

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)



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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)



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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