Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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1. Name and learn how to address the challenges for patients with Parkinson’s disease (PD) and families engaging with the healthcare system.

2. Identify and address the unique forms of loss and specific challenges faced by patients with PD and their caregivers at distinct stages of this progressive disease and how providers can advocate for their patients at each disease stage.

3. Understand and know how to address the fears and needs of patients with PD, and their loved ones, as they approach late-stage PD and the end of life.

Parkinson’s disease (PD) is the second most common neurodegenerative illness, affecting approximately 1.5 million Americans. Described by many patients and families as an insidious “thief,” it progressively diminishes quality of life, self-image, and the ability to be independent. The late stage of PD can be protracted, with inexorable changes in physical and mental health, altered relationships, and social isolation, all leading to increased suffering. There is significant evidence that many of the greatest needs of patients and their caregivers (e.g., identification and management of depression, support for caregivers experiencing burnout, assistance with advance care planning) are poorly addressed under current models of care. A palliative care approach that addresses potential causes of physical, psychosocial, and spiritual suffering is well-suited to PD; however, current efforts to apply palliative care principles to PD are limited to just a few specialized clinics nationwide. Furthermore, providers often make incorrect assumptions about the challenges faced by these patients or the ways in which patients and families want their care teams to address these challenges. Through exploring the direct experiences of those living with PD, session attendees will return to their programs with an enhanced ability to ameliorate suffering from this prevalent illness.

In this concurrent session, we focus on the PD experience from the perspective of a patient’s spouse. By answering a combination of prepared questions from our panel and invited questions from the audience, our patient’s spouse will share her experience of caring for a husband living with PD and navigating an ever-advancing disease process, as well as what she has learned from other patients and families through her volunteer work in a neuropalliative clinic. We expect this personal and engaging format will leave a lasting impression on attendees and enhance their ability to interact with and advocate for PD patients and their families.

Vickie Leff, MSW LCSW APHSW-C, Advanced Palliative & Hospice Social Work Certification Program.

Outcomes

1. Question and analyze historical and current institutional policies and practices that have informed the trustworthiness of the institutions in which we practice to consider co-constructing plans to engage community, repair trust, and maximize current safety of patients and families in receiving competent care.

2. Identify and value the through lines intersecting historical and present policies and beliefs that infuse clinical practice, decision making, and patient and family clinical experiences and outcomes.

Whether educators or learners, all have the responsibility to identify and intervene to mitigate inequities and build trustworthy institutions. This shared work often builds on shaky foundations where the history and through lines that pass through our institutions and the racist ideas and policies that infuse aspects of care are unknown, skewed, or misrepresented. Invited to teach ourselves about the sources and impacts of inequities and social injustice, we are often informed by experiences shared with and by patients and families, and our work rests in deepening our understanding and participation, mitigating the effects of multilayers of policy, practice, laws, attitudes, and beliefs that have caused and continue to cause harm.

This session reflects the work of a project titled Reflections 2020: Inequities; Deepening the Conversation, Informing Action, which linked patient and family words to racism and health inequities, interrogated to shine light where shadows have skewed the vision of many. Beginning with the institutions in which we work, this session will use settings and aspects of practice such as pain management, autonomy, and aid in dying to explore how unchallenged ideas and assumed values, practices of exploitation and exclusion influence the therapeutic joining so essential to palliative practice. It will also invite reflection on the personal aspects and institutional hierarchies that may influence our choice to advocate and challenge, with a particular focus on the risk aversion within teams and each profession.

Unraveling History, Deepening Conversation & Informing Action Related to Inequity (FR200)
Terry Altulio, LCSW APHSW-C, Anne Kelemen, LICSW ACHP-SW, MedStar Washington Hospital Center.

Compassion Fatigue and Secondary Trauma During the COVID-19 Pandemic: Leading the Movement to Refashion Compassion (FR201)
Briana Ketterer, MD MS, Oregon Health & Science University. Mary Callahan, MD MS, Columbia University Irving Medical Center. Nivedita Gunturi, MD, Rush
University Medical Center. Corey Tapper, MD MS, Johns Hopkins University School of Medicine. Ashley Wills, DNP.

Outcomes
1. Define and differentiate between the components of professional quality of life, including compassion satisfaction, compassion fatigue, secondary trauma, moral injury, and burnout
2. Recognize risk factors and signs of compassion fatigue in yourself and your interprofessional colleagues
3. Identify three specific strategies that can be implemented to improve compassion satisfaction in yourself and your interprofessional team

The COVID-19 pandemic has changed the world and created a shared trauma. In this context, palliative care has been called upon in unprecedented ways to provide care and to support our colleagues in spite of the evolving risks of our work environment. The uncertainty, fear, and exhaustion during the pandemic are immense and not without life-altering consequences.

Compassion fatigue is a sense of emotional exhaustion that leads to decreased ability to feel compassion for others. It is sometimes referred to as secondary traumatic stress. As palliative care clinicians, we are especially prone to compassion fatigue as we bear witness to the suffering of our patients and colleagues. Symptoms of compassion fatigue mimic those of chronic stress, including social isolation, apathy, poor self-care, emotional lability, and substance use. While compassion fatigue is a pre-existing phenomenon, the events of 2020-2021 have produced a considerable impact on clinicians’ practice.

Palliative care clinicians are in a prime position to support one another and colleagues through the anticipated post-COVID recovery. Preliminary research in the field indicates that resiliency programs may increase compassion satisfaction and decrease burnout. Although more interdisciplinary research is necessary, the existing data identify potential risk factors and interventions. In this session, an interprofessional team of providers will use brief didactics, case-based examples, and small group discussion to present and de-brief didactics, case-based examples, and small

Progress in Perinatal Palliative Care: Advancements and Opportunities (FR203)

Erin Denney-Koelsch, MD FAAHPM, University of Rochester Medical Center. Denise Cote-Arsenault, PhD RNC FAAN, Saint Louis University. Kathie Kobler, PhD APRN, Advocate Children’s Hospital. Rebecca Kirch, JD, National Patient Advocate Foundation. Alyssa Gupton, LCSW ACHP-SW, Rochester Regional Health CompassionNet.

Outcomes
1. Describe 2 components of evidence-based clinical approaches to caring for parents facing life-limiting fetal conditions
2. List 3 roles and responsibilities of the expert perinatal palliative care coordinator within the healthcare system and with the family
3. Explain 2 barriers and strategies for perinatal palliative care advancement within the broader healthcare system

Perinatal palliative care (PeriPC) is expanding to address comprehensive needs of 100,000 US families per year confronting traumatic news that their baby has a life-limiting fetal or neonatal condition. The emerging body of evidence, responsive book publications, and launch of AAHPM’s new Perinatal Community are indicators of the growing commitment to improving quality and equitable access to services for all families who would benefit.

Our session will feature the current state of the field and highlight opportunities to advance clinical, systems, research, policy, and social initiatives that can spur additional PeriPC action. Faculty draw from an interdisciplinary group of clinicians, researchers, and policy advocates that contributed chapter content in Perinatal Palliative Care: A Clinical Guide (Denney-Koelsch and Côté-Arsenault, eds.), detailing specific needs and strategies for advancing PeriPC.

Our interactive session approach will review evidence-based clinical approaches and strategies, with emphasis on fostering trusting relationships, the importance of skilled and empathic communication, and the critical role of the PeriPC coordinator. We will present our research findings from PeriPC coordinator expert interviews about their knowledge, skills, roles, guiding principles, and goal of “creating a safe space” that fosters prenatal parenting.

As PeriPC plays a critical health system role bridging with other interdisciplinary teams in obstetrics, neonatology, genetics, palliative care, and many subspecialties, we will discuss feasibility of telehealth, improving service access, and PeriPC’s relationship with medical advances in maternal, fetal, and neonatal care.

We will also discuss the upcoming needs of the field, including future PeriPC research directions,