

Clinician Wellness, including resilience and burnout, has been gaining recognition as a critical area within health care quality in recent years. In the palliative care community, it has long been recognized that the intensity of the emotional work required in palliative care can contribute to burnout (marked by emotional exhaustion, cynicism, and decrease personal efficacy). Until recently, however, much of the efforts for clinician wellness, such as mindfulness and mind-body techniques, have been targeted at personal resilience strategies. Though important, personal strategies are only half the story. There is growing recognition that promoting clinician wellness and thriving at work requires both personal strategies and organizational support.

During this presentation, we will review five geographically and organizationally diverse programs and their innovative efforts to provide programmatic approaches clinician wellness. The multidisciplinary panel has been chosen from a variety of practice settings to demonstrate the range of programs that are possible, including a tertiary academic center, two community hospital settings with different leadership perspectives, a tertiary teaching program with strong VA affiliations, and one hospice setting. Each clinical environment presents unique challenges and opportunities for implementing programs, including resource limitations, parent institution culture, geographic challenges including rural and urban settings within one larger program, and program size with associated growth related challenges.

We will begin with a brief overview of current research in general clinician wellness, and then progress on to Palliative Care specific content. We will identify organizational, programmatic and team related challenges and strategies to overcome them when developing, implementing and sustaining wellness programs. We will host an interactive discussion to allow personalization and adaptation of strategies and tools that could be implemented in attendees' own practice environments.

New Drugs and Drug News: The 411 and Implications for Palliative Care (SA505)



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Objectives

- List new drugs approved by the FDA in 2018. For each drug the participant will be able to describe the approved indication, unapproved uses of the medication, common adverse effects and drug interactions.
- For each new relevant medication approved in 2018, describe the burden-to-benefit ratio and the role of the medication in caring for patients with advanced illness.

- Analyze important drug alerts and their relevance to drug therapies commonly used in hospice and palliative care patients.

Up to 100 new drugs and dosage formulations are approved every year by the Food and Drug Administration (FDA). Some of these are new molecular entities, while others are new formulations, new indications, generic drug approvals or labeling revisions. Even if a drug is a "new" molecular entity, it may not be "improved" over molecular entities already commercially available. In caring for patients with advanced illnesses, practitioners must make prudent drug therapy choices. Part of this decision-making process is a careful assessment of the burden-to-benefit ratio, including the financial burden of using each medication.

This concurrent session is a follow-up to the previous year's very popular update on new drugs. For relevant drugs approved in 2018, participants will learn about the FDA-approved indication for using the medication, unapproved uses of the medication (particularly as it applies to palliative care patients), if it is a controlled substance and the schedule (if appropriate), adverse effects, major drug interactions, dosing, and financial implications of drug procurement and monitoring if relevant.

Participants will learn what "NDA Chemical Type" (e.g., new molecular entity, formulation, manufacture, indication or OTC switch), and "Review Classification" (priority, or standard review; orphan drug status) was assigned by the FDA. If available, participants will also learn the "new drug comparison rating" (1-5, 5 highest in terms of drug importance). Most importantly, the participant will learn about the role of the new agent in caring for patients with advanced illnesses, and how this medication compares with medications already available. Public health advisories and drug-related alerts pertinent for end of life care will also be discussed, and their impact on caring for palliative care patients. Inappropriate use of medications in hospice or palliative care may result in suboptimal symptom management. This is a session that every health care professional needs to attend!

Not Just for Neonatologists Anymore—The Blueprint for the Perinatal Palliative Care Consult (SA506)



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Objectives

- Recognize trends in the growth of perinatal palliative care and the evolution in characteristics of