

of California, San Diego, CA. Laura Edgar, EdD CAE, Milestones Development, ACGME, Chicago, IL. Helen Fernandez, MD MPH, Icahn School of Medicine at Mount Sinai, New York, NY. Jillian Gustin, MD FACP FAAHPM, The Ohio State University Wexner Medical Center, Columbus, OH. Jennifer S. Linebarger, MD MPH FAAP, Children's Mercy, Kansas City, MO.

#### Objectives

- Perform the critical steps to implementing the new HPM Reporting Milestones.
- Construct a shared mental model around using the HPM Reporting Milestones.
- Explain the beneficial outcomes and logistical challenges of forming a combined HPM fellowship program.

The HPM Fellowship Directors Forum will provide participants with the opportunity to learn about innovative partnerships within the HPM fellowship community and continue to develop connections with other palliative care educators. This year's forum will focus on how to integrate fellowship programs with community and institutional partners in order to build upon or start new robust programs. First, the ACGME Executive Director of Milestones Development will lead an interactive session on implementing the new HPM Reporting Milestones and how to create a shared mental model around using the Milestones. Next, a panel of fellowship and medical directors from integrated pediatric, geriatric, hospice, and community-based programs will describe the specifics related to their unique partnerships and provide learners with suggested processes and procedures to establishing similar successful programs. By the end of this forum, participants will have tools to help them build community and institutional partnerships and perform more accurate and comprehensive assessments.

### ***AAHPM Leadership Forum: Ignite—Using StrengthsFinder Leadership Strategies to Increase the Performance of You and Your Team in Palliative Care and Hospice Settings (P07)***



Christina Rowe, MSOL, The Collaborative LLC, Denver, CO.

#### Objectives

- Distinguish between the 34 Talent Areas of Strengths for self and other team members
- Evaluate where individuals are in their development, and devise plans to encourage growth and improve abilities to apply talents.
- Create actionable solutions to career and team challenges with a strengths-based approach to create consistent positive outcomes.

Would you like to discover what makes you stand out? This half-day session will focus on utilizing a strengths-based approach to create consistent and positive outcomes to every day challenges in hospice and palliative care settings. Strengths are the unique combination of talents, knowledge, and skills that every person possesses. Participants will complete a StrengthsFinder assessment which will help to identify personal strengths to focus on to become a more effective leader. They will also learn how to develop these strengths in order to do what they do best every day. Research will be presented demonstrating strengths-based methods heighten personal and team engagement, clearer communication, understanding, and overall productivity. This session will include both large and small group discussions, self-reflection, and scenario-based activities. Participants will learn strategies and tactics for applying a strengths-based approach to individual and team challenges.

### ***Treating Opioid Use Disorder with Buprenorphine: A Course for Hospice and Palliative Care Clinicians (P08)***



Julie Childers, MD MS FAAHPM, University of Pittsburgh, Pittsburgh, PA. William Jangro, DO, Thomas Jefferson University, Philadelphia, PA. Justin Kullgren, PharmD, Ohio State University Wexner Medical Center, Columbus, OH. Zachary Sager, MD MA, BIDMC/Boston VA, Boston, MA.

#### Objectives

- Discuss the medical and psychiatric comorbidities associated with opioid use disorders.
- Diagnose opioid use disorder.
- Select appropriate patients for treatment of opioid use disorder with buprenorphine.

This session prepares physicians, nurse practitioners, and physician assistants to prescribe buprenorphine to treat opioid use disorder, with a focus on the treatment of individuals in outpatient palliative care clinics and in hospice. Additional team members, such as pharmacists and nurses, would also benefit from the information in this session to provide better care to patients with opioid use disorder and other addictions. The curriculum includes the science of addiction as a brain disorder, the pharmacology of buprenorphine, and the regulatory requirements around prescribing this medication. In addition to addressing the management of buprenorphine treatment in the general population, particular attention will be devoted to the special considerations involved in treating opioid use disorder in patients with a life-limiting illness. Attendees will learn to screen patients for treatment with buprenorphine and be able to choose a model for managing the risk of precipitated withdrawal in initiating buprenorphine. Participants

will learn options for managing pain in patients who are taking buprenorphine for opioid use disorder, both in the inpatient and outpatient setting, as well as in hospice. We will discuss cases that present dilemmas in buprenorphine prescribing particularly relevant to hospice and palliative care, including managing pain crises and transitions to hospice care.

***Improving the Care of Culturally Diverse Patients: Strategies to Address and Navigate the Elephant in the Room (P09)***



Kimberly Johnson, MD MHS, Duke University Medical Center, Durham, NC. Sean O'Mahony, MD MS FAAHPM, Rush University Medical Center, Chicago, IL. Ronit Elk, PhD, University of Alabama, Birmingham, AL. Ruth Thomson, DO MBA HMDC FAAHPM FACOI, Jack Byrne Center for Palliative and Hospice Care, Hanover, NH. Alvin Reaves, MD FACP FAAHPM, MedStar Southern Maryland Hospital, Clinton, MD. Alexis Terry, ASAE, Washington, D.C.

***Objectives***

- Describe the importance of and challenges to discussing cultural beliefs and values when interacting with diverse patients and their families.
- Demonstrate at least 3 culturally-competent strategies that clinicians may use to inquire about and address what matters most to culturally-diverse patients and their families.
- Identify communication “red flags” which suggest that the clinician and patient may not be “speaking the same language” and practice communication strategies to promote shared understanding and improve patient care.
- Describe how principles of conflict management can be used in goals of care discussions to promote acceptance of the beliefs, values, and preferences of diverse patients and families when these beliefs differ from those of the clinician.

Cultural beliefs often shape perceptions of illness, prognosis, and suffering and may inform preferences for end-of-life care. With the increasing cultural diversity of seriously ill patients and their families, clinicians must frequently care for patients whose beliefs, values, and preferences may differ from their own. Studies suggest that both clinicians and patients and their families find these interactions particularly challenging. In addition, diverse patients and families rate the quality of communication lower in these culturally-discordant interactions. As such, intentionally recognizing and addressing the importance of culture is one strategy to promote access to equitable, high quality care for diverse patients and their families. This interactive half-day session will provide practical strategies and tools which can be incorporated into practice by clinicians caring for culturally diverse patients and

their families. The session will include facilitator-guided experiential, interactive learning with dyads and small groups using a variety of instructional methods, such as videos, role play, teach-back, and Q&A. Participants will observe and practice culturally-competent strategies to: (1) inquire about and explore the cultural beliefs of patients and families, particularly those which guide care; (2) develop shared understanding with patients and work to ensure clinicians and patients are “speaking the same language” in culturally-discordant interactions; (3) manage conflict in a way that promotes clinician’s acceptance of cultural beliefs which impact decision-making and that also facilitates high quality patient care. The session will challenge the beliefs and assumptions which may guide our interactions with culturally diverse patients and their families and help participants to develop a best-practice approach based on current evidence. Following the session, we anticipate that learners will feel more confident inquiring about the cultural ‘elephant in the room’ and recognize the importance of addressing culture in improving the care of diverse patients and families.

***Palliative Nursing Leadership Essentials (P10)***



Constance Dahlin, MSN ANP-BC ACHPN® FPCN FAAN, Hospice and Palliative Nurses Association, Pittsburgh, PA. Patrick Coyne, MSN ACNS-BC ACHPN® FPCN FAAN, Medical University of South Carolina, Charleston, SC.

***Objectives***

- Differentiate Essential Nursing Leadership Qualities.
- Apply 3 areas of palliative leadership.
- Create an action plan of next steps of leadership.

Leadership within palliative nursing is not defined or grounded by level of nursing practice nor education but rather on qualities. Many organizations have focused time and resources to enhance leadership skills in their staff. These initiatives usually focus on dedicated nurse leadership positions, such as administrators, managers, directors, or executives. However, leadership extends beyond these roles such as clinical practice, policy/advocacy, research, education, public health, and metrics. Leadership in palliative care is characterized by leading others with a clear vision of palliative care initiatives, motivating and inspiring others to achieve excellence in care, positively relating to others to create healthy work environments, and changing the behavior of others to work collaboratively in palliative care (Speck 2006; Dahlin and Coyne, 2018; Dahlin, Coyne, Goldberg and Vaughn, 2018). Nurse leaders must focus on a broad view of