

And they train future providers:

“I had the privilege to interview a veteran I had worked with earlier in the year at my Psychology rotation, this time in the recovery unit after major surgery. He was beyond touched when I read his story out loud to him. I felt it was something he needed to let out for so long, and he finally did through this project. It was truly a humbling and great learning experience.”

Our interdisciplinary team of co-presenters includes representatives from three institutions and varied disciplines. Attendees will conduct practice interviews and write up stories, understand the difference between diagnostic and life interviews, and develop action plans for formalizing a narrative life history interview program at their respective institutions, both VA and non-VA alike.

1:15–5 pm

HPM Educators Forum: Mentoring Trainees to Produce Scholarly Work—A Roadmap with Expert Guides (P13)



Jane deLima Thomas, MD FAAHPM, Harvard Medical School, Dana-Farber Cancer Institute/Brigham and Women's Hospital, Boston, MA. Joanne Wolfe, MD MPH FAAHPM, Harvard Medical School, Dana-Farber Cancer Institute/Boston Children's Hospital, Boston, MA. Christina Ullrich, MD MPH FAAHPM, Harvard Medical School, Dana-Farber Cancer Institute/Boston Children's Hospital, Boston, MA. Justin Sanders, MD MSc, Harvard Medical School, Dana-Farber Cancer Institute/Brigham and Women's Hospital, Boston, MA. Laura Morrison, MD FAAHPM, Yale School of Medicine, New Haven, CT. Alexander K. Smith, MD, MS, MPH, UCSF Division of Geriatrics and San Francisco VAMC, San Francisco, CA.

Objective

- Review helpful approaches in mentoring trainees to produce scholarly work.
- Describe best practices for producing each of four types of scholarly work: case/scientific abstracts, poster presentations, large group lectures, and written work for publication.
- Practice editing and strengthening scholarly works with the aid of expert guidance, faded examples, and group discussion.

A core task for faculty in academic palliative care programs is mentoring trainees in producing scholarly work, such as abstracts, posters, lectures, and publications. Not all faculty have received formal instruction in producing academic work themselves, however, and only a subset of them have received guidance about mentoring others for scholarly productivity.

This interactive preconference will provide participants with expert guidance in mentoring trainees to produce scholarly work. Participants will identify challenges in mentoring trainees to produce scholarship and then discuss best practices in doing so, including providing mentees with opportunities for scholarship, providing constructive guidance and editing, balancing redirection with taking over, and deciding authorship. Presenters will provide roadmaps for preparing each of four types of academic work: scientific/case abstracts, poster presentations, lectures, and written work for publication. Presenters will also provide cases to work through, giving participants an opportunity to use guidelines to edit and strengthen sample works. Participants will leave the session with a deeper understanding of what comprises high-quality scholarship, and how to mentor trainees successfully through the process of producing it.

AAHPM Leadership Forum: Ignite—Woke Up One Day to Find Out I'm In Charge—Practical Tips for Early Stage Leaders in Hospice and Palliative Care (P14)



Ellissa Tiller, MD CPE FAAHPM, Medical Affairs, Hope West, Grand Junction, CO. Jacob J. Strand, MD FACP FAAHPM, Mayo Clinic Center for Palliative Medicine, Rochester, MN. Kevin Nguyen, MD, Kaiser Permanente, Oakland, CA. Christina Rowe, MSOL, The Collaborative LLC, Denver, CO.

Objectives

- Learn how to develop a functional team, starting with building trust.
- Use identified strengths to develop a plan for translating their vision into an operational strategy, including obtaining buy in.
- Discuss practical tips to improve communication and give appropriate feedback to direct reports that empowers rather than discourages.

Hospice and palliative care is a rapidly growing field with increasing demand for the growth of clinical services. Palliative care and hospice physicians are often thrust into leadership roles with minimal leadership experience and limited resources for leadership training and advancement. This program will allow participants to explore vision, strategy and operations as it applies to leadership in different levels of the organization as well as from the perspective of their own strengths. Three leaders who have experienced common challenges such as 1) translating a vision through the lens of institutional priorities, 2) developing teams, both established teams and teams needing to be created and 3) giving appropriate feedback will guide participants and provide a framework throughout the session. An experienced leadership and strength-based coach

will provide additional perspective and assistance to the challenges participants are facing as leaders.

During the program, practical take-home tips will be shared so that participants come away from the session ready to develop a strategy for leading in their organization. Just as importantly, common day-to-day strategies for surviving and thriving in a leadership position will be explored.

Strategies for Detecting, Addressing, and Preventing Drug Diversion in Hospice and Palliative Care (P15)



John G. Cagle, MSW, PhD, University of Maryland School of Social Work, Baltimore, MD.

Objectives

- Identify common sources of drug diversion in hospice and palliative care.
- Employ practical strategies for dealing with missing medications and suspected diversion.
- Modify policies and practices to help prevent drug diversion.

Hospice and palliative care providers are touted as experts in pain and symptom management. They are also known for liberal opioid prescribing practices, which is appropriate given the challenges of managing progressive terminal illness. A large majority of hospice and palliative care patients (>90%) are prescribed a controlled pain medication and many are given multiple narcotic medications for the purposes of symptom management. Many hospice and palliative care patients receive care at home. When at home, family caregivers often manage and administer patient medications. Prescription pain medications in the home are a well-known entry point for unauthorized family members or visitors to begin experimenting with addictive substances. Furthermore, patient medications are also at risk for diversion if family members have a prior history of misuse or addiction. Hospice and palliative care providers, however, have struggled with how to identify and care for patients and families who are at risk for substance misuse or addiction. Preventative strategies are vital to stem the burgeoning epidemic of opioid misuse, addiction, and overdose. Within the context of hospice and palliative care context, key prevention strategies include vigilant prevention of diversion through consistent assessment of substance use history within the home, background checks for new hospice hires, thorough medication surveillance (e.g., routine pill counts), and effective drug disposal procedures.

This presentation uses fresh data from hospice and palliative care providers (collected summer of 2018) to inform cutting-edge strategies for detecting, addressing, and preventing drug diversion. After participating in the workshop, attendees will be able to: (1)

identify common sources of drug diversion in hospice and palliative care; (2) employ practical strategies for dealing with missing medications and suspected diversion; and, (3) modify policies and practices to help prevent drug diversion.

Improving the Quality of Care—A Practical Quality Improvement Skill-Building Workshop (P16)



Kara Bischoff, MD, University of California, San Francisco, San Francisco, CA. Amy L. Davis, DO MS FACP FAAHPM, Drexel University, Philadelphia, PA. Susan DeSanto-Madeya, PhD APRN, Boston College Connell School of Nursing, Boston, MA. Arif Kamal, MD MBA MHS, Duke University, Durham, NC. Kelly L. Wu, MD FAAP, Mayo Clinic, Phoenix, AZ. Barbara Messinger-Rapport, MD CMD HMDC FACP, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, Cleveland, OH.

Objectives

- Define a practical, adaptable framework for quality improvement projects.
- Apply the quality improvement framework to a real-world quality improvement project relevant to the field of Hospice & Palliative Medicine.
- List common challenges encountered in quality improvement work and consider ways to overcome these challenges.

Hospice and palliative care teams are increasingly expected to engage in quality improvement activities and demonstrate the value of their work for the purposes of sustaining their services, accreditation, and reimbursement. Despite this, many hospice and palliative care clinicians have not had sufficient training in quality improvement methods and/or would benefit from ongoing support for this important aspect of their work. In this practical quality improvement workshop, presenters will provide participants with an adaptable framework for quality improvement initiatives. We will present this framework in brief didactic modules, incorporating examples from successful quality improvement projects. The majority of the workshop will be spent in moderated small group exercises that will give participants an opportunity to apply, with guidance from quality improvement experts, quality improvement methods to real-world projects relevant to the field of hospice and palliative care. Participants will also have an opportunity to share challenges they have encountered while engaging in quality improvement work and receive advice for overcoming these hurdles. The goal of this preconference workshop is to empower participants to conduct successful and sustainable initiatives that truly improve the quality, safety, and value of care.