

elements, methodologies and techniques to engage both teachers and learners during the session.

We will showcase four ways the Toolkit has been adapted and incorporated into communication training at a large academic institution and VA hospital. During a real-time consult PC faculty apply the “catch and release” method to coach learners on non-PC rotations when a PC consult is requested. PC faculty use the Toolkit to teach advance care planning to Nephrology fellows, to structure goals of care discussions with Internal Medicine residents on a geriatrics rotation, and to coach ICU nurse practitioners.

The Primary Palliative Care Communication Toolkit is a creative, consistent, and adaptable way to incorporate communication training into the day-to-day care of patients living with serious illness and into the education of learners of different disciplines and levels of training. Participants will find tools and ideas that are easy and fun to use as they teach the next generation of clinicians to care for seriously ill patients.

Palliative Care Interdisciplinary Team Effectiveness: Building an Effective Team and Maintaining Team Health (FR454)



Amy Frieman, MD, Legacy Meridian Health, Hackensack Meridian Health Network, Neptune, NJ. Kaitlyn Bender, MS RN CHPN, Hackensack Meridian Health, Brick, NJ. Stephanie DePiano, MSW, Hackensack Meridian Health, Neptune, NJ. Tom Gualtieri-Reed, MBA BA, Spragens & Associates LLC, Chapel Hill, NC.

Objectives

- Identify and assess the attributes of a healthy palliative care interdisciplinary team.
- Identify and discuss three common threats to individual and team health.
- Identify four practices or processes teams can put in place to improve team effectiveness.

Has your team ever experienced high turnover, seemingly unmanageable consult volumes, tension among team members, role confusion, or less than effective interdisciplinary team (IDT) performance? How did your team maintain clinical quality? How did your team work together to solve problems or issues that were causing stress? Whether due to growth, the ongoing stresses of providing palliative care to seriously ill patients, or diverse personalities, most teams experience these issues at one time or another. Figuring out how to onboard new team members, identify team issues, and collectively work through challenges as a team is critical, particularly when your team stress is at its peak. This interactive session will provide participants with practical tools and tips for building a high-quality, effective interdisciplinary team in and across hospital, home, clinic, and other settings. An interdisciplinary panel will outline the practices and team processes

they have put in place that reinforce team health, ensure role clarity, and improve team communication.

'Roid Rage No More: A Review of Corticosteroid Adverse Drug Effects in Palliative Care Patients (FR455)



Thomas O'Neil, MD HMDC, University of Michigan, Arbor Hospice, Ann Arbor, MI. Michael Smith, PharmD BCPS, University of Michigan College of Pharmacy, Ann Arbor, MI. Adam Marks, MD, University of Michigan, Ann Arbor, MI.

Objectives

- Describe the clinical utility of corticosteroids for palliative care patients.
- Compare the differentiating factors of different corticosteroids including pharmacokinetics, potency and relative cost.
- Recognize adverse effect profiles of corticosteroids and summarize their clinical applicability.

Corticosteroids are often utilized in the treatment of many symptoms that arise in palliative care patients including fatigue, dyspnea, pain, anorexia, nausea, and vomiting. However, corticosteroids can produce many adverse drug effects (ADEs) including hyperglycemia, psychosis, hypertension, edema, and osteoporosis. These ADEs can often be significant and treatment-limiting despite clinical improvement of the initial presenting symptom. When ADEs develop and providers still wish to continue corticosteroid use, the question that often arises is: would a different corticosteroid result in a decrease in the ADE of concern or how may the current corticosteroid be managed in light of this ADE? This presentation will review the literature for clinical utility of corticosteroids in palliative care patients as well as present various factors to consider in the choice of different agents. It will include a review of the prevalence, onset, and likelihood of each ADE as well as discuss strategies to mitigate various ADEs when employing corticosteroids for symptom relief.

The Future at Your Fingertips: How Technology Can Help Us Make Better Predictions and Decisions (FR456)



David Hui, MD MS MSC, MD Anderson Cancer Center, Houston, TX. John Maxwell, MD, Virginia Mason Memorial Hospital, Yakima, WA. Eric Prommer, MD HMDC FAAHPM, Greater Los Angeles Healthcare, Los Angeles, CA. Mellar Davis, MD FCCP FAAHPM, Geisinger Medical Center, Danville, PA.

Objectives

- Apply web-based prognostic tools for patients with cancer and non-cancer diseases.
- Evaluate studies comparing the accuracy of clinician's prediction and prognostic models.