Overseas/Mainland Fieldwork Placement
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Student’s Summary Report
Summer Placement at Shanghai Children’s Medical Center

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Introduction

Shanghai Children’s Medical Center, affiliated to Medicine School of Shanghai Jiaotong University, was jointly established by Shanghai government and Project HOPE in 1998. It is a tertiary Pediatric Hospital integrated with medical care, scientific research and education. And now it has become a general children’s hospital based in Shanghai Pudong New District. What’s more important, Shanghai Children’s Medical Center was the first hospital that established social work department in Mainland China.

Shanghai Children’s Medical Center set up Hospital Development Department along with the establishment of the hospital, and then Hospital Development Department was changed as Social Work Department in 2004. Social Work Department now has five kinds of daily work, social administration work, community work, group work, casework and medical social work research.

Work Assignment

During my summer placement in Shanghai Children’s Medical Center, I have finished two cases, one group and one project (with other two student social workers). And I also helped my colleagues do daily affairs.

Need Assessment

As we three HKU student social workers have never come into contact with medical
social work, it means that we do not know the real need of our target groups. In this children’s hospital, our target groups are children patients, their family members and even medical staff in the building of hematology and oncology. But considering our little experience, we didn’t put medical staff into our target group. So we focused on children patients with tumor and leukemia and their family member, especially their parents.

In order to know more our target groups, we started daily ward rounds with doctors every morning. We observed and communicated with many patients’ family. This work lasted for two weeks and during the process, we really got an integral acknowledge of Hematology and Oncology Department, including medical staff and patients. Meanwhile, we were assigned to do need assessment with prepared questionnaire, which assessed children patients’ family members in some dimensions. Apart from this, we interviewed some parents based on our interview outline. Lastly, we concluded four main needs of children patients and their family members, namely, needs of children’s nutrition, daily nursing care, emotion management and parents’ social and emotional support. Then our work were assigned by ourselves in the direction of these four main needs.

**Casework**

I finished two cases. One was found by myself during daily ward round. Another was transferred by PICU.
Case 1

The client (male, 3 years old) was diagnosed with tumor. There was a big tumor on his face, thus forcing his eyes and nose out of shape. When I firstly met him during daily ward round, he refused all medical staff’s touch. What’s worse, sometimes he even tear down his respective doctors’ echometer. His behavior was greatly different from other children. Then I contacted his family members and tried to know more information of him so as to clarify his presenting problems. The client’s grandma said that the client was always crying and exclaiming, especially when doctors and nurses came. And he refused to accept doctors and nurses’ check. Moreover, he heavily relied on his grandma. Even when his grandma showed the tendency to leave the ward, he could cry out. To this situation, I adopted CBT as the main intervention theory. I tried to make a good relationship with the client firstly and get more information of his own real idea. Meanwhile, more information about him was learnt from his parents and doctors.

However, a great problem appeared. When he started to communicate with me, I found he couldn’t speak standard mandarin. He could only use his hometown dialect which I seldom understood. This disappointed me a lot after I failed to communicate with him by his mother’s interpretation. I had to change my focus on this parents by helping improve their improper parenting style, although I knew this could decrease the effect. But I had no other choice. Luckily, along with his physiological symptoms recovery and my intervention, he was better, which made me close up this case
successfully.

*Case 2*

The client (female, 42 years old) was a mother of children who was diagnosed as leukemia. She had a nervous breakdown as the situation of her daughter. When I met the client in the office of security personnel outside the PICU after getting the transfer of PICU, she had an emotional flooding. She kept crying. After I knew the whole process, I thought the client’s behavior was because this terrible thing happen suddenly. It didn’t gave the client enough time to prepare her emotion and she should face their daughter serious condition immediately. In this case, I chose crisis intervention as the direction. The first task was to comfort her and helped her vent her negative emotion in a proper way. She need time to accept the reality.

The toughest time came when the doctor told the client and her husband that doctors had no methods to cure their daughter. That meant their daughter would die in several hours. This fact totally destroyed her mind. Then she started to hurt herself suddenly, like pulling up her hair with her own hands. All of her relatives stopped her behavior by grasping her legs. I thought I couldn’t hold this situation and I asked one of my colleagues for help. We two social workers accompanied the client and her husband to go back the hotel. In the hotel, the client cried for a while along with our comfort and finally her husband and she built up mutual support. With her emotion calm down and started to accept the reality, I ended this case.
**Group work**

As I knew, leukemia had a treatment cycle. The whole time of treatment might last for several years. During this long period, not only children’s disease but also children’s emotional condition make family members worried. There are many cases every year that children have emotional problems during the inpatient time. According our need assessment above, children patients needed activities and peer companion to live up their boring days. Therefore, I ran a group for children patients with leukemia in order to help them get support from friends and family members. It was a developmental and support group and had 4 sessions. I faced with many sudden problems, including having no participators, choosing wrong starting time and so on. But I finally solved them successfully.

**Project**

We three student social workers from HKU cooperated and finished a project named “Fresh and happy summer time”. This project was designed for children patients’ parents. According to the results of our need assessment, we found that mutual communication and support within parents could benefit parents in multiple aspects including information exchange, socio-psychological support and so on, becoming one powerful resources of their social support. So we planned a meeting. Related nutritionist, nurses and social workers were invited to give lectures for parents based on their needs of children’s nutrition, daily nursing care, emotion management as
mentioned in the need assessment. Meanwhile, we also invited some parents whose children with leukemia were recovered to communicate with parents in the hospital. After the meeting, almost all of the participants presented that they were very satisfied with the arrangement, content and atmosphere of this meeting, and they really benefited a lot from it.

**Reflection and personal growth**

In the summer placement, I found that the daily work of this department is mainly macroscopically. Although there are four regular staff in social work department, just one’s work can be regarded as a real social worker. But it seems that this staff is also decreasing her work time as a real social worker gradually and she has not run groups for a long time and occasionally does some cases in daily work. But intern students undertake most of fieldwork. For example, there were five intern students when we three joined in. Four of them come from East China University of Science and Technology and one comes from Fudan University. Intern students from East China University of Science and Technology have run two groups in the department of internal medicine and the Fudan student is responsible for fund management. This situation means that nature of regular staff’s work is mainly administrative instead of practical. Though intern students can do practical social work, regular young staff cannot improve their practical skills without field operation.

However, one day I heard that there is a social organization which is applying special
management in America. In this organization, all daily work rely in intern students and even in the period of students having no time, this organization closed until students come back. What’s more important, every intern student has a tutor or supervisor to assist them to cope with daily difficulties of work. By doing so, it enables this organization to save the expenditure and train more professional social workers. In fact, I think this is a great idea. I don’t know whether social work department in Shanghai Children’s Medical Center prepares to adopt this model. But I still think enough practice of regular young staff is essential.

For me, I learnt a lot from this placement, not only about the professional practice but also about my value. In the past, I ignored my health and always had habits which were harmful to my health as I seldom got sick. I saw all parents in the hospital paid great attention on their children’s daily health, for children with leukemia needed careful daily care. I started to reflect my living habits and pay more attention to my body. My value changed in this placement. I really thanked for this.