AOSW 2026

Annual Conference

June 10-12, 2026

Portland Marriott Downtown Waterfront
Portland, Oregon USA

Pre-Conferences: June 9, 2026

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ASSOCIATION OF ONCOLOGY SOCIAL WORK

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I Have A Secret: The Role of Social Work in Serious Illness

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Learning Objectives:

1. Describe how relationships with physicians and advanced practice providers (APP's) influence communication dynamics and decision-making within the care team.

2. Explain how continuity of care and established relationships with patients and the folks that care about them shape the delivery and pacing of difficult information.

3. Apply practical strategies for communicating concern, or clinical worry, to interprofessional team members in a collaborative and effective manner.

Considerations:

The *role of Oncology Social Work* can differ widely across health systems, across teams, and even across individual providers.

While the structures around us may vary, *one constant* is that Social Workers often find themselves in the middle of complex communication dynamics.

Intended audience: AOSW, Oncology Social Workers; applicable to consultants & multidisciplinary team members

Clinical Encounters:

Have you experienced a *clinical encounter* where the delivery of information brings up complex *feelings…?*

These *moments can happen suddenly*—during rounds, in a family meeting, in a hallway conversation. And when they do, they often a mix of internal *responses…*

Scenario #1:

- Jason, 42 yo male:
  - -young family
  - -goal: to be alive for his son's graduation from kindergarten in June '27
  - -diagnosis of relapsed refractory AML status post BMT just 2 mo
  - -You meet as a care team and learn that Jason's mortality is 90% in the next 3 months
  - -However, when everyone is in the room discussing this, the patient's take-away from the conversation is that they will have another BMT soon
    - No worry about mortality was said

Our Internal Response In These Situations:

- Do you wonder what to do with the information you heard, with what you were told 'outside the room,' or your experience with what you understand to be the case with this diagnosis or situation?
- Does your mind begin moving quickly?? Does your heart race? Do you get anxious or angry?
- Do you start asking **silent** but important questions to yourself??...
- And given all of that, is *now* the right time to step in—or would a private *follow-up* conversation with the physician be more effective, more respectful, and ultimately more productive?

Where does our internal conflict come from?

Our *role is exciting and unique; we have m*ultiple alignments and commitments simultaneously:

1. An integral part of the oncology *(or other) multidisciplinary team.*

2. We work independently, and often intensely, over time with patients and families.

3. We are a trusted advocate for the patient and the people that care about them.

We Get To Be The Continuity:

- Our role requires consistent check ins over long periods of time.
- Develop a nuanced understanding
- This knowledge isn’t just valuable—it can be crucial

Trusting Our Training & Clinical Insight:

- This kind of internal decision-making is rarely visible to the rest of the team, but it is central to what we do.

- Social Workers are constantly assessing not only the *content* of what is being said, but the *context* in which it is being said.

- The complexity of these decisions is one of the reasons our work requires such a high level of *emotional intelligence, situational awareness, and clinical skill*.

Simultaneously Trusting Our Provider Colleagues

They know the data for treatment & are specialty trained in medicine as experts

They care deeply

It is Vital to Build Trust and Relationship with the Provider Team:

There is a *long game* to our work with patients and providers.

Shared language with one another.

Being *concise* and knowing when they are approachable.

Trust

Prep with the Provider; Consider Asking:

- What is your best case scenario?
- What is the worst?
- What is most likely?
- What is the 'headline' or goal of today's delivery of information?

Recommendations for the Providers Prior to a Family Meeting:

- Important that all team members bring their expertise, including Social Workers
- Remember, we have relationship often with the patient and can/ should advocate
- *Make clear clinical recommendations for the discussion*

Our Social Work Recommendations for the Providers Prior to a Family Meeting:

- Provide insight into the patient's coping, expectations, hopes for the mtg
- Propose shared language
- Agree upon the headline; *No surprises* in the room with the patients, all working together.

Best Practice in Collaborating as a Multidisciplinary Team

- With Curiosity, Respect, and Integrity
- They are the medical expert
- We are the oncology Social Work/ mental health clinician
- We all have the unified goal of best care for the patient
- Work together and cohesively:
  - Use honest language to align the timing, intention, and wording of the meeting or conference together

When Clinical Perspective are Varied

- Recognize that we, as Social Workers, aren't medical providers, but we *are* Oncology Social Workers who are closely involved in care plans and helping patient's process, cope, make decisions….
- Check in with yourself to understand your bias', your countertransference, and what your clinical recommendations are
- Remind yourself of the patient's needs, hopes, and what is best information for them to receive

Back to Jason:

How do we prepare as a team to deliver news (pre-game)?

What happens in the room?

How do you debrief?

Trust and Relationship with the Provider Team:

- *After the encounter:*
  - Create a culture where we can all discuss together what went well.
  - Recognize a potential that a provider may feel unresolved grief and feelings that they couldn't save their patient.
  - Ask for their feedback.
  - After a death, process together & acknowledge.

But what if things are going sideways??

Once You Have the 'Trust and Relationship…'

- *<u>In a patient encounter:</u>*
  - Sometimes we sense that something isn't being said—or that the message being delivered is missing important context.
  - One way to acknowledges the provider's expertise while still addressing discrepancies or unrealistic messaging.

    "Dr. Darcell, it sounds like you are saying we don't have any more cancer directed treatment to offer, did I hear that right?"

If the Patient Encounter Is Not Going As You'd All Agreed Upon:

- Do you, as the Social Worker (or consultant), skillfully avoid the 'hard' questions, ignore the intent of the meeting, following the provider's lead?
- Does omission of information feel like a lie to the patient? *Or do you feel that you are holding a secret?*
- Do you ask the provider in the moment to clarify "so, Dr x, when you say that Jenny isn't doing well, do you worry she's nearing the end of her life?"

The Importance of Examining our own Biases

- personal identities
- cultural backgrounds
- lived experiences shape what care team members feel comfortable sharing—or withholding—from families.
- Intersecting identities between ourselves and our patients
- Awareness means we approach our work with greater self-awareness and humility.

In Preparing the ***Patient*** for a Conversation, Here are a few options:

- "It sounds like you may be worried, tell me more about that."
- “Have you talked with your family about your wishes for when…?"
- "I do think it is helpful to prepare you and your loved one in case things don’t go the way we are all hoping, would it be ok if we discussed this with Dr. X today?"

- Scenario #2: You have a care conference scheduled at 3 in the afternoon, after 10am huddle you know that the team is going to offer a clinical trial that has < 20% chance of treating the disease and your patient will still die, you go to see your patient to confirm the rest of the important people in their life are coming in at 3.

- Your patient asks you, “is this a meeting to tell me I am going to die?”

- 1 WEEK LATER:
- The chemo did not work… now patient is experiencing intermittent altered mental status and increased worry that she will die.
- She has not previously been open to talking with family.
- Window to complete her AD, coordinate with RN (Does not want spouse to be her HCR)
- Preparing medical team for conversation

Use of Words: "Death, Dying and Die"

- These are words that hold emotional weight—not just for patients and families but for most of us.
- Many clinicians, even experienced ones, struggle to use these terms directly.
- You may observe yourself or others defaulting to euphemisms or avoiding difficult language altogether.
- Dr. Darcell are you saying that their body is dying and that time is short?

Use of Words: "Death, Dying and Die"

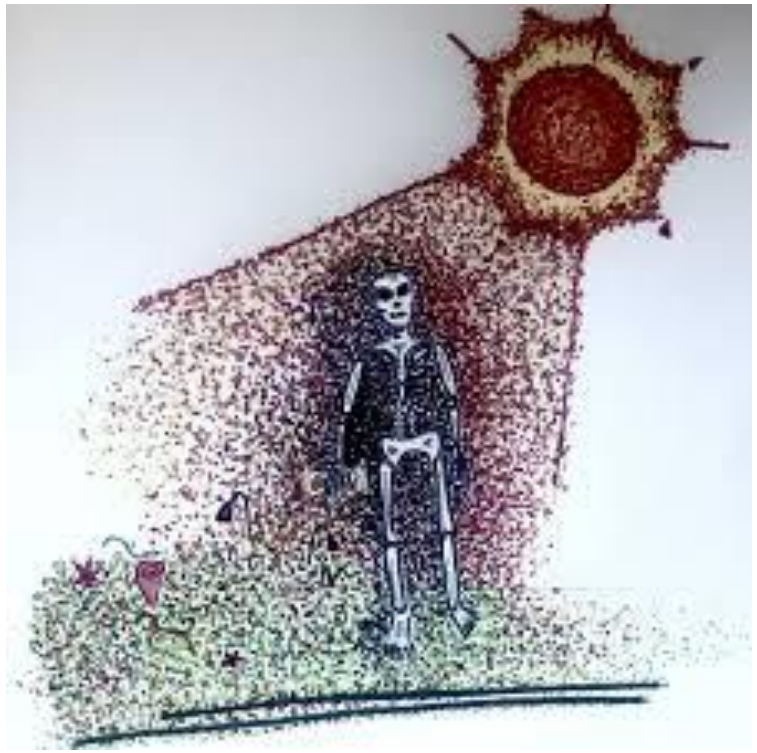
- How important this can be when working with interpreters.
- What words/ language about end of life are the patient and family using?
- Is there a cultural piece?
- How does their faith come into the conversation?

What does the evidence say?

- Open and honest information:

- Can increase anxiety, stress, and existential disruption.

However, the Social Worker, that knows this family and their communication style and can prep team…



Cindy L. Cain, Antonella Surbone, Ronit Elk, Marjorie Kagawa-Singer, Culture and Palliative Care: Preferences, Communication, Meaning,
and Mutual Decision Making, Journal of Pain and Symptom Management, Volume 55, Issue 5, 2018, Pages 1408-1419, ISSN 0885-3924,

What does the evidence say?

Considerations about language and culture:

If the health care team is primary white and you are working with a patient of color…

- White providers are less likely to disclose difficult news to patients of color AND to patients with limited English proficiency.

Noel L, Chen Q, Petruzzi LJ, Phillips F, Garay R, Valdez C, Aranda MP, Jones B. Interprofessional collaboration between social workers and community health workers to address health and mental health in the United States: A systematised review. Health Soc Care Community. 2022 Nov;30(6):e6240-e6254. doi: 10.1111/hsc.14061. Epub 2022 Oct 21. PMID: 36269094; PMCID: PMC10675993.

What does the evidence say?

- Community health workers and working with *staff interpreters improve health care.

- Collaboration between Social Workers and community health workers are essential in addressing health care inequalities.

Engel M, Kars MC, Teunissen SCCM, van der Heide A. Effective communication in palliative care from the perspectives of patients and relatives: A systematic review. Palliative and Supportive Care. 2023;21(5):890-913. doi:10.1017/S1478951523001165

Recognize:

- These conversations can be *challenging*
- Discussions with patients, interdisciplinary colleagues, and group discussions are an *essential part* of what it means to be a Clinical Oncology Social Worker in healthcare.
- Multidisciplinary team members have *varied perspectives;*
  - *No one is wrong, all perspective important*
- Engaging in discussions with *clarity, compassion, and courage* ultimately leads to the goal…

- **UNIFIED GOAL: care that is honest, patient centered, and more aligned with the experience of our patients.**

In Conclusion---

- *Role of Oncology Social Work* is profound, unique in medicine, and important for the patient and the care team
- **Our clinical assessment and recommendations matter**
- We carry sometimes the feeling of 'secrets' about prognosis or outcomes that we hear from the care team prior to delivery of information
  - Learning to hold and navigate this is vital
- We have dynamic relationship with the patient, both in supporting the patient 1:1 *AND* then in delivery of news discussions

Too soft, and it gets missed.
Too direct, and it can create resistance.
So you adjust in the moment.

@socialworkaholic Instagram.

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THANK YOU

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