

how to engage with the media and become a source on all media platforms to change the health narrative on palliative care and hospice. Get your voices in health news to help the public understand and normalize end-of-life care.

### ***What's the Deal with Blood Cancers? Navigating a New Frontier in Palliative Cancer Care (TH313)***



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#### *Objectives*

- Recognize evidence about areas of unmet palliative care needs in the blood cancer population.
- Understand oncologists' unique perspectives about blood cancers, and identify barriers to palliative care integration.
- Develop strategies to align the palliative care and oncology teams to improve integration and promote early palliative care in the blood cancer setting.

Blood cancers account for over 55,000 annual U.S. cancer deaths, a number higher than the 40,000 expected from breast cancer, yet they receive comparatively little attention in discussions about palliative cancer care. While concurrent palliative care is heralded as a standard for patients with advanced solid tumors, those with blood cancers are less likely to use palliative care services, and are more likely to receive aggressive care at end of life, chemotherapy in their last 14 days, and to die in the hospital. These shortcomings highlight unmet needs that warrant further attention and education in the palliative care community. When we talk with blood cancer specialists, they often complain that palliative care clinicians do not understand blood cancers, and that this reduces their willingness to call a consult. Our session proposal will help remedy this knowledge gap.

Contrary to popular belief, these diseases are seen and treated in academic centers and community-based settings alike, often in outpatient settings. Yet blood cancers pose several unique challenges for palliative care clinicians, including highly-variable prognoses, greater responsiveness to treatment, rapidly-evolving treatments, and often a chance of cure. Our presentation highlights the unique challenges posed by this population, with attention to strategies that have paid dividends in our own practices caring for them. A multi-institutional, multi-disciplinary team of presenters with training in oncology and palliative medicine will utilize a case-based approach to discuss these issues,

including perspectives from a clinician who built a palliative care program within a stem cell transplant unit, two who have done trials of early palliative care in hematologic malignancies, and one who is seeing these patients regularly in palliative care practice and as part of clinical trials. We have presented on this topic at national oncology venues, and wish to bring this important perspective to the palliative care community.

### ***Interdisciplinary Team Training at the Art Museum: Breaking Down Hierarchy and Building Resilience (TH314)***



Ali John Zarrabi, MD, Emory University School of Medicine, Atlanta, GA. Gordon Wood, MD MSCI FAAHPM, Northwestern University, Chicago, IL. Paul DeSandre, DO, Grady Hospital and Emory University School of Medicine, Atlanta, GA. Barbara Reville, DNP ACHPN NP, Dana-Farber Cancer Institute, Boston, MA. Jane deLima Thomas, MD FAAHPM, Dana-Farber Cancer Institute, Boston, MA. Laura Morrison, MD FAAHPM, Yale School of Medicine, New Haven, CT. Marsha Joselow, MSW LCSW, Boston Children's Hospital/DFCI, Boston, MA. Bryan Brooks, BA, The High Museum of Art—Atlanta, Atlanta, GA.

#### *Objectives*

- Describe the evidence supporting the use of museum-based education (MBE) to develop core clinician competencies of perception, empathy, reflective practice, and resilience.
- Recognize how MBE can improve interprofessional practice by decreasing perceived hierarchy and promoting team building.
- Experience an MBE session.

Burnout among palliative care practitioners can lead to poor performance and attrition. Museum-based education (MBE) is an innovative strategy that aims to reduce burnout by enhancing perception and empathy, flattening perceived hierarchy, and strengthening interprofessional teams. The goal of this session is to provide palliative care educators with evidence and approaches to use art as a strategy to promote team building and enhance clinically relevant observation and reflective competencies.

MBE employs specific pedagogical strategies to train participants to intentionally, thoughtfully, and reflectively perceive patients and their unique situations. It is also a strategy to lessen a sense of hierarchy among teams by connecting participants to others' personal perceptions and histories, irrespective of professional role. MBE participants have improved perception, comfort with ambiguity, and empathy, making this an important tool for palliative care teams and training programs as they seek to foster effective interprofessional teams and professional resilience.