

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.

- Understand the potential of machine learning technology.

Accurate prognostication of survival is needed to facilitate complex clinical decision making, especially when patients are approaching the end-of-life. Many important decisions regarding investigations, treatments, and personal care plans are dependent on how long a patient is expected to live. Traditionally, clinicians rely on their clinical judgement to formulate a prognosis, which is subjective by nature and often overly optimistic. This presentation will focus on two main technological advances that may enhance clinicians' accuracy of prognostication and decision making: (1) web-based prognostic tools and (2) machine learning algorithms. We will discuss the multiple prognostic models that have been developed for patients with advanced diseases, such as the Palliative Prognostic Score (PaP) and Palliative Prognostic Index (PPI) for patients with advanced cancer, the Integrated Prognostic Model for patients on hemodialysis, the Acute Physiology and Chronic Health Evaluation (APACHE) for critically ill patients, and the Model for End-Stage Liver Disease (MELD) for individuals with hepatic failure. Many of these prognostic models have been validated in multiple settings and are available as web-based tools. Studies have found that these tools are more accurate than clinician intuition alone and may help to reduce serious prognostic errors. However, they are often not used by palliative care clinicians because of lack of familiarity, lack of time, cumbersome data entry and difficulties with interpretation. By the end of this session, participants should feel more comfortable applying these prognostic tools in practice. The widespread use of electronic health records has also paved the way for machine learning algorithms to take advantage of big data to further improve the accuracy of prognostication. We shall discuss the potential of machine learning technology to augment prognostication and clinical decision making. The last 15 minutes of this session will be open to the audience for discussions.

Caring for the Complex Congenital Heart—Should It Be Palliative from the Start? (FR457)



Jaime Jump, DO, Children's Hospital of Philadelphia, Philadelphia, PA. Rachel Klinedinst, ACHPN CRNP, Hospital of University of Pennsylvania, Philadelphia, PA. Aaron DeWitt, MD, Children's Hospital of Philadelphia, Philadelphia, PA. Vanessa Battista, RN MS CPNP-PC, The Children's Hospital of Philadelphia, Philadelphia, PA.

Objectives

- Identify the current state of congenital heart disease (CHD) and its impact on quality of life for patients and families.

- Describe the role of early palliative care in supportive pediatric patients and families facing CHD.
- Discuss the perspective of primary cardiology teams on early integration of palliative care in the treatment of CHD patients.

In 2010, data extrapolated to the US population estimated that approximately 2 million people of all ages were living with CHD. It is now estimated 85-90% of all patients born with CHD in the past two decades are estimated to live survive to age 18. Although research suggests an increasing prevalence of palliative care from the time of diagnosis, the role of palliative care remains unclear. Families of children born with CHD face complex decisions and unpredictable outcomes from the start. Still, palliative care consultation is not routinely offered at the time of diagnosis, perhaps in part because of concerns about the message it may convey to families. Many families choose "palliative procedures", however, and CHD patients may survive well into adulthood, continuing to confront the challenges of limited treatment options and an uncertain prognosis. Strong collaboration between cardiology teams and palliative care teams is essential for promoting optimal quality of life for CHD patients and their families.

Using didactics, case studies, and discussion, this session will provide an overview of CHD and the distinct role of early palliative care for this patient population. It will also explore the crucial intersection of cardiac care and palliative care, as well as highlighting the unique challenges of adult patients with CHD. Topics will include:

1. Review of existing literature about benefits of early palliative care for assistance with decision-making and goal setting. Case studies highlighting both pediatric and adult patients living with CHD will be included.
2. A cardiologist's viewpoint on presenting palliative options to families, as well as tips on what PC teams need to know when partnering with cardiology.
3. Exploration of the long-term outcomes of CHD, including medical comorbidities as well as the emotional and social consequences of living into adulthood.

Circle of Trust: How Psychodynamic Themes Such as the 'Holding Environment' Optimize Coping with Serious Illness (FR458)



Keri Brenner, MD MPA, Stanford University, Palo Alto, CA. Vicki Jackson, MD MPH FAAHPM, Massachusetts General Hospital, Boston, MA. Linda Emanuel, MD PhD, Northwestern Medicine, Chicago, IL.

Objectives

- Describe the essential aspects of holding presence, holding environment and containment as