

in the setting of a potentially life-limiting illness. Therefore, a dichotomy exists between this setting of growth and ongoing concerns for loss of self and control. It is important to gain the trust of the AYA patient through the use of appropriate language, encouraging the patient to maintain some control, while offering the AYA time to address “the tough stuff.”

This population creates unique challenges for palliative care providers. As the field of palliative care is rapidly growing, many providers are early in their careers and potentially closer to similar developmental stages as these patients, at times making care emotionally taxing for the provider.

This presentation will define the AYA population and outline both unique palliative care considerations and proposed care models for this patient population utilizing exemplary real-life cases. Distinctive provider challenges relating to care for this patient population will also be discussed.

Where Do We Draw the Line? Navigating Personal and Professional Boundary Challenges in Palliative Care (FR438)



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Objectives

- Define the concept of boundaries in the realm of the clinical encounter and describe its importance to medical practice.
- Explain how maintenance of healthy boundaries may be uniquely challenging in palliative care, particularly for those early in their career.
- Identify specific strategies that palliative care professionals can use to maintain healthy boundaries in their work.

Boundaries in clinical medicine are the limitations we place around the emotional and physical relationships between patients and providers and between medical colleagues. Healthy boundaries are critical in fostering a trusting provider-patient relationship, ensuring dignity and equity in care, and maintaining appropriate roles among members of the care team. Despite the importance of this topic, within medical training there has historically been inadequate attention given to boundary setting and maintenance. Palliative care providers are commonly faced with emotionally charged situations while working in a team-based system where appropriate boundaries between the patient and provider or between members of the care team can easily be compromised. Am I spending the appropriate

amount of time with this patient? What's the right balance between emotional availability and professional distance? Does the work I'm doing fall within my role on the team? Boundaries may also become blurred as the provider strives to preserve personal time and relationships in the context of demanding professional work. Palliative care clinicians, especially those early in their practice, may be uniquely vulnerable to such boundary challenges. Not maintaining healthy boundaries may lead to a lack of sustainability and ultimately to burnout. In this session, a panel of early career palliative care professionals and a palliative care psychologist will use case examples to explore the boundary challenges that arise in our field, explain their importance to patient care and provider well-being, and identify specific strategies to address and prevent them. This session seeks to empower attendees with tools for maintaining healthy boundaries with their patients, their colleagues as well as among the various roles the provider plays in their professional and personal life so as to promote greater resilience and sustainability in our work.

Inviting Ourselves to the Party: Cystic Fibrosis as a Model for Implementing Palliative Care Practice, Research, and Policy in "New Diseases" (FR439)



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Objectives

- Describe the opportunities and challenges involved in developing an outpatient palliative care clinic for patients with cystic fibrosis.
- Describe a patient-centered model for developing a palliative care intervention in a disease population without much palliative care evidence, as well as the challenges in conducting clinical research in CF palliative care.

Cystic fibrosis is a chronic, progressive, and fatal disease. Individuals living with CF suffer from myriad physical and psychosocial burdens that dramatically degrade patient and caregiver quality of life.

Although the evidence base for palliative care in CF is scant, patients living with CF and their caregivers undoubtedly possess palliative needs. Yet, no established model of PC exists for this population of high-need patients. Distinctive characteristics of CF, such as its lifelong nature, unpredictable trajectory, advancing therapies that may alter the course of illness dramatically for some, and the complexities of lung transplantation merit evaluation of how PC should be designed for CF. CF is one of many underrepresented disease