

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 unrelied 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%.