**Description of the Agency**

 My internship is in the process of been completed at El Paso Children’s Hospital, with the Department of Social Work. El Paso Children’s Hospital is the only separately licensed private, non-taxing, independent, not-for-profit children’s hospital in the El Paso region and the only dedicated Pediatric Hospital within a 200-mile radius of El Paso, Texas. The Vision of El Paso Children’s Hospital is to enhance the lives of children from the greater El Paso area and surrounding region by providing a place of hope and healing through unmatched excellence in pediatric patient care, research and education. The mission of El Paso Children’s is to provide compassionate, coordinated, family-centered care for children with a dedicated commitment to excellent patient outcomes, inclusive leadership, and innovative pediatric research and education.

 Throughout this internship, it has been an honor working side by side with Xiomara, who is the clinical instructor/supervisor of the Department of Social Work at El Paso Children’s. Xiomara oversees the entire social work department, attends patient medical brief meetings, works to secure funding or coordinate resources for underfunded patients, functions as the liaison in the patients care coordinating team, obtains clinical documentation for the authorization process, discharge planning, referral family/patient to appropriate resources, etc. Social Work team member, Cristine Avalos, oversees the entire PICU and HMOC units, provides crisis intervention education, assists patients and families understand the illness and treatment options, as well as consequences of various treatments or treatment refusal, educates medical directors on patient psychosocial issues, coordinates patient discharge and family continuing of care, helps patients family with financial resources, etc. Each social worker at El Paso Children’s is paired with a nurse case manager to assist the social worker on the clinical aspect of the patient’s discharge plan.

 Social workers collaborate with other departments within the agency. For example; being a border city to Mexico permits the hospital to treat individuals from across the border.Medical insurance is always identified as a need during a psychosocial assessment for individuals who are from Mexico and admitted to El Paso Children’s. In such cases, our job is to collaborate with El Paso Children’s “Admissions” department. Jacqueline, the admissions healthcare worker, duties are to assist the patient’s family with healthcare resources to help cover medical expenses while admitted and discharge from the hospital. As a social work intern, it is my duty to follow up with the patient and support the needs of the patient.With the guidance of the social work staff, I have been exposed to the Pediatric Intensive Care Unit and the Neonatal Intensive Care Unit. In both units, I have experienced various cases involving children who are chronically ill, battling a diesis, and or children who have experienced child abuse/neglect. I have acquired the necessary skills from my clinical instructor to complete psychosocial assessments, provide education, support, and information, review patients’ medical charts, collaborate with CPS, complete documentation on the clinical software system, and attend patient brief meetings with medical directors. Although the Social Work department at El Paso Children’s does not have a mission statement, the goal is to play a critical role in the hospital setting by helping patients and families address the impact of illness and treatment. As an intern in the social work department in a healthcare setting, we conduct assessment and provide appropriate interventions to aid the patient in achieving optimum recovery and quality of life. This includes maximizing the benefit the patient and family receive from their medical treatments and transitioning to risk-reduced, timely discharge.

**Agency Service Provision and Policy**

 There are many services that are provided by El Paso Children’s Hospital. These services include but are not limited to; Cardiology, Adolescent Gynecology, Neonatal Intensive Care Unit, Inpatient Clinical Pharmacy, Pediatric Intensive Care Unit, /Critical Care Transport Team, Blood Cancer Center, Cranial and Facial Clinic, etc. The unit for which I am practicing is the Pediatric Intensive Care Unit and the Hematology-Oncology Unit. These two units require intensive care, monitoring, and treatment by medical staff. Our mission as a social worker is to provide information and support to the patient and the patient’s family regardless of the circumstances. For example; in a particular case, the medical directors informed the parents of a 6-year-old boy who was diagnosed with Leukemia, having only 4-6 months to live. The patient’s parents felt the only way to protect the patient was to refuse to inform the child of his medical condition. As a parent and social worker, I understand the importance of the parent’s intention to protect the patient, however, social workers are to look for the best interest of their clients/patients. As a social work student, service is one of the important values in our field. The social work department was proficient to set up a meeting with the patient’s parents and medical staff to educate the patient’s family the importance of advising the patient. As a future generalist, I was able to assist the family by providing resources that can benefit the patient manage his condition if the patient is not fully aware of his medical condition as well as resources that will assist the family through the grieving process. Any patient regardless of gender, race, ethnicity, or citizenship is eligible to receive services at El Paso Children’s hospital. Should the patient not qualify for services, the social worker will work with the agency to identify resources available for the patient while admitted or discharging from the hospital.

 It is not easy to identify agencies or programs that refer clients to PICU or HEMOC. It is the hospital best interest to see fewer children be admitted to the hospital. However, while completing my internship, I have experienced cases of children admitted to our unit due to child abuse. As a social work intern, my duties are to complete a psychosocial assessment and investigate to the best to my ability on the patient’s condition If child abuse is suspected, we instantly staff the case with the medical directors to identify if the medical condition of the patient coincides with the report given by the patient’s family. Should the directors and social workers suspect abuse, then it is our duty as a social worker to report any abuse/neglect to El Paso CPS or CYFD of New Mexico.While completing my placement, we have referred the patient’s family to the Ronald McDonald House, should the family be experiencing a financial crisis and if the family if from another city. The Ronald McDonald House Charities of El Paso keeps families close during their child’s serious illness or injury while receiving medical care in El Paso, Texas.

 The “intake” process referred to as the “psychosocial assessment” at my agency, is a serious of questions asked by the social worker to help identify the needs the family may require upon admission or discharge from the hospital. This assessment is a careful evaluation of the patient’s family economic background in the case of a family support worker trying to determine eligibility of a family for government assistance, in this case Medicaid, food stamps, SSI, or housing/shelter. The psychosocial assessment assists, me, the social work intern, to identify any risk factors that led the patient to hospitalization, the patient medical condition prior to hospitalization, history involvement with CPS or Law Enforcement, religion/ethnicity, but most importantly the need of services upon discharging from the hospital setting. This kind of analysis assists, me, the social worker to understand what interventions will be most effective to aid the patient. The systems level the assessment looks at is the Systems theory. In this case the assessment analyzes the behavior of the family as the intersection of influences of multiple interrelated systems. Families, organizations, societies, and other systems are inherently involved and must be considered when attempting to understand and assist the patient. Although the patient’s that we see are in critical care and are not oriented, therefore, it is difficult to collect the strengths of the patient. The assessment collects the strengths of the family having a clear, positive, and productive communication with medical staff and the attentiveness to the patient’s/child medical condition.

 The assessment tends to look at the patient’s systems.For example; The particular case mentioned in this analysis, the parents refused to inform the patient/child on his medical condition. Since systems theory emphasizes on the relationships among the patient family, friends, etc. As a Social worker this theorylook at the different systems that have been affecting the patient’s life, such as the patient's health, culture, family, education, and social relationships. I don’t believe the assessment collects any information on the patient’s strength. The assessment focuses more on the patient’s medical history and helps identify any type of abuse towards the patient.

While psychosocial assessment includes several components, the most important are the assessment of needs and the assessment of risks. The assessment of needs is designed to identify those personal psychological and environmental social factors that might explain an act of self-harm; this assessment is lead to a formulation, based upon which management plan can be developed. The assessment of risk is designed to identify those factors that predict poor outcomes –it has been particularly applied to the identification of risks for subsequent repetition of self-harm.Its aim is to ensure that any management plan is modified to take into account the need to minimize risk, and to ensure that aftercare is offered especially to those at most risk.

 Please see attached code of conduct document for agency’s policies related to employee and or/volunteer safety. El Paso Children’s Hospital collects information about the patient’s medical condition, history, medication and family illnesses to provide quality care. No information is to be discussed or review confidential patient information in public areas. El Paso Children’s ensures that all information is properly secured and stored in the agencies computer systems. Any confidentiality violations are reported to those who can properly asses and resolve the issue. Appropriate discipline for action is followed within the agency when violation of confidentiality occurs. A copy of my assessment is located in this file.

**Practicum Experience**

 Upon my first day of orientation, Xiomara, practicum supervisor, went over a brief PowerPoint presentation on policy and procedures, work place conduct, HIPPA policies, followed by a tour of the units we would be conducting our practicum. The Social Worker supervisor also introduced RN case managers who collaborate closely with the social work department. From the first day our interview to the first day of orientation, I felt welcomed with open arms. I believe the social work department has covered as much as they can and have answered my questions. On my second semester of my practicum, additionally, I would like to acquire the skills to assist the social workers with any documentation when referring families to other agencies or assist the social worker complete documentation for the medical directors. I believe the agency understand my role as a student. For example; there was different cases were families were from across the border who needed as place to reside while the patient received medical treatment. I was able to share resources with the Social Worker and medical directors of agencies in El Paso, TX who could assist that particular population. The Social Workers respected my input and thanked me for sharing resources. I was able to engage with medical directors, nurses, and custodians and never encountered any issues. While completing psychosocial assessments throughout my practicum, I discovered that the population from Juarez, MX had no medical insurance. I learned from Jacqueline Acosta, admission health care worker, on how to assist families who live across the border but claim to live in El Paso. My learning space was very minimal. All psychosocial assessments were conducted within the patient’s room; however, all documentation was done in a 10x10, enclosed office with only one computer. I felt rushed while completing documentation due to the fact that the social worker was sitting next to me while I documented. I advised my supervisor on the needs of another computer, my supervisor advised me they have been trying to gain more computers in the social work department for the interns.

 On Wednesday, I attended my practicum for two hours. Throughout the two hours, I was advised to complete 3 at times 4 psychosocial assessments. I found it to be very difficult knowing the social work department only had 1 computer per social work department, to complete documentation. On Thursday and Friday’s my days were very much the same. The daily routine consisted of psychosocial assessments and documentation. When the days were a bit slow, I would conduct brief rounds with medical staff to learn about the patient’s but also learn the medical terminology. In some cases, there was days where it involved child abuse and neglect cases. These are the cases where I would ask the supervisor to assign me to the case to learn about the process to report to CPS. The most important thing I learned from the tasks I was given was not to be afraid to engage wit the patient’s family during a crisis. At time, I felt nervous knowing that their child/patient is on the verge of a life or death situation. As a social worker intern, I felt it was more important to give the family their grieving space. My client encounters were not very engaging when I walked into the patient’s room. Majority of the time, the patients were either sleeping or receiving treatments. My engagements where with the patient’sfamily. Throughout my practicum, I have not encountered the patient’s family to be rude or uncollaborative. What I have learned from my encounters with patient’s families is, not every case involves child abuse. The psychosocial assessment asks if the family has ever had any history involvement with CPS. I believe this question is irrelevant if the patient is admitted for cancer treatment, organ transplant, or a cold. The cases which I suspected child abuse, the social worker including myself, scheduled staff meetings with the medical team. This meeting was to learn if the medical condition the patient was in coincide with the story the patient’s family was reporting. In some cases, CPS or CYFD of NM, needed to be inform immediately. The relationship between the medical team and social work department is astonishing when trying to learn about the patient.

 During my practicum, only two meeting were scheduled with the social work department. One meeting was to discuss the competency contract. The second meeting was to discuss on how we felt about the practicum. I have felt that I have acquired the necessary skills complete psychosocial assessments as well as learning the skills to approach and engage patient and the patient’s family. Documents I was responsible for turning in were my psychosocial assessments. These psychosocial assessments had the patient information along with there diagnosis. If at any time any of my psychosocial assessments were not turned in by the end of the day, my supervisor made sure to meet with me before leaving for the day to make sure all documentation was turned in and inputted in the software system. During my practicum, I have only met with my supervisor one. This meeting was to discuss my practicum experience, questions or concerns. My supervisor had a open door policy throughout my practicum. If I had any questions or concerns, her door was always open for her to meet with. Five things I learned from my interactions with my supervisors were the skills to learn how to provide support, education, information, intervene, and when/how to report a case to CPS should it be necessary.