

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.

### ***Promoting Resilience and Longevity in Palliative Medicine: A Focus on Being Well While Being Productive (FR432)***



Rita Manfredi, MD FACEP, George Washington University School of Medicine, Washington, DC. Martha Roberts, MSN ACNP PNP, Marymount University, Arlington, VA. Carol Ramsey-Lucas, MDIV, Washington DC VA Medical Center, Washington, DC. Jan Bull, MA, Maryland University of Integrative Health, Laurel, MD. Rebecca Goett, MD FACEP, Rutgers New Jersey Medical School, Newark, NJ.

#### *Objectives*

- Describe the dimensions of wellness for the palliative clinician and develop strategies to sustain wellbeing.
- Construct a personalized wellness tool box for use in the clinical setting for all members of the palliative team and identify methods of implementation.
- Discuss validated measurement tools to assess wellbeing individually and departmentally.

The high prevalence of burnout in palliative clinicians, 62% in recent studies, suggests that palliative and hospice care practice may be more demanding and stressful than previously thought. The current unmet demand for more palliative providers and services in a setting where patients are increasingly complex contributes to the deficiency of wellness and resiliency in clinicians. It is critical for providers and their departments to recognize the impact of burnout and lack of resilience on patient safety, quality of care, and satisfaction of patient, family, and staff.

The National Academy of Medicine recently launched the Clinician Well-Being Knowledge Hub, a comprehensive resource promoting clinician well-being at the individual and system levels. Such resources provide a framework where being well can be seen as an evolving process through which a provider achieves his or her full potential.

To achieve this goal, how will providers in hospice and palliative medicine tackle the issues surrounding

resilience, burnout, and "unwellness"? In this concurrent session, wellness will be represented as a multi-spoked wheel containing all the dimensions necessary for professional wholeness and balance in the specialty. Clinicians from multiple disciplines will discuss a common framework individuals and departments can utilize to build a collegial mental model for being well, building resilience and preventing burnout while being productive clinically.

Review of case examples, didactics, and discussion will illustrate how a palliative clinician can positively impact his or her individual wellness. Validated tools, such as the Professional Quality of Life, which measure compassion, quality of life, and resilience, will be discussed. Since departmental wellness significantly impacts individual wellness, solutions and strategies will be presented which improve wellness at both levels. Exemplary approaches which promote longevity, increase satisfaction, and promote recruitment and retention of palliative providers will be highlighted.

### ***Effectively Engaging the Faith-Based African-American Community in Advance Care Planning (FR433)***



Valerie Steinmetz, BA, Emory University, Atlanta, GA. Janice Bell, PhD MN MPH, University of California, Davis, Sacramento, CA. Jill Joseph, MD PhD, University of California, Davis, Sacramento, CA. Cynthia Carter Perrilliat, MPA, California State University East Bay, East Bay, CA.

#### *Objectives*

- Discuss the formation and operation of the Alameda County Care Alliance Advanced Illness Care (ACCA) Programs in the faith-based African-American community.
- Discuss the evolution of the ACCA programs and evaluation for broad community impact.
- Review ACCA strategies, milestones and outcomes toward increasing awareness of advance care planning in the African American community.

Only 1/3 of all Americans and 19% of African-American adults over age 65 have documented their end-of-life care wishes. Similar disparities exist in discussion of values and preferences for end-of-life care, sharing of wishes for health care providers and family and formal completion of advance directives. To address these disparities and increase awareness of advanced care planning (ACP), the Alameda County Care Alliance (ACCA) has engaged fourteen denominationally diverse churches, their congregants and pastors using a faith-based community-based participatory approach to: 1) provide lay care navigation support to persons needing advanced illness care and their families/caregivers to meet spiritual, advance care planning, health, social, and caregiving needs; 2) better understand the

usability and acceptance of existing ACP tools and develop a culturally acceptable ACP toolkit for use in the community; 3) host annual events to increase awareness of ACP on or around National Health Care Decision Day and to recognize the important role of caregivers; 4) train pastors and care navigators to support ACP in the community; and 5) assess annually completion of ACP milestones among church congregations and associated community centers.

Over the last 2 years, ACCA has helped over 2,200 persons needing care and caregivers. In the first year, care navigators identified and made more than 1000 referrals to local resources, successfully addressing 80% of participants' stated needs. Through discussion, use of case examples, findings from community events, and ACP evaluation data, this workshop will present practical information on how to effectively engage the faith-based African-American community in ACP, inform ACP communications preferences, and better understand attitudes and values around lifesaving treatment options and ACP activities.

### ***A Personal Exploration Through Expressive Art (FR434)***



Joanna Lyman, MA CCLS, Le Bonheur Children's Hospital, Memphis, TN. Melody Cunningham, MD FAAHPM, Le Bonheur Children's Hospital, Memphis, TN.

#### *Objectives*

- Recognize the primary therapeutic principles of expressive therapies and learn how they may be used to deepen the meaning and value of interactions with pediatric and adult populations.
- Describe the evidence supporting the clinical application of therapeutic art for the grieving and bereaved.
- Determine how to facilitate a replicable art based therapeutic intervention for use with all disciplines working within palliative and hospice care, and for use with patients as appropriate through personal exploration and experience.

As hospice and palliative medicine evolve, an intensified focus emerges on the human experience of death and dying. Meaning making, identity reconstruction, managing negative grief symptoms and facilitating continuing bonds with the deceased are now core competencies in palliative care. Expressive modalities in clinical practice offer a bridge between the medical and the emotional as we strive as a community to meet the psychosocial needs of our patients and their families. The clinical application of therapeutic art with the grieving and bereaved has been widely documented.

In contrast to talk therapy where unresolved issues and interpersonal dilemmas are explored with words, expressive activities such as therapeutic art and play

ask participants to use their imagination, and thus subconscious, as a form of communication. For example, an individual may be asked to draw an image of an idea or feeling. In this way, participants may quickly communicate relevant issues in ways talk therapy simply cannot achieve. When these techniques are applied in the hospice and palliative care setting, clinicians can more fully enhance their patients (or colleagues) ability to communicate effectively and authentically.

This session would afford participants the opportunity to engage in a therapeutic art activity frequently utilized with both patients and trainees, designed to facilitate the emotional exploration of their experience with significant loss. Once complete, members of the group will be invited to share the feelings and insights elucidated by the activity. Facilitators will guide and support as insights into the events that surround personal losses are discovered.

### ***Respecting Patient's Wishes—How an Electronic POLST Tool Can Drive Goal-aligned Care (FR435)***



Matthew Gonzales, MD, Providence St. Joseph Health, Torrance, CA. Maulin Shah, MD, Providence St. Joseph Health, Portland, OR. Jennifer Lui, MSW LCSW, Providence St Joseph Health, Portland, OR. Chris Murphy, PT, Providence St Joseph Health, Portland, OR. Ira Byock, MD FAAHPM, Providence Institute for Human Caring, Torrance, CA.

#### *Objectives*

- Describe the key principles to work effectively with your system's Information Technology specialists to design an electronic POLST tool.
- Discuss applying lessons from the experience of deploying an electronic POLST tool across multiple states.
- Discuss how clinical decision support can help avoid administering unwanted treatments and aid delivery of goal-aligned care.

Honoring a patient's treatment preferences and priorities are key features of providing goal-aligned care. Having a clear record of a person's choices related to life-sustaining treatments is particularly valuable. Forty-seven states have developed or are developing a Physician Orders for Life-Sustaining Treatments (POLST) form to unambiguously convey treatment plans that reflect a patient's wishes to either receive or decline critical interventions. While conceptually straightforward, access to POLST forms and their utility are challenged by the information being static, a "snapshot" of a patient's preferences, and the lack of interface to the rest of the EHR.

In 2012, we created ePOLST, an integrated EHR-based tool for the electronic completion of POLST forms. In