# Palliative Care Chat Podcast – Episode 84 Transcript

Lynn:

Hello, this is Dr. Lynn McPherson. And welcome to Palliative Care Chat, the podcast brought to you by the Graduate studies in Palliative Care at the University of Maryland, Baltimore. Actually, I'd like to first introduce Connie Dahlin, who is a faculty member in both our master of science degree, our graduate certificates, and our PhD in palliative care. She actually will be interviewing the speaker in this podcast. Connie is also a consultant to the Center to Advance Palliative Care. She practices as a palliative care nurse practitioner at Northshore Medical Center, and she's co-director of the Palliative APP externship. Our guest today is actually Judy Knudson, who has worked as a nurse for about 19 years in various healthcare settings. She actually had the privilege of spending a day with Elizabeth Kubler-Ross in 1978 and had the desire to work in hospice and palliative care from that time forward. She became a physician assistant in 1996. She attended the Harvard PCEP course in 2006, and she started a palliative care service at the VA. In 2008, they were awarded $5.3 million to replicate their outpatient palliative care services to eight other VAs in the Midwest. Along with others in 2010, she established the PA Special Interest Group through AAHBM and many other credentials. Without further ado, here's Connie Dahlin interviewing Judy Knudson.

Connie:

Hello, everyone. This is Connie Dahlin with the leadership course for the PhD program, and today I'm very thrilled to be interviewing a colleague, Judy Knudson, who is a PA. And so as you remember, we're trying to really get leadership across the interprofessional team. And Judy has done a lot of work in palliative care, beginning when she and I met, which was at the Harvard Center for Palliative Care Practical Program and Palliative Care Education. And so I'm really excited because that was a number of years ago and Judy has spent really the last decade or so pushing PA, palliative care and leading in that. Judy, why don't you introduce yourself to everybody and let's start from there and have you talk about a little bit your journey and your leadership and your style and all of that.

Judy Knudson:

Okay. Well, thanks, Connie. Thank you for the kind introduction. It's good to see you again. I go way back to being a nurse first. I was an RN. I was a clinical director for a home care agency. I had a little bit of experience in public health and migrant health, and that was enough for me to get that job. And that was really great because it was rural North Dakota. You were kind of out there in the prairie seeing people. And so I did that. I thought I'd never stopped doing that, but it turned out that leadership changed and it was more difficult to stay in the system. And so I went back to school and became a PA. And by then, even earlier, I was given the gift of visiting Elizabeth Kubler-Ross when I was a brand new nurse. She came to South Dakota for a day and about 25 of us sat around her and listened to her stories and kind of got the hook for palliative care.

And so that was always in me to want to kind of be doing end of life care. And so as a clinical director now for this home care agency, there was no hospice up there. We also did end of life care. And that was really meaningful. Then I went back to school and became a PA. You went to the University of North Dakota where you had to be a RN to get into the PA program, which was unique, but that's another story. And then after five years of working in rural Minnesota in a hospital clinic ER situation, I went to the VA in Fargo, and that opened a lot of opportunity. I went into oncology. And while I was working in oncology, one of my dear patients we had sent home to his place in Minnesota 'cause he had no more treatment options.

He came in by ambulance to the hospital and he saw me and was like, "Judy, Judy." And he gave me a squeeze and said how much I helped him. And I thought, oh, how can you say I helped you? You've just spent three months at home with your wife. She's been not having anybody else to counsel her or help guide her with the care. And here he is, skinny, emaciated in pain. And so I thought enough, we have to get a palliative care program. I'd been doing oncology, so I asked if I could bridge over to palliative care for a while and do both. And they said, "Sure, give it a try." I went and hand selected really good people, PT, OT, social work, chaplain, scheduler, and even the research assistant across the hall to see if they would all work with me for about six months to come up with a palliative care program that we could present the idea to the CSuite.

If they bought off on it, we'd do this trial and then report back. And so we wanted to build in metrics to prove that it was a worthy program. And I just get a pat on the back. We follow this advanced illness coordinated care program that was up in Rochester, New York. I think it was Richard Larson was the name of one of the doctors that ran that. And he sent me a packet of stuff. And so then I just modified it to fit the RVA culture where we were at. And so it was either five or seven special visits, individuality, focus on practical issues where the social worker would do that visit. On individuality, I do the first visit and get to know them as a person, do a full consult, focusing also on pain and symptom management. Then we have a visit on pain management for follow-up and symptoms to make sure they're doing okay.

Then we'd have a practical visit, then we'd have a spiritual visit. We'd have a PT, OT visit, and then I'd see them again for kind of a wrap up for peace visit. And we could stretch out as many visits as the patient wanted. We would piggyback on whenever they came to the VA to not create extra visits for them, extra travel. And so it worked out really well. And we also did some telehealth even back then in 2008, but this was early 2006. And we put in enough metrics to measure things like pain scores. And we look at how many days were they in hospice before they died? Were they at peace when they died? Did they feel like they were at peace? Did they feel like they were burden of the family? And so we would do a questionnaire with the patient. It was a QUAL-E questionnaire.

We did that first visit and then toward the end when I thought I might not see them again. And that would give us a comparison of how people were coping in life early and then later. And to make the long story short, the program was a huge success and so much so that we just had so much energy because we loved what we were doing. And so we would go to the regional meetings in Minneapolis, the regional VA meetings, and we would talk to the quality improvement group when they met, to internal medicine when they met. And we had enough of a presence that we got some attention. And so there was this thing called strategic initiative funding. And so every year they give it away to what they would see as a worthy effort made by a VA. And so I'll just say thank the lord that we got the funding, and the first cut was 2008, $1 million.

And then I realized that wasn't going to be enough to start a VA palliative care program in all the eight Midwest VAs, which was what the design was for. And so I applied for another bucket of money, and we got that too. In the end, we received $5.3 million to splash out our program into eight other Midwest VAs. And so that was a gift beyond measure really to believe that could happen and that many people believed in it. And so that was probably one of my, that I'm most happy with as a career person, that we were able to bring in more palliative care services to eight Midwest VAs. And then I continued to do our program. We modified it. We didn't follow that five step processes tightly. We would more integrate everything as we went. It just seemed administration thought that would be better.

We did that. And then in time, I was also telling Connie before we recorded, back in 2009, I was able to offer a physician assistant specialty interest group at AAHPM. And so that was our first meeting in Boston, and that was our inaugural meeting. We had about, I don't know, 12 people there or something. And so we were given a special interest group designation through AAHPM, and then we thought, well, why stop there? By then, I had a few buddies with me. And so we went to Starbucks and put down a request to have a palliative care constituency group through AAPA that got accepted, I think the first year we won some award and a few of the people on our team got to go to Washington DC to promote palliative care on the hill. That was another good offshoot of that group that we created.

I've seen some really good progress. Also, we over the years developed PAHPM, which is physician assistants and hospice palliative medicine. It's a nonprofit group that we've had. I think there's about 300 members. We've been having that for a number of years now. And then with our group, we've joined the National Coalition for Hospice and Palliative Medicine. We've been part of that now for quite a few years. I think it was one of my colleagues and I met with Amy Melnick who was the chief executive officer. We met with her at AHPM a couple of times and then got accepted into that coalition, which was another huge gift for us to be able to be part of that. We're kind of trying to make footprints or put tentacles into different groups to help solidify PAs having a presence in the palliative care world.

And probably one of the most beautiful things we did in the last two years ago, I think it was two years ago, we got approval through NCCPA, which is our national commission for certifying physician assistants to have a CAQ. That's a certificate of added qualifications, and that's the PA way of having specialties. And so now this last April 2022 was the first testing class. A bunch of us were test writers for that exam, and that exam came into formation and was able to be taken by people in April of 2022. Now PAs can be certified in palliative medicine.

I had the benefit of being on the National Consensus Project, was it fourth edition? We just did printing in 2018. I was part of that rewrite when we review the National Consensus Project, which most of you probably know that's the blueprint for palliative care and that's the Joint Commission standard. And so it was great to have PAs on the review for that NCP and being part of the NCP inner part like that helped me realize that PAs had to be certified in palliative care in order to really show the same designation as our colleagues. Because chaplains were being certified, nurses, LPNs, social work, everybody had a way of being certified. And so in realizing that a whole lot more and talking more with NCCPA, we let them know that this is a mandate, not just a nice thing to do. And so that helped us to get the NCCPA to move forward with test writing. I know it's very expensive to write these CAQs. It takes a lot of money. A bunch of us had to go to Atlanta a few times and did a lot of questions, a lot of research questions, lab test writing and all the metrics to go through that. It's been a lot of work, but we've really made some great inroads when you look back at the whole picture. It's pretty amazing.

Connie:

So much of this is dependent on you as a leader. When did you see yourself as a leader?

Judy Knudson:

Funny thing, I still don't.

Connie:

You still don't.

Judy Knudson:

Ii still don't.

Connie:

You've done all these amazing things.

Judy Knudson:

Doors open. I think a lot of it is trying to keep your eyes open to the need, but I'm going to give a lot of credit to that man that helped me realize what in the heck am I doing taking care of people but not really?

Connie:

Yeah.

Judy Knudson:

Being in oncology and then not caring about them till they come in thin as a rail. Are you kidding me? I mean that kind of stuff, when you start really putting it together, you're like, how do I really serve others? And so I think when you just keep thinking about that and then you have to look at in the economy of life, how do I stay relevant? How do we help PAs stay relevant and stay in tune with the other disciplines? A lot of this stuff is in your face as far as you realize what it's going to take to keep yourself active. I think Diane Meyer, some of the people we've heard along the way, right, Connie? She would say, "If you're not at the table, you're on the menu." And so that really struck a lot of us to know we better be sitting around the table with the other people that are sitting around the table if we're going to be part of this process moving forward, otherwise we're on the menu, we're just going to be gone.

And so that spurred us to get the PA sig, that helped me get that. Plus Janet Abram, she was a good friend of mine, a doctor. And she was like, "Do you guys need to get a sig? Just people encouraging along the way and then paying attention to what they say and then putting in that little bit of effort to do what it would take to get that established." Sometimes I just am still waiting for more and more people to step up and be active. And I wish it was a whole lot more than what I see, but I think a lot of it is people are so overburdened, but I mean, heck, we all are overburdened, I guess. You just have to make time for it or believe in it enough to do it. And then having a few strong friends to help you along the way to keep some wind under your sails helps a lot. I think that's what it is, is seeing the need, going after it, having some encouragement along the way helps.

Connie:

Well see, that's all leadership to me. Because you stepped in, you took the Harvard course, you then stepped in to do the... I mean you saw needs and you kept saying it. It's interesting to me that you didn't see yourself as leader, yet you were leading all these things.

Judy Knudson:

Yeah.

Connie:

Tell me about what your definition of leadership is and why you wouldn't see yourself as a leader.

Judy Knudson:

I don't really see myself as being out there leading a bunch of people behind me. I'm more working in the ranks with people. I think I view myself that way. And I know from being in different kinds of jobs along my life, the people that I respect the most are always those that are rolling up their sleeves with you or that are also in the trenches with you that understand what you're doing.

Connie:

Yeah.

Judy Knudson:

My last boss, my supervisor at University of Colorado Hospital, she worked as hard as anybody I've seen. Harder than anybody I've seen, always came prepared. I mean, she would do chart reviews on everyone. This is going to sound gross, but she knew who had bowel movements and who didn't. I mean, she knows who's constipated, who isn't. She knows those fine details, and yet she's going to be the president of all the MDs this year. She was president-elect last year. I mean that kind of a person that just keeps putting herself out there. I think the word is really servant leadership when someone doesn't ask more of themselves than they would of you. Those are the kinds of people I respect.

Connie:

Well, it sounds like actually that's what you followed in your leadership, 'cause you've been serving. I mean, I just want you to acknowledge you have done so much for the PAs, right? Without you, they wouldn't have the sig, they wouldn't have the constituency group. You pushed for the CAQs, you were part of the NCP, you've been on the front line, you've been leading this in probably what you would say is a servant leadership role.

Judy Knudson:

Yeah.

Connie:

Yeah.

Judy Knudson:

A lot of it, I view it as an opportunity that is in front of me. And even going to PSAP, Connie, someone at work gave me the brochure, otherwise I didn't even know about it. And they said, "Hey, you should apply for this."

Connie:

Right.

Judy Knudson:

And it was like $7,000 or something, right? It was a lot. And I went to my VA leadership and said, "If I get the scholarship for this, will you cover my room and board?" Because it is a big deal. It was like, what, two times we had to go there for 10 days, stay in a hotel twice months apart for 10 days each and fly out there from Fargo to Boston. My leadership said, "You know what? If you get that scholarship, we'll cover everything else. You go ahead." And I got it. I got this scholarship. Things worked out really, really well for me. I think seeing even Elizabeth Kubler-Ross as a brand new nurse, that was a gift because that's where I really kind of got my head straight on what I want to do with my career 'cause you know how nursing can be. You can do anything with nursing. And it was just like, I think I'd really like to take care of people when they're in serious situations and want to talk about stuff.

And so that always appealed to me. And so I didn't even know that kind of work existed because I'm sure I read that book on death and dying, but I really didn't know much about palliative care.

Connie:

Yes.

Judy Knudson:

It was just a lot of things evolve just by being there and being out there working every day.

Connie:

Yeah.

Judy Knudson:

Yeah.

Connie:

You feel like you've succeeded?

Judy Knudson:

Yeah. I don't know what more I can ask for.

Connie:

That's great.

Judy Knudson:

[Inaudible 00:20:55].

Connie:

What do you think that the next generation of what [inaudible 00:20:59] physician assistants needs and to keep going in the leadership for palliative care physician assistant work or just the next generation of palliative care providers, what do you think they need?

Judy Knudson:

I think you kind of have to have a selfless passion. Selfless passion, because that's what I think we're up against a lot is you're going to hear me going off a little, but there's so much about me and my time and my boundaries and my mind. And if I ever would've lived like that, I probably never would've done what I've done.

Connie:

Mm-hmm.

Judy Knudson:

'Cause I would work on kids who go to bed and I'd sit up and doodle, how could we have a better program? I wrote that program, not during my work hours, it was all on off hours. And even when I was the clinical director for home care, I was writing for a hospice program and at night I would just sit and work on how to make it sound really well and how to sell it. And then always putting patients first and their care needs first. I'm just thankful that that's the way I've been wired, but I think that's been the sad thing to be in the bigger work systems and see so many people come to work thinking how they're going to get out of work at a good time today.

Connie:

Yeah.

Judy Knudson:

That kind of attitude or work ethic isn't going to get us anywhere.

Connie:

Right.

Judy Knudson:

And I think those are the most unhappy people too, because when they come to work the next day, they didn't have a lot of joy. And I think you can get a lot of joy by caring for others.

Connie:

Yeah.

Judy Knudson:

And if you don't get that, you probably shouldn't even be in this work.

Connie:

Right, right. Yeah, no, I know. As you think about this next generation of leaders, what do you think? Are there anything else you think they should be thinking of or considering for the future of palliative care?

Judy Knudson:

Probably there's going to have to be a lot of overhaul as far as, because right now it's pretty thick in things that don't really make a difference. I think some of the frontline action doesn't happen the way it should.

Connie:

Right.

Judy Knudson:

The care delivery right to the bedside isn't as good as you wish it was.

Connie:

Yeah.

Judy Knudson:

I think sometimes we get more infatuated about our programs and our ways than what we really do.

Connie:

Right.

Judy Knudson:

It was shocking to me. I was part of NHPCO2 because I made it a point to be part of these bigger groups to hear what's going on and just to think about people in end of life that would die without even having a visit in the last week of life. Remember, there was some attention about that and you're like, well, who are we taking care of then? What happened to us? What happened? And then as you get older, you're thinking, who's going to take care of us in the way we want to be taken care of?

Connie:

Yeah.

Judy Knudson:

And so we better make sure our programs are designed in the best way for everybody. And so I think a lot of money gets spent on stuff that doesn't even matter.

Connie:

Right, right. No, I think that's true. And I think that there is maybe some of the issues that you said of what we were worrying about and trying to lead for the future about where healthcare is now is what we're going to need to do.

Judy Knudson:

Yeah. Sometimes doing it with less is better because then you have to be creative and make things work. Sometimes having a fat program, I don't think you really put it out there as much. I think having lean times were almost easier because then you knew there's no one behind you.

Connie:

Right.

Judy Knudson:

It's up to me to get this done. If I don't do it, it's not going to happen. Am I going to help that person or not? And you get one chance, right? Because maybe they die the next day.

Connie:

Right.

Judy Knudson:

That level of concern and intensity, I think you don't see it all the time. Right now I'm seeing a lot of good nurses where I'm working and I'm really happy for that. And that's what you really need is people that really, really care and then that they have the support they need to do their work. I think that's what good leadership's going to be is making sure that if there's roadblocks, we take care of those roadblocks and help be understanding and creative.

Connie:

Yep.

Judy Knudson:

I don't know.

Connie:

Yeah. Well this has been great, Judy. Thank you for everything that you've done and everything that you're doing. And I keep hearing from PAs that you've been a role model for them in helping them lead the future.

Judy Knudson:

Thanks.

Connie:

I'm hoping that you'll continue for them to be able to see that somebody paved the way for them and has made it so that they are at the table, as you said, and getting certified and are part of this future vision.

Judy Knudson:

Yeah. I look forward to a strong leadership and people keeping track of what we need to be involved in. You can't be one person and try to do something. You have to have colleagues, and I know you're going to be interviewing more of our colleagues too, and it does take a lot of people to move the ranks forward. It's never just one person.

Connie:

[Inaudible 00:26:13].

Judy Knudson:

It's just been really an opportunity for me to have some grassroots in it with early on, meeting Susan Black, being part of her life for a while. She was really key too. And like I said, Janet and then the VA was great because they would let me go ahead and we had an annual conference and they let me bring in big speakers like James Tolski and Janet came and different people. We had a lot of good stuff going on. A lot of it was having people believe in you, and if you don't have that, then you can't do much either. You have to have administration that is like, yeah, I get it. Go ahead. If they know that your intentions are good, that you're just going to do whatever you can, you get a lot of green lights. But a lot depends on who you have at the head. That's why I went back to school because our administration, the hospital I was at was really difficult, but then yet what they meant for bad, I'm going to say the Lord used for good because it got me into a different arena with PAs.

Connie:

That's great.

Judy Knudson:

Yeah. It all worked out anyway, so it was all good.

Connie:

Good. Well, thank you so much and we look forward from hearing you again.

Judy Knudson:

Thanks a lot, Connie. Best wishes to you too. I didn't get to hear about all the things you've achieved and-

Lynn:

I'd like to thank our guest, Connie Dahlin and Judy Knudson for this really informative podcast. This presentation is copyright 2024 University of Maryland, Baltimore. For more information on our completely online master of science graduate certificates and PhD in palliative care, or for permissions regarding this podcast, please visit graduate.umaryland.edu/palliative. Thank you.