

made. African-American families' deep faith in God's healing power, and the belief in hope, both of which directly impact goals of care and treatment preferences, are often misunderstood by clinicians. In this session, participants will gain an understanding into the central relevance of "hope and miracles" in the African-American community, from both a historical and cultural context, as well as how it plays out in serious illness. Illustrations will be provided of ineffective clinician-patient/family communication (resulting in the patient/family feeling disrespected and a frustrated clinical team), as well as positive communication. Take-home lessons for effective culturally-based communication and best practices are provided.

Medical Cannabis in Outpatient Palliative Care: Evidence and Approaches for Integrating Cannabis into Clinical Practice (FR460)



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Objectives

- Discuss the current evidence supporting cannabis as a therapeutic strategy for patients with serious illnesses experiencing symptoms that are unrelieved by the standard palliative care toolkit
- Describe strategies for integrating medical cannabis into your palliative care practice.
- Counsel patients on the benefits and harms of cannabis use, cannabis preparations, delivery systems, and state regulations related to its use.

Increasing numbers of patients living with serious illness are requesting access to medical cannabis as well as guidance about its use. Select palliative care clinics have incorporated cannabis into their therapeutic toolkit, and cannabis consultations have become a gateway to a palliative care assessment and advance care planning. In many states healthcare providers are responsible for counseling and registering patients for medical cannabis, although medical decision-making about the benefits and harms of cannabis is challenging given the paucity of clinical guidelines and evidence, and a wide variety of non-standardized cannabis preparations.

In this session, outpatient palliative care providers who have incorporated cannabis as a therapeutic strategy in their clinics will 1) address the existing evidence

regarding cannabis for the treatment of pain, nausea, appetite disturbance, insomnia, and mood disturbances, 2) describe how providers are integrating medical cannabis into their palliative care practices, and particularly how providers are using cannabis to reduce opioid and benzodiazepine use, as well as polypharmacy, 3) demonstrate how to counsel patients about the risks and benefits of medical cannabis, obtaining cannabis preparations, using a variety of cannabis delivery systems, and state and federal regulations related to its use.

Decoding the Code Status: Can a Palliative Care-Led Curriculum Improve Communications Skills in Critical Care and Emergency Department Clinicians? (FR461A)



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Objectives

- Recognize the need for Code Status Discussion training for ICU and ER physicians.
- Consider the role of the HPM-practitioner in leading Code Status Discussion training.

Original Research Background. Communicating effectively with patients/families is an important skill. Palliative care (PC) specialists are often consulted to help with complex communication. In acute settings like the intensive care unit (ICU) and the emergency department (ED) a PC-specialist may not be immediately available, and Code Status Discussions (CSDs) are often required urgently.

Research Objectives. To evaluate the implementation and efficacy of a newly designed CSD curriculum for ED/ICU clinicians.

Methods. ED and ICU medical trainees at a single tertiary care center were asked to participate in the CSD curriculum. CSD curriculum featured the NURSE-SPIKES model of delivering bad news and the PULSES model for CSDs. The 2-hour curriculum included lecture, roleplay/feedback, and handouts. Participants were surveyed before, at 30 and 60 days about their CSD comprehension and communication self-efficacy using Bieber's Questionnaire on the Quality of Physician-Patient Interaction (Cronbach Alpha=0.95). Likert scores were analyzed using Pratt's modified Wilcoxon signed-rank test.

Results. Of 38 medical trainees, N=17 completed the pre-survey. Female=35%; Caucasian=53%, Hispanic=24%, Other=24%; ED=65%, ICU=35%.

Of respondents, 82% reported prior contact with PC, and only 47% reported prior PC training. 94% rated CSD-training fairly or extremely important, 35% rated their current training inadequate. N=10 completed 30-/60-day surveys. At 30 days, there was significant improvement in 5/14 self-efficacy metrics (one-tailed, $\alpha=0.05$); at 60 days in 10/14 metrics. Improved areas included: interest in patient's problems, giving detailed information on illness and options, physician-patient trust, joint decision-making, risks/side effects discussion, understanding patient needs, understanding impact of illness, putting patients at ease, and respecting opinion differences regarding treatment. 83% found the course helpful.

Conclusion. A CSD curriculum is a useful tool for developing complex communication skills for ED and ICU physicians.

Implications for Research, Policy, or Practice. This study lays the groundwork for curriculum dissemination to a wider audience. It also suggests the PC community could champion the development of complex communications skills to other medical fields.

What's That Social Worker Doing? Results of a Nationwide Job Analysis of Hospice and Palliative Social Workers (FR461C)



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Objectives

- Describe the process of developing a job analysis survey.
- Name 4 categories of tasks for the hospice and palliative social worker.
- List three uses of the results of a job analysis.

Original Research Background. The role of the hospice and palliative social worker is often ambiguous and misunderstood by colleagues and fellow team members. Job descriptions vary and it is not unusual for social workers to be asked to write their own. One reason for this is the lack of clearly identified skills and tasks employed by these specialty social workers in their daily work. This paper reports the results of the first nationwide job analysis of hospice and palliative social workers.

Research Objectives. Develop an evidence-based description of the role of the hospice and palliative social worker.

Methods. An Advisory Committee (AC) of experience practitioners was formed to oversee the process. A task list was developed based on a thorough literature review, existing job descriptions, and syllabi and curricula

of courses. The AC reviewed and edited the task list and recommended demographic information to be collected. Participants were recruited through multiple websites, databases, and social media.

Results. Four-hundred eighty-two respondents submitted usable data. The sample was largely Caucasian (71.4%) and female (93.8%). Forty-six states were represented. The mean number of years in hospice or palliative care practice was 9 and most had Master's degrees (89.73%). Almost half (47.5) were hospice social workers while the others identified as either palliative (27.7%) or both hospice and palliative (14.4%). One-hundred forty tasks were identified as necessary to the role. The tasks were grouped into 4 major content areas: Assessment and Reevaluation; Planning and Intervention; Death, Grief and Bereavement; and Professionalism.

Conclusion. This job analysis provides a comprehensive list of the tasks required of the hospice and palliative social worker.

Implications for Research, Policy, or Practice. The results of this survey can be used to guide educational efforts to prepare social workers for this specialty practice, develop job descriptions, and evaluate competency. Findings will direct the development of the first certification exam for social workers in this specialty practice.

Online Palliative Nursing Education: The Results of a Creative Strategy to Educate all US Nursing Students in Primary Palliative Care (FR461D)



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Objectives

- Describe the national need for nursing education schools of nursing to prepare their students to provide primary palliative care.
- Describe the results of a 3-year grant-funded initiative to educate undergraduate nursing students.

Original Research Background. As the demand for palliative care exceeds the specialty resources, nurses must be educated to provide primary palliative care for those with uncomplicated palliative care needs. However, many schools of nursing are still not providing this education to their undergraduate nursing students.

Research Objectives. 1) To develop and implement an online curriculum to meet the 2016 American Association of Colleges of Nursing's (AACN's) palliative care