measurable improvements in clinician self-reported skills. This is a viable and scalable method for health systems seeking to train their own workforce in serious illness communication.

1:30–2:30 pm

Concurrent Sessions

Using Improv to Enhance Communication Skills Practice (SA520)

Kathleen Neuendorf, MD, Cleveland Clinic, Cleveland, OH. Brooke Johnston, MD, Hands of Hope Comprehensive Pediatric Care, Greenville, SC. Connor Brunson, BS, University of South Carolina School of Medicine, Greenville, SC.

Objectives

- Recognize the commonalities of improvisation and healthcare communication and discuss ways these techniques are adaptable to different settings.
- Experiment with variations in tone of voice, physicality, and word choices and reflect on the impact.
- Restate frustrations as priorities and values.

Have you been asked to give grand rounds on communication skills and want to incorporate a meaningful exercise to enhance your didactic? Have you been facilitating communication skills training and feel bored with the current curriculum? Or maybe you are looking for a different perspective on the communication skills you are using. Many palliative care providers are not only relied upon for their excellent communication skills with patients, families and colleagues, they are asked to teach communication skills to others as well. Self and social awareness are valuable skills for identifying opportunities to find words that will resonate with patients in the present moment. However, as clinicians are being asked to do more with less and in shorter periods of time, opportunities for mindful, reflective practice can be harder to find. Idealized communication sessions that limit the number of participants and require hours of time are not always possible. Adapted improv techniques to practice communication skills, even in large group settings, allows for a safe and supportive environment that fosters participant spontaneity and honesty while raising awareness about what we communicate, whether it is intentional or not. In this session, presenters who are using improvisation in a variety of settings will quickly review the main tenants of improvisation and discuss how these tenants enhance clinical encounters and apply in healthcare communication. Participants will experience a selected group of improv exercises, discuss their relevance in communication skills training and hypothesize how these activities can be adapted to a variety of audiences. If you've been looking for ways to bring meaningful communication skills training to audiences from 10-1000 participants in a short amount of time, this session is for you. We promise that "being funny" is NOT a core tenant of improv and not required to attend this session.

In With the New: Managing Acute Malignant Pain in Patients on Opioid Replacement Therapy with Buprenorphine (SA521)

Lori Earnshaw, MD FAAHPM, University of Louisville, Louisville, KY. Zachary Sager, MD MA, BIDMC/Boston VA, Boston, MA. M. Kate Probst, PharmD BCACP BCGP, Sullivan University College of Pharmacy, Louisville, KY.

Objectives

- Compare and contrast the pharmacology of pure and partial opioid agonists.
- Describe an approach to treating acute pain in hospice patients receiving buprenorphine and naloxone therapy.
- Establish the role of buprenorphine in hospice and palliative care clinical practice.

After Dole and Nyswander introduced the role of methadone in drug rehabilitation in 1965, methadone became the standard for medication assisted therapy of opioid use disorders. Similarly, hospice and palliative care professionals have recognized the role of methadone in treating cancer-related pain. Since its release in the early 2000s, buprenorphine has become the preferred medication assisted treatment option given its ability to be prescribed in a less restrictive setting, the relative ease of dosing, and reduction in stigma. Given the popularity of buprenorphine for medication assisted treatment, hospice and palliative care practitioners must be prepared to manage patients on buprenorphine who require pain management for serious illness. We will present the case of a young hospice patient with terminal cancer whose pain was being managed with combination buprenorphine and naloxone therapy for opioid use disorder. We will describe the pharmacology of buprenorphine, how it is used in medication assisted treatment and how to transition patients on buprenorphine to a more traditional opioid agonist for acute pain management. Finally, we will discuss the possible role of buprenorphine for management of pain in the setting of an opioid use disorder.

Speed Dating for Kids 2.0 (SA522)

Emma Jones, MD, Pediatric Advanced Care Team, Boston, MA. Mary Lynn McPherson, PharmD MA MDE BCPS, University of Maryland School of