

Nurse Becoming Ep.096 - Cool Specialty Alert! Clinical Resea...

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SPEAKERS

Amanda Guarniere, Jean Kelly


A Amanda Guarniere 00:01
All right, we are recording. Okay. Hello Jean, welcome to the show.

J Jean Kelly 00:12
Hi, thank you for having me.

A Amanda Guarniere 00:15
I'm so excited. You and I are longtime friend slash former colleagues. So I'm really excited to highlight you and your career path because I'm super interested about it. And honestly, this is just a reason for me to like, ask you a whole bunch of questions and record it for other people to listen in on.

J Jean Kelly 00:37
Yeah, I love it. I'm excited. I know, it's been fun to catch up a little bit.

A Amanda Guarniere 00:41
So um, let's I've already showed you, you know, at the beginning, but let's start with an introduction. You know, in your own words, who you are, what you do, and then I'm sure I'll ask you some deeper questions about some background stuff.



J Jean Kelly 00:56

Sure. Well, my name is Jean, as you guys know, I actually am a Physician Assistant. And I have been out of school almost six years. So I'm kind of new in my career, but I feel like I've done a lot and seen a lot and that six years. So it's been fun, that's for sure. And yeah, now I'm actually a what's called a sub investigator in clinical research, which has been totally different and totally exciting and crazy in these unprecedented times as they say.

A Amanda Guarniere 01:31

Yes, I'm very excited to hear all about that. And that's one of the main reasons why I invited you on because that just sounds super interesting to me. So we're definitely going to get into all that because I have a lot of questions. But first, I'd love for you to kind of tell us a little bit about your, your career path. You know, what prompted you to decide to go to PA school? And then once you graduated, where did you end up? I obviously know a lot of these answers. But I'd love for you to, you know, share your story for the listeners.

J Jean Kelly 02:01

Sure, sure. So I I kind of ended up in PA school because I was lucky to know what I wanted to do as a young person, I guess. You know, I feel like everyone has like some story about a healthcare professional that had some impact on them. And it made them want to, like do the same thing. So when I was in middle school, actually, unfortunately, my father passed away. But I will never forget being in the hospital with him. And one of the doctors like pulling me aside could tell I'm like this scared 12 year old, doesn't know what's going on. And he showed me like all this cardiac anatomy, and he's like, this is exactly what's going on with your dad. And like, I just I have like such a distinct memory of that story, that I was like, wow, like, this guy really helped me calm down, helped me understand it. And even though I guess that story didn't end up happy that that situation has always stuck with me. And I was like, I want to go into medicine. I guess I don't know what I want to do. Because I'm 12. And I don't know what my options are. But I want to. So as high school goes on, you know, like I looked into nursing, I looked into med school type be on pre med type stuff. And I ended up with pa because I knew someday I would want to be some type of advanced practitioner. Med School was a lot. And I didn't think I needed all of that. But and then I was also fortunate that locally, we had a program where I could go into a PA program out of high school and leave with my master's. So I went into a PA program at 18. I left at 23 with a with a bachelor's and a master's in PA and I could just hit the ground running. So that was a big reason why I picked it, I guess.

A Amanda Guarniere 03:50

Yeah, no, I think that's a really a really good point. Because when you're kind of comparing the fields, yeah, we talk a lot about, you know, the nursing method and the nursing approach versus the medical model. But I think there's also the practical things of, okay, what type of education is here and accessible to me? And how long is it going to take me to do it? And how much money is it good? And cause like, these are all factors of a decision. And it sounds like that definitely played a part in in you deciding ultimately, which branch of medicine you are going to go into?

J Jean Kelly 04:24

Yeah, definitely. And even like, I mean, in high school, I didn't even understand like nursing model versus medical model and all that. But I like new, like, I want to prescribe meds in order stuff and see my own patients and this is a way to do that. So yeah, yeah.

A Amanda Guarniere 04:42

So you're in PA school, you're 23 you're getting ready to graduate. And what was your first job? How did you find it? What's that story?

J Jean Kelly 04:53

So I did all of my clinical rotations obviously, that I had to do to graduate and one of them was in emergency medicine at our local trauma one facility like "big, cool" rotation. And that's where I met you. And you guys were like starting this cool new, like emergency medicine fellowship. And I loved emergency medicine that was like, by far my favorite rotation. I just, it was just so exciting. I loved making differentials and the workups. And the crazy stories you see, I mean, you're like, 23. I'm like, Heck yeah, I want to see all this stuff. So yeah, so that I applied to the fellowship program that accepted that EPP fellowship program that was a mixture of peace and NPs. And luckily, you were one of the CO directors at the time, which is a nice little addition. And yeah, I that was a really, really, really great way to start my career. I have no regrets about that.

A Amanda Guarniere 05:56

Yeah, for sure. I remember you being such a strong student. And it, it was one of your last rotations, if not your last rotation. I'm fairly certain right, wasn't it? Towards the end? That might I don't know, remember whatever it was, like, I remember being very impressed by you, like you were. So not only to do enjoy what you were doing, but you were so good at it. So. So yeah, I've talked about this on the podcast before, but I co founded and CO directed an NP and PA fellowship and emergency medicine. And so Jean, you're one of our first cohort, applicants and fellows. So that was really how you and I started working together. Because, you know, not only were we teaching you, but you were working along side us as, as providers for for that year. And okay, so then what was next? So you you did the fellowship program? What What were your overall thoughts about the fellowship experience, because since, you know, five, six years ago, it has definitely become something that more and more people want to pursue. So share your experience about that.

J Jean Kelly 07:08

Yeah, it definitely has expanded a lot since I like was like one of the only people I knew that was even like applying to something like that at the time. So it's definitely expanded. But I, I loved it. And I, I don't know if I could have gone into working without it. I mean, I'm sure I could have. But one thing I loved about it is like you only get so much exposure during school, right?

Like you only get so many rotations, you only get so much clinical exposure. And then you're like expected to kind of like work and whatever. And I'm like, I feel like I have so much more I could still learn. So it was almost like doing another year of clinicals. But you're getting paid, you get to like do so much more. I can like put in your own orders and stuff like that, obviously under a lot of supervision. But I saw so many more facets of medicine that I never would have saw in school, like we did, like three months of critical care or something. And we got to do like medical critical care that we got to do trauma critical care, or critical care surgical critical. Like it was like all the I never ever would have had the time to do that in school. Not to mention, like, oncology and urology in general cardiology, like it was just a year of electives, essentially.

A

Amanda Guarniere 08:26

Yeah. And it was a really good way to put it. The way we structured our program, because it was an emergency medicine program, we really purposefully wanted to give our fellows experiences that would expose them to as many specialties as possible, because that's the name of the game and emergency medicine, right? Like we're really frontline when it comes to the hospital process. And we need to know, the emergencies of all these sub specialties. So it was really fun when we were putting together the program like dreaming up all the different things that we wish that we had, because most of us had been trained on the job. And yes, we were learning these emergencies through emergency patients. But the benefit that you had was you were able to first of all work and learn alongside these physicians and providers in these specialties. And then also see, you know what happens next so that you're not just doing that, like very triage medicine that we're doing down downstairs in the ED. Yeah, so I just loved being able to like help create that experience for you. And it sounds like it was really it was really beneficial maybe even to a fault because it exposed you to all these wonderful other places where you could eventually go work which you eventually did.

J

Jean Kelly 10:01

I was going to say, which seems like a real story. So, so yeah, so it was great. So I did that for a year. And then I did do emergency for two more years. But one thing and this is probably true at any big level one center is there's residents and residents get to do a lot of like, the really cool, acute stuff. And I was like, Well, I just spent a whole year doing all this really cool, acute stuff. And I'm not seeing it as much as I as I want to be seeing. I mean, of course, he always had the random patients going to decompensate or something, but so I did, I went, I switched over to critical care. But I did cardiac critical care, which we actually didn't do on our fellowship at all. And that is an animal to itself. That is, it was crazy. But I needed it. I needed the crazy. And yeah, so that I did that for two years. And unfortunately, I switched in 2019. So I had, I had a bit of time under my belt before the spring of 2020 hit critical care changed, as everyone knew it. That was yeah, that's what I did next. And that's what I did up until what I'm doing now.

A

Amanda Guarniere 11:17

So how did you... So you mentioned, you know, feeling like you didn't necessarily get to do as much as you wanted to in the emergency department. Were there any other factors that kind of influenced you in wanting to change jobs? Like, were there other elements of the

dissatisfaction that that led to that change that you're interested in sharing?

J Jean Kelly 11:40

Um, I mean, I still, I still love the basics of Emergency Medicine and seeing all of the patients and the different presentations that you get, but I guess I don't know, I just I knew that if I wanted to do something like more, kind of expand my skills more procedurally, medically, I would need to do it now. Because the schedule is hard. The job is hard. And I was like, I need to do it while I'm young. And like, you know, that my 20s are going are going fast. So I'm gonna handle 50% Nights, 50% days and running codes and running two different floors. I'm like, I got to do it now.

A Amanda Guarniere 12:29

I think that's a good. A good point, that sometimes we outgrow positions like not because we've learned everything there is to learn. But there are, you know, different parts of our brain are skills that are, you know, thirsty to learn more. And I think that's, that's okay. And, you know, we talk about people leaving jobs because they're unhappy, or it's a toxic work environment or all these other things. But I think yours is a good example of like you, you wanted to learn more and really expand what you were able to do in your role. And it sounds like, sounds like that was a good shift. And I'm, I'm curious to hear... You know, you mentioned, you know, spring of 2020 "critical care changed as we as we knew it", what was what was your experience because you were still working? You were working cardiac critical care when COVID hit. Is that fair to say?

J Jean Kelly 13:29

Yep. Yep. Which, luckily, we didn't get hit as much as like, like a MICU did, because MICU took a lot, a lot different to that for sure. But we were floated to other ICUs for staffing, they created what was called the highly infectious disease unit that was like what they called their COVID ICU. So we were floated to that if we if they needed like coverage, and we had a much lower census initially, because we see a lot of cardiac surgery patients that weren't happening. We weren't really taking into hospital transfers. Everything just kind of like stopped. But on the other end, it was like, Okay, well pull up your bootstraps and go work help these people because they're getting really slammed. So that was, that was a lot because it's not like you really got a lot of training. You just had to learn what you knew about COVID at the time and go learn how to like prone and unproven these patients like I had never done any of that. But it was the providers expectation on a night shift to be the one overseeing the pruning team. And it was like, it was a lot. Yeah.

A Amanda Guarniere 14:43

So when did that job turn into your search for this position? I'm just assuming that it was kind of traditional where you were like, "Okay, I'm going to start looking for another job"...

J Jean Kelly 14:56

So actually, I wasn't! So, how I found this job, which is advice I will give to everybody listening. So it doesn't matter what position you are, I actually saw a job posting through the local PA Association I'm in, that I've always been a member of since school and whatever, and they post random job postings all the time, and you get an email every time once posted, typically, because not looking or whatever. But then this one posted, and it was for a local research facility that was taking on a massive COVID vaccine trial, like bigger than any trial they'd ever done. And they only had, you know, like one or two APPs. And they needed more help just for the just for the time being like just as a per diem, just one trial. Once the, the big part of this trial is over, we won't need you any more type of thing. And I was like, Hey, that sounds pretty cool. I could have like, some type of effect in maybe controlling the pandemic and see a totally different side to medicine and get paid for doing it. And why not. So I just threw my name in. I got the per diem job, which was pretty cool. So I went in, I helped see, like, I forget how many people even in that study hundreds of hundreds of patients, and ended up being a vaccine, that DECA EA approved, which was pretty cool. And it was like, hey, this was neat. And then it kind of ended and they didn't need me anymore. So I flew out to cardiac critical care doing my 50% nights 50% days, totally getting exhausted, you know, as we know, the pandemic didn't end and wasn't ending. So going with the ebbs and flows of all the surges and all that. It was, it was exhausting for sure. But one night after I woke up from a night shift, actually, which is anyone who works nights would probably say you ever want to quit your job, it's after night shift. Although you were full time nights for like years, so I guess I shouldn't say that.

A Amanda Guarniere 17:04

No, not because I liked it because I had to! I agree with you!

J Jean Kelly 17:10

Like, on a day shift, you're like, "Oh, my job is pretty cool. I kind of like it" and then on a night shift, you're like, "oh, man, I need to get out of here". So I actually woke up from a night shift with a call from the research place saying, "Hey, we have an opening. And we'd really like for you to take it if you're interested". Yeah. So it's kind of just by chance, actually, I got a little lucky. But my advice is for everyone to join their local society, whether it's nursing, NP, anything because connections never ever hurt.

A Amanda Guarniere 17:43

Yeah, for sure. And, and technically that full time job probably was never posted. Right. The per diem jobs were. But if they called you and said, "Hey, we want you to fill this role." They probably never blasted it out. Anywhere. I'm guessing.

J Jean Kelly 17:59

Yeah. Which was nice. But it was it was a tough decision. That's for sure. Because what a change!

A Amanda Guarniere 18:06

So, how did you approach making that decision? Was it like, pros and cons list? Was it intuition? How did you how did you go about it?

J Jean Kelly 18:17

I knew that I I knew that I was going to need a change soon because I was intellectually and medically satisfied like what I was looking for when I left emergency. I learned more than I actually thought it was ever gonna learn. But the schedule was just so hard. I didn't think 50/50 Nights and Days was going to be that hard. And I was just like, not as just like was not myself going into night shifts and some people are are like built for it. And I guess I'm just not one of those people. I can do here and there but like every single week to be flip flopping was like, was a lot. So obviously the schedule was a big contender we were we only work half days on Fridays and every weekend off and every holiday off. But um, I was nervous about Excuse me. Like salary because you do make a lot more. Yeah, in a hospital setting, especially working like weird hours. You always kind of get compensated for that. Oh, no, my COVID is kicking in. Okay.

A Amanda Guarniere 19:32

We'll edit it out.

J Jean Kelly 19:38

Also, I only brought sparkling water, which is like

A Amanda Guarniere 19:44

No, it's all good. Take your time.

J Jean Kelly 19:48

All right. Anyways, yes, I think that's like a big deterrent for a lot of people going from inpatient to outpatient is a lot of the times it's like a big salary cut, but uh, I actually was lucky that it really wasn't. So that helped solidify the deal.

A Amanda Guarniere 20:04

Yeah, for sure. So I have absolutely no idea what someone who works in clinical research does like I can maybe imagine but I'm super curious to hear like, what your day to day looks like. You know, what are your overall job responsibilities? What are you working on? When are you

seeing patients? Are you always seeing patients? So give me the rundown.

J Jean Kelly 20:36

Yeah, so interestingly enough, I am almost always seeing patients Oh, no. falling apart. No, it's okay. Maybe I'll open a window. Maybe I'll have my husband bring me more water.

A Amanda Guarniere 20:54

Sure. Just take a break. :)

J Jean Kelly 20:58

I don't recommend COVID to anybody to be given answers sounds like a candle taking Yeah, maybe I'll still get water is that okay? Hello? I'm back. Oh, I'm alive, I think.

A Amanda Guarniere 22:38

Um, so the question I had asked was, oh, like, give me a rundown of what your day to day looks like.

J Jean Kelly 22:49

Right. Okay. So yeah, surprisingly enough, I actually am seeing patients for most of my day. Now, I'm on a lot more than just that one COVID trial, but we are doing a lot of trials. And I have to see screen patients for all of them. Which is, knowing the inclusion and exclusion criteria for like, every study that we do, which is it's a lot it's more like a lot of like, reading and sometimes memorizing and understanding protocols. It's definitely very different. But it's still interesting.

A Amanda Guarniere 23:31

That's cool. So

J Jean Kelly 23:35

Why am I still dying. I'm sorry.

A Amanda Guarniere 23:36

It's okay. It's totally fine. We can, we'll edit out all the coughing and all the breaks. That's the way of doing things that aren't live.

J Jean Kelly 23:48
I like haven't even really had a cough this whole time. I wonder if it's the room.

A Amanda Guarniere 23:54
Or maybe because I'm making you talk

J Jean Kelly 24:03
I'll just do short answers.

A Amanda Guarniere 24:12
So other than vaccine trials, what other types of trials are you working on?

J Jean Kelly 24:18
A lot of it is vaccines. Not necessarily do I sound like I'm like gonna die. Like when I talk

A Amanda Guarniere 24:29
Do you feel like you're gonna die when you're talking?

J Jean Kelly 24:30
I feel like I'm just always gonna cough and then I feel like I sound weird.

A Amanda Guarniere 24:35
Well, let's just give it a minute or two for you to feel better.

J Jean Kelly 24:39
All right, I'm gonna open a window. For sure. Let's see. We'll try again.

A Amanda Guarniere 26:01
I don't remember what I asked you. Oh, it was about vaccines, right? Yeah.

J Jean Kelly 26:09

So we are doing a lot of vaccine trials in general, that's definitely the majority of what we do. Not necessarily COVID trials, but a lot, a lot has to do with COVID. Because we've actually done two of the EPA approved vaccines. And one of them is like all of the age brackets, so babies to old people. And each one of those is a separate protocol. And we've actually done two COVID vaccines that are still seeking EPA approval. But otherwise, I mean, we're still doing flu vaccine studies, RSV vaccine studies, there's like there's like mosquito borne illnesses. Right now we're actually doing a CMV vaccine to prevent, like, fetal and congenital abnormalities, which I think that one's pretty interesting. So we still do a bunch of other stuff.

A Amanda Guarniere 27:05

So fascinating, because, you know, not only are you seeing patients, right, but you're you're doing like really groundbreaking, impactful work and getting to be involved with the future of medicine, which I think is probably really fulfilling professionally. It sounds like it is anyway.

J Jean Kelly 27:28

Yeah, definitely. I mean, especially with the pandemic, but then other things like I mentioned, the CMV vaccine, flu, and RSV are huge factors of morbidity and mortality every year. So it is it is really interesting. And and I like that. I mean, patient safety is like, incredibly the most number number number one thing. Yeah, informed consent and risks and benefits and all of that. So I like that. I don't take my work home at the end of the day, like I did jobs. I don't go home and wonder like, is that person? Okay? Right. And that's, like, indescribable, how much less stressful? It is on your personal life.

A Amanda Guarniere 28:15

Yeah. Yeah, for sure. Are these jobs are centers that do these types of trials? Pretty common, like in most major cities, or how prevalent do you think these centers are?

J Jean Kelly 28:31

That's a good question. I think a lot, I think, not very, I think a lot of the academic centers do a lot of research. So that's true locally, where I have to. But I think a lot of research is actually done within within private practices, like family medicine or dermatology practice, like whatever will actually have their own research going on. So I don't know if there's a lot of clinics that are private and doing generalized research, if that makes sense. But they must exist.

A Amanda Guarniere 29:10

So what would you say? If you'd like to give any advice to someone who might be listening and

So what would you say? If you'd like to give any advice to someone who might be listening and really jazzed about this potential place to work that maybe they didn't know about before? Do you have some advice about how they could learn more potentially find this type of role? Or any general advice?

J Jean Kelly 29:29

Yeah, so like, what I worked in critical care, I did try to get involved. I mean, just finding patients that would qualify for a study that like the academic institutions doing so making myself aware of research that the institution is looking at doing and saying, hey, you know, this patient needs this, this and this. Do you think that could be part of that study? And I thought that was always kind of interesting, and just that interest alone looked good. Pursuing this type of career path and saying, I'm used to finding patients that are going to be included or whatever meet the criteria, that type of thing, but I guess, I don't know. It's every study needs what's called a sub investigator. And that's technically what my job title is now. So it might be worthwhile to Google that type of performance instead of nurse practitioner, physician, Assistant, whatever, in research, that's technically what we're called.

A Amanda Guarniere 30:44

Here's a random question. Do you get your name published in studies?

J Jean Kelly 30:51

No, we don't, unfortunately. But we do get to put the studies on like our resume that we contributed to their success.

A Amanda Guarniere 31:07

It seems like just a really good opportunity for someone who might be very research inclined. Yeah, that person who likes clinical practice, but is also really interested in clinical research, you know, how could they find the, you know, perfect marriage of those interests, it really seems ideal for that type of brain. So that's really cool sub investigator, I'm taking notes that way we can share these wonderful tips with with the people. I think that's all the questions that I have for you, unless you had other other thoughts or anything else you wanted to share? That we might find interesting.

J Jean Kelly 31:55

Oh, I don't know. Trying to think what do you think that people want to know?

A Amanda Guarniere 32:03

I don't know. Do you have any good story that you could tell that is not... That's like, as HIPAA compliant as possible? I don't know just like any cool like patient story or story in this job or I

complaint as possible. I don't know just like any cool like, patient story or story in this job, or I don't know.

J Jean Kelly 32:25

One thing that actually we that I am doing almost everyday I feel like at my new job is reporting what's called SAE's or serious adverse events. So if a patient that's in a trial gets hospitalized, or something serious happens to them, we have to do like all this paperwork. And then I find all of their medical charts, medical records, and I like sift through it. And I know it sounds kind of boring, but I love it. Because I'm like, putting this story together and it brings back up and a lot of patients end up in ICU. So what I mean totally research unrelated, but, and it's nice to to see the other side of it like, oh, man, I used to see you as the patient in the ICU that's intubated for ammonia. And now, three months later, you're here. Actually, yes, I do have an interesting story, told me if it's not HIPAA compliant, but I think it will be. Recently, we had a patient who was in for a vaccine study, like run of the mill, not even COVID related a different one. It was just a follow up. He had already gotten his injection, but they do safety follow up sometimes for years, depending on the study. And he comes in and he's like, hey, yeah, any big changes? Oh, yeah. I was on the hospital last week. Oh, what was going on? I had cardiac arrest. What? And he's like, Yeah, and I was like, when and it was like, literally 10 days prior. I was like, Oh my gosh, like died 10 days ago. And he was like, yeah. Oh, wow. Okay. And he looked like a million dollars. Like, I never would have guessed. So I was like, well, that's really satisfying to be the emergency ICU person that you know, did the codes and whatever, and got them to the floor eventually. But I'm like, You look amazing. And just makes it very fulfilling to see the whole picture.

A Amanda Guarniere 34:24

Yeah... (inaudible)

J Jean Kelly 34:27

God, he had already gotten the vaccine, so we can't take it out of his body at that point, but yeah, I was like, wow, that is amazing. And yeah, so 10 days later, he could walk in and just do his little safety follow up. Like, oh, research is very important to us. Like I didn't want to miss this trial. That's like one great part is all the patients want to be there. They signed up to be there. Yeah. They actually paid to be there.

A Amanda Guarniere 34:58

That makes for a different dynamic.

J Jean Kelly 35:01

So not everyone's perfect, but it's definitely not the emergency department, that's for sure.

A Amanda Guarniere 35:07

Yeah. Well, I'm glad that you have found this position that seems not only really interesting, especially for someone intellectually inclined as yourself, but like, also just a different type of professional satisfaction. It sounds sounds really fulfilling. And I'm happy. I'm happy that you found this reprieve, especially after, you know, the time that you dedicated working critical care during COVID. And, you know, well, the wildness before that,

J Jean Kelly 35:40

Yes, it's been good. I think a lot of it is it's fulfilling me professionally, but it's also fulfilling me personally. Like, there's a lot to be said about, like being home for dinner, and being available. Having a schedule where you can see people, you know, the little things in life, so, yes, that's important.

A Amanda Guarniere 36:00

Those are actually the big things in life. Yeah.

J Jean Kelly 36:04

You're satisfied personally, a lot of the times you can be satisfied, more professionally as well.

A Amanda Guarniere 36:10

100% Yeah. 100%. Well, Jean, it's been a pleasure catching up with you. Thank you for letting me record are catching up. And I'm excited to share this with my listeners.

J Jean Kelly 36:20

Oh, thank you. It's fun being here!