

Dr. Lynn McPherson:

Hello, this is Dr. Lynn McPherson and welcome to Palliative Care Chat, the podcast brought to you by the online Master of Science and Graduate Certificate Program at the University of Maryland. I'm very excited about my guest today. Today we have Ms. Amy Wilcox. Welcome, Amy. How are you? I'm

Amy Wilcox:

I'm good. Thank you so much for having me.

Dr. Lynn McPherson:

Absolutely. So Amy is a student in our master of science program. So Amy, why don't you tell our listeners what you do in life, what's your role?

Amy Wilcox:

All right. So I actually work for LifeCenter Northwest, and we are the federally designated organ procurement organization covering all of Alaska, Washington and Montana. My specific role is donation and family advocate. And my role is really walking in and having conversations with families who are facing end of life of a loved one, and talking to them about organ donation. And we bring into it whether or not the patient might be registered and, if not, just talk to them about what donation might look like. And then my specific role is to stay with that family and support them through the process of donation, which actually takes usually two to three days. So I am their point of contact. I'm at the bedside. During COVID I've been their liaison and helped them through when they can't be at the hospital.

Dr. Lynn McPherson:

Wow. I remember when you applied to the program thinking, "Why in the world would this woman want to be in our program?" I mean, I don't mean to be obtuse, but hasn't the ship sailed on palliative care by the time you get involved? So what drew you to getting an advanced degree in palliative care?

Amy Wilcox:

I think that's a great question and it really does come full circle. Typically, a big part of my role is having really in depth conversations with the healthcare team who has been caring for the patient who is sharing the grave prognosis with families. And then it's having a conversation with a family about end of life decisions and choices. So palliative care really fits that bill in that I really joined this program so that I could better my skills of communication, not only with families, but with the healthcare team, so that we can provide really comprehensive support for a family. I always think of my role, I'm walking in to the worst day in a person's life, and I'm about to ask them for a favor. And that's a pretty significant pressure. And so my goal is to be as gentle and compassionate as possible and to partner with the healthcare teams so that I'm an added layer of support to the family and not doing more harm.

Dr. Lynn McPherson:

Wow. So has our program helped you? And if so, gosh, I hope it did, how has it helped you?

Amy Wilcox:

It's helped me significantly. Like I said, the reason that I chose palliative care is that when I go into a hospital, and because I work in so many hospitals throughout Alaska, Washington and Montana, I'm meeting with new people all the time. And so a lot of times as I'm going through a chart and I'm looking

at the past medical history, I'm looking at what the family has been told, the direction that they're going. I will always look and see if there are notes from anyone from the palliative care team. That is always a good indicator to me that the family has been talked to, that they're starting to understand. And I usually can get a lot of great information because the conversations that the palliative team will have with a family are much more in depth than a physician walking in and giving a great prognosis. So the reason that I chose to go this direction is because they thought if they are having these really meaningful conversations with families in difficult time, then that will be beneficial to me.

Amy Wilcox:

What I didn't expect was the personal and professional growth that this program has provided to me in so many ways. Communication is the tip of the iceberg and my communication has improved significantly. This program also gives everyone who is a part of it really in depth perspective on what's happening in healthcare and what's happening with specific roles in healthcare. So for example, we have discussion questions in this program and based on the readings that we're doing and information that we're learning, there are one or two discussion questions posted and everybody answers them and then we talk about them. I think what this does for us is that in this program there are physicians, there are social workers, there are chaplains, there are nurses, everyone from the interdisciplinary team answers a question. And so what it does for us is I might answer a question one way, but if a nurse or a physician is answering a completely different way, it gives me a lot of perspective about what they're thinking about in the setting and what's important to them. So when I go in and have conversations, I can be better equipped to have a more comprehensive understanding of the big picture. It's not so linear and it's not just focused on what my needs are going to be. I'm able to take everyone's understanding and everyone's goals into consideration.

Dr. Lynn McPherson:

Uh-huh (affirmative). That's wonderful.

Amy Wilcox:

Yeah.

Dr. Lynn McPherson:

So I'm curious what you thought of the courses. For example, you know that an hour program I talk about team body and team soul. So team body are like the physicians, nurses, advanced practice nurses, pharmacists, and PAs who are classically trained in the medical model and drug therapy. And then team soul was more like social workers, chaplains, and then what I affectionately call my other cohort, and I think you fall squarely into that one, people who are not really trained in the medical model or in drug therapy. But because I'm also a huge fan of transdisciplinary care, which is we all have to cover each other to some degree, what did you think of and how did you fair in the course like pain and symptom management? Did that throw you over the edge or what do you think?

Amy Wilcox:

It was pretty intense, I'm not going to lie. But it was so helpful to me. I spend most of my time that I'm on call on an ICU. And while that it was really uncomfortable going into, because I was just like, "I should not be in this class. I shouldn't even be learning this. I shouldn't know." As we went through the course, I recognized how much it was helping me because I was able to understand when I was on an ICU and they're talking about pain and symptom management, I understood what the drug classifications were. I

understand why they were doing what they were doing. And so for instance, sometimes I'm talking to families and they're talking about withdrawing those life sustaining therapies, they want to do donation, but they're very fearful that their loved one might be uncomfortable or in pain.

Amy Wilcox:

And this course allowed me to really understand what's happening, so I can assure families pain management is happening. And I'll call in a physician and a pharmacist so that we can have a conversation together about how we can make sure that their loved one is staying comfortable and pain-free, and that we're being respectful and making sure that this is dignified. And it allows me to have good conversations with the healthcare team and not say, "What is that thing you do?" Now I can talk about the medications that they use and families' concerns more effectively. It gave me a lot of confidence in the conversations that I'm having.

Dr. Lynn McPherson:

Mm-hmm (affirmative). That's great. That was a difficult course to design as well as the one on the basics of psychosocial, spiritual, cultural care. That course is just as uncomfortable for the doctor, nurse, pharmacist, PA trust me.

Amy Wilcox:

Yes, and we had lots of conversations about that. I loved really developing relationships with people through this coursework. I'm talking with people throughout the country, throughout the world, really. And it's really nice when we can be vulnerable with each other and share, "This is so uncomfortable, but it's a safe space to do it." And I had a lot of wonderful support when I was in the pain and symptom management class. And then I felt much more comfortable in the psychosocial and spiritual care and was able to give feedback that was productive as well. So you're really in this wonderful community of people and it's such a safe space to share those in, so when you go into the settings that you're used to working and you go in with this new clarity and confidence.

Dr. Lynn McPherson:

Mm-hmm (affirmative). That's wonderful. As you will very well know, but our listeners may not know, we have elective pathways. So we've got a clinical track, we've got a psychosocial, spiritual leadership, and then we have thanatology for someone who's interested. I assume you're in the psychosocial, spiritual elective pathway, yes?

Amy Wilcox:

I am, yes.

Dr. Lynn McPherson:

Yeah. And how have you found that to be?

Amy Wilcox:

I've found it really helpful. It's given me some ideas for what I want to do in the future when I move out of the world of donation. It's given me a lot of insight into different practices and different ways of practicing. The other thing I love about this program is with each track... I know you and I had some conversations in the beginning that I knew this was the track that I wanted to go down, but there were

also a few classes in the thanatology track that I was really interested in. And so we figured out a way to make those work so that I could take another class that I wanted, that I felt would be really meaningful for my professional career. And I think that that really encompasses what this program is about. This program is about how we can apply it on a daily level, how we can better ourselves and better support the families that we're working with, the patients we're working with, and each other. It just is a really collaborative environment that opens the door so that we are just improving healthcare as a whole.

Dr. Lynn McPherson:

Mm-hmm (affirmative). I'm very proud of the fact that at the University of Maryland Baltimore, through our graduate school, we have so many programs. I think we're all dyed in the wool heutagogical educators. What does that mean? It means that heutagogy is self-determined learning. So if we have a student, such as yourself, who wants to pluck a course from a different program and plug it into your current plan of study, I'm very proud of the fact that we can generally accommodate that to make it exactly that meets your needs. That would be important to me as a learner. So I'm very happy that we can do that.

Dr. Lynn McPherson:

So we have had some interesting other people in our program. We had a veterinarian, a dentist, certainly death doula, child life specialists, activity directors, as well as the cadre of the usual suspects. But just this morning, I was speaking with a woman who's in charge of all the advanced practice nurse practitioners and PAs to all of University of Maryland. And I was saying, "Palliative care really touches every practice of medicine, whether you're a physician or a pharmacist. And regardless of your practice area, whether it's like the ICU..." I personally think the ICU is 90% palliative care or outpatient. So what are your thoughts on that? And what would you say to someone who might think, "That would never be helpful for me."? Or what would you suggest people think about who are considering the program?

Amy Wilcox:

I agree with you wholeheartedly. I think the overall goal of palliative care, it is specialized medicine, but it's a specialty that everybody should have some practice in, regardless of what your role is, because everyone deserves to be treated with respect. Everyone deserves that dignity and the empowerment of helping figure out what the right pathway is for you. For patients and for families, that quality of life is critical and it's different for everyone. And so this program really offers this breadth of information that we can all utilize in many ways. And at the very least, if you don't feel like it's going to help you with families or patients, it's going to help you collaborate better with your team members and everybody that you're working with not only collaborate, but how to support better and how to create an environment that people want to be part of. And I think that's a really beautiful thing about this program is it's so much bigger than pain and symptom management for patients. It's pain and symptom management for each other and for the world in general.

Dr. Lynn McPherson:

Well, thank you for your kind words. I'll give you 20 minutes to stop that, Amy.

Amy Wilcox:

All right.

Dr. Lynn McPherson:

[inaudible 00:14:17] contact me about our awesome program. Yeah, I think we've got pretty good data that everybody's going to eventually transfer to the eternal care unit.

Amy Wilcox:

Yes.

Dr. Lynn McPherson:

So it is coming whether we like it or not. And I do think it's been such a beneficial move that palliative care has been moved upstream and introduced increasingly with the diagnosis of a serious illness, not necessarily a terminal illness.

Amy Wilcox:

Right.

Dr. Lynn McPherson:

So palliative care is just an added extra layer of support where we just want to help patients and families and just give them the most support that we can, which sounds very much like your job as a matter of fact. So you've many, many things you like about our program. Gun to your head, what's your favorite thing about it? That it's almost done, you're almost done the masters?

Amy Wilcox:

Yes, I'm almost through the program. It's amazing. I think that if I could just really look at the big picture of what I've experienced throughout the program, our social and political climate has been so, so much in disarray. And I think one of the things that this program really instilled in me is more confidence in the area of inclusion, equity, and diversity. We learn about cultural humility. And I'm a pretty optimistic, open person, but there was a lot of points along the way that gave me a lot of self-reflection and helped me figure out how I could do things differently and how I could do things better. And I think what that has allowed me to do is walk in with confidence and when I'm witnessing cultural bias or working with people of color, when I'm working with a family from someone from the homeless community, I would be very careful and kind to them, but I had a really hard time using my voice to make things better as a whole. And I think that that's where I've changed the most. It's been noticeable that I am able to... Not go in and call somebody out, but I'm able to go in and gently have a conversation with someone about what I'm witnessing and why I'm having a hard time with it and talk about what we do to better support.

Amy Wilcox:

And it's made such an impact, not only on me, but the people that I'm with who are now saying, "Oh my gosh, there's a way to start incorporating this change." And it's beautiful. So I think that has had a tremendous impact on me, but on the larger community. Overall, my very favorite thing about this program is it's joyful. I am part of the most amazing community. I have turned to people in my courses privately and personally, and I said, "You mentioned this in a discussion question. This is something that happened to me today and I would really love your insight. I would really love your help here." I've made lifelong friends. I have a few friends in the program that we can't wait until COVID is over and we're planning trips together. So I think that it's been really beneficial in learning and personal growth, but it's also given me a chance to be part of a community. Something that's so much bigger than myself and something that is truly, truly joyful.

Dr. Lynn McPherson:

Yes, I agree with you there. I love on our cyber cafe in every course not only do we talk about, "Hey, this link is broken." But people would post personal things. And I remember one nurse who graduated from our program, as a hobby, is a photographer. But she's like professional grade. She connected with another student [inaudible 00:18:02] nurse and ended up taking the pictures for her wedding.

Amy Wilcox:

Oh my gosh. That's so fun.

Dr. Lynn McPherson:

It is, it's crazy. It is crazy. So hopefully when COVID lifts, we'll be able to have our graduation celebration back in Baltimore, you'll be able to make it to that one.

Amy Wilcox:

Yes.

Dr. Lynn McPherson:

I don't know about this August, but definitely by next year I think we'll be back in the saddle.

Amy Wilcox:

I'm there.

Dr. Lynn McPherson:

I just so appreciate your comments and your thoughts on the program. And you certainly do have an interesting background, girl, and I will be curious to see where your path takes you next.

Amy Wilcox:

It'll be really exciting. I also think we should throw in there too, to people who are considering, this program is manageable. I work crazy hours. Most of the people in the program work really nutso hours. Healthcare is just that way. This program has been very manageable and it's so helpful that it's a treat to get to go to your homework after work, because you know that it's going to be a great way to decompress. And so for anybody who's thinking, "Wow, that sounds great. But seriously, I don't have time for this in my life." I promise it's so manageable and it's adulting, so our instructors are very open when you have that insane week, if you just give them a heads up. This is happening to me right now, it's collaborative and it's really helpful.

Dr. Lynn McPherson:

People are going to think I paid you to say all these nice things.

Amy Wilcox:

No, I actually paid to go to graduate school, which is another great aspect; it's affordable. The program is amazingly affordable for in-state and out-of-state. It's amazing. But no, I am so happy to just do this because it's brought so much to my life that the least I can do is give back and share my experience. So thank you.

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Dr. Lynn McPherson:

And I think you know my next big thing is we are approaching the final runway for final approval from hopefully the Maryland Higher Education Commission for the next step for us, which will be the online PhD in palliative care. So, that's still pending approval, I want to make that very clear. But we are very, very hopeful that perhaps even this fall. So maybe [crosstalk 00:20:05], Amy.

Amy Wilcox:

That's so exciting. [crosstalk 00:20:06] Yeah, you'll have my application pretty quick.

Dr. Lynn McPherson:

Okay, that sounds like a plan. Well, I'd like to thank my guest, Amy Wilcox for participating in our podcast today. This was very illuminating. Again, this is Dr. Lynn McPherson, and this presentation is copyright 2021, University of Maryland. For more information on our completely online Master of Science and Graduate Certificate Program in Palliative Care, or for permission requests regarding this podcast, please visit [graduate.umaryland.edu/palliative](http://graduate.umaryland.edu/palliative). Thank you.