Domain
Physical Aspects of Care

2:45–3:45 pm

SIG Symposia and Concurrent Sessions

Peer Mentoring: An Innovative Model for Professional Advancement in Hospice and Palliative Medicine (320)
Rachelle Bernacki, MD MS, Dana Farber Cancer Institute, Boston, MA. Sandra Sanchez-Reilly, MD, University of Texas Health Science Center at San Antonio and STVHCS, San Antonio, TX. Elise Carey, MD, Mayo Clinic Rochester, Rochester, MN. Jane DeLima Thomas, MD, Harvard Medical School, Boston, MA. Jen Kapo, MD, University of Pennsylvania, Philadelphia, PA. Laura Morrison, MD, Baylor College of Medicine and The Methodist Hospital, Houston, TX. VJ Periyakoil, MD, Stanford University, Palo Alto, CA. Lynn O’Neill, MD, Mount Sinai School of Medicine, New York, NY. (All speakers have disclosed no relevant financial relationships.)

Objectives
1. Describe an innovative and successful mentorship model, the peer mentorship group.
2. Discuss benefits and challenges of peer mentoring in hospice and palliative medicine.
3. Create an action plan for the formation of a peer mentorship group in your specific setting.

Hospice and palliative medicine (HPM) is a relatively new subspecialty and senior mentors are scarce resources with limited time. Furthermore, many senior leaders and potential mentors are clustered in large academic medical centers, leaving many junior faculty in both academic and nonacademic settings without optimal mentorship or opportunities for collaboration. Junior faculty development is crucial for the future of HPM.

This session will highlight an innovative and effective model of structured mentoring, the peer mentoring group (PMG). A group of eight junior faculty united by a common interest in academic geriatric palliative care has created and tested this model to meet diverse mentorship needs. The core structure includes regularly scheduled meetings, collaborative projects, and supportive group process. The following PMG goals have been achieved: collaboration on national presentations, sharing of scholarly products, evaluation, and feedback on specific projects and skills, collaborative grant writing, and peer support related to shared challenges and work-life balance. We will outline a stepwise approach to creating and maintaining a PMG and discuss potential opportunities and challenges of the model. Strategies for adapting this model to other settings and groups, including interdisciplinary groups and intra- and inter-institutional options, will be discussed. The use of specific mentoring techniques will be described, including the Kegan step-back consultation for project feedback and peer observation and review. Attendees will be guided to reflect on their current mentorship needs and barriers and leave with an action plan for creating a PMG. We hope that learners will be energized by this innovative mentorship model and identify means to achieve a decreased sense of isolation, focused peer support, and increased productivity.

Domain
Structure and Processes of Care

Asking Tough Questions: Career Advice from the Experts (321)
Jessica Merlin, MD MBA, Hospital of the University of Pennsylvania, Philadelphia, PA. Malgorzata Sullivan, MD, Capital Hospice, Washington, DC. Nathan Goldstein, MD, Mount Sinai School of Medicine, New York, NY. Laura Morrison, MD, Baylor College of Medicine and The Methodist Hospital, Houston, TX. Karin Porter-Williamson, MD, University of Kansas Medical Center, Kansas City, KS. David Wensel, DO, Hospice & Palliative Care of North Iowa, Mason City, IA. (All speakers have disclosed no relevant financial relationships.)

Objectives
1. Identify potential career opportunities and pitfalls they may encounter as they make the transition from fellow to junior attending, and from junior attending forward.
2. Identify at least one panelist who has a related career path, and feel comfortable turning to that person for advice as the need arises.

Palliative medicine is a relatively new specialty with a small number of practitioners. As a result, young professionals in training (PTIs) often find
themselves thrust into leadership roles shortly after fellowship. This is a wonderful opportunity and is one of the things that make our field exciting for up-and-coming clinicians and researchers. However, with opportunity comes new experiences, challenges, and responsibilities, which can be daunting.

It is important for PITs to be able to ask faculty a few years ahead of us the tough questions. These questions include issues of contract negotiations and salary, work-life balance, publishing, and staying medically up-to-date in a fast-moving field.

We have selected four very successful young faculty to participate in a panel discussion to address these types of questions. The PIT-SIG has a very active Facebook discussion board, which we have already begun to use to generate questions. This novel method of generating content will require the panelists to be very candid in their responses. The small size of our profession and the approachability of its leaders make this type of symposium possible.

The panelists and the career paths they represent are as follows:

- Nathan Goldstein, Academic Medicine, Clinician Investigator/Research
- Laura Morrison, Academic Medicine, Clinician Educator
- Karin Porter-Williamson, Academic Medicine, Palliative Medicine Clinician, Fellowship Director, Policy and Quality Improvement
- David Wensel, Community Medicine, Hospice, Fellowship Director.

Domain
Structure and Processes of Care

Is it Time to Pull the Plug on the Principle of Double Effect? (322)

Robert Macauley, MD, University of Vermont College of Medicine, Burlington, VT. Catherine Kelso, MD, Richmond, VA. Margaret Kreher, MD, Pennsylvania State University—Hershey Medical Center, Hershey, PA. Patrick Daly, MD, Togus VAMC, Augusta, ME. Jeffrey Berger, MD, Winthrop University Hospital, Mineola, NY.

(All speakers have disclosed no relevant financial relationships.)

Objectives

1. Discuss the four requirements of the Principle of Double Effect.

2. Discuss the challenges in applying the Principle of Double Effect to the use of opioids at the end-of-life and to palliative sedation.

3. Formulate alternatives to the Principle of Double Effect, as a basis for palliative care practice.

The Principle of Double Effect (PDE) has often been used as a justification for using opioids to control symptoms at the end-of-life, due to concerns about respiratory suppression. Given how rare this side effect actually is, however, some have argued that the PDE doesn’t even apply to such cases, and also tends to perpetuate the myth that opioids are dangerous. Ironically, an attempt to reassure clinicians that they are acting ethically may contribute to opiophobia and a failure to provide adequate relief.

After briefly reviewing the four components of the PDE, this workshop will examine its relevance to opioid treatment at the end-of-life. In a debate-style, case-based format, a presenter will argue that we should pull the plug on the PDE because its requirement of singular intention isn’t useful in the practice of appropriate palliative care. Another presenter will counter that the PDE is necessary to maintain the distinction between intentional and unintentional hastening of death, and without it many clinicians would be reluctant to treat pain aggressively.

The next portion of the workshop will focus on palliative sedation, which has also been defended based on the PDE. When nutrition and hydration are discontinued, however, the overall intent of the act becomes more complex. Using a case example, the panel will explore alternative justifications for this practice that may not carry the same concerns.

The workshop will conclude with small group case-based discussions of end-of-life scenarios that occur frequently in palliative care. Where the PDE is no longer useful, how can we reassure clinicians that they are on solid ethical and legal ground in treating pain intensively? And where the PDE is still applicable, how should it be applied and how do we educate colleagues, patients, and families to assure appropriate palliative care?

Domain
Ethical and Legal Aspects of Care