implement patient navigation.* Patient navigators (often a social worker or a nurse) offer individualized assistance “to patients, families, and caregivers to help overcome healthcare system barriers and facilitate timely access to quality health and psychosocial care from pre-diagnosis through all phases of the cancer experience” (ONS, NASW, AOSW, 2010).
- *Provide question prompt sheets.* Often patients don't even know where to start or what questions to ask. Research supports that a question prompt is an effective tool at decreasing patient distress (Shields, Ziner, Schilling, Zhao, & Champion, 2010).
- *Encourage patients to learn the language of their diagnosis.* It can often feel foreign. Words like “absolute neutrophil count” and “neutropenia” can be confusing and provoke anxiety.
- *Make quality educational materials easily accessible.* Informational booklets, websites, and on-line learning tools are all great ways for patients to educate themselves about their diagnosis. However, information is only as good as the research behind it. *Caution patients against using on-line search engines to find information about their diagnosis; they often can yield scary and even inaccurate information.*

The Role of the Social Worker

In an ideal world every patient who walks through the doors of our respective cancer centers would feel empowered through the shared decision making model of care delivery. In reality, as social workers, we understand this is not always possible. High work-load, the pressures of productivity, and the complexity of patient needs sometimes prevent the most well-intentioned practitioners from providing great care. Even if great care is provided, research supports the fact that patients forget 40%-80% of what they hear during an encounter with a physician; if information is remembered, nearly half is remembered incorrectly (Kessels, 2003). Communication breakdown can cause significant distress for patients, not only emotional distress but also physical distress. In fact, better communication can improve coping, decrease anxiety, and improve patient satisfaction (Shields et al., 2010). Here lies the role of the social worker:

- *Offer education on effective communication strategies when patients acknowledge communication breakdowns.* “I” statements, assertiveness training, and repeating information to provide clarification are all effective communication strategies; these can allow the patient to not only get their questions answered but also leave their appointment feeling confident in understanding their treatment plan.

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The Role of the Social Worker in Shared Decision Making

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- *Address patients' psychosocial needs.* Financial concerns, family dynamics, emotional well-being, and other life stressors can inhibit patients from functioning well. Often these stressors can prevent patients from focusing on their health. In some cases, they can also cause staff to label patients as “noncompliant,” “difficult to work with,” or “unreliable.” Assessment, advocacy, and patient empowerment are vital and no one does it better than a social worker.
- *Practice good self-care.* Because we often find ourselves in the trenches with patients, remember to take care of yourself. Debrief with coworkers, exercise, eat right, and take breaks during the day.

As a best practice, the concept of shared decision making when implemented effectively creates the opportunity for patients to feel as if they are a valued member of their health-care team. Furthermore, as social workers, it is essential that we promote best practices not only for the benefit of our patients but, also, professionally as a way to promote the work we do. It is important work.

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Stacy Remke to Join ExCEL Faculty

*Barbara Jones, PhD,
ExCEL Co-Investigator
Associate Professor of Social Work
University of Texas at Austin
Austin, Texas*



Barbara Jones

The ExCEL team is delighted to introduce Stacy Remke, MSW, LICSW, ACHP-SW, as the newest member of the ExCEL faculty. Stacy is a clinical social worker and a teaching specialist at the University of Minnesota in the areas of health, aging, and disabilities. For 25 years she worked with the pain, palliative care, and integrative

medicine program at Children's Hospitals and Clinics of Minnesota. Stacy is a leader in the field of palliative care and we are delighted to have her join the ExCEL faculty.

Please tell us about your clinical background in oncology and palliative care.

As a young social worker, I worked in home-based care and saw families managing their children's cancer treatment and effects. I also worked in an outpatient oncology clinic at a time when "late effects" were just beginning to get a great deal of attention. That was pretty eye opening for me. My palliative care practice was very much informed by what I learned in oncology. I saw how there were many times when palliative care needs were overlooked by oncology, for all sorts of reasons I understand. I wanted to help us do better giving families choices. I was privileged to be a co-founder of our palliative care program, which started out of our home care program in 1999.

What first brought you into this work?

Fate? Destiny? (Laughing...) In graduate school I was exposed to a weekend-long role-play about death and dying. This was circa 1983, and this nice young woman came to our class to pitch the workshop. It sounded so awful to me. I wondered why anyone would do that. I figured if it scared me that much, I better do it. It was transformative! I didn't realize at the time how new was the philosophy of a "good death." I started discussing these matters with patients, families, and colleagues. I figured everyone knew there were options but just didn't act. Now, of course, I see that the momentum had been building for a long time. We have come a long way.

Can you describe ways in which you have demonstrated social work leadership?

I formed wonderful relationships with nurses, doctors, and other social workers, and used these to cultivate credibility and influence. My colleagues and I developed a great program by following the lead of our patients and their families. At some point, I became interested in teaching other professionals. After we garnered a couple of major grants to do regional education, my job became one of primarily teaching, developing resources for professionals, and collaborating in research efforts.

Tell us about the work you are doing now?

This past year, I moved to the University of Minneapolis, Graduate School of Social Work, after 25 years in pediatric palliative care practice. I am now helping teach the school's new curriculum concentration in Health Care, Disabilities, and Aging. I was hired to teach from the perspective of practice. It is a big change. I enjoy teaching young social workers in-the-making. This new position also offers me time to reflect on practice issues that bugged me for a long time, and try to come up with some new ideas. For example, right now I am working on a model of outcome measurement based on social work models and N of 1/Single System Design models.

I continue to collaborate with colleagues to develop a comprehensive curriculum for pediatric palliative care: EPEC-Pediatrics, an NCI/NIH funded project. We are in year 3 of the 5-year effort, and just piloting the content. I am proud to be able to offer contributions (and significant editorial control!) from a social work vantage point.

What else should we know about you?

I have many varied interests. I have learned to meditate. I am something of a foodie. The Twin Cities have many great chef-driven, locavore, and neighborhood restaurants. I am the wine buyer for my family's café in St. Paul (The Black Dog Coffee & Wine Bar). It is a music and arts venue in the heart of St. Paul's historic arts neighborhood, in a 1904 warehouse building. It is a nice change of pace from my social work activities.

And most importantly, tell us why everyone should be signing up for the ExCEL training in Minnesota May 13-14?

The need for more education and social work leadership. ExCEL offers a great platform from which to expand professional skills and horizons. I am honored to be a faculty member in this program. Especially for the experienced practitioner, ExCEL offers a great way to think bigger and deeper, and to consider how to expand social work practice in the direction of taking on more leadership. We need more social work leaders. ExCEL is a great way to meet and join a supportive, affirming, yet demanding (in a good way) community of peers and mentors. Also, May in Minnesota is the best time of year. The conference is in the heart of downtown Minneapolis, a great base from which to explore all this wonderful city has to offer! Check it out. You will be delighted!

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**Sherry Laniado,
MSW, LCSW, OSW-C
Journal Club
Coordinator**

**Using a Journal Club
to Encourage
Evidence-Based Practice**



**Iris Cohen Fineberg, PhD, MSW, OSW-C
President-Elect**

AOSW member Sherry Laniado is one of our newest leaders. She started AOSW's Journal Club with energy and enthusiasm. Sherry has been a social worker for more than 30 years and an oncology social worker for a decade. She is passionate about oncology social work

Iris Cohen Fineberg

and the combination of practice and science it involves. She particularly loves the educational component of her work — helping patients understand their experience, running four educational support groups, supervising four students. I had the pleasure of interviewing Sherry, and here is what I learned.

What are your hopes for the Journal Club?

I hope the Journal Club will be a place where members can discuss the latest research that pertains to their practice. I believe many oncology social workers had limited experience with research during their MSW program and now in their practices. Most cancer programs, except for university-based ones or those in comprehensive cancer centers, have limited research programs and very little behavioral or psychosocial research. We are exposed to clinical research at tumor boards, rounds, lectures, workshops, etc., but this research is mainly focused on medical cancer treatment. When we get to our professional conferences, read our professional journals, or do online searches, we are able to access pertinent research. However, we rarely get the opportunity to discuss, criticize, reflect, or share these findings with our colleagues. I hope the Journal Club will be a stimulating forum for anyone who wants to further their knowledge and question the foundations of practice by reviewing the evidence from research.

What inspired you to start the Journal Club?

I went to a CBT training program and was struck by the amount of research for this intervention. It made me think about the lack of education and the accompanying under-utilization of evidence-based research by oncology social workers. It started me thinking that we need to look at more research together and see what we agree with and what we don't.

What professional and leadership roles have you had?

In addition to leading the Journal Club, I am the Editor of Professional Development for the *AOSW News*. In the hospital where I work, I am the Coordinator of Psychosocial Services. Up until this year, I was the Coordinator of Outreach Services where I developed a transportation program for the cancer center, and I have worked with administration to build the integration of cancer services.

What do you do to help yourself get through the difficult days?

My self-care is simply trying to stay in the moment. I meditate on the present. If I get very overwhelmed, I use guided imagery to take me to a Caribbean Island for a mini vacation.

What do you see as unique about AOSW?

AOSW is a place to find things you cannot find anywhere else. It is a very supportive organization. I am like a lone ranger where I work because of our institutional structure; for lone rangers, it is important to be connected.

What advice would you give AOSW members?

Volunteer for something you enjoy! Just jump in and give it a try! AOSW is a very safe place to develop your leadership skills. People are incredibly supportive and bend over backwards to be nice. The demands are manageable. You will feel like you are contributing.

If you could go anywhere in the world, where would you go?

I would go back to Medellin, Colombia, where I adopted my son. It is a gorgeous city and I have always wanted to return with my son so he could see where he was born and how beautiful it is.

Concluding thoughts?

I want people to know the Journal Club exists for AOSW members. It is an opportunity to find out what "works" in practice and why. However, it can only be as good as its members, and it can only work if members participate.

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The “I” in My Team is “Inclusion”

*Alyson Currie, MSW, RSW
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As a multitasking clinical social worker in oncology, I am often too distracted providing comprehensive psychosocial care in a very busy provincial cancer centre to stop and think about the things that excite me about the work I do. However, the moments of clarity do come.

The Nova Scotia Cancer Centre provides complex, specialized, comprehensive, multidisciplinary oncology care to thousands of individuals and their families each year. People come to us from across the urban and rural regions of Nova Scotia and the other Maritime Provinces. Our team members plan and deliver systemic chemotherapies, radiation therapy, and palliative care services. Woven in between these pillars of cancer treatment, our patients receive the services of a myriad of allied health professionals, including myself, a member of the psychosocial oncology care team.

In a world where social workers often have to explain what we do, how we do it, and why it is important, we can easily become bogged down in the struggle to practice in the midst of a heavy-laden medical model of care. Allied health professionals often experience a sense of being “othered,” but I am fortunate to work in an area of health care where social workers are recognized as valuable members of the oncology team.

I am excited that social workers are (finally) being recognized and viewed by other healthcare professionals as “specialists” in the areas in which we work. Not only are we social workers, but also we develop skill sets specific to the areas we work in. For example, as an oncology social worker, I work hard to develop a comprehensive, up-to-date understanding of the disease process, treatment, and management of all types of cancers the individuals and families I serve are experiencing. I feel that more multidisciplinary teams are realizing that social workers are specialists too, just like my colleagues in medical, radiation, and surgical oncology. Since this understanding is growing, I have more exciting and interesting opportunities presented to me due to being recognized as someone who “knows their stuff” in the oncology world. It allows me to pursue further education and opportunities to contribute in ways beyond the scope of my social work title. I have been asked to be involved in research, policy, and guideline development and quality initiatives in the Cancer Centre and Cancer Care Nova Scotia.

I have assisted in creating the content of patient orientation information that gives cancer patients some navigational

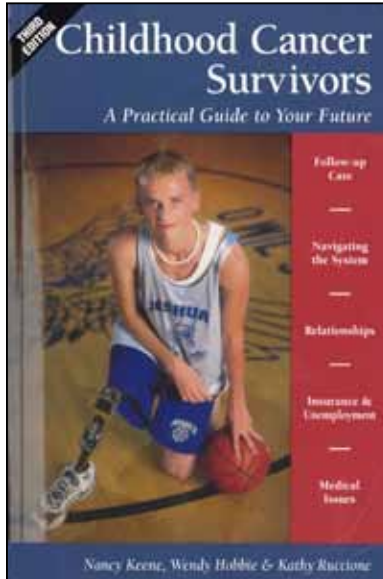
help in figuring out a very complex system of care. Following this experience, I became involved in the development and delivery of “Living Beyond Cancer,” a patient education session that is offered monthly to people who have completed treatment. This multidisciplinary teaching session involves social work, clinical nutrition, physiotherapy, radiation therapists, nursing, and spiritual care. Topics are geared to help individuals and their support people transition out of day-to-day cancer care, give them a sense of what to expect, where to go for information and support, and answer their many questions. We talk about follow-up care, short- and long-term side effects of their treatment, benefits of physical activity, healthy nutrition, coping, spirituality, and adjustment to life—and sometimes living continually with cancer.

Aside from the direct patient care initiatives, I continue to (it’s never ending, as you all well know) advocate for the improvement of practical services for cancer patients and their families. Regardless of how advanced the medical treatments we offer are, they are no good if our patients continue to face major barriers in accessing this treatment. At this time I am involved in an initiative to ask the Provincial Government to review and change the qualifying criteria for a transportation assistance program. The change is needed in order to reflect the increase in travel costs since the current criteria were created in 1996. Although I am the first to admit major frustration with the process of “working groups” to propose such necessary changes to government, I am pleased to be able to provide my input and be a persistent catalyst for change.

Whether it is a project or initiative, expansion of my personal or professional knowledge, or the appreciation of my role and wisdom by the rest of the oncology care team, the direct impacts to my patients are many. I am able to appreciate better their experience, feel true empathy when they describe their disease and what treatment they have undergone. My ability to advocate for them in a well-informed manner lends strength and volume to my voice when I am asked to speak along with them or on their behalf.

These important opportunities to contribute, participate, and inform improve my ability to truly enjoy my work, know that I am a “difference maker,” and, most of all, provide a greater positive impact on what I can offer my clients both now and in the future. It is these positive steps forward that put that excited little spring in my step as I madly dash through my busy, but very rewarding, day.

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Childhood Cancer Survivors: A Practical Guide to Your Future (3rd ed.)

*Nancy Keene, Wendy Hobbie,
and Kathy Ruccione
Bellingham, WA:
Childhood Cancer Guides
ISBN: 978-1-4571-1867-8*

*Reviewed by Kimberly Lawson, MSW, LCSW, CPGW
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This 456-page paperback (available on www.amazon.com for under \$20) is a must-read, must-have not only for any survivor of childhood cancer, family members, caregivers, but also healthcare providers to this courageous population, particularly so for primary care physicians and mental health providers.

I chose to review this work because, like many AOSW members, I have worked primarily with adult cancer patients and caregivers. The instinct to do so paid off enormously, not only improving my knowledge base of pediatric cancers, treatments, and potential late effects, but also offering profound insight into the lifelong emotional impact of childhood cancer offered from dozens of interviews expertly woven into the book's content. I completed this read not only with a significantly heightened awareness and knowledge of the late effects of childhood cancers, an area of health care growing by leaps and bounds, but also realizing that "cure is not enough" (Giulio D'Angio, MD, Professor Emeritus, Radiation Oncology, University of Pennsylvania, p. xiv).

Not only do the authors impress with their qualified backgrounds in pediatric oncology and survivorship, both personal and professional, but also with their clearly tireless dedication to ensuring that the issue of childhood cancers' late effects remains in the public's eye. This third-edition book merits addition to any healthcare library. Though at first glance each edition seems quite similar with tables of contents organized essentially the same, the authors' success at ensuring the

most updated offering possible in this new edition is evident, particularly in the valuable "References" section where those thirsty for more knowledge or of the "trust, but verify" mindset, will find listings, chapter by chapter, of each reference used.

As a reference for social workers, this book should be on all of our shelves. It could be a most important "new career" asset for social work interns or new(er) oncology social workers in pediatric or survivorship clinic settings, as our social work-specific education rarely allows for such specialized learning. The content is organized in a clear, concise manner that provides essential information about potential late effects. It is an essential resource for the journey of pediatric cancer survivorship and the accompanying healthcare teams. I would order several copies for any patient library or as "give-aways" for new patients and families.

Though we may think that the smaller number of childhood survivors, compared to the number of adult survivors, may not merit as much attention or services, consider this (from the foreword by Dr. Giulio D'Angio): "As survival rates climbed in the affluent countries (those able to dedicate resources to finding cures for childhood cancers) the proportion of young adults who were survivors of childhood cancer rose concomitantly. That proportion is now estimated to be 1 in 750 20-year-olds. This is not very different from the incidence of heart disease in that age group, to give some perspective" (p. xiv). Rare, perhaps, but increasingly more present in our society.

Until I started to write this review, I had not personally known anyone in my family or groups of personal friends and acquaintances who had faced childhood cancer. As I approached writing this review, however, I received a letter from a dear family friend with whom I have not had contact in more than 35 years. One can only imagine my sad surprise at reading her description of her grandchild, afflicted now for several years with a childhood cancer. She describes in heartfelt terms this child's courage and persistence in getting through college in a snowy climate, on ice and snow, sometimes in a wheelchair and sometimes with crutches, now reaching her goal of graduation. After reading this book, I felt much better prepared to telephone her.

I dare say, though the number of childhood cancer survivors may be small relative to adult cancer survivors, it is likely each of us will all be directly touched by childhood cancer and its survivors. Many thanks to authors Keene, Hobbie, and Ruccione for their moving and persistent dedication to this population of cancer survivors and their quality of life. Their work and this most recent book widens and strengthens the path to all of us feeling more capable of supporting them.

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The AOSW News Content Editors & the Work They Do



Kelly Brajcich, MSW, OSW-C Clinical Content

I took this position to get involved in AOSW in a concrete way, to learn and connect with oncology social workers across the nation, and to enhance my own professional development — and that is exactly what I get from the experience!

How do I find contributors for this part of the *AOSW News*? I reach out to volunteers who have previously expressed an interest in participating in future editions. I also keep a pulse on SWON and the trends there that are relevant to our members. I check the posts on SWON for timely or relevant topics I think might warrant further elaboration in the News.

After selecting a writer, I help guide this person in selecting or refining the topic. My first task as the Clinical Content Editor was to create a history of past articles to avoid repetition and ensure the content will be valuable to our readers. As we approach the deadline for submission of an article, I make myself available as a sounding board to the writer—reviewing drafts and offering feedback as needed. I find our writers are overwhelmingly self-sufficient professionals. Often, they are selecting topics on which they are not only passionate but also demonstrate a certain level of expertise. I love reading the drafts because I learn so much from them! I remember one in particular on support groups by Sherry Martin, a topic on which she had been published previously.

I have many volunteers so I am hardly in a position of hunting down contributors. If anything, I think the hardest part is keeping the writers engaged and interested when the first opening for an article might be nine months away.

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Kathy Allen, LSW, OSW-C Book & Film Reviews

Overall, it has not been difficult to get reviewers—and I have been doing this since 2006. If I need new ones, I will post on SWON and usually get some takers. I hear about books from AOSW members, through my own reading, or from authors or publishers.

One of the hard parts for me is keeping up-to-date on email addresses of reviewers due to changing jobs or leaving

AOSW. Reviewers often know what book they are reviewing many months ahead of the submission deadline. Because it is easy to procrastinate or forget that you agreed to review the book/film, I send gentle reminders that the review is due to me on a certain date. I think I have had only one experience where a reviewer couldn't match the deadline, and we found a way around it. If something comes up so the reviewer cannot finish the review, I usually have read something I can review and send in. Social workers are pretty responsive and responsible people so that isn't a stressor. I have also found that I need to do only minor editing, as social workers tend to be good writers.

What do I get from being on the editorial board? I wanted to be able to contribute to AOSW in some way and, since I love to read and watch movies, this position seemed like something I could handle. It is a great way to learn about new books that can be helpful in our work and for our patients.

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Kristy Case, LCSW, OSW-C Resources

I typically receive a list of volunteers (from the Content Manager) who are interested in writing an article. This list seems to grow rapidly each year at the conference, and I reach out to everyone on it. People are eager to write.

It is relatively easy to find a topic to write about for the Resources column. The authors often choose existing programs at their place of employment, helpful websites, or national resources to help people with cancer and their families.

Once I have assigned a writer, I provide details (e.g., length, deadlines) and send reminders about the due date. When I receive the submission, I edit it (if needed) and ensure it is sent to the Content Manager on time.

I took this position because I wanted to become more involved in AOSW. I figured it was a way to give back to an organization that has helped create a career for me. Also, I really wanted to meet and interact with others who have similar careers.

I absolutely feel it is worth it to be an editor. I have gotten so much from it and it is fascinating to see what other oncology social workers write about in their pieces. This editorial role provides a great deal of freedom with topics and requires only a reasonable time commitment.

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**Sherry Laniado, MSW, LCSW, OSW-C
Professional Development**

I am actually new to this position, having done two issues of the AOSW News. However, in my brief experience I have found that sometimes people do come forward to ask if they could write an article. If someone has

not volunteered, I keep my eyes open for people who may have posted on SWON about some area of professional development they might have embraced, researched, or presented on.

I look for areas of professional development that would appeal to the membership at large. I like to select areas that are being talked about frequently on SWON or in the profession. Areas of professional development I think will be popular as we head into the future are: complementary/integrative education, pursuing a PhD, getting published, doing research, and obtaining clinical education. I'm always open to any suggestions.

The authors send me a draft and I review it. I make suggestions regarding content, if needed, or suggest changes in the writing or format. Sometimes I recommend additional sources or resources that are pertinent to the topic.

I took this position because I have done a great deal of editing in my job. I have an undergraduate degree in English, so I enjoy writing and editing. It gives me an opportunity to help promote and improve AOSW members' skills and professional opportunities.

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**Marianne Arab, MSW, RSW
AOSW Around the World**

I took this position because I wanted to be more involved in AOSW.

While it is challenging being in this role, it is worth it because it connects me with oncology social workers around the world.

At times, it is difficult to recruit people to write articles for this feature. Because our travel budgets have been frozen for the last few years, I have not attended the annual conferences, which would be a good opportunity to recruit authors. Writing to international members individually and asking specific questions about their practice, innovative projects, and the role of oncology social work in their city/country has been more successful than a general call for authors.

I encourage all international members to contribute. It is a great way to showcase the wonderful work you are doing to a worldwide audience.

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**KrisAnn Schmitz, MSW, LICSW
Content Manager**

I am new to the Content Manager role and am thrilled to be able to participate in AOSW on this scale. For a number of years I was a lone social worker in my medical setting and found the support of AOSW to be incredible.

I especially appreciate the *News* and SWON. They provide such great avenues to stay current in the field and connected with like-minded social workers, not to mention the problem solving and emotional support that occurs in each of these arenas!

Patrice Al-Shatti was wonderful in bringing me up to speed as I entered this new role. This issue is my first one working with the individual Editors directly, and they have all been so professional and timely. They make it easy to ensure the *News* provides relevant information you can use today in a variety of social work settings. If you have special requests for particular types of articles you'd like to see, I'd love to hear from you directly!

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Continuing Education Telephone Workshops

CancerCare, in collaboration with AOSW, offers telephone workshops on a variety of cancer-related topics. These programs are free and provide continuing education credit for participating social workers. For details, and to register for a workshop, call 1.800.813.HOPE, or visit the CancerCare website at www.cancercares.org/connect.

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