



Wednesday, September 12, 2018

7:45 AM–8:30 AM

Registration and Breakfast

8:30 AM–9:00 AM

PL Welcome, Course Introduction, and Overview of the Day

Bethany-Rose Daubman, MD; Kristen G. Schaefer, MD, FAAHPM

9:00 AM–10:15 AM

PL Finding the Path Through the Forest: Using Communication as a Tool to Manage Anxiety and Create Security for Seriously Ill Patients and Their Families [E]

Susan D. Block, MD

This session will provide an overview of sources of anxiety and communication strategies that build security and trust in patients and families who are struggling with the anxiety and distress of serious illness.

10:15 AM–10:45 AM

Break

10:45 AM–12:00 PM

1A Ask the Professor: Challenging Psychosocial Cases

Susan D. Block, MD

This session will be a case-based discussion using challenging cases supplied by audience members. For each case, we will discuss the elements that make the case challenging, the heuristic(s) that would be useful, the pathophysiology if relevant, the aspects of suffering manifested by the case, the team approach to understanding that suffering, and to resolving it when possible and appropriate. Audience members will be invited to participate in the discussion of others' cases as well as their own.

1B Home-based Palliative Care [E]

Julia M. Gallagher, MD; Anne Lebowitz, LICSW; Martha A. Quigley, MS, GNP-BC, ACHPN

This session will provide a general overview of the different organizational and staffing models for home-based palliative care including frequently encountered administrative and operational challenges posed by each model and; use patient vignettes from our own program to demonstrate the breath of palliative care needs in the community and the various clinical approaches as well as challenges to providing palliative care in this setting.

1C Can't We All Just Get Along?: Navigating Team Conflict in Palliative Care

Lynn Mazur, MSW, LICSW; Alison Rhodes, ACNP-BC, ACHPN; Erica Wilson, MD

A hallmark of palliative care is the interdisciplinary team process. Given the challenges of developing a plan of care for patients with serious illness, there are times when conflict may arise within the palliative care team or across teams providing care to the patient. A model of conflict resolution based on shared values and ethics across disciplines can help to constructively resolve such conflicts. Understanding the various styles of conflict resolution can aid interdisciplinary team members in navigating these challenging conversations with colleagues.

1D Managing Fatigue in Cancer Patients [E]

Carlos Fernandez-Robles, MD

This session will cover the evaluation and management of fatigue in patients with cancer. Latest recommendations for interventions and strategies to implement them will also be discussed.

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1E Improving Palliative Care for Underserved Communities

Catherine G. Arnold, MSW, LICSW; Justin J. Sanders, MD, MSc

This session will help participants understand the unique challenges and opportunities of providing palliative care to patients from different, diverse, and marginalized (“underserved”) communities. We will focus on understanding disparities in palliative care services and outcomes, how they impact our practice, and strategies for engaging individuals whose needs may have been poorly addressed by healthcare systems.

1F Spiritual Assessment for the Clinician: Interventions to Identify, Evaluate and Address Spiritual, Religious and Existential Concerns [E]

Kathleen P. Doyle, MD; Katrina M. Scott, MDiv, BCC-HPCC

This session will provide a review of core principles of spiritual care provision (evidence-based) including spiritual care guidelines, screening/assessment models, and the role of the multidisciplinary team in providing appropriate spiritual care.

1G Building Palliative Nursing Competence [E]

Barbara Reville, DNP, ANP-BC, ACHPN

1H What's Lost in Translation: The Key Role of Medical Interpreters in Palliative Care

Janet L. Abraham, MD; Jessica Goldhirsch, MSW, MPH; Marta Solis, CME

The session will include a description of a structured series of six, hour-long dialogues exploring challenges experienced by medical interpreters facilitating difficult conversations, including those about choices facing patients near the end of life. We will discuss how, by partnering with them, palliative care clinicians can support interpreters in the role of cultural broker and thereby optimally assist the team. Data demonstrating improved interpreter confidence following the series of dialogues will also be presented.

12:00 PM–1:15 PM

Lunch on Your Own

1:15 PM–2:30 PM

PL Surgical Palliative Care: The Key to Providing High Value Care for Seriously Ill Surgical Patients

Zara Cooper, MD, MSc, FACS

2:30 PM–3:00 PM

Break

3:00 PM–4:15 PM

2A A Structured Approach to Advance Care Planning: Using the Serious Illness Care Guide [E] (Part 1 of 2, must take both parts, 2A/3A)

Rachelle E. Bernacki, MD, MS; Joshua R. Lakin, MD; Justin J. Sanders, MD, MSc

This session will discuss the Serious Illness Care Program, which is a population management tool to improve the care of patients with serious and life-threatening illnesses by creating a system in which patients and families are engaged in appropriate discussions with their clinicians about end-of-life care preferences that can then be documented and honored across the care network.

2B Pharmacotherapy of Pain [O] (Repeats 3B)

Elizabeth M. Rickerson, MD; Bridget C. Scullion, PharmD, BCOP

This session will help participants understand the various kinds of pain and the classes of medications that are utilized for pain treatment. We will discuss pain syndromes and targeted treatment with co-analgesic and adjuvant pain medications. We will also discuss opioid use and management.

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2C Talking about Serious News [E] (Repeats 3C)

Andrew J. Lawton, MD; Barbara Reville, DNP, ANP-BC, ACHPN; Kristen G. Schaefer, MD, FAAHPM

This session will provide a small group environment facilitated by a physician-nurse team in which participant interaction will support learning. Recognizing that serious illness discussions with patients are laden with emotionality and clinician stress, the facilitators will model communication behaviors and support participants during role play using practical strategies for broaching discussions of patient fears, hopes, goals and wishes for care at the end of life.

2D Opioid Misuse and Addiction in Outpatient Palliative Care [O] (Repeats 3D)

Daniel Gorman, FNP-C, MSN, OCN; Lida Nabati, MD; Claudia P. Rodriguez, MD

This session will review the spectrum of substance use problems seen in the palliative care setting. One of the greatest challenges for the palliative care provider is managing patients with pain and concurrent substance misuse, particularly when the misused substance is the opioids prescribed for pain. We will review strategies to identify and manage patients with opioid misuse or at high risk for opioid misuse. We will also review how to manage pain in patients taking methadone or buprenorphine for opioid dependence.

2E Depression and Anxiety in Palliative Care [E] (Repeats 3E)

Fremonta Meyer, MD

This session will focus on the assessment, differential diagnosis, and management recommendations of depression and anxiety in the palliative care setting. Special attention will be paid to the unique clinical scenarios and specialized pharmacology of the palliative care patient. Less focus will be given to a detailed exploration of the various modes of psychotherapy applicable to this patient population.

2F Making Work Sustainable in Palliative Care (Repeats 3F)

Catherine G. Arnold, MSW, LICSW; Amanda Moment, MSW, LICSW

This session will offer an alternative to the concept of being passively burned out by difficult work and instead provide a structured approach for gaining insight into and working towards greater sustainability in our practice and in our lives.

2G Case-based Presentation of Non-Pain Symptoms in Palliative Care [E] (Repeats 3G)

Cindy Lien, MD; Alison Rhodes, ACNP-BC, ACHPN

This session will be a case-based presentation which reviews differential diagnosis and management of some non-pain symptoms commonly seen in Palliative Care such as nausea, dyspnea, bowel obstruction and fatigue.

2H Communication and Decision-making in the Event of Acute Surgical Illness

Zara Cooper, MD, MSc, FACS

4:15 PM–4:45 PM

Break

4:45 PM–6:00 PM

3A A Structured Approach to Advance Care Planning: Using the Serious Illness Care Guide [E] (Part 2 of 2, must take both parts, 2A/3A)

Rachelle E. Bernacki, MD, MS; Joshua R. Lakin, MD; Justin J. Sanders, MD, MSc

This session will discuss the Serious Illness Care Program, which is a population management tool to improve the care of patients with serious and life-threatening illnesses by creating a system in which patients and families are engaged in appropriate discussions with their clinicians about end-of-life care preferences that can then be documented and honored across the care network.

3B Pharmacotherapy of Pain [O] (Repeats 2B)

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This session will be a case-based presentation which reviews differential diagnosis and management of some non-pain symptoms commonly seen in Palliative Care such as nausea, dyspnea, bowel obstruction and fatigue.

3H Practical Aspects of Pediatric Palliative Care [E] [P]

Shih-Ning Liaw, MD

This session will provide an overview of pediatric palliative care, highlighting epidemiological considerations, strategies for communication, and approaches to symptom management.

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Thursday, September 13, 2018

7:45 AM–8:30 AM

Breakfast

8:30 AM–8:45 AM

PL Overview of the Day

Bethany-Rose Daubman, MD; Kristen G. Schaefer, MD, FAAHPM

8:45 AM–10:00 AM

PL Federal Health Policy and Opportunities for Palliative Care

Marian Grant

10:00 AM–10:30 AM

Break

10:30 AM–11:45 AM

4A Marketing Your Palliative Care Program

Marian Grant

4B Delirium at the End of Life: Impact on Patients and Caregivers [E]

Mary K. Buss, MD, MPH, FAAHPM

Delirium is a highly prevalent and highly distressing condition for patients and their families in any setting, but especially as patients approach the end of life. This session will review predisposing and precipitating factors for delirium, introduce a variety of assessment tools to facilitate diagnosis and provide an evidence-based approach to the treatment, including both pharmacologic and non-pharmacologic strategies.

4C Care of Patients with Advanced Cardiac Disease [E]

Akshay Desai, MD, MPH; Arden O'Donnell, MPH, MSW, LICSW; Kristen G. Schaefer, MD, FAAHPM

4D Dying at Home: Hospice Care at the End of Life [E]

Mary E. Barry, RN, MSM, CHPN, CHPCA; Stephanie Patel, MD

This session will review the philosophy behind hospice care, the basic eligibility criteria as well as review the myths and misconceptions which lead to barriers to referring patients to hospice.

4E Palliative Care Consultation in the Nursing Home [E]

Catherine M. Duffy, APRN-BC, ACHPN; Robert Warren, MD

This session will focus on the challenges and successes of providing patient centered palliative and hospice care in the long term care setting. Integration of a palliative care service in a nursing facility encounters numerous challenges. These include nursing home residents with multiple complex illnesses often with an unpredictable prognostic course, financial issues surrounding payment, and federal and state regulations making quality symptom management difficult.

4F End-of-Life Beliefs and Practices from Different Religious Perspectives: A Panel Presentation [E]

John Hudson; John P. Kearns, MDiv, BCC; Gloria E. White-Hammond, MD, MDiv

4G Sexuality Issues in Palliative Care Patients and Their Families [E]

Sharon L. Bober, PhD

This session will address how sexuality is a vital quality of life issue for patients and partners that is often under-addressed in a palliative care context.

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4H Not your Average Inpatient Hospice Unit: An on the Ground View on the Intensive Inpatient Palliative Care Unit from the Responding Clinician Level [E]

Kate J. Baccari, MS, PA-C; Linda Drury, BS, PA-C; Courtney Moller, MS, PA-C

This session will present an interactive question and answer format using case studies to describe the day to day functioning of an inpatient palliative care team. A stable group of Physician Assistants, who have worked together for several years with very little turnover, share their experiences as the primary responding medical team working on an inpatient unit, providing symptom management to patients at every stage of their cancer course, from those undergoing curative treatments, to those at end of life. We will explore the logistics of day to day functioning, the challenges of working within a large academic medical center with multiple disciplines, and the idea of compassion fatigue and how to prevent it.

11:45 AM–1:00 PM

Lunch on Your Own

1:00 PM–2:15 PM

PL Working with Referrers to Help Patients Cultivate Prognostic Awareness [E]

Vicki A. Jackson, MD, MPH

Estimating and communicating prognosis are core skills in palliative care. This session will review reasons prognostication is vital, methods of estimating prognosis, and approaches to communicating prognosis with seriously ill patients and family members.

2:15 PM–2:45 PM

Break

2:45 PM–4:00 PM

5A When a Patient is Reluctant to Talk about It: A Dual Framework to Focus on Living and Tolerate the Possibility of Dying □ [E] (Repeats 6A)

Keri Brenner, MD, MPA; Vicki A. Jackson, MD, MPH

This session aims to help outpatient clinicians working with seriously ill patients who are ambivalent, uncomfortable, or fearful of further discussion about the future. A dual framework that focuses on living and acknowledges dying, equips clinicians to help patients live as fully as possible while also preparing for end of life.

5B Managing Neuropathic Pain [O] (Repeats 6B)

Mihir M. Kamdar, MD; Shane J. Volney, MD

This session will be an interactive didactic that will provide a comprehensive, up-to-date review of neuropathic pain. The lecture will cover topics ranging from the basic science mechanisms that sustain neuropathic pain to the practical use of analgesic targeting neural pain.

5C Case-based Ethical Dilemmas [E] (Repeats 6C)

Ellen M. Robinson, RN, PhD

This session will focus on complex ethical dilemmas that arise in palliative care. Cases that embody complexities in the following areas will be presented and discussed: Relevance of the doctrine of double effect; Questions related to whether there is an ethical distinction between treatments that may be withheld versus withdrawn; and Surrogate insistence for continued life sustaining treatment.

5D Palliative Care Emergencies [E]

Lara Michal Skarf, MD; April Zehm, MD

This session will review practical management strategies for common urgent and emergent medical conditions that arise in a palliative care setting, including: seizures, catastrophic hemorrhage, a pain crisis, opioid-induced neurotoxicity and spinal cord compression.

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5E The Role of Social Work in Palliative Care [E] (Repeats 6E)

Todd Rinehart, LICSW, ACHP-SW

This session will describe the role of the palliative care social worker as a specialist. This session will identify the contributions of the palliative care social worker on the interdisciplinary team and discuss the many aspects of his/her role.

5F Will You Still Need Me, Will You Still Feed Me, When I'm 104? Improving Palliative Care for Older Adults [E]

Helen Chen, MD

This session will describe gaps in care and potential interventions for the increasing need for palliative care given the aging of our populations in the coming decades.

5G Roadmap for Running a Family Meeting for a Seriously Ill Patient □ [E] (Repeats 6G)

John D. Halporn, MD; Jane deLima Thomas, MD

This session will provide knowledge and skills on the conduct of a family meeting. This is an essential palliative care competency, although it is rarely taught. In this exercise, we will consider indications for this common procedure, create a map for a structured approach to leading a meeting, especially when conflict is present, and practice key skills.

5H Decoding Code Status Discussions [E] (Repeats 6H)

Julia F. Ragland, MD

In this interactive session we will critically assess current practices related to code status discussions including identification of appropriate patients, timing of discussions and common challenges encountered. We will review the likely outcomes of in-hospital CPR and discuss strategies and communication pointers for effective code status discussions.

4:00 PM–4:30 PM

Break

4:30 PM–5:45 PM

6A When a Patient is Reluctant to Talk about It: A Dual Framework to Focus on Living and Tolerate the Possibility of Dying □ [E] (Repeats 5A)

Keri Brenner, MD, MPA; Vicki A. Jackson, MD, MPH

This session aims to help outpatient clinicians working with seriously ill patients who are ambivalent, uncomfortable, or fearful of further discussion about the future. A dual framework that focuses on living and acknowledges dying, equips clinicians to help patients live as fully as possible while also preparing for end of life.

6B Managing Neuropathic Pain [O] (Repeats 5B)

Mihir M. Kamdar, MD; Shane J. Volney, MD

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6D Challenges in the Management of Advanced Dementia [E]

Erin Stevens, DO

This session will describe gaps in care and potential interventions for the increasing need for palliative care given the aging of our populations in the coming decades.

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6F Palliative Care Challenges in Advanced Lung Disease [E]

Jessica McCannon, MD; Sydney B. Montesi, MD

6G Roadmap for Running a Family Meeting for a Seriously Ill Patient □ [E] (Repeats 5G)

John D. Halporn, MD; Jane deLima Thomas, MD

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Friday, September 14, 2018

7:45 AM–8:30 AM

Breakfast

8:30 AM–8:45 AM

PL Overview of the Day

Bethany-Rose Daubman, MD; Kristen G. Schaefer, MD, FAAHPM

8:45 AM–10:15 AM

PL Bereavement Interview and Structured Debrief [E]

Sue E. Morris, PsyD

In this session, a bereaved family member of a patient who died recently will be interviewed by an experienced clinician to explore the experience of the bereaved person with the patient's end-of-life care, the phenomenology of early bereavement, and clinical approaches to supporting people in the early stages of grief.

10:15 AM–10:45 AM

Break

10:45 AM–12:00 PM

7A A Novel Approach to Late Goals of Care Conversations: REMAP [E] (Repeats 8A)

Andrew J. Lawton, MD; James A. Tulsky, MD

This session will introduce a “talking map” to guide clinicians through goals of care conversations. We will identify common pearls and pitfalls, and use a series of fun drills to practice common phrases and responses to difficult questions.

7B Interventional Approaches to Pain Management [O] (Repeats 8B)

Mihir M. Kamdar, MD; Elizabeth M. Rickerson, MD

This session will help participants understand the background and rationale for pain interventions in palliative care and cancer pain patients. We will focus on the importance of a pain diagnosis and discuss the risks and benefits of interventions in a population that is generally much sicker than the typical chronic pain population.

7C Taking a Stance on Physician Aid in Dying [E]

Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN

With the legalization of physician aid in dying in California, (PAD) is a legally sanctioned option for one sixth of the US population. Patients are increasingly expressing interest in PAD as part of their care. Because of the complex professional and ethical challenges, clinicians must be prepared for information concerning hastened death and requests for PAD. This session will explore physician aid in dying and potential responses, including mobilization of the best possible interdisciplinary palliative care.

7D Existential Distress, Demoralization, and Dignity [E] (Repeats 8D)

Keri Brenner, MD, MPA

This session will focus on the topics of existential distress, demoralization, and dignity as they pertain to the treatment of patients with serious, life-threatening illness.

7E Best Practices in Bereavement Care [E]

Sue E. Morris, PsyD

This session will provide an overview of the nature of grief from a psychological perspective. Guidelines and practical strategies for providing bereavement care will be outlined.

7F Caring for Challenging Families [E]

Todd Rinehart, LICSW, ACHP-SW; Leah B. Rosenberg, MD

This session will explore and discuss the challenging family dynamics that can surface when caring for patients in a palliative care setting. The role of the palliative care clinician in dealing with these dynamics will be examined and interventions offered.

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7G Early Integration of Palliative Care in Serious Illness

Erik Fromme, MD, MCR, FAAHPM

This session will cover strategic approaches to integrating advance care planning and serious illness conversations at the clinic and health system level.

12:00 PM–1:15 PM

Lunch on Your Own

1:15 PM–2:30 PM

8A A Novel Approach to Late Goals of Care Conversations: REMAP [E] (Repeats 7A)

Andrew J. Lawton, MD; James A. Tulsky, MD

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8C Reflecting on End of Life through Poetry [E]

Amy N. Ship, MA, MD

This session will be a facilitated discussion of poems that, in some way, address end of life. Together, participants will reflect on and explore collectively the complex issues they address associated with palliative care and end-of-life care.

8D Existential Distress, Demoralization, and Dignity [E] (Repeats 7D)

Keri Brenner, MD, MPA

This session will focus on the topics of existential distress, demoralization, and dignity as they pertain to the treatment of patients with serious, life-threatening illness.

8E End-stage Kidney Disease Treatment Decisions in Vulnerable Patients: A Palliative Approach [E]

Robert A. Cohen, MD, MSc

End-stage kidney disease is associated with heightened morbidity and mortality. This session will provide prognostic information and tools that assist with identifying those at highest risk for doing poorly with the approach of end-stage kidney disease and the treatment options to consider for such patients. Additionally, it will address approaches for conducting conversations with such individuals that promote the likelihood that treatment decisions take into account patient values and preferences.

8F Mind/Body Medicine in Palliative Care [E]

Darshan Hemendra Mehta, MD, MPH; Giselle K. Perez, PhD

This session will introduce participants to several mind/body medicine techniques and will describe numerous studies illuminating the benefits of mind/body medicine strategies.

8G Physician Orders for Life Sustaining Treatment (POLST) Paradigm Update, Research and FAQs [E]

Erik Fromme, MD, MCR, FAAHPM

This session will provide an update on the status of POLST paradigm and MOLST program in Massachusetts, current research, and review some common questions about how to best utilize POLST.

2:30 PM–2:45 PM

Travel Time

2:45 PM–4:00 PM

PL Taking it Home

James A. Tulsky, MD

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**CENTER FOR
PALLIATIVE CARE**
HARVARD MEDICAL SCHOOL

Practical Aspects of Palliative Care

September 12–14, 2018

Colonnade Hotel, Boston, MA

4:00 PM–4:15 PM

PL Wrap Up

Bethany-Rose Daubman, MD; Kristen G. Schaefer, MD, FAAHPM

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