

Saturday, March 16

7–8 am

Cambia Leadership Lecture Breakfast

Women in Leadership: Pathways for Empowerment, Leadership, Action and Culture Change (CAMBIA)



Rachelle Bernacki, MD MS FAAHPM, Dana-Farber Cancer Institute, Boston, MA. Patricia Davidson, PhD MEd RN FAAN, Johns Hopkins School of Nursing, Baltimore, MD. Stephanie Harman, MD, Stanford Palliative Care, Stanford, CA. Jean S. Kutner, MD MSPH FAAHPM, University of Colorado School of Medicine, Aurora, CO. Deborah Lafond, DNP PPCNP-BC CPON CHPPN, Children's National Health System, Washington DC. Peggy Maguire, JD, Cambia Health Foundation, Portland, OR. Christine Ritchie, MD MSPH FAAHPM FACP, University of California San Francisco, San Francisco, CA.

Objectives

- Describe the challenges, prospects and strategies to increase the number of women in palliative care leadership positions.
- Discuss how to mentor, support and encourage more women to assume leadership positions.
- Identify best practices and leadership styles for 'managing up' in an organization, supervising those who report to you, and gaining support from men and other women in the organization.

Participants who register for the session will be surveyed prior to the session for questions they may have about women leaders and how to attain and sustain leadership. The moderator, Dr. Kutner will select questions from the survey results and encourage questions from participants for the panel discussion which will also include big picture issues pertaining to women leaders.

Some possible themes and questions are as follows:

1. How have women and men in the palliative care movement been affected by the Me-Too movement?
2. What planned or random experiences helped you become a leader? (e.g., programs, mentors, colleagues, coaches)
3. Did you find road blocks at any time in your career because you are a woman? How did you overcome them?
4. What are the work-life balance issues you face as a leader? How do you support others on your team? (Do men and women come to you with different issues?)
5. How do you stay in tune with your highest and best use with many demands on your time?
6. What was the best piece of career advice you received on your path to leadership?

7. How did you find a unique voice as a women leader?
8. What are the challenges and opportunities faced by you in leading your own organization and having an impact nationally?

8:15–10 am

Plenary Session

State of the Science (103)



Heather L. Coats, PhD, APRN-BC, University of Colorado, College of Nursing, Denver, CO. Laura P. Gelfman, MD, MPH, Icahn School of Medicine at Mount Sinai, New York, NY.

Objectives

- Summarize selected important recent peer-reviewed articles related to two "hot" topic areas.
- Critique the methodologies and understand the conclusions of these articles.
- Determine if the findings are relevant to the patients for whom the attendees cares.

The objective of this session is to review the recent journal articles about the 2 "hot" topics (selected by crowd sourcing from the AAHPM and HPNA communities) that were published with the highest potential for impact on the field of hospice and palliative medicine. A hand search of leading journals highly relevant to the practice of hospice and palliative care will be supplemented with a search of evidence based reviews, a targeted keyword search, and conversations with experts in the disciplines of medicine, nursing, and social work. Journal articles will be reviewed for both study quality and potential for immediate impact on the field of hospice and palliative care.

10:30–11:30 am

Concurrent Sessions

The Practice of Palliative Medicine in Developing Countries—Part One (SA500)



Kayode Olafimihan, BSc. MBBS FWACP, Dip. Pall Med. University of Ilorin Teaching Hospital, Ilorin, Nigeria. Mohja Marhoom, MBBS, Khartoum Oncology Hospital, Khartoum, Sudan. Zohora Jameela Khan, DCH MD, Dhaka Medical College Hospital, Dhaka, Bangladesh.

Objectives

- Learn how physicians in specific countries provide palliative care to their patient populations often with limited resources.

- Recognize specific cultural and political challenges to developing palliative care clinical, educational and research programs.
- Describe roles of different health care providers practicing palliative care and how they meet the needs of their local populations.

Please join AAHPM's International Scholars for a panel discussion. Each scholar will present for 10-15 minutes on the state of the practice of palliative care in their home country, with an emphasis on the roles of physicians, nurses, and other healthcare providers; the status of education and research in the field; and the unique challenges facing patients and providers. There will be time allotted after each presentation to field questions and dialogue from the audience. Prepare to be educated and inspired by these accomplished individuals who are leading and advancing the field of hospice and palliative medicine in their countries of origin.

Transgender Health Literacy 101: Providing Whole-Person Care Without Assumption (SA501)



Ruth Thomson, DO MBA HMDC FAAHPM FACOI, Jack Byrne Center for Palliative and Hospice Care, Hanover, NH. Pat Starke, BSN RN CHPN, Over the Rainbow, Dover, DE. Denise Morris, EDD, Wesley College, Dover, DE.

Objectives

- Formulate transgender health literacy by understanding the physical, psychological, and social aspects of caring for transgender patients.
- Demonstrate respectful communication and care for transgender patients.
- Employ skills that foster moving past assumptions and bias to provide whole-person care for transgender patients.

Best available data estimates 0.6-0.7 percent of the U.S. population identify as transgender. Transgender people have not only faced societal discrimination, they have also endured discrimination in health care settings. A 2011 survey of 6,500 transgender individuals showed that 19% of respondents reported refusal of medical care, 28% experienced harassment in a medical setting, and 50% interacted with providers who had a complete lack of understanding of the care they needed. As a result of discrimination and other psychosocial challenges, transgender individuals experience high levels of postponing health care and suffer much higher rates of HIV infection, substance abuse, and suicide than the national average. Discrimination affects access to the continuum of healthcare, including serious illness and end-of-life care, for transgender people.

Most hospice and palliative care teams pride themselves on being inclusive to the needs of the wide variety of people they serve. While a robust body of

evidence in our field supports culturally competent care, there is still a paucity of literature addressing the nuances of caring for the LGBTQ population, especially transgender people. Many clinicians lack basic knowledge about transgender medicine and hold false assumptions. To be true to our intentions of whole-person care, we need commit to developing transgender health literacy across our interdisciplinary teams. Once this is achieved, hospice and palliative care teams can hopefully move past biases and provide care without assumption to their transgender patients. This session will provide a platform for all members of the interdisciplinary team to develop transgender health literacy. The session will also explore false assumptions and implicit bias, so we can transcend these to build trust with our transgender patients and provide whole-person care. Through didactics, case presentations, and audience participation, the learner will develop a skill set to provide inclusive, respectful care for their transgender patients.

Beyond The Device: Exploring the Psychosocial and Spiritual Aspects of the LVAD (SA502)



Peter Baenziger, MD MS, Indiana University School of Medicine, Indianapolis, IN. Shivani Martin, MD, Indiana University School of Medicine, Indianapolis, IN. Helen McClain, MSW, Indiana University Health Physicians, Indianapolis, IN.

Objectives

- Recognize the common psychosocial themes for patients living with serious illnesses and how these apply specifically to patients and their families who are considering left ventricular assist devices.
- Describe the sacred space of hardware treatments on the heart and how spirituality may play a role in decision-making.
- Demonstrate strategies to incorporate palliative care into the management of advanced heart failure patients by teaming with the heart failure specialists and support groups.

Heart transplantations are declining worldwide due to a lack of donors; however, the use of the left ventricular assist device (LVAD) is increasing in patients with advanced heart failure. As mechanical circulatory assist devices grow popular, it is imperative that clinicians are able to recognize not only the medical aspect of the LVAD but the psychological and social stressors that impact a patient and their caregiver. Accepting or denying an LVAD is a major decision for the patient as they may have it for the rest of their life (destination therapy) rather than a temporary measure (bridging therapy).

In this concurrent session, clinicians will discuss the common psychosocial themes in patients living with