

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

Pharmacy, Baltimore, MD. Jill Morgan, PharmD, University of Maryland School of Pharmacy, Baltimore, MD.

Objectives

- Discuss 3 pearls related to general pharmacology principles for pediatric patients.
- Discuss 3 pearls related to end of life symptom management for pediatric patients.
- Discuss 3 pearls related to newly approved medications that are pertinent to pediatric conditions.

This session will utilize the popular “Speed Dating with the Pharmacy Ladies” format to provide content most relevant to pediatric palliative care. Pediatric Palliative Care is a diverse specialty with a wide range of care settings and nearly infinite number of unique diagnoses and care plans. Using the rapid fire, high yield approach, we aim to cover a range of topics which will include something for everyone.

Objectives

1. Discuss 3 pearls related to general pharmacology principles for pediatric patients. Recognizing that hospice care for children is often provided by those primarily trained to care for adults, we provide some basic guidance and med management tips for treating kids.
2. Discuss 3 pearls related to end of life symptom management for pediatric patients. This session will present the latest tips and tricks for choosing and administering comfort medications ranging from tips on getting kids to swallow pills to logistics of home ketamine infusions.
3. Discuss 3 pearls related to newly approved medications that are pertinent to pediatric conditions. The concurrent care model is the norm in pediatric palliative care, therefore palliative care providers must have a broad knowledge of disease directed therapies patients are receiving.

iGrieve: Virtual Bereavement on Social Media (SA523)



David Buxton, MD, Center for Palliative Psychiatry, Richmond, VA. Sarah Rohrer, MSW LCSW ACHP-SW, CJW Medical Center, Richmond, VA.

Objectives

- Define thanatechnology and assess current research on virtual memorials.
- Evaluate examples of social media memorials and formulate about the effects of emotional rubbernecking.
- Interpret how thanatechnology can effect patients and what role providers should play in it.

Bereavement refers to the phase of mourning and grief following the death of a beloved person. Mourning is the term used to portray the public formalities or symbols of bereavement, such as holding funeral

services or wearing black clothing. In the past, mourning was most commonly experienced in isolation. Due to the growing nature of digital bereavement, “grief shared is grief relieved” tends to be a more commonly held belief today. Thanatechnology, was coined by researcher Carla Sofka to describe the way people use the Internet to display their feelings of grief when a loved one has died. Similar to how people use Facebook to commemorate life events, people also use Facebook to virtual memorialize those who have died. Unlike traditional memorials, online memorial’s format allows 24 hour access, limitless room to add more context and the ability to be seen by anyone.

Due to the public nature of Facebook communication, a unique subgroup of people who did not personally know the deceased or ‘emotional rubbernecker’s’, can find virtual memorial groups and observe people grieve the loss of their friend or family member. Rubbernecking seems to be a way by which people who did not know the deceased cope with a death that affected them in some way.

The presenters will review current literature on thanatechnology and share examples of individuals who have been memorialized on social media. A discussion will be lead on the pros and cons of this new form of grieving highlighting how it may effect patients and what role palliative care / hospice providers should play in it.

Current Evidence in Palliative Care: A Systematic Review in Support of the National Consensus Project’s Clinical Practice Guidelines for Quality Palliative Care, 4th edition (NCP Guidelines) (SA524)



Sangeeta Ahluwalia, PhD MPH, RAND Corporation and UCLA Fielding School of Public Health, Los Angeles, CA. Anne Walling, MD PhD, RAND Corporation/Greater Los Angeles Veterans Affairs Healthcare System/UCLA David Geffen School of Medicine, Los Angeles, CA. Karl Lorenz, MD MSHS, VA Palo Alto Health Care System/Stanford University School of Medicine, Palo Alto, CA. Nathan Goldstein, MD, Icahn School of Medicine at Mount Sinai, New York, NY.

Objectives

- Characterize the care domains and topics in which strong or moderate evidence of palliative care impact exists.
- Understand the current gaps in the palliative care research base.
- Describe how the systematic review of palliative care research informs the Clinical Practice Guidelines for Quality Palliative Care, 4th edition.