

With the growth of Pediatric Palliative Care, it is essential for practitioners to find ways to stay current on the most recent literature. In the spirit of the State of the Science plenary which is part of each Assembly, the presenters will endeavor to review the literature published since 2017 which should inform the practice of Pediatric Palliative Care. Our interdisciplinary team of co-presenters includes representatives from medicine, nursing, social work and chaplaincy and will look at the academic literature relevant to the multiple disciplines represented. In addition to highlighting recent literature, the presenters hope to inspire session participants to consider how new knowledge will influence their practice and how they can personally contribute to the published knowledge base.

Gender Equity and Career Advancement: Implications for Hospice and Palliative Medicine (TH352)



Kimberly S. Johnson, MD MHS, Duke University School of Medicine, Durham, NC. Sean O'Mahony, MD MS FAAHPM, Rush University Medical Center, Chicago, IL. Helen Chen, MD, Hebrew SeniorLife/Harvard Medical School, Boston, MA. Susan Hingle, MD, SIU School of Medicine, Springfield, IL. Darilyn Moyer, MD, American College of Physicians, Philadelphia, PA.

Objectives

- Describe disparities in the experience of female physicians compared to their male counterparts.
- Describe specific challenges more commonly faced by female physicians and potential consequences with case examples.
- Illustrate strategies for addressing gender disparities and promoting gender equity.

Over the last 25 years, the proportion of physicians who are women has doubled from 17% to 36%. Furthermore, 46% of physicians in training and over half of U.S. medical students are women. While this significant increase in gender diversity has rapidly changed what the physician work force “looks like”, there is a significant and persistent gap in the experience of female physicians. Compared to their male counterparts, studies show that female physicians are paid less across specialties and are disproportionately underrepresented in leadership positions despite their increasing representation in the physician workforce. Women may also experience lack of mentorship, workplace discrimination, gender bias, sexual harassment and challenges related to work-life integration based on their roles outside of the workplace. While gender equity is a salient issue across all specialties, efforts to improve the experience of women are especially important to the field of hospice and palliative

medicine where women make up two-thirds of the total workforce, 47% of physicians, and over 60% of HPM fellows in training—proportions considerably larger than in general physician workforce. Given the important contribution of women to the field of hospice and palliative medicine not only in terms of the volume of clinical care provided but also related to leadership, education, and research, addressing gender equity is essential to efforts to ensure that the field is able to meet the demands of the growing population of seriously ill patients and their families. In this interactive session, using real life case examples, scenarios and questions submitted by the audience, experts actively involved in developing the ACP position statement on Gender Equity, will share best practices and illustrate strategies for promoting gender equity.

Finding Your Highest and Best Use as a Palliative Nursing Leader (TH354)



Abraham A. Brody, PhD RN FAAN FPCN, Hartford Institute for Geriatric Nursing and New York University, New York, NY.

Objectives

- Understand how to perform a self-exploratory, introspective survey of oneself.
- Formulate possibilities for one's highest and best use based on self-exploration and needs of the field of palliative care.

Dr. Nessa Coyle found her highest and best use as one of the founders of palliative care in the United States, developing one of the first supportive care programs in 1981. Throughout her career she championed interdisciplinary palliative care practice and research. This presentation will honor Dr. Coyle's legacy by discussing how each of us in the successive generations of palliative care clinicians, scholars, administrators, and supporters can find our highest and best use from the “bedside” to the C-suite to inspire the field and move it forward. This talk will walk participants through the journey of considering how to find and implement your highest and best use in palliative care, and make a difference for seriously ill patients, families and caregivers, communities, and the field at large.

4:30–5:30 pm

Concurrent Sessions

Clinical Practice Guidelines for Quality Palliative Care: The 4th Edition of the NCP Guidelines (TH360)



Gwynn Sullivan, MSN, National Coalition for Hospice, Richmond, VA. Betty Ferrell, MA CHPN FAAN FPCN,

City of Hope National Medical Center, Duarte, CA. Martha Twaddle, MD FACP FAAHPM HMDC, Northwestern Feinberg School of Medicine, Lake Forest, IL.

Objectives

- Explain the importance of the National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care, 4th Edition.
- Describe the process of developing the 4th edition of the Guidelines.
- Differentiate the 4th edition from the previous edition of the Guidelines.

Palliative care has expanded into new settings and is being offered by diverse types of organizations, such as health systems, office practices, cancer centers, dialysis units, home health agencies, hospices, long-term care providers and more. Driven by this tremendous innovation within the field, the National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care were revised and the 4th edition was published fall 2018.

The goal of the 4th edition of the Guidelines is to improve access to quality palliative care regardless of setting, diagnosis, prognosis, or age by encouraging organizations and clinicians across the care continuum to integrate palliative care principles and best practices into their routine assessment and care of their patients. The Guidelines formalize and delineate evidence-based processes and practices for the provision of safe and reliable high-quality palliative care for adults and children with serious illness, and their families, in all care settings. Those seeking to develop or expand palliative care can integrate the Guidelines into all aspects of their organization to ensure the highest quality care is provided to all patients and their families. This session will review how the 4th edition of the Guidelines was developed, what changes were made from the 3rd edition, and what the implications are to deliver quality palliative care across settings. In addition, the key findings from the systematic review of the Guidelines that was completed by the RAND Evidence-based Practice Center will be discussed.

Drilling It Down: Designing Workshops to Practice Generalist Palliative Care Skills (TH361)



Stephen Berns, MD, University of Vermont Medical Center, Burlington, VT. Caroline Hurd, MD, University of Washington, Seattle, WA. Lindsay Dow, MD MS, Icahn School of Medicine at Mount Sinai, New York, NY. Nicole Loving, MSN BSN APRN NP, Icahn School of Medicine at Mount Sinai, New York, NY. Laura Morrison, MD FAAHPM, Yale School of Medicine, New Haven, CT.

Objectives

- List the advantages and challenges to teaching with drills and the evidence for use in health professions education.

- Appreciate and apply drill based practice to teaching palliative care skills.
- Describe the educational and behavioral theories of drill design; this includes the components and structure of a successful drill.

Instructors of athletes, dancers, and musicians have been perfecting the art of practice for years, developing efficient ways to improve skills. Research has shown that the most effective forms of practice always include learner concentration on a specific task, feedback from teachers, and learner introspection. One example is a drill. The goal of drill based practice is to transfer key skills from working memory to long term memory, moving them from being consciously controlled to automatic. Drills differ from other forms of practice because they concentrate on isolated skills and control for other variables, often distorting reality. Many examples of drills exist in sports, music, and primary education but are less commonly found in health professions education. Instead, medical education frequently uses simulation, OSCE, role-play, and case-based sessions to teach skills. These methods are often both resource and time intensive. Drills can be an efficient and effective alternative in which learners can obtain and practice the most fundamental skills flexibly in different settings. Given the time constraints and workforce shortage in palliative medicine, drill based teaching and practice can provide an interactive method for learners that can be done in a short amount of time and can be utilized for interprofessional learning settings. Some examples of drills that have been designed are converting opioids, recognizing and responding to emotion, and introducing palliative care to patients. This concurrent session will start with the audience participating in a palliative care skill drill. After participating in the drill, we will guide the audience through the components of the drill, highlighting educational theory for health care professions. A brief presentation of the steps of creating a drill will follow this exercise and we will share our experiences in designing drills. Audience members will then practicing writing a drill in groups.

Opportunities and Implications of Payment Reform for Serious Illness Care (TH362)



Julia Driessen, PhD, University of Pittsburgh, Pittsburgh, PA. Turner West, MPH, Bluegrass Care Navigators, Lexington, KY. Phillip Rodgers, MD FAAHPM, University of Michigan, Ann Arbor, MI.

Objectives

- Describe recent payment reform efforts that affect hospice and palliative care delivery.
- Identify the opportunities and challenges of recent payment reforms for hospice and palliative care delivery.