- Recognize specific cultural and political challenges to developing palliative care clinical, educational and research programs.
- Describe roles of different health care providers practicing palliative care and how they meet the needs of their local populations.

Please join AAHPM's International Scholars for a panel discussion. Each scholar will present for 10-15 minutes on the state of the practice of palliative care in their home country, with an emphasis on the roles of physicians, nurses, and other healthcare providers; the status of education and research in the field; and the unique challenges facing patients and providers. There will be time allotted after each presentation to field questions and dialogue from the audience. Prepare to be educated and inspired by these accomplished individuals who are leading and advancing the field of hospice and palliative medicine in their countries of origin.

Transgender Health Literacy 101: Providing Whole-Person Care Without Assumption (SA501)

Ruth Thomson, DO MBA HMDC FAAHPM FACOI, Jack Byrne Center for Palliative and Hospice Care, Hanover, NH. Pat Starke, BSN RN CHPN, Over the Rainbow, Dover, DE. Denise Morris, EDD, Wesley College, Dover, DE.

Objectives

- Formulate transgender health literacy by understanding the physical, psychological, and social aspects of caring for transgender patients.
- Demonstrate respectful communication and care for transgender patients.
- Employ skills that foster moving past assumptions and bias to provide whole-person care for transgender patients.

Best available data estimates 0.6-0.7 percent of the U.S. population identify as transgender. Transgender people have not only faced societal discrimination, they have also endured discrimination in health care settings. A 2011 survey of 6,500 transgender individuals showed that 19% of respondents reported refusal of medical care, 28% experienced harassment in a medical setting, and 50% interacted with providers who had a complete lack of understanding of the care they needed. As a result of discrimination and other psychosocial challenges, transgender individuals experience high levels of postponing health care and suffer much higher rates of HIV infection, substance abuse, and suicide than the national average. Discrimination affects access to the continuum of healthcare, including serious illness and end-of-life care, for transgender people.

Most hospice and palliative care teams pride themselves on being inclusive to the needs of the wide variety of people they serve. While a robust body of evidence in our field supports culturally competent care, there is still a paucity of literature addressing the nuances of caring for the LGBTQ population, especially transgender people. Many clinicians lack basic knowledge about transgender medicine and hold false assumptions. To be true to our intentions of whole-person care, we need commit to developing transgender health literacy across our interdisciplinary teams. Once this is achieved, hospice and palliative care teams can hopefully move past biases and provide care without assumption to their transgender patients. This session will provide a platform for all members of the interdisciplinary team to develop transgender health literacy. The session will also explore false assumptions and implicit bias, so we can transcend these to build trust with our transgender patients and provide whole-person care. Through didactics, case presentations, and audience participation, the learner will develop a skill set to provide inclusive, respectful care for their transgender patients.

Beyond The Device: Exploring the Psychosocial and Spiritual Aspects of the LVAD (SA502)

Peter Baenziger, MD MS, Indiana University School of Medicine, Indianapolis, IN. Shivani Martin, MD, Indiana University School of Medicine, Indianapolis, IN. Helen McClain, MSW, Indiana University Health Physicians, Indianapolis, IN.

Objectives

- Recognize the common psychosocial themes for patients living with serious illnesses and how these apply specifically to patients and their families who are considering left ventricular assist devices.
- Describe the sacred space of hardware treatments on the heart and how spirituality may play a role in decision-making.
- Demonstrate strategies to incorporate palliative care into the management of advanced heart failure patients by teaming with the heart failure specialists and support groups.

Heart transplantations are declining worldwide due to a lack of donors; however, the use of the left ventricular assist device (LVAD) is increasing in patients with advanced heart failure. As mechanical circulatory assist devices grow popular, it is imperative that clinicians are able to recognize not only the medical aspect of the LVAD but the psychological and social stressors that impact a patient and their caregiver. Accepting or denying an LVAD is a major decision for the patient as they may have it for the rest of their life (destination therapy) rather than a temporary measure (bridging therapy).

In this concurrent session, clinicians will discuss the common psychosocial themes in patients living with serious illnesses and how it may pertain to patients with LVADs including loss of control, self-image, dependency, social stigma, anger, abandonment, isolation and thinking about death. Tools to manage psychosocial stressors such as local support groups and the implementation of therapeutic metaphors (the Labyrinth and Butterfly Release Life Transformation Celebration for LVAD patients) will be described in detail. We will discuss the incorporation of our palliative care team in assisting with management of LVAD patients in collaboration with the advanced heart failure team including advanced care planning and assessing psychosocial factors prior to implantation. Through brief case examples from our experience, we will discuss how spirituality has played a role in decision-making for patients as they view their heart as a sacred entity.

Project ECHO: A Disruptive Innovation to Expand Palliative Care (SA503)

Elizabeth Burpee, MD, Four Seasons, Asheville, NC. Sriram Yennu, MD FAAHPM, MD Anderson Cancer Center, Houston, TX. Christopher Piromalli, DO MPH, Alaska Native Tribal Health Consortium, Anchorage, AK. Michelle Mikus, PharmD, Delta Care Rx, Pittsburgh, PA. Vickie Leff, MSW LCSW ACHP-SW, Duke University Hospital, Durham, NC. Charles Amos, DrPH, University of Texas MD Anderson Cancer, Houston, TX. Richelle Nugent Hooper, FNP ACHPN, Four Seasons Compassion for Life, Flat Rock, NC.

Objectives

- Describe the needs within the larger palliative care community, including workforce shortage, that could be addressed with the use of Project ECHO and other innovative practices.
- Explain the concept and practice of Project ECHO around the world and its role in disseminating specialty medical knowledge to medically underserved populations.
- Discuss the value of interdisciplinary input and multi-site collaboration in palliative care.

Project ECHO uses teleconferencing to link specialist medical teams with community medical care providers who are seeking expertise in a specific field. The specialist teams hold regular “teleECHO” sessions, essentially virtual grand rounds, combining teaching, mentoring and patient case presentations. Over the past few years palliative care programs internationally have begun to utilize this method to expand palliative care knowledge and services in communities. As workforce shortages continue, Project ECHO is an innovative way to increase the capacity of providers by offering education, resources and skills.

We will conduct a teleECHO session, using ZOOM videoconferencing. The purposes of the session are to explain and model Project ECHO, facilitate a discussion of how it and other innovative programs can be used in palliative care, to encourage group input and to model interdisciplinary and international collaboration.

People can participate in several different ways-through attending the session in person or by logging into the session from anywhere. The interdisciplinary specialist team will facilitate the discussion from the concurrent session room.

We will follow a typical ECHOsession agenda:

1. Didactic presentation: The didactic topic will be “Project ECHO-A Revolutionary Model for Expanding Access to Care”. The presenter will be a Project ECHO leader/expert. The goal is to familiarize audience/participants with the ECHO model.
2. Case presentation and discussion: The “case” will involve a palliative care provider presenting to the session participants some obstacles their organization and providers face. Main question for interdisciplinary specialist team and session participants will be "what innovative solutions have other groups used to address needs/deficiencies in their palliative practice communities?" We will have some of our international ECHO colleagues participating. We will encourage audience to share their own innovative ideas. Interdisciplinary expert panel will share with the audience how Project ECHO has been used to address needs in the PC community.

Beyond Meditation and Deep Breathing: Programmatic Strategies for Clinician Wellness and Team Resilience (SA504)

Arif Kamal, MD MBA MHS FAAHPM, Duke Cancer Institute, Durham, NC. Kristin Edwards, MD FACP CPE, YNHHS–Bridgeport Hospital, Bridgeport, CT. Katy Hyman, MDiv, MemorialCare Long Beach Medical Center, Long Beach, CA. Sumathi Misra, MD MPH CMD FAAHPM, Vanderbilt University Medical Center, Nashville, TN. Ashley Albers, DO HMDC, Four Seasons Compassion for Life, Flat Rock, NC.

Objectives

- Describe the intrinsic framework and core features of five diverse wellness programs across the spectrum of hospice and palliative medicine practices.
- Identify organizational, programmatic and team related challenges and strategies to overcome them when developing, implementing and sustaining wellness programs in diverse settings.
- Adapt and apply at least three strategies/tools that could be implemented in attendees’ own practice environments.