

Overall Assessment:

Before I discuss the specifics of my summer experience, I want to thank the Neil Samuel Ghiso Foundation for providing the funding and support for a summer that has changed the way I view medicine, reinvigorated my commitment to advocating for positive change in medicine, and exposed me to a group of physicians that embody the type of person and doctor I want to become. This summer was an extremely powerful and meaningful experience that has changed the way I see both patients and my own life and career.

Clinical Experiences in End-of-Life Care:

Under Dr. Kristen Schaefer's guidance, I had the opportunity to shadow physicians and other healthcare providers on the Inpatient Palliative Care Unit (IPCU), the palliative care consult service, social work and chaplaincy consultations, and the pediatric advanced care team (PACT). The opportunity to see pain and palliative care medicine from all of these perspectives helped me obtain a better understanding of the breadth of this discipline.

One of my primary clinical activities was shadowing two mornings per week on the IPCU. Shadowing on the IPCU was helpful in several ways. On a basic level, it was helpful getting a preview of being on a medical team. On a deeper level, I saw how physicians like Dr. Janet Abraham connected with patients even in during very brief encounters. Even when we only spent 3-5 minutes with a patient, I was impressed how Dr. Abraham modeled how to convey her compassionate and caring nature to patients. From sitting on the bed, holding the patient's hand, or knowing when to just check-in for a minute and leave the patient alone, I got to see a truly gifted clinician navigate the challenge of making people with terminal illnesses feel better. The IPCU was also a great opportunity for me to see a large number of patients and develop a sense of the many types of patients that a palliative care service sees.

The consult service balanced out my experiences on the IPCU by providing an opportunity to learn about a few patients in greater depth. My time on this service helped me realize how much more there was to each patient's story when I investigated the full context of the patient's care. The consult service also introduced me to many of the issues that palliative care physicians face when working with other medical and surgical teams in the hospital. I saw and experienced some of the negative attitudes and misconceptions people still hold about palliative care and the kinds of services they provide. I think this was a very helpful aspect of my summer, because it helped me realize the need for additional palliative care education in undergraduate medical education. It also allowed me to see role models in their efforts to work through these challenges. I learned that a big role of palliative care physicians is educating other physicians about what palliative care is and when primary medical and surgical teams should call for a palliative care consult (or consider admitting the patient to the IPCU).

Shadowing the social workers provided some of the most valuable experiences of the summer. The social workers are all amazing individuals whose insight and skills talking with patients were extremely valuable to observe. I found it especially helpful to hear them talk about their perspective on patient care, since it comes from a different perspective than how we are trained in medical school. One of my most insightful experiences was having the opportunity to see one patient interviewed by a social worker and a psychiatry resident back-to-back. It was fascinating to see the difference in the two interviewing styles given that the two discussions with the patient were really aimed at getting similar information about the patient. Ultimately, the social worker was able to elicit a much more robust history through her ability to connect with the patient through her tone, inflexion, positioning, and

mannerisms. Seeing how these small aspects of interacting with patients made an enormous difference in the overall interaction was a theme that carried through all my observations of the social workers.

My final clinical experience was spending a day with the PACT team at Children's Hospital. I was very curious about the pediatric side of palliative care, and I am glad to have had the chance to receive some mentoring from Dr. Tamra Vesel. One of the most important lessons I learned from Dr. Vesel was to always take the time to look around the patient's room for pictures and other cards or personal items that may give insight into the person for whom you are caring. I especially remember looking at the family photographs of a young girl with her family at Disney World before I entered the room. When I entered the room and saw the patient, I immediately had a much better sense of the transformation that the girl's illness had caused. While being with the PACT team an extremely good experience, I felt that one day was an appropriate amount of time to spend with PACT since pediatric palliative care adds another level of complexity to processing all of the many new things I was seeing this summer, and I think it was good for me to be able to concentrate and focus on the adult side, while getting a brief glimpse of the pediatric side.

In thinking about how my clinical experiences could have been improved, I think it would have been helpful if I shadowed on the IPCU 2-3 days in a row instead of just Mondays and Wednesdays, so that I could spend more time analyzing more in-depth aspects of patients' care. By going twice a week with a day in between, I often was just able to understand the superficial aspects of patients' stories, since patients were constantly being admitted or discharged or their treatments were changed significantly enough day to day that it was difficult to follow. I also think that I could have improved my experience by taking a sub-sample of the IPCU patients (even just 1-2 patients) and pre-rounding on them to get a better sense of their whole story before rounds began. I also would have liked to have had more afternoons spent going on follow-up visits with the chaplain. This summer, we had difficulty aligning our schedules, but I did have one day of shadowing with her, which I found helpful.

Research Project on Palliative Care in Cardiology Fellowships:

My work on the research project did not progress as quickly as I originally planned, but I think I was able to make significant progress in developing the basis for the project. I conducted a literature search investigating how the American Heart Association and American College of Cardiology (AHA-ACC) has begun to address palliative and end-of-life care in their clinical practice guidelines and clinical training recommendations. This review process helped us better define our project goals and develop language about training that would be in line with what the cardiology field is already trying to promote. The results of this review also helped us to begin to refine our survey questionnaire and ensure that it would be something that would have good face validity with cardiology fellows and their program directors. I was also able to help the research team develop their IRB application and investigate a new data collection system called RedCAP, which we may use to collect our survey responses.

While I would have liked to have gotten further in the research project, clinical experiences often ran over into my research time. However, overall, I feel that the clinical piece of my summer was a very important experience, and my involvement in the research project will be able to continue throughout this upcoming semester.

Didactic Learning Sessions:

Fellows' Course:

In July, the Dana Farber/Brigham and Women's Hospital – MGH Palliative Care interdisciplinary fellowship academic year began, and I attended a weekly didactic fellows' course. This was a great

addition to my summer. I was glad that it started a few weeks after I had started shadowing on the palliative care team, because by that time, I could understand the importance of the topics being discussed. The sessions were presented at a level that I was able to follow, and I think it was a great experience for a medical student. This experience also contributed to my understanding of how an interdisciplinary team works by seeing how fellows from different disciplines discussing the topics for each session.

Psychosocial Oncology Rounds:

Psychosocial Oncology rounds occurred every week and consisted of a presentation of a complicated patient or especially salient patient case and a time to remember the patients who had been taken care of by this team and passed away. My favorite part of psychosocial oncology rounds was the remembrance each week. The remembrance included one of the team members reading a song, poem, quote, or some other piece of writing followed by a list of the names of all the individuals who died that week who had been cared for by the team. There would then be time for any member of the team to talk about their experiences caring for any of the patients from the list. Being able to see an example of a regularly scheduled and deliberate time to remember patients who have died set a great example for my future career. I felt that that this time of reflection really helped me process and cope with the deaths that I saw this summer, and I imagine that it was even more powerful for the physicians who were more intimately involved in the care of the patients.

The case presentations were also extremely insightful and helpful because I had a chance to see how the interdisciplinary team worked together to think through the cases. Several of the cases presented were cases of patients that I had seen, and I was able to participate in the case presentation and discussion.

Topics in Palliative Care Mini-Course:

The Topics in Palliative Care Mini-Course went extremely well this summer. The sessions by Dr. Vesel (self-reflection activity on attitudes about death), Sue Morris (grief and bereavement), Sandra Ruland (being a patient advocate), and Dr. Rosenblatt (role-playing delivering bad news) were extremely helpful and informative. These sessions stood out because the leaders did a great job of balancing didactic teaching with interactions with the students. I think the discussions about culture and spirituality could have been improved by making them more discussion based and interactive. The mini-course was fairly well attended with the final session being an exception, likely due to it being near the end of the summer and students being busy finishing projects or having travelled home before school began. Future mini-courses might want to only have 5 sessions and investigate times that are better for students. I know several students wanted to attend but could not because of the time of the course.

Volunteer:

When we conceptualized the volunteer project before the summer, the goal of this aspect of my summer was to help fill my time and provide me with an opportunity to meet and interact with patients. As the summer began, my time quickly was filled with research and shadowing opportunities through the IPCU. Thus, I was not able to participate as much as we planned in the volunteer aspect of the project. I am hoping to honor my commitment to Eileen Molina, the nurse manager on the oncology floor of BWH, by adding guided meditations and guided relaxation content to the donated iPods so that they can be added to the complementary medicine techniques being implemented.

I feel that my shadowing experiences gave me the outlet for getting to know patients in the ways I was hoping for at the beginning of the summer. Because of the sensitive nature of the conversations surrounding end-of-life care planning, I think that shadowing and being able to ask questions about

observed conversations was well spent. Without direct training and having a faculty member observe my patient conversations, I think that any interviews I would have done would have been not as valuable since I would not have been able to receive any feedback. I think a realistic way to improve would be to have 1-2 interviews where I could have talked with a patient and received feedback from a faculty member observing the conversation.

Mentoring:

The mentoring I received this summer was excellent. The entire team was very supportive of my presence this summer, and my one-on-one meetings with Dr. Schaefer were extremely helpful in helping me process my experiences and voice my thoughts and concerns. I thought that our schedule ended up working out perfectly in that we had scheduled meetings but were flexible enough to move things around as needed.

I also greatly appreciated being asked to write reflection essays about my experiences throughout the summer. These greatly helped me process my thoughts and feeling about what I was seeing. I am also glad that I will have these documents to save for the future as I go on through medical training.

Finally, I felt that the mentoring I received was a great model for me as I eventually hope to be a role model and mentor to both younger students and eventually other physicians throughout my career. The openness and willingness to listen that was modeled for me was very helpful in showing me a method of mentoring that is extremely helpful to the learner.

Final Reflections:

As I look back on the summer, I feel that I have been given a gift that I can only repay by living out the invaluable lessons I learned as I seek to care for my future patients in a caring, compassionate, and reflexive manner. The most valuable experiences I had undoubtedly were being exposed to physicians who modeled being the kind of doctor and person I want to become and learning from the patients who put their trust in the palliative care team to ease their suffering and manage their symptoms. This summer, I got to see the acting out and embodiment of Francis Peabody's famous quote "for the secret of the care of the patient is in caring for the patient."

This summer was also an opportunity for me to challenge myself to see what it was like to work with patients with terminal illnesses and to be a part of a field where a lot of patients do not survive long-term. At the outset, I was not sure how I would cope with seeing so much loss. Now, at the end of the summer, I can say that I was inspired every day by seeing the love patients' families poured out, the comfort that physicians can give to their patients when they are in great need, and the satisfaction of helping make an extremely painful experience just a little less painful. From what I observed this summer, pain and palliative care is challenging and trying, but it is also moving, artful, and beautiful work. I look forward to gaining more experience in this area and continuing to develop the skills that I began to learn this summer.