

patients who receive perinatal palliative care consults.

- Discuss areas of expertise and challenges of perinatal palliative consultation for both non-neonatologists and non-palliative medicine trained clinicians.
- Construct a framework for perinatal palliative care consultation based on patient characteristics and background of consulting providers.

Nearly 30 percent of infant deaths in the United States result from congenital anomalies. Treatment options now exist for conditions that were once considered lethal. Parents may face challenging decisions regarding anticipated newborn care, which impact themselves and their families perinatal palliative care (PPC) supports families navigating these decisions through a family-centered, shared decision-making model of care. PPC occurs concomitantly with expectant obstetrical care, providing intensive psychosocial support during and after pregnancy, including at end-of-life.

Currently there is no standard practice for PPC. Perinatal palliative care programs differ in terms of interdisciplinary structure and training. Historically, consults were performed by neonatologists, many of whom have no formal training in palliative care. NICU survivors often have complex medical and palliative care needs that include pain and symptom management, evolving goals of care, and need for psychosocial support. Thus, many contend that PPC consults should be performed by palliative care-trained clinicians.

Challenges exist for palliative care-trained providers including unfamiliarity with delivery room care, evolving standards around resuscitation at the limits of viability, and nuanced understanding of neonatal physiology. Neonatologists may face challenges performing PPC consultations, including a nuanced understanding of options for palliative care, palliative transportation and hospice. Additionally, neonatologists are limited in their clinical capacity for long-term continuity that many children receiving PPC consults will require.

A one-size fits all model is unlikely to meet the palliative care needs every patient. In this interactive session, two neonatologists, board certified in hospice and palliative medicine, will present key considerations and education for non-neonatologists performing palliative care consultation. A palliative care physician will review the data on PPC programs, and present data and experiences from a single institution that has transitioned to having non-neonatologists perform palliative care consults including discussions of early involvement, transitions of care, and continuity.

Finding Strengths in Our Differences: How Interprofessional Training Prepares Clinicians for Collaborative Practice (SA507)



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Objectives

- Describe the unique aspects of an interprofessional training model from the perspectives of fellowship directors and social work, nurse practitioner, and physician trainees.
- Identify the benefits and challenges of an interprofessional training model in providing patient care and promoting self-care.
- Devise strategies to develop interprofessional training experiences that attendees can implement in their own palliative care and hospice programs.

Clinical practice guidelines for quality palliative care highlight the interprofessional nature of palliative care, recognizing that clinicians in each discipline must understand the unique perspectives and strengths of their colleagues in order to provide comprehensive collaborative care. Despite this, finding clinicians proficient in interprofessional collaborative practice proves difficult due to the lack of interprofessional training programs. Instead, palliative care clinicians often resort to learning to work with team members of different disciplines in the course of delivering complex clinical care to seriously ill patients and their families.

One innovative solution to this problem is interprofessional palliative care training programs. Training physicians, nurses, psychosocial clinicians, and other disciplines in an interprofessional fellowship affords professionals insight into the distinct and shared roles of each discipline while allowing trainees dual roles as learner and teacher for their co-fellows. This model includes cross-training experiences, a shared didactic and experiential curriculum, and respectful appreciation of one another's value.

In this concurrent session, attendees will explore this interprofessional educational model through the lens of interprofessional trainees and fellowship directors. Presenters will summarize the literature of interprofessional education, highlight the benefits and challenges of each discipline's role through case-based clinical scenarios, and examine how this model minimizes compassion fatigue and clinician burnout.

Finally, presenters and attendees will explore financial, system, and staff limitations and generate strategies to implement interprofessional training experiences into their own programs. Interprofessional training provides unique benefits to patients, families, trainees, and clinical systems, and should be considered by programs nationwide.

Analog Care in a Digital World: Telemedicine in Outpatient Palliative Care (SA508)



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Objectives

- Compare between an ambulatory in-person palliative care visit and a telemedicine palliative care visit conducted between two clinical sites.
- Describe how clinicians can promote a therapeutic alliance within a telemedicine visit.
- Deepen knowledge of oncology patient's perception of telemedicine visits.

Interest in telemedicine continues to rise in conjunction with advancements in technology, improving reimbursement, and growing demands by patients and families. For patients with life limiting illnesses, additional clinician visits separated in time and location can represent a significant burden to quality of life. The use of telemedicine in outpatient palliative care holds the promise of improving access to palliative care while allowing patients to stay closer to home. Understanding patient's perceptions regarding satisfaction and acceptability are the first steps for meaningful expansion of telemedicine.

While prior work in telemedicine has focused on deploying this technology to patients in rural or remote areas, patients within an urban metropolitan area can experience difficulty in accessing palliative care specialists. Memorial Sloan Kettering Cancer Center has an expansive regional network in Westchester County, Long Island, and New Jersey. Patients who live in these regions are required to travel into Manhattan to receive ambulatory palliative care. In this concurrent session, we will share how we created an outpatient telemedicine palliative care program within our regional network that complements our current in-person ambulatory practice. Our physicians and nursing staff will share their perspectives on providing empathetic care within a digital space. We will describe the fundamental differences between telemedicine and in-person ambulatory visits from both a patient and clinician perspective. Utilizing data from patient surveys we will also examine whether these differences affect the patient's overall experience with

telemedicine. Understanding patient's acceptability and satisfaction with telemedicine visits was key in the development of our current program and we will share our most up to date patient data. Lastly, we will consider the feasibility factors that should be kept in mind when thinking about expansion of telemedicine within your own institution.

Specialty Palliative APRN Practice Through State-of-the-Art Graduate Education: Report of the HPNA Graduate Faculty Council (SA509)



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Objectives

- Define specialty palliative care practice for APRNs.
- Summarize the essential components and characteristics for master's programs for specialty APRN entry into practice.
- Discuss recommendations for graduate level APRN education.

As palliative care continues to move beyond hospital walls into office, clinics, homes, and long term care settings, more advanced practice registered nurses (APRNs) will be needed to assure access to high quality palliative care. Sound educational preparation of APRNs is critical to meet this workforce need. However, little is known about the content and teaching-learning approaches of existing Masters, DNP, and post-Masters certificate programs. Furthermore, there appears to be little standardization among these educational programs. This session will describe recommendations for preparing entry-level APRNs for specialty palliative care practice within graduate education.

Setting Trends in the Preoperative Care Setting: Advance Care Planning (SA510A)



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Objectives

- Examine the prevalence of Advance Directives in patients undergoing elective surgery.