

Shaley Albaugh

**Graduation Year:** Junior

**College:** Arts & Letters

**Major(s):** Neuroscience and Behavior

**Minors(s):** none

**Scholar Group Membership:** MSPS

**Did you received other funding for this project?:** no

**Could you have completed this project without CUSE funding?** No

**More details on CUSE funding assistance?**

**Project Title:** Gerspach Research Fellowship for Research in Palliative Care

**Project Location:** University of Notre Dame, 219 Jordan Hall, Hillebrand Center for Compassionate Care in Medicine

**ND Faculty Mentor:** Dr. Dominic Vachon

**Project Type:** Gerspach Fellowship

**Why did you undertake this project/experience?** Deepen your knowledge of a topic or issue, Prepare for professional school (MD, MBA, JD), Career discernment and/or preparation

**Did your funded experience help you:**

**[Deepen your understanding of your coursework or field of study]:** Very Much

**[Discern your interests and post-bac goals]:** Very Much

**[Become confident in your ability to set and achieve your goals]:** Very Much

**[Gain a more nuanced view of local, national, or global communities]:** Very Much

**[Improve your written and verbal communications skills]:**Very Much

**Tell us about your experience.**

For this fellowship, my faculty mentor and his assistant decided that we would try to gather a broad overview defining the field of palliative care and its many facets using a systemic review process. After the course of 6 weeks, we would then present relevant findings to an inter-hospital committee that wanted to expand palliative care to its region as well as promote a community understanding of the issues surrounding palliative care. The remaining 4 weeks were to be used to expand our research beyond the scope of the meeting. My daily activities included reading research journals, taking notes on research journals, reading books, researching news articles, researching palliative care sites, and developing an outline for the inter-hospital presentation. My weekly activities included interviewing the inter-hospital committee members and different interested physicians, and transcribing the interviews. During my fellowship I was also given the opportunity to shadow a palliative care physician in a hospital, and shadow Dr. Vachon in his neurofeedback clinic. What we learned overall was that palliative care is a such a broad field. To preface what we discovered, I would like to point out that palliative care includes politics, law reforms, cultural perceptions, healthcare cultures, and financial incentives. It is a messy and new area of research. Palliative care in its self is not a lucrative business, and while it can increase customer satisfaction and provide for a better death

for an individual, many physicians themselves do not understand it or have the tools to practice it. Physicians can even have counter-incentives. Oncologist may want to be more aggressive with treatment, while palliative care focuses on a person's holistic well-being. While extensive studies have shown the effectiveness of palliative care, both as a more humane treatment as well as a cost-saving measure, cultural perception of it and political incentives have been barriers to its wide-spread use. My overall takeaways was that palliative care is a wonderful healthcare service, and that being a palliative care physician takes a strong individual willing to go against American cultural mores and misperceptions to deliver exceptional end-of-life comfort.

**Describe the impact this project had, both on you as a student-scholar and on the people you worked with.**

Learning about palliative care, and seeing healthcare professionals struggle with the issues themselves really showed me how human physicians can be. Physicians, especially to young people, are depicted as brilliant heroes. While I did not have as rosy of a picture due to my own encounters with the health care system when my dad passed away, I did have a very naive idea of what doctors really wrestled with. Not many people my age will get the chance to sit in those charged meetings about death and dying, as well as hear their struggles as professionals. I got a glimpse into the darker side of medicine, as well as the less fabulous specialties such as gerontology, oncology, palliative care and family medicine. These specialties may not be at the top of most medical students list, but they are perhaps the most important. Surgeries are easy: you can cut things out that you see, and stitch things back together again. The before and after or surgeries are not as easy. Talking with families about end-of-life discussions, about cancer, about dying--those are the hard problems of medicine. Dr. Vachon, his assistant, and I learned all this first-hand. Hopefully I can do service to what I have learned and make a difference in my career as a physician.

**Describe how this experience is connected to your plans as a student or future professional.**

My experience has informed not just my future career, but also my current extracurricular activities. While I've always taken part in activities to help the disabled, I am realizing more and more that the growing, aging population is just as disabled as children and adults with handicaps. And someone needs to address that, as unglamorous as it is. Because of the unglamorous appeal of aging care, at times I can be indecisive. I desperately want to make the right decisions about my medical path that includes both a vocational component and a realistic one. I want to do something that is exciting, takes expertise, and really makes a change for someone. At the same time, I want to have a comfortable life and be able to take care of my extended family. While some student have their eyes on more glamorous specialties such as surgery or gynecology, I have learned that other specialties have just as much intrigue. Palliative care is a growing field, and such doctors make a remarkable impact on their patients every time they step in the room. While I am not 100% sure I will become a palliative care physician, I am sure that I want to be like one. I want to have the compassion and time to really see my patients.

**What advice would you give other students who are planning to pursue similar projects?**

I would want students to know that they should really strive to have a complete understanding of the field. They should be exposed to the horrors as well as the gems. Palliative care is not meant for everyone, and its only through maturing experiences that a person can choose the field. Most people I met who are interested in it had a loved one pass away and was either touched by palliative care, or deeply wished that was an option for their loved one. Palliative care touches all walks of life, especially the old and frail. People have called me an old soul, but my maturity has been shaped by death, hardship, and poverty. To be involved in this type of project does not require those experiences, but I think it requires a deep understanding of how those experiences shape and act through a person. I think even research requires that understanding.

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