

**Thursday, March 14****7–8 am****Concurrent Sessions*****Palliative APRN Fellowship Guidelines—A Strategy for Quality Specialty Practice: Report of the HPNA APRN Fellowship Council (TH300)***

Constance Dahlin, MSN ANP-BC ACHPN FPCN FAAN, Hospice and Palliative Nurses Association, Pittsburgh, PA. Dorothy Wholihan, DNP AGPCNP-BC ACHPN FPCN, NYU College of Nursing, New York, NY. Marianne Johnstone-Petty, MSN FNP-C ACHPN, Providence Medical Group, Anchorage, AK.

**Objectives**

- Discuss the current HPNA standards for Fellowships.
- Describe core components of Palliative Care APRN Fellowships.
- Delineate the pertinent aspects of program development, curriculum, and competencies for Palliative APRN Fellowships.

With the United States population of 375 million and some 5 million licensed health care providers, there is a significant shortage of providers. There are estimates of a shortfall of at least 7,000 – 10,000 of specialty palliative providers. New models must be created to expand palliative education of qualified providers. Currently there are only approximately 6 Palliative APRN fellowships with the plan to develop a few more. Ensuring adequate education and training of clinicians is not a simple task. Currently most Palliative APRN fellowships have developed out of physician fellowships. While this has been successful in terms of content, the challenge is to ensure has been to ensure adequate APRN role development, reflection of hospice and palliative nursing and its significant role in the development of hospice and palliative care in the United States as well as nursing literature in the curriculum. Moreover, competencies must be grounded in nursing practice. This session will summarize the work of the HPNA Fellowship Council which has created Palliative APRN Fellowship Guidelines.

***Moving Advance Care Planning Upstream: ACP Goes to the Community (TH301)***

Seiko Izumi, PhD RN FPCN, Oregon Health & Science University, Portland, OR. Carey Candrian, PhD, University of Colorado School of Medicine, Aurora, CO. Hillary Lum, MD PhD, University of Colorado School of Medicine, Aurora, CO. Janice Bell, PhD MN MPH, University of California, Davis, Sacramento,

CA. Cynthia Carter Perrilliat, MPA, California State University East Bay, East Bay, CA. Kate DeBartolo, BA, Institute for Healthcare Improvement, Boston, MA. Rebecca Sudore, MD FAAHPM, UCSF & San Francisco VA, San Francisco, CA. Sarah Hooper, JD, UCSF/UC Hastings Consortium on Law, Science & Health Policy, San Francisco, CA.

**Objectives**

- Describe innovative approaches of community-based advance care planning including target populations, team members, settings, and strategies.
- Identify characteristics of different approaches that facilitate or hinder advance care planning in the community.
- Select appropriate strategies to facilitate advance care planning conversations that meet the needs of diverse communities and vulnerable populations including people with limited health literacy and English proficiency, older adults, LGBTQ individuals.

Advance care planning (ACP) is a process that supports people in understanding and sharing their personal values, life goals, and preferences regarding future care. While clinicians recognize the importance of ACP conversations earlier in illness trajectory and before a medical crisis, there is a need for programs to initiate and support early ACP conversations in the community and outside of a hospital setting. In this session, through high-yield IGNITE-style presentations, we will share six innovative approaches to promote early ACP outside of the hospital setting: (1) ACP classes in outpatient clinics for patients, families and people in the community; (2) community-based advance care planning certification with volunteers from vulnerable populations; (3) Alameda County Care Alliance (ACCA) faith-based care navigation intervention for advance care planning in denominationally diverse African American churches; (4) the Conversation Project to reach the public where they live, work, and pray; (5) PREPARE easy-to-read advance directives in multiple languages and the ACP PREPARE Movie Toolkits used in group visits, libraries, and senior centers; and (6) medical-legal partnerships to address health equity in ACP through comprehensive legal planning. For each approach, we will discuss specific characteristics and strategies for implementation and sustainability, challenges, and successes. At the end, presenters and audience will engage in discussions concerning how to create a cultural shift and to promote early ACP in their communities. To support dissemination and spread, resources and tips for implementing each innovative community-based ACP approach highlighted in this session will be available at [www.ColoradoCarePlanning.org](http://www.ColoradoCarePlanning.org).