

within palliative care that can make one especially vulnerable to feelings of inauthenticity. Studies have shown that emotional labor influences job satisfaction, burnout, and organizational well-being. In this case-based discussion led by an industrial organizational psychologist and dual trained palliative care-psychiatry and palliative care-geriatric clinicians, we will discuss emotional labor, highlighting the many areas from clinical interaction to collegial engagement where there is the potential to experience emotional labor. We will review literature from business management and organizational psychology, illustrating strategies at the organizational, team, and individual level that may help mitigate the long-term consequences of emotional labor and draw from the most recent research of the employee experience to emphasize the importance of bringing the “whole self” to work.

Pediatric Concurrent Care: Where Are We Today? (FR408)



Khaliyah Johnson, MD HMDC, Children’s Healthcare of Atlanta, Atlanta, GA. Nancy Hutton, MD FAAP FAAHPM, Johns Hopkins School of Medicine, Baltimore, MD. Kimberly Bower, MD DC HMDC FAAHPM, Rady Children’s Hospital, San Diego, CA. Mary Tiso, RN, Gilchrist, Baltimore, MD. Judi Lund Person, MPH CHC, National Hospice & Palliative Care Organization, Alexandria, VA.

Objectives

- Describe the CCCR legislation and options available for its implementation.
- Identify barriers to implementing concurrent care in one’s state and strategic approaches to overcoming these barriers.
- Cite additional steps that may be taken to advocate for improved access to pediatric palliative care for Medicaid patients.

In 2010, the concurrent care for children requirement (CCCR, Section 2302) was signed into effect as part of the Patient Protection and Affordable Care Act, in order to improve pediatric patients’ access to hospice care while simultaneously receiving disease modifying treatments. This talk will provide an overview of the progress that has been made in nearly ten years since the implementation of CCCR, highlighting successes and common challenges experienced across states. Georgia, Maryland, and California will be used as case examples to demonstrate how local pediatric clinicians and stake-holders worked with state-based Medicaid programs to identify barriers to CCCR implantation and formulate a strategic plan for addressing those barriers. Finally, we will engage the audience in discussion on the impact of section 2302 on improving care for children with life-limiting illnesses,

and what additional advocacy efforts can be taken to optimize its impact.

Standing Tall: Advancing Your Career as an Academic Clinician and Educator in Hospice and Palliative Medicine (FR410)



Sangeeta Lamba, MD FAAHPM, Rutgers New Jersey Medical School, Newark, NJ. Jane deLima Thomas, MD FAAHPM, Harvard Medical School, Harvard Interprofessional Palliative Care, Fellowship, Dana-Farber Cancer Institute/Brigham and Women’s Hospital, Boston, MA. Vicki A. Jackson, MD MPH FAAHPM, Massachusetts General Hospital, Boston, MA. Steven M. Radwany, MD FACP FAAHPM, Ohio State University Wexner Medical Center, Akron, OH.

Objectives

- Identify and engage in steps to start a professional development plan for academic advancement and success.
- Define the broadened scope of scholarship for academic advancement to include education, clinical practice, and leadership.
- List strategies for building a clinical and/or educational portfolio from work that you already do.

The majority of academic interdisciplinary clinicians in hospice and palliative medicine such as the physicians, nurses and social work faculty spend a large proportion of their time in clinical practice and teaching, and therefore may face unique struggles related to academic/career advancement. Faculty working in the areas of clinical innovation and education have important scholarly contributions that should be shared with the field to advance our knowledge. Many faculty erroneously believe that only rigorously designed research projects are worthy of dissemination or feel unsure about how to share their clinical innovation, quality improvement, and education work in a scholarly way. Building a portfolio of scholarly work is important when seeking advancement and/or promotion. There exists a lack of local mentors who can guide clinicians and educators on how to develop and successfully submit a portfolio since senior leadership such as Chairs have traditionally advanced on research tracks themselves. We plan to use a panel with expertise both in academic palliative medicine and faculty affairs to assist attendees in identifying how to develop a professional development plan including options for scholarship such as case reports, thought pieces, quality improvement, clinical innovation, and education projects. The goal will be for faculty to identify and document their work with a broadened scope of scholarship as contributions to the field and for their academic advancement.