

Palliative Care Chat – Episode 24

Interview with Dr. Alexandra McPherson, Jamie Glidewell and Amanda Fields

“I’d Like to Volunteer for That: Innovations in Volunteerism in Hospice and Palliative Care”

Dr. L McPherson: Hello. This is Doctor Lynn McPherson. Welcome to Palliative Care Chat, the podcast brought to you by the awesome online master science and graduate certificate program at the University of Maryland. My guest today are Amanda Fields, volunteer services coordinator with Seasons Hospice and Palliative Care. Alexandra McPherson, PharmD, and Jamie Glidewell, social worker with MedStar, Washington Hospital Center in Washington, DC. Our guest today will be talking about interesting opportunities for volunteers in hospice and palliative care.

I moderated this session, which originally was a webinar for the Hospice and Palliative Care Network of Maryland. Amanda will speak about how we partnered together at our school of pharmacy to have pharmacy students serve as volunteers. Then, Doctor Alex McPherson and Jamie Glidewell will talk about the use of master students and how they served as volunteers at Washington Hospital Center. Ladies, take it away.

We're pretty excited to bring this presentation to you, I'm here just for comic relief and moderating. Alex, and Jamie, and Amanda will be doing all the heavy lifting, but it's titled, I'd Like to Volunteer for That. We're looking at creative ways to recruit and deploy volunteers in hospice and palliative care. Here's your continuing education information, and Kat already kindly introduced everyone, so no one has anything to disclose.

Just by way of introduction, either learning objectives to talk about novel avenues for recruiting volunteers. Something we're always interested in, I know in hospice I hear this constantly, that Medicare requires so many visits to be made by a volunteer, so it's so important that we explore every avenue to recruit new volunteers, and I think increasingly I'm hearing across the country about using volunteers inpatient, in palliative care. It will be pretty exciting to hear about that from the MedStar folks. We'll talk about training requirements for these volunteers, both in hospice and palliative care, and some of the opportunities, and roles, and responsibilities for these people.

I'd like to set the stage with simply one slide for the hospice volunteering component and then I'll turn it over to Amanda. Now, this started with my school, so as you know I'm a professor at the School of Pharmacy, and we teach a course called Palliative Care Imperative. This is a hybrid course. It's primarily online, but the students do meet four times during the semester in person, in the evening. We cover a variety of topics. We do pain and symptom management. We do grief, and bereavement, and cultural issues of dying and so forth. Students can take this course for two credits, but if they choose to they

can take it for three credits, and the additional credit is training and serving as a volunteer for Seasons Hospice and Palliative Care, and I can tell you it was extremely popular.

I would like to think it's because I do such an awesome job teaching about hospice and palliative care that they all wanted to jump on board, but I suspect it's more, it looks pretty darn cool when you go to apply for a residency or a job to say, "I was volunteering with dying people," so I'm sure that was probably the bigger draw. But, nonetheless, we did have a good cohort of students who are very interested in doing this. After their training, they had to provide a minimum of 10 hours of service. The course description is listed there for you, as well. With that, I am going to turn it over to Amanda, who will take it from here. Amanda?

Ms. Fields:

Hi. Thank you. I'm the volunteer coordinator for Seasons Hospice and Palliative Care. I've been in this role for five and a half years, and we're just going to discuss the collaboration that we had with the University of Maryland School of Pharmacy. Just a little bit of background about Seasons Hospice, so our mission is honoring life, offering hope, and some of our vision statements are recognized. The individuals, and families are the true experts in their own care, support our staff, so they can put our patients and families first, find creative solutions, which adds quality to life, strive for excellence, beyond accepted standards, increase the community's awareness of hospice as part of a continuum of care. This collaboration kind of helps with both our mission, and vision.

Federal regulations, which probably most of you are already familiar with, but it's important to kind of go over those, again. Medicare certified hospices are required to document and maintain a volunteer core sufficient to provide administrative or direct patient care in the amount that at minimum equals 5% of the total patient care hours of all paid hospice employees, and contract staff.

What that really means is that our volunteer hours need to equal 5% of our clinical hours, which just to kind of put that in perspective, from March, our clinical hours were right around 7,000, and that means that our volunteer hours had to be at least 350 hours. Obviously, everyone is trying to exceed that goal, which can be difficult at times. Also, volunteers are essential numbers of our hospice interdisciplinary team. Patients talk to volunteers and tell them things that maybe they're not telling other staff members, so they're really important members of the team.

Of course, before anyone can volunteer with hospice they need to go through quite a bit of training. We require two TB tests, flu shots, background check, paperwork, which includes an application packet, references, job description, policy sign off, waivers, kind of a hefty packet, as you can imagine. We also do nine self study video modules, so the students had to watch those kind of when they have time to. Then, there was one additional module that was watched as

a group, because it documented a patient dying. We watched that as a group, so that we could process that together as a group. That was done during our six hours of group training, and the virtual classroom was after that.

We worked with Doctor McPherson, and Doctor [inaudible 00:06:29] to streamline this process, as you can imagine it's quite the undertaking for students who are already pretty involved. We condensed the paperwork, and it was completed online, and condensed the virtual classroom into our six hour group training. Within that group training, we really talked about the dying process, tried to get the students and others as comfortable as you really can with the dying process, and with visiting hospice patients.

After all of that is completed, we do bedside training. That's taking the students out, typically, it was to one of our inpatient centers. We completed an orientation of the inpatient center, and then sat with them through their first couple patient visits, there. In total, we had 20 students complete the orientation, and agreed to the 10 volunteer hours.

Our volunteers are able to volunteer in general at patient homes, nursing facilities, and inpatient centers. We thought that the pharmacy students would make the best fit to focus on the inpatient center, and then also allow them to go to nursing facilities, if that made sense. Our inpatient centers are located at Sinai Hospital, Northwest Hospital, and Franklin Square Hospital. This was really idea because of the flexible hours, pretty convenient locations as most of the students are living around Baltimore, or at least coming to Baltimore for classes, and things like that.

They got the chance to interact with a variety of patients at our inpatient centers. We have patients coming in for symptom management there, so there're patients that are able to really talk and interact, and it would be like you and I talking, and then there're patients that have a lot of confusion, but still are interactive, all the way down to patients who are really unresponsive. There was quite the variety of patients that they could interact with. This was also appropriate due to the relatively short time of student commitment.

Our patients on the units are there, also, for a relatively short time, so it's going in and visiting with a different patient, potentially, every visit, and sometimes the students were able to visit with the same patient multiple times, and kind of build that rapport up. There were a few students who lived outside of Baltimore, and it's kind of inconvenient for them to come to the inpatient centers, and that worked out quite well.

There was a little bit less flexibility with hours and nursing facilities [inaudible 00:09:25], but the locations were incredibly more convenient for those students, in particular we had a student who lived in Rockville area, and was a perfect match for a patient that was at a facility maybe 10 minutes from where the student lived, so that was a really convenient location. The same with one of

the students who lived around the District Heights area, and we assigned her two patients at nursing facilities in that area. They were assigned to specific patients, so that can get a little more complicated than at the inpatient centers, where it's as you go you kind of pick which patient you want to visit.

There are lots of ways that pharmacy students can volunteer, what they can do with the patients. First, I just want to touch on what's not required or allowed for any of our volunteers, which is really most of the hands on care, so not providing any kind of seeding, or medication, or anything like that, but the things that they can do are chat with patients. As I said, a lot of the patients want to chitchat, even if the patients have a lot of confusion, they a lot of times can still remember their childhood, and really enjoy chatting about whether they grew up, and all of that.

Many of our students play games with the patients, if they were able to. Also, we had craft projects on the unit, so that a couple of the students, it was during the fall timeframe for the most part, and so I brought in some leaf making crafts, and turkey crafts. Some of the students actually constructed crafts with the patients, or even if the patients were not able to help with the construction, the volunteers did it, and kind of talked about it as they went through, and then hung it in the rooms to kind of spruce up the rooms a little bit.

They could watch TV with the patients, which is great. Right? Having kind of a companion to sit there and watch TV, kind of chat about what's going on in the show, or the movie. Reading stories, poems and newspapers. We provide short stories at our inpatient centers, so that all of our volunteers have access to short stories. We encourage them to talk about light hearted positive current events, which can be sometimes difficult in the current climate of things, but I usually encourage like sports usually doesn't get people too fired up, and really let the patient kind of direct the conversation, if they're able to talk.

Siting quietly, providing a presence, holding a patients hand, those can all be really meaningful, as well. Our staff also tries to figure out, kind of determine what kind of music the patients like, whether it's actually communicating with the patient about that, or talking to loved ones, and so encouraging the students to find that radio station, or pull out the phone and play the music on their phone for the patient is also great.

Completing legacy projects. That's something that the family can have once the patient has died. That might be something like writing out cards for upcoming milestones, or for holidays that are coming up. Helping patients do that, because a lot of times they might have difficulty writing, so that's something that students could help with. We also had a student that brought in, actually worked with some other students, and brought in cards for around the holiday season, and they wrote little notes to the patients, and that was really nice, too, because it did, one, spruce up the room, but it also just kind of gave the patient a little bit of home, and feeling supported.

Students were encouraged to participate in any of our we honor veterans pinning ceremonies that were happening. Our pinning ceremonies are honoring our veterans with a pin, certificate, usually the music therapist is playing songs specific to the branches armed forces, and usually there's a reading, so we encourage all of our volunteers to participate in those as fully as their able to, or just to kind of be there as a witness, and another number to honor that patient. There's quite a few options for the students who are visiting with patients. Obviously, the list is endless, these are just the top ones.

With anything, if it's not documented, it didn't happen. All of our volunteers are required to complete volunteer progress, checking their times, and the visit. At every visit, volunteers are checked for shortness of breath, nausea, anxiety and pain. If the patient is experiencing any of those, to alert to the staff either at the nursing facility, or the inpatient center. Our notes are in DAROP format, which is data, action, results, observation, and plan.

For anyone that isn't familiar with this format, all I just briefly describe that. Data is about describing the setting, and the patient, what it was like when the student is out there, and who was there. Action, is what that student or volunteer did, so introducing themselves, maybe just knocking on the door and having a seat, after introducing themselves, things like that. The result is what happened next, how does the patient seem to react, and change throughout the visit. Maybe they were reluctant at the beginning of the visit, but then really opened up once they kind of got settled, and got comfortable with the student. Things like that. Maybe they feel asleep by the end of the visit.

Whatever happens, just asking them to briefly document that, and any observations. This is anything that has changed since the last visit. That's really helpful for the team to know if there was any kind of decline, so that they can kind of all be on the same page, and have that documented. Then, plan is when do you plan to come back? What do you hope to do next time. That would be if there was a patient that really enjoyed a specific author, maybe, if the student would bring a book in from that author, or bring in a certain craft, if the patient said that they like that. That would be where they would put that information. Then, all of our volunteers, including the students, send their notes through the mail, or leave them at the inpatient center for staff pickup.

Obviously, as you can imagine this is a mutually beneficial collaboration. For the students, they were able to gain experience interacting with hospice patients, and their families, they became part of the interdisciplinary team, so on our inpatient centers there're doctors, nurses, social workers, aids, they're all there kind of most of the time, so the students were really able to interact with them, and talk to them, and learn more about how all of that works, together, and learn about hospice from the inside.

Developing better patient advocacy skills, and improve understanding of physical, emotional, and social pain. Sometimes how that can manifest, and

obviously their going to school to become pharmacists, so they're really familiar with pain, and kind of medication, and things like that, but also help, sometimes pain can be relieved by companionship, and redirection in addition to any kind of medication that's needed. Seasons received some benefits as well. We increased our volunteer presence at the inpatient centers. We were able to fill a need of facility patients who were not being seen by a volunteer, so that ones in Rockville, and District Heights area, some of the students really enjoyed the experience, and recruited other students to volunteer with us, outside of the class requirements. The pharmacy students added 230 hours from October 2018 to February 2019 to that 5% that we're required.

Just kind of finishing up my part is what the students had to say about their experiences. Just going down the list, "I've really enjoyed visiting with my newest patient. I'm absolutely heartbroken to hear of her passing, she was such a wonderful person to speak with. This is something I'm passionate about, and hope to continue volunteering. I loved visiting the unit at Sinai, and plan to continue making visits. I sat with her for a bit, talked to her, let her know she wasn't alone, and told her I would visit her, again, before I left for the day. As promised I checked on her, and realized she had died, informed the staff, who confirmed her death. I was okay, because I knew I had just spent time with her."

In that particular case, I was alerted by the staff at our inpatient center of the situation just so that I could make sure that I could follow up with that student, which I really appreciated, and I did call him and followup with him, and chat with him about that situation, and he was really in a good place about it, because he had spent time with her, and the staff also really supported him after that occurred, as well.

Moving on, "She was a very special and lovely woman. The time I spent with her was very meaningful, and rewarding. I'm grateful I met her." Lastly, "It was a profound experience." I really do think that many of the students really do think that this was a profound experience. We have a couple students that are wanting to continue volunteering with us, even though they've met their requirements, and they just really enjoy that companionship, and what they learned from the patients. Thank you. I will hand it off, now, to Jamie and Alex.

Dr. L McPherson:

Before they jump in, thank you, Amanda. That was lovely. I was getting all teared up there listening about my little chickens. I just want to point out to everybody I know my perspective is schools of pharmacy, we have three in Maryland. We have my school, the University of Maryland of Pharmacy, downtown, there's Notre Dame, School of Pharmacy, which is also in Baltimore, and then, I guess, maybe Coastal Hospice would benefit. There's the University of Maryland, Eastern Shore, School of Pharmacy.

For those of you closer to DC, Howard University has a school of pharmacy, also. Don't forget schools of social work, and nursing, and medicine. Minimally, I think all four of those would be excellent opportunities to recruit students. As

you just heard Amanda, it's a lovely little project for them to do, and they really enjoy doing it. All righty. Jamie and Alex, are you ready to rock and roll? You might need to unmute.

Ms. Glidewell: Yeah.

Dr. L McPherson: Okay. Rock and roll.

Ms. Glidewell: All right. Good morning everyone. My name is Jamie Glidewell. I've been at MedStar Washington Hospital Center for about six months, but prior to that I was at Montgomery Hospice for five years, three years as a volunteer manager, and two and a half years as a social worker, so I'm very passionate about incorporating volunteers into hospice and palliative care.

Dr. A McPherson: I'm Alex McPherson. Jamie and I actually started on the exact same day back in October. I've had the opportunity to see things from the student's perspective, having graduated from the University of Maryland School of Pharmacy back in 2015, and just completing residency this past July. A unique collaboration. Also, bringing in and recruiting students from Georgetown's program, which we'll tell you a little more about here in a second.

Ms. Glidewell: This all started before Alex and I got here, [inaudible 00:21:58], she's the social work supervisor for the palliative care team. She really took her inspiration from the hospice program she had interacted with, and volunteered at, and just seeing how robust hospice uses their volunteers in such robust ways, in such creative ways, and she really was inspired to start looking at how can we incorporate using volunteers in the inpatient hospital setting with our palliative care patients.

Sometimes we'll even get referrals, and the referral team will say, "Well, the patient's really just lonely," and so it's not a true clinical consult, but again we wish there were something we could do for these patients that we're not necessarily best suited for, time doesn't always allow, so having volunteers to fill in the gaps, and care for our patients in those ways would be a great thing.

Our goal was inline with the MedStar focus and philosophy on patient first, our family serving, yours. One vision, one spirit. We had a good platform, and through networking, and she was part of the teaching scholars program. Again, she made this the focus of her two years for teaching scholars, and through networking she came across, made a connection, with the Georgetown University Medical Center, the special masters program in physiology.

That's a one year special program, and it specifically focused for graduates who want to strengthen their credentials, and application to medical schools. It's from August to May. It's a pretty intensive premed program. They're doing a lot of similar classes to what you would do in medical school, but a part of it, which is really neat, is there's been a really big volunteer component, so they're doing

a variety of rotations in clinical and community settings across the DC Metro area.

We got connected with the program, one of the program managers there, and it seemed like a perfect blend. That's the Georgetown special masters program class. This year, there's 27 students, and most of them have come through. We started a little late, this is the first year that we've done this collaboration, so by the end of May we're going to have 17 of these students who have come through on their rotations here. These are just some of the basic requirements. You'll see a lot of similar things from the Seasons requirements, as well.

Obviously, the volunteer application, and confidentiality agreement, all of their vaccine records, which for the most part were already documented, because they are part of the Georgetown program, they have other volunteer opportunities, but the one thing that was a little bit different is this may have been their first direct patient care volunteer experience, so we did require some additional vaccination records, above and beyond what they may have been required to have for school. Their education goals. There was some basic pre-training modules online through MedStar. There were two in person training sessions, which we'll go into a little bit more here in a second.

Of course, they were required to have an ID badge. Then, each student came for two consecutive volunteer sessions, each four hours. On the first day, they completed a pre-evaluation, which we'll discuss here in a second. Their volunteer hours. Then, a very short debriefing. On their second Friday, their second day of volunteering, they just jumped right into seeing patients, followed by the debriefing, they completed a post evaluation, and then an exercise in narrative medicine.

We did two trainings, we did the first training at Georgetown and a group. It was one of our social worker's, chaplain, and then actually a member of the massage therapy, one of our research programs that we're doing here, so the massage therapist was there as well. That's really educational and trying to connect with the students. We do a broad overview of palliative care, what it is, the history, and also what we're doing here at the hospital center.

Our chaplain, Linda, she read a poem, and they did a debrief talking about what that meant to them. They did a grief, and bereavement exercise, as well as a guided mediation, and other self-care activities. We're really focusing on helping the students get the most. We want to set the platforms to help them get the most out of this experience, so it's not just going in and volunteering, but we want them to think about what's going on for them? What's going on when they're visiting a patient? What's going on when they're hearing difficult stories? Really helping them connect with the patients, but also with themselves.

The second training, they come to the hospital, they come here, and again it's more the nuts and bolts of Washington Hospital Center of the palliative care

team. We have, I think, close to 18 team members here for the palliative care team, but they meet, not everyone, but a lot more of the palliative care team, and specifically they meet the team members that they're going to be interacting with, who are going to be helping them when they're here for volunteering.

This is where we go in detail over the volunteer visits, what to expect, we cover confidentiality, we cover boundaries. We're always adding boundaries, because as we go we figure out things we need to add to our reminders, like such as the length of the visits, not giving out their phone numbers, not giving advice, so we're definitely learning as we go. We talk about the visit, what to expect, always knocking on the door, asking for permission to come in, introducing, offering a visit, and we teach them about looking for queues from the patient.

A lot of our patients want to be polite, they may not want to say, "No," or tell the volunteer that they're tired, so teaching the volunteers what to look for and how to read the patient, just so they're not overstepping. We talk a lot about activity ideas. There's a lot of anxiety for the students about what are they going to do, how are they going to start a visit, how are they going to keep the person engaged? Just kind of trying to give them a lot of ideas, and prepare them as much as possible to address that stress that they have.

We also talk about the debrief sessions, like Alex said, we do a welcome, but we also do a debrief at the end of their volunteer session, so they can talk about the visit, talk about how everything went, ask questions, and get ready for the following week. We talk a lot about standard precautions, what to look for in the hospital, what they'll need to do if there are any standard precautions for a particular patient that they're visiting, and then of course we go over the fire and emergency response.

The visit, themselves, throughout the week prior to the actual volunteer visit we remind our team as Jamie mentioned, we have about 18 team members and four sub teams. We have an oncology team, a med surg team, ICU, and an advanced heart failure sub team. On any given day, our average census could be around a 100 patients, so we're reminding each of the sub teams to continue adding patients to the volunteer list as we see appropriate. Then, on Friday we print out our volunteer list for our two volunteers, and basically just split it in half, encourage them to get to however many patients they can get to, depending on how each visit goes, but at least then they have a pool of patients that they're available to see.

Some examples of activities that some of our students have done with patients, you know, we've had one student that sings professionally, and the patient sang in her gospel choir for years and years, so she actually sang with the volunteer. Reading to some of our nonverbal patients, adult coloring books, writing holiday cards, reading poetry, and [inaudible 00:31:06], and life review.

Dr. A McPherson:

After, when the volunteers come the first time, we have a volunteer closet, so there're things, we have different activities. They can grab books, magazines, cards, holiday cards, and the adult coloring pages, and usually the first time around we've seen that volunteers are pretty nervous, and they want to make sure they're caring something in, that they're coming equipped.

By the second time, they're really like, "Oh, no, I don't need anything," because usually what the patients appreciate and respond to most is their presence, their smile, someone to ask questions, be curious, and listen to them. It's kind of neat, even though they're just here for two Fridays, but you can see the evolution, and we see that in the feedback we're getting, as well. They're realizing, that realization that the best thing they can do is bring themselves, and a smile, and an open heart, and a listening ear.

Because this was our first year, and we just threw things together, but we wanted to make sure that we were capturing some data. It's not regulated like it is in hospice, so we don't have to document the hours, but we wanted for ourselves to capture information and data, so we can make sure that we're growing the program, and also looking for research opportunities, and we wanted to gauge what kind of impact this was having for the students. We set up a pre-evaluation, and this is exactly the questions, this is what the students get the first time they come. We do the welcome, then they do these quick questions.

Then, we have them break their comfort level, so "How comfortable are you interacting, volunteering with patients in the hospital setting?" Just different questions you can see, like, "What are you worried about, what are you most looking forward to," and then have them rate. On the post eval, it's that we incorporate that self reflection piece, "What did you learn about yourself, anything that surprised you, anything you weren't expecting?" I always love this question, "What advice would you give to future volunteers?" Then, again we rate that. "How comfortable are you interacting, volunteering with patients in the hospital setting?" Usually, the trends that we have seen, at least they're rating themselves, the students, as pretty comfortable, it's usually a seven or eight, and then they usually go up a point or two after, on the post eval.

Ms. Glidewell:

In terms of that question, "Is there anything that you're worried about?" This is really just a snapshot of some of the things that our students have said, so reacting to the patients negative emotions, being able to empathize, since I've never had anyone I know under palliative care, not knowing what to say, initially, or about making a patient uncomfortable if they don't feel like speaking, feeling awkward when I don't know what to say in certain situations, bringing up sensitive topics, and then disrupting their peace, if they're upset. This is from another one that just occurred, "Finding a good conversation topic, not boring them." You can see it's mostly about the unknown, so not knowing what to expect, or what to talk about with some of our patients that are a little sicker.

Dr. A McPherson: Then, on the post evals, anything that surprised you? It's always great to get their perspective. I was a little taken aback by how cheerful some of the patients were, which wasn't the kind of attitude I would expect from patients who need palliative care. I think that's a great takeaway, just to-

Ms. Glidewell: Yeah.

Dr. A McPherson: Sell some of the preconceptions that people, students, that anyone might have when they're visiting somebody who's seriously ill, chronically ill, or acutely ill.

Ms. Glidewell: Along this next one, too.

Dr. A McPherson: I was surprised when some patients talked very openly and candidly about dying. Again, this is just for students who are thinking about applying to medical school, we've been so thrilled with just having them in the hospital setting with patients, and families, and to see some of these takeaways that are planting seeds, hopefully, that will carry over into their future profession.

I remember this student, he was really perplexed about reading to somebody who wasn't communicative, who couldn't consent, so this was his takeaway, "Figuring out how to communicate with someone on a ventilator, wasn't able to talk, was something I had to get used to, but eventually I learned ways that I could communicate with him. When they found out I wanted to be a physician, they were all very encouraging, and provided advice from that point of view, from their point of view." We wanted students to slow down, and again listening to the patient perspective, what it's like to be in a hospital, this is a 900 bed hospital in the middle of DC.

This was likely a very new experience, and a unique experience for many of these students. Just unique stories that they got a chance to hear. This was our singing volunteer, "[inaudible 00:36:40] some of my patients for when they sang with me," and so she had a few of the patients who sang along. "I was surprised by how much I got out of this program, I wish we got to do it longer." We heard that a lot, they wished the rotation we just did, this time around we did, the two rotations, we might do a longer rotation in the future.

"What advice would you give to other volunteers?" A lot of them had very similar things to say about being open to the experience, letting it happen, it's okay to be nervous, embrace not knowing what to expect, you're not as awkward as you think, if you have talent, use it. Mostly, though, I advise you to listen to what they say, and don't say. It's okay if patients seem like they do not want to talk, but would still like your company, because your simple company can comfort them, too.

I think that's really important, and gets to what Jamie was saying earlier about that first visit they pretty much bring a Mary Poppins bag, and with the cards, and the games, and the books, and all of that, and then they realize that they

don't have to fill every single gap in conversation, and a lot of what they can bring to the table is really just their presence. Then, I think the most important thing is to meet them where they are, which you all know working in hospice and palliative care is our whole philosophy. Being present and being okay with silence.

Ms. Glidewell: Part of our final debrief, we also do a little narrative medicine exercise, so we debrief with them, talk about their visit. We do the post eval. Then, we tell them, and we don't give much direction, we hand them a piece of paper, and we say, "Next, we're going to do a short writing exercise, you will have five minutes to write about a prompt, just write what comes to mind, and as much as possible write without thinking." We tell them to, "Let the pen lead you, don't stop, don't think, just write." The prompt that we've given all the students is to write about a [inaudible 00:39:01]. I wish we were on video, because we would show you there's been so many different responses, some people are writing.

Dr. A McPherson: Drawing.

Ms. Glidewell: Some people are drawing pictures. There're poems. Some people turn the page around. I mean, it's just really been neat to see what the students do with this kind of exercise.

Dr. A McPherson: Yeah. This is an interesting one. What is a door? A physical structure we walk through, or the metaphorical door each of us have gone through to get to that next chapter in life. For me, my metaphorical door is closed. I've been pounding on it, and ringing the doorbell like crazy, and you would have thought someone would answer, but I guess I just have to keep standing there waiting, and trying, unless there is another way in. Do we walk away from a dream or next chapter just because there are obstacles, or the way is shut for now? Do we continue to work towards breaking down the door when it is closed? This morning, I felt the door once again slam in my face, but this afternoon through a window I saw what laid beyond the door, and it reminded me of why I'm trying to enter that space.

Ms. Glidewell: This was one of the comments, "The door opens into a hospital room, it's closed, but if you give the door a smile it disappears. It makes no sound, and disappears. That power you have to smile. Why don't you use it? Maybe you like the door closed, because it's too hard to escape from a room with no door, if you're uncomfortable, if you want to leave. If you want to hid inside yourself, and ponder why you opened it in the first place. The dying can't open it themselves. Locked into their beds, with restraints. Looking out their hospital windows. Dreaming of playing blackjack in the new casino, the one that was built when they were shut in. If you could open it with a smile would they let you in?" Again, it's we're trying to find creative ways to have volunteers, volunteer with us, but also find creative ways to engage them in this process.

The first year review, again, this starts, their program starts in August and ends in May, so we'll be ending it in the next month. By the end of that we'll have 17 students. They've come on 18 Fridays, and they're here for three and a half to four hours, so it'll be 63 hours. We're keeping better track, now. Now, at the end of each visit they're tracking how many patients they saw, what activities they did, and they're average length of time spent with each, but we have about an average, probably a four or five, to eight visits per Friday.

Dr. A McPherson: Per student. Right?

Ms. Glidewell: Per student. My math is terrible, I [inaudible 00:41:58] it's actually going to be doubled, it'll be closer to a 150 visits by the end, which is very exciting. Then, we're already on track, so we're definitely doing this again next year. The Georgetown program, Holly, the coordinator, she has loved it. What's been exciting as well is the students do further reflection on blackboard, they have prompts, they have to answer questions, and do reflections on their different volunteer experiences, and she's been getting really good feedback, so that's a couple weeks out, so she's definitely motivated and wanting to do this rotation again.

Dr. A McPherson: Then, some of the lessons learned. Obviously, we have a lot of patients on our service as a whole that we had a very good feeling would benefit from visits from volunteers, but we didn't necessarily go into this thinking about the impact it would have on the students. As you can see, from hearing some of the responses to the narrative prompts it really did make a huge impact on these students, and they wish the volunteer experience was longer, and they wish they could continue volunteering.

It seems like the students from the University of Maryland were saying the same thing with Seasons volunteering. Clearly, having a big impact on them. Other areas of opportunity, we're continuing to think about ways to engage these volunteers, and maybe not with the Georgetown volunteers, necessarily, but other areas of opportunity with regard to volunteering. We have a ton of patients who say, "I wish I could just get a good clean shave," or "A haircut," "My nails are always so nicely done, I hate them looking this way," so finding ways to engage some volunteers for cosmetic services, knitting blankets, pet therapy, is a work in progress. Then, music and art therapy. Continuing to find ways both from a student, and non student standpoint to continue to engage volunteers in our community in order to better serve our patients.

Ms. Glidewell: We're also, this summer we're going to have five med students with us for I think it's-

Dr. A McPherson: Six to eight weeks.

Ms. Glidewell: Six to eight weeks, and after this experience with the Georgetown students we're going to make sure that patient visits are a big component of their time

here. Primarily, they're going to be doing research, and different activities, but we're going to now include the patient visits, and do a lot of what we were doing with the Georgetown students. Then, I think also things on our mind for next year, and as we continue to find different ways to incorporate volunteers, looking at how we can capture the patient perspective in a non intrusive way, so getting some of their narratives from what this experience, what the volunteer experience means to them, and just how we can better serve them, how we can better impact our time in the hospital, so we can make sure that we're always cultivating the way we use volunteers to best meet their needs. There you go.

Dr. L McPherson: Wow. Now, Alex and Jamie have made me cry, too, with their narrative medicine. Thank you for being that equal opportunity. [crosstalk 00:45:25].

Ms. Glidewell: That's an easy thing to do.

Dr. L McPherson: It is easy to make me cry. You're right. I'm curious what questions our listeners have for Amanda, and Alex, and Jamie. You can type it into the chat box, or you can unmute your line by hitting star six. I'm curious, what other people are doing that is innovative, as these two programs that we've heard here, with regard to volunteerism. As you're thinking about that, I see Compass Regional is typing. I'm reminded of one my colleagues from a different school of pharmacy in the Midwest, he developed an online training program for his pharmacy students.

It was just one hour long, and those volunteers were, he had a database where any hospice in the area could log in and request a student volunteer to do things like put up the Christmas decorations for an elderly couple, who were too ill to do it themselves, and to take them back down, and pack them away, or to hand out the punch and cookies at the remembrance ceremony, once a year. Not direct patient care, per se, but doing so many things like having a car wash, a fundraiser for a particular hospice. Holy Cross Hospice is asking, "Is anyone trying to gather effects on patients?" Anybody want to jump in on that one?

Ms. Glidewell: This is Jamie from MedStar. That's definitely a great question, and it's definitely on our minds, so we're looking at ways that we can, again, I think it's important in what we're talking about, we don't want to be intrusive to the patients, but we want to find a way to gather some of that data, to get the narratives, but also to see if it's having an impact on their pain, or their anxiety, or depression.

Dr. A McPherson: Their patient experience overall.

Ms. Glidewell: Overall. Yes.

Dr. L McPherson: I would also suggest, Jamie, and Alex that for those narrative medicine pieces that you require, you should look at some of those and submit them to the Journal of Palliative Medicine. They publish a lot of narrative medicine type pieces that have been written, so you should take a look at that.

Ms. Glidewell: We've compiled them into a laminated book, so we are keeping them all in one place. We were only able to share those two, but a lot of them are really, really pretty profound.

Dr. L McPherson: Wow. For students who are hoping to go to medical school, and they want something that will look good on their CV, having a publication would be an awesome thing. What else? Does anyone else have? Does anyone else have per Holy Cross's question?? Any attempt to see if the patients enjoy having volunteers? Thoughts, or anything? Questions, comments? Anything for the good of the cause?

Ms. Fields: This is Amanda. The only thing that I can say for the effects on patients is we haven't done any kind of research, anything like that, for this Seasons [inaudible 00:48:12], but just hearing actually them talk about the volunteers, I know frequently when I visit our inpatient centers in particular that the staff there is saying, "Thanks so much for having these volunteers," or, "This particular student was really amazing, and really made a connection with this particular patient," so getting those kind of things. Sometimes when I visit with patients they say, "Well, is this one coming back? Is she going to be here, again?" Just hearing that, not actually in a research form, but in more of an everyday type of format/

Dr. L McPherson: I think I'm always impressed at least with the pharmacy students. They all start off thinking, "Oh, this will be so cool for applying for my job, or my residency." But, then you work your magic on them, Amanda, and they fall in love with it, and they're so glad that they did it, and I'm sure it's true with the MedStar crew, as well.

I'd like to thank our guests, Amanda Fields, Alexandra McPherson, and Jamie Glidewell, and thank you, our listeners for listening to Palliative Care Chat. Again, this is Doctor Mary Lynn McPherson, and this presentation is copyright 2019 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. Thank you.