

Reflections on JCIPE's Interprofessional Palliative Care Program



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JCIPE's Interprofessional Palliative Care Program is a semester-long learning collaborative in which small interprofessional student teams learn about the team-based provision of palliative care for persons with

serious illness and at the end of life. Using the National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care as a framework, teams work collaboratively through case-based discussions and presentations. Additionally, participants have an opportunity to observe Jefferson's Palliative Care Team's interdisciplinary rounds and to shadow a Jefferson palliative care provider.

The Interprofessional Palliative Care Program through JCIPE was incredibly informative and it helped affirm why palliative care is so integral to patient-centered care. As a new FACT-2 (second degree) nursing student, I had a slight interest in end-of-life care, but I wasn't ready to fully commit to volunteering with a hospice (or something along those lines) and found that the Interprofessional Palliative Care Program was a great middle ground.

Putting this into words feels completely reductive, but the true benefits of this program were two-fold: working alongside students from various fields who share a mutual passion for the subject matter and hands-on clinical shadowing. This isn't a commercial for JCIPE, but I will say that interprofessional coursework was a massive relief in comparison to my usual nursing schedule; there was no sense of competition or comparison, which was immensely valuable to have within the semester. While this was a "class," it always felt closer to a professional workshop. The tedium

of Zoom was not a factor, because every session felt like we were collectively working towards solving or unpacking a problem. Overall, the schedule and assignments were very manageable, while also being well-structured.

Additionally, while the individual and interprofessional group work was analogous to what you'd find in a didactic lecture setting, the clinical rounds with the Palliative Care Team at Jefferson Center City was an experience that was unique and fantastic. My clinical shadowing day started with a virtual team session where the broader Jefferson Palliative Care Team walked through various cases that were being managed. I found the style of this meeting not only productive, but also just genuinely positive, especially given the context of these cases. The team did a fantastic job of sharing knowledge but also critiquing potential adjustments that could be made within a process. I found that the critiquing was framed more as "coachable observation" and came across as very genuine without giving off any air of criticism; it was a very positive meeting to observe which helped set the stage for one-on-one shadowing later that day.

I was paired with Molly, a Nurse Practitioner from the team. She took me around to meet/observe a variety of her patients. Molly had the skills of an empath; I found that she was able to zero in on each patient's needs while still making them feel like they weren't receiving "medical speak." Below is a list of patients we encountered as well as some notes that I was able to take to highlight the variety of patients I met during this JCIPE experience.

- A patient who was being discharged later that day. He had bilateral lymphomas and was post-op tumor removal surgery. He was heading home with a script for 100mg oxycodone. Molly talked with him like she was a member of his family while making sure he knew how the med was going to work.

- A patient with a partial bowel obstruction who had been having issues with keeping a nasogastric (NG) tube in and had been placed in restraints. Part of our visit was Molly working to address the patient's frustration with the restraints the prior night while also talking to the daughter and husband of the patient about her general care. Overall, the frustration appeared to be assuaged through active listening and genuine care for the situation.

- The last patient was a woman who, due to her esophageal cancer, was facing geriatric failure to thrive. She was having a percutaneous endoscopic gastrostomy (PEG) tube placed which she wasn't pleased about but seemed to feel more empowered after Molly framed it as a supplemental option that allowed her to keep her weight up.

Overall, the rounds were the most enlightening part of the Interprofessional Palliative Care Program. The clinical portion of the program did a great job of connecting all of the case studies and theoretical examples that we'd participated in prior. My recommendation is that if you have an interest in palliative care (or frankly any subject while at Jefferson), consider a JCIPE program. It's a great way to counterbalance your schedule with a course that fits your clinical passion, all the while exposing you to the working/collaboration styles of other fields.

References

National Consensus Project for Quality Palliative Care (2018). *Clinical Practice Guidelines for Quality Palliative Care*, 4th edition. Richmond, VA: National Coalition for Hospice and Palliative Care. <https://www.nationalcoalitionhpc.org/ncp>.