

November 24, 2025



Faculty Meeting



Topics for today

- Announcements (James)
- CDM updates (Jane)
- Workday (Raquel Espinosa & Kevin Mann)
- Palliative Story Exchange & Writing Core updates (Ricky)
- Fostering the Family Meeting (Hadley)
- The Spanish-Speaking Supportive Oncology Collaborative (Caroline)



Announcements

- Updates from James
- OPD & CDM updates from Jane

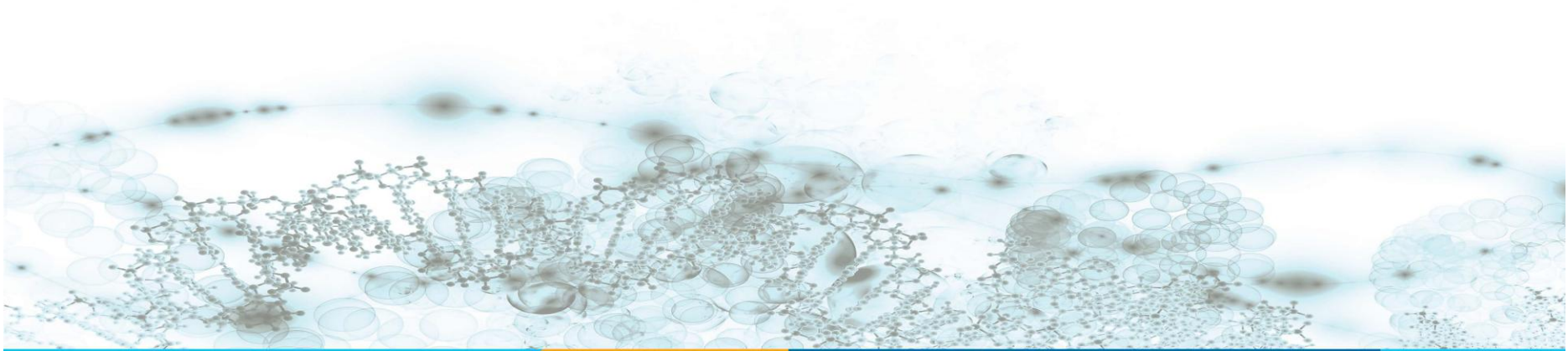
SO OPD Updates

- Virtual Office Hours will start 1/2025
- Open to everyone in the department
- Help with:
 - Career coaching
 - Leadership challenges
 - Promotion strategizing



CDM - Four steps

- Using the CDM document for reference, meet with primary mentor to decide who is in the CDM and invite them by e-mail, including identifying a CDM “Leader”
- By November 1st, send that list to your admin to schedule the meeting to occur between Jan 1st and March 31st
- In the two weeks prior to the CDM, send materials to everyone (updated CV to all, also the blank summary form and the CDM description to the CDM Leader)
- Prepare a short PP presentation for the meeting



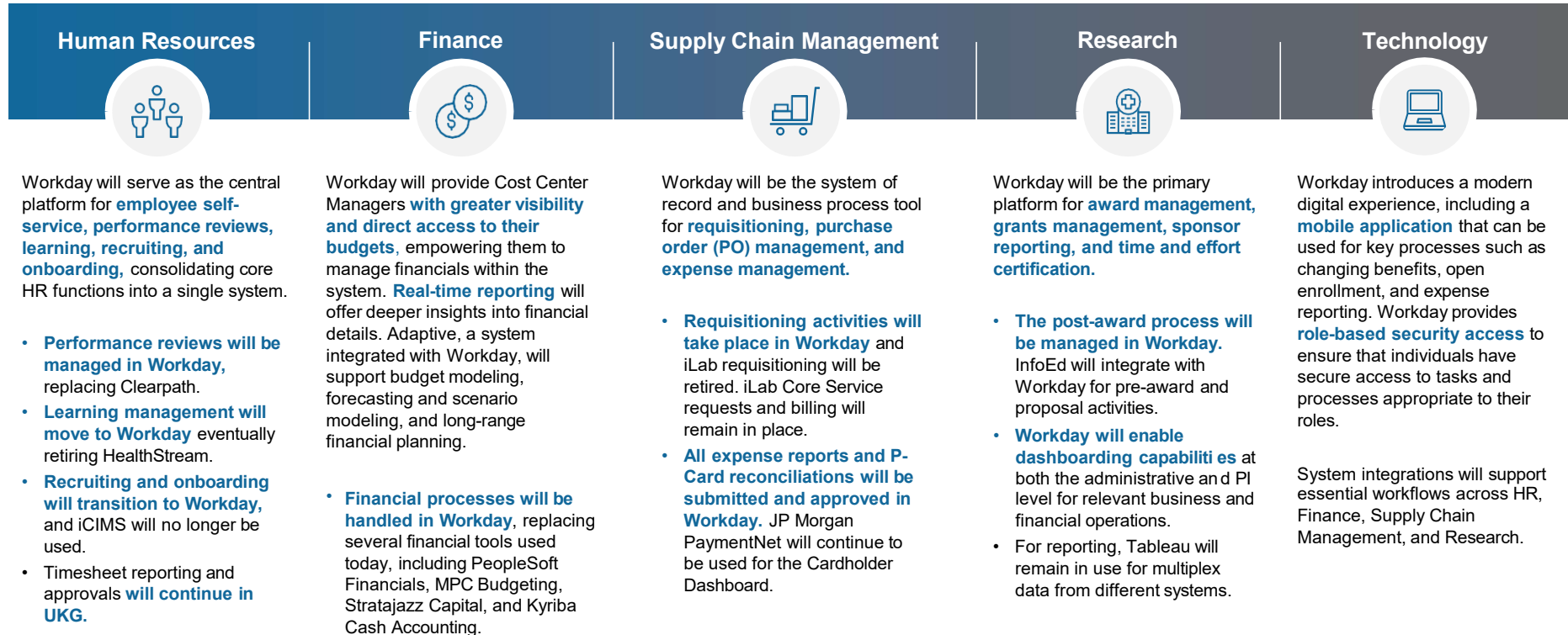
Faculty Executive View



Dana-Farber
Cancer Institute

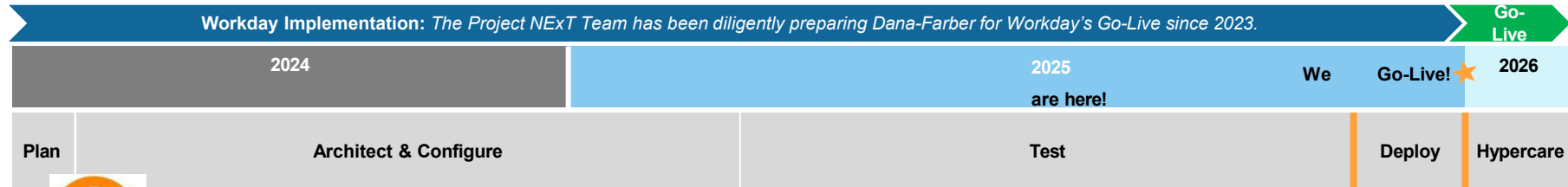
What is Changing in Workday?

Workday drives transformative, cross-functional changes, impacting every area of Dana-Farber.



Workday for Faculty

Workday was designed with faculty efficiency and ease of use in mind.



As Dana-Farber continues to grow, it is essential to have modern business processes and systems in place. Beginning in January 2026, Workday will unify Human Resources, Finance, Supply Chain, and Research Operations at Dana-Farber into a single platform, streamlining processes, automating manual tasks, improving reporting and compliance, and delivering a modern digital experience to enable clinical and research excellence.

Designing Workday with Faculty in Mind

Early in the Workday implementation at Dana-Farber, the Project NEXt team conducted stakeholder and persona mapping to understand the diverse groups impacted – especially Faculty. *These insights directly shaped Workday's design.*

Research leadership and community members – including Department Directors – have actively participated in Workday's design to ensure the system reflects Faculty needs and preferences.

Faculty Change Impacts

My expected Workday usage is...

So What?

- Engagement with Workday will be limited as I will most likely delegate Workday access to my EA or self-service fields (e.g. Benefits, Rewards) that impact the entire institute.

Change interventions Relevant to Me

- Steering Committee Updates
- Department Chair Updates
- EA Intervention - Training

About Me

I work directly with patients and provide medical care and treatments to those I see. I assess patients' medical history, symptoms, and current health status through interviews, physical examinations, and diagnostic tests. I gather information to make accurate diagnosis and develop appropriate treatment plans for the patients who come to Dana-Farber. I work with Dana-Farber nurses, therapists, pharmacists, and specialists, to coordinate patient care and ensure comprehensive treatment plans. I may log in to Workday to review my benefits and ensure the accuracy of my personal information.

	HCM	Finance	Supply Chain	Research	Technology
Topics	<ul style="list-style-type: none"> Role of the Manager Performance Management Recruiting and Onboarding Succession Management General Staff Services Change Job Flexible Work Arrangements 	<ul style="list-style-type: none"> Role of the Cost Center Manager Payroll 	<ul style="list-style-type: none"> Spent Approval (Invoices) Expense Reporting and P-Card Processing Requisitioning and E-Procurement Purchase Order Management Delivery and Shipping 	<ul style="list-style-type: none"> Research and Grant Reporting 	<ul style="list-style-type: none"> Mobile App Deployment Authentication and Access Control
How Am I Impacted?	As a member of the Faculty or non-Faculty Clinician, I will mostly use Workday for self-service. Some staff are updating my personal information, tracking my benefits, and supporting the Department management by providing input into Workday by requesting flexible work arrangements, leave management, and other managing person changes (including transfers and new hires), and updating training needs.	My paycheck will be paid bi-weekly unless I am a member of Union 277. Additionally, my productivity (hourly) is calculated per line and tax deductions are included. I will not have a pay stub to review and approve transactions requesting salary management level and Cost Center verification, applicable. I may also assist in pricing and budget management (applicable to my role).	In Workday, I will be engaged to review and approve spend transactions based on the transaction amount and my management level. Additionally, I will manage Workday to submit and approve expense reports, as applicable to my role. I will use Workday for requisitioning and managing Purchase Order to ensure my department receives goods and services that are needed.	I will be able to monitor awarded funding on Research grants and non-accounting funding sources for Research projects.	Workday will bring back system of record. I will be able to access Workday through my phone and will have password in place to use one attribute relevant to this survey as my security access.

What is Changing for Faculty?

Workday will bring key changes to Faculty at Dana-Farber. Training will be available to help navigate the transition.

Key Changes for Faculty Include...

<p>1. Employee Self-Service</p> <p>Faculty will gain access to enhanced self-service capabilities, including but not limited to managing personal information, completing performance reviews, and viewing compensation, benefits, and payroll details directly within the system.</p>	<p>2. Payroll</p> <p>Faculty will access payslips and tax documents, update payment elections, and change benefits elections directly in Workday.</p>	<p>3. Delegation</p> <p>Faculty will be able to delegate tasks in Workday, enabling others to act on their behalf – freeing up time to focus on patient care and research rather than administrative duties.</p> <p><i>Examples include expense reports, effort certification, and more.</i></p>
<p>4. Performance Reviews</p> <p>Clearpath is decommissioning and Workday will be the Certification will be source of all annual performance reviews going forward.</p> <p>period between January –</p>		<p>5. Time and Effort</p> <p>Beginning April 2026, Time and Effort conducted in Workday for the</p>

March 2026

Training for Faculty

We recognize that Workday introduce an immense amount of change for Research Administrators at Dana-Farber. Starting in November and continuing through Go-Live, support, resources, and training will be available to help navigate this transition.



On-Demand Training: *Job Aids, Videos, eLearning*

- Relevant Job Aids for Faculty include*:
- Basic Navigation
 - Updating Deductions and Tax Elections
 - Accessing Payslip
 - Changing Benefits
 - Time & Effort Certification
- ...and more!



Live Training Sessions: *Virtual Live Sessions*

- Relevant Live Training Sessions for Faculty include*:
- Introduction to Workday Training
 - Expenses
 - Compensation and Payroll
 - Overview of Task Delegation (first half)



Mirror

Mirror is a platform that users may use to learn the new business processes. Think of "Mirror" as a copy of the Workday system that exists after Go-Live.

Note: List not exhaustive

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A low-angle photograph of a modern glass skyscraper, the Dana-Farber Cancer Institute building. The building's facade is composed of dark glass panels with horizontal metallic bands. The name "Dana-Farber Cancer Institute" is visible on the upper part of the building. The sky is a clear, pale blue.

Do the Write Thing

Writing and Storytelling in Supportive Oncology

Richard Leiter, MD, MA

DFCI Department of Supportive Oncology Faculty Meeting

November 24, 2025

Controlling the Story, Controlling the Self
Hope in Terminal Illness

Richard Leiter
M.A. Thesis
Northwestern University Feinberg School of Medicine
Medical Humanities and Bioethics Program
May 2012





Pall COVID Conversations: An Evening of Storytelling & Connection

Date: Tuesday, June 23rd.

Time: 6:00 - 7:30pm

Background:

Please join us for a cross-division, interdisciplinary evening of stories in a casual open-mic format, facilitated by Dr. Alexis Drutchas & Dr. Ricky Leiter. We welcome and encourage stories from all staff and every discipline within palliative care! We hope to come together to share openly, listen deeply, and find strength and solace in our shared experiences.

Theme:

Consider an experience you have had over these last few months - think broadly. What has resonated, brought meaning, hope, sadness, pause? Please share a personal reflection on patient care, family, life, loss, etc. rather than a patient case.

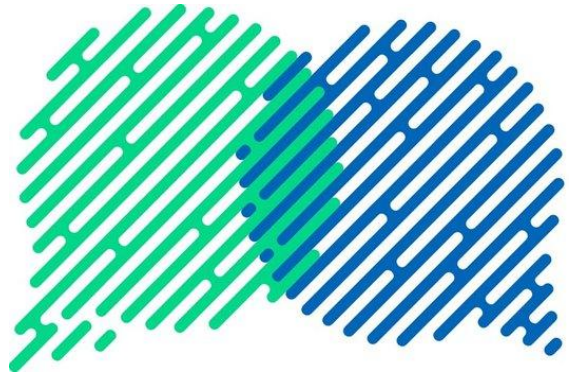
Please Submit Your Story Idea on Survey Monkey by Monday, June 15th :

<https://www.surveymonkey.com/r/2HFBJJR>

Logistics:

Alexis and Ricky will create a story schedule for the evening. Please keep your story to 5 minutes or less. There will be a few minutes of group reflection between each story too.

****Zoom link to follow****



The Palliative Story Exchange



Table 1: Profession of Participants

Role	% of participants
Social Work	33.8
Physician	20.8
Nurse	13.8
Nurse Practitioner	6.9
Physician fellow	4.6
Chaplain	3.9
Administrative	2.4
Psychologist	1.6
Rehabilitation specialist	0.8
Expressive arts	0.8
Music therapist	0.8
End of life Doula	0.8
Caregiver	0.8
Physician Assistant	0.8

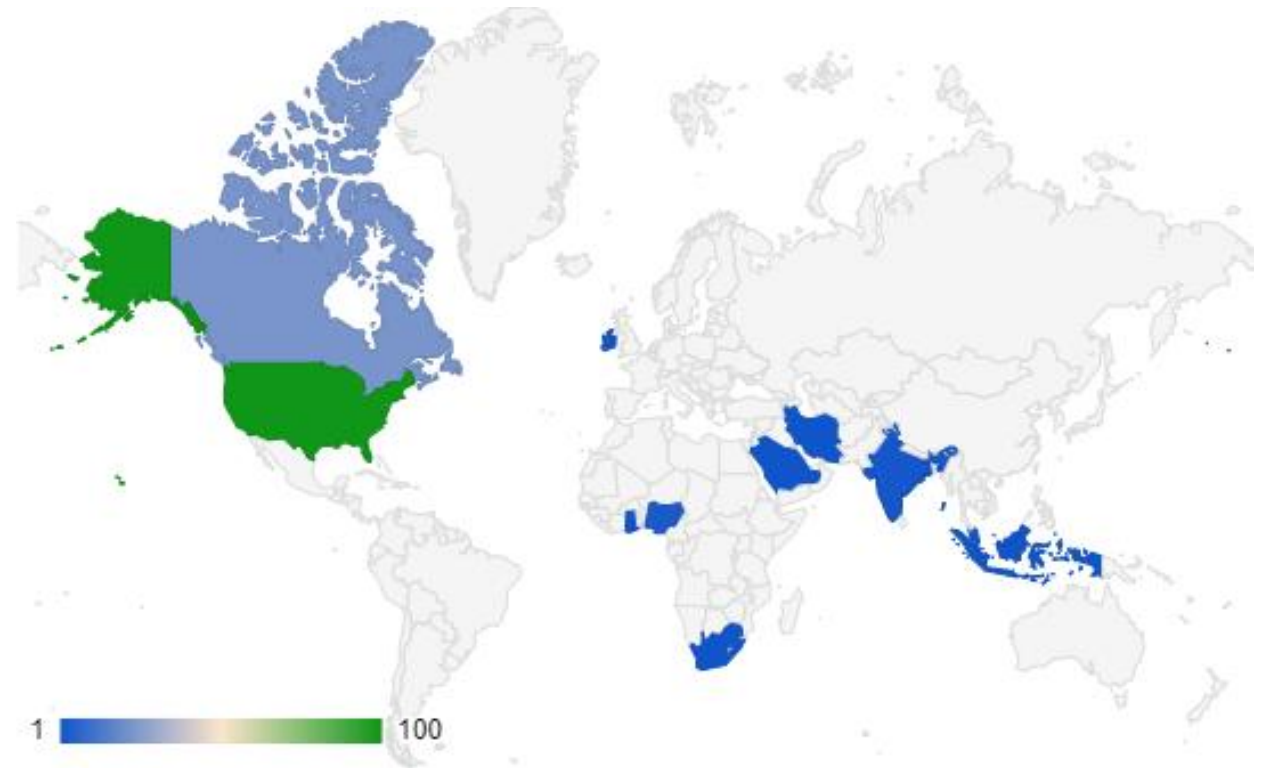
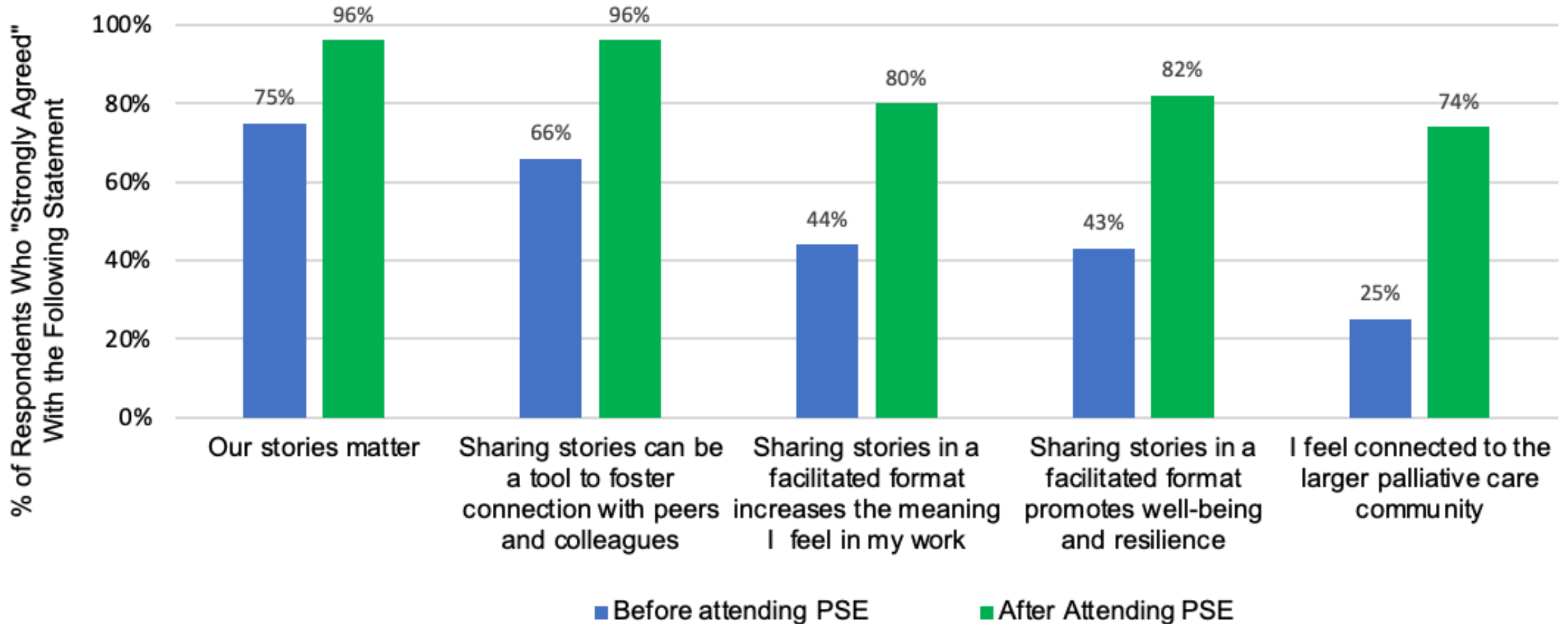


Figure 2: Initial Palliative Story Exchange Wellness Survey Results



A word cloud featuring various positive and emotional terms in shades of blue. The words are arranged in a non-uniform, overlapping manner. The largest words are 'connection', 'powerful', 'touching', and 'community'. Other prominent words include 'amazing', 'human', 'vulnerability', 'meaningful', 'reminder', and 'share'. Smaller words include 'poignant', 'passion', 'love', 'tender', 'remarkable', 'healing', 'moving', 'speechless', 'hearing', 'needed', 'validating', 'freeing', 'values', 'self-care', 'courageous', 'acceptance', 'joy', 'wonderful', 'important', 'therapeutic', 'intimate', 'essence', 'universal', 'awareness', 'inspiring', and 'share'.

poignant
connection
powerful
passion
reminder
love
tender
remarkable
healing
moving
meaningful
amazing
human
speechless
hearing
needed
validating
freeing
values
self-care
courageous
vulnerability
touching
joy
wonderful
important
therapeutic
intimate
essence
universal
awareness
inspiring
share

We plan to scale!

Facilitator training

4 pilot sites

Partnerships with local, regional,
national, and international organizations

Funding

Palliative and Supportive Care

[cambridge.org/pax](https://www.cambridge.org/pax)

Original Article

Cite this article: Drutchas A, Rusch R, Leiter R (2024) The Palliative Story Exchange: An innovative storytelling intervention to build community, foster shared meaning, and improve sustainability. *Palliative and Supportive Care*, 1–8. <https://doi.org/10.1017/S1478951524001226>

The Palliative Story Exchange: An innovative storytelling intervention to build community, foster shared meaning, and improve sustainability

Alexis Drutchas, M.D.¹ , Rachel Rusch, L.C.S.W., M.S.W., M.A., APHSW-C² and Richard Leiter, M.D., M.A.³

¹Division of Palliative Care and Geriatric Medicine, Massachusetts General Hospital, Boston, MA, USA; ²Division of Comfort and Palliative Care, Children's Hospital Los Angeles, Boston, MA, USA and ³Department of Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA, USA



SO Writing Core



The Writing Core is thriving...and we have room for improvement

4 publications from one-on-one meetings

6 Writing Groups

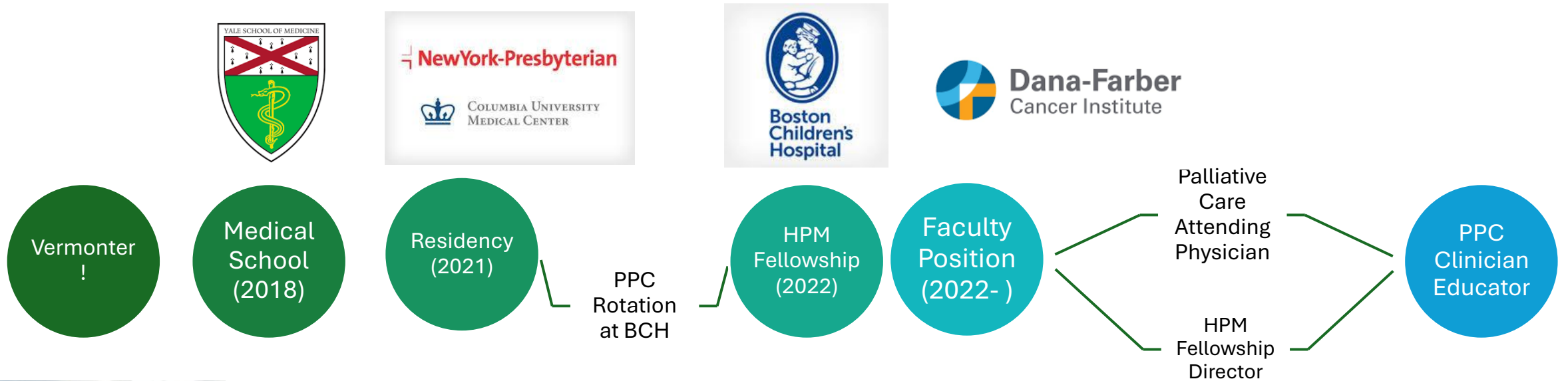
- Survey data mixed
- Scheduling is a major issue
- Rethinking how to put groups together and schedule them

Fostering the family meeting:
Assessing pediatric resident communication
education needs and enhancing
preparedness through interprofessional
communication skills training

Hadley Bloomhardt, MD

November 24, 2025

My Path to DFCI SO & Pediatric Palliative Care



Background

- Family meetings are crucial and frequently used forums for communication between family and interprofessional team
 - A PPC intervention & procedure!
- Many residents report feeling uncomfortable and unprepared to facilitate family meetings
 - Pediatric residents at BCH do not receive any formal communication training
- Training in conducting family meetings improves residents' self-efficacy
- Including interprofessional clinicians encourages reflection on professional identity and role of other professions

Aims: BCH Health Professions Education Innovation Grant

Evaluate pediatric residents' experiences with communication education and interdisciplinary family meetings

Develop and implement a communication skills training program with interprofessional facilitators

Assess the impact of the communication skills training



Workshop Development

- Interprofessional facilitator group
- Needs assessment of pediatric residency
- Individual skills practice through role-plays using VitalTalk structure
 - Ask-tell-ask for serious news delivery
 - NURSES for responding to emotion
- Case designed for common pediatric resident clinical experiences in family meetings
- Didactic tying skills to family meeting context
 - Pre-meeting checklist
 - Interprofessional collaboration
 - Post-meeting debrief

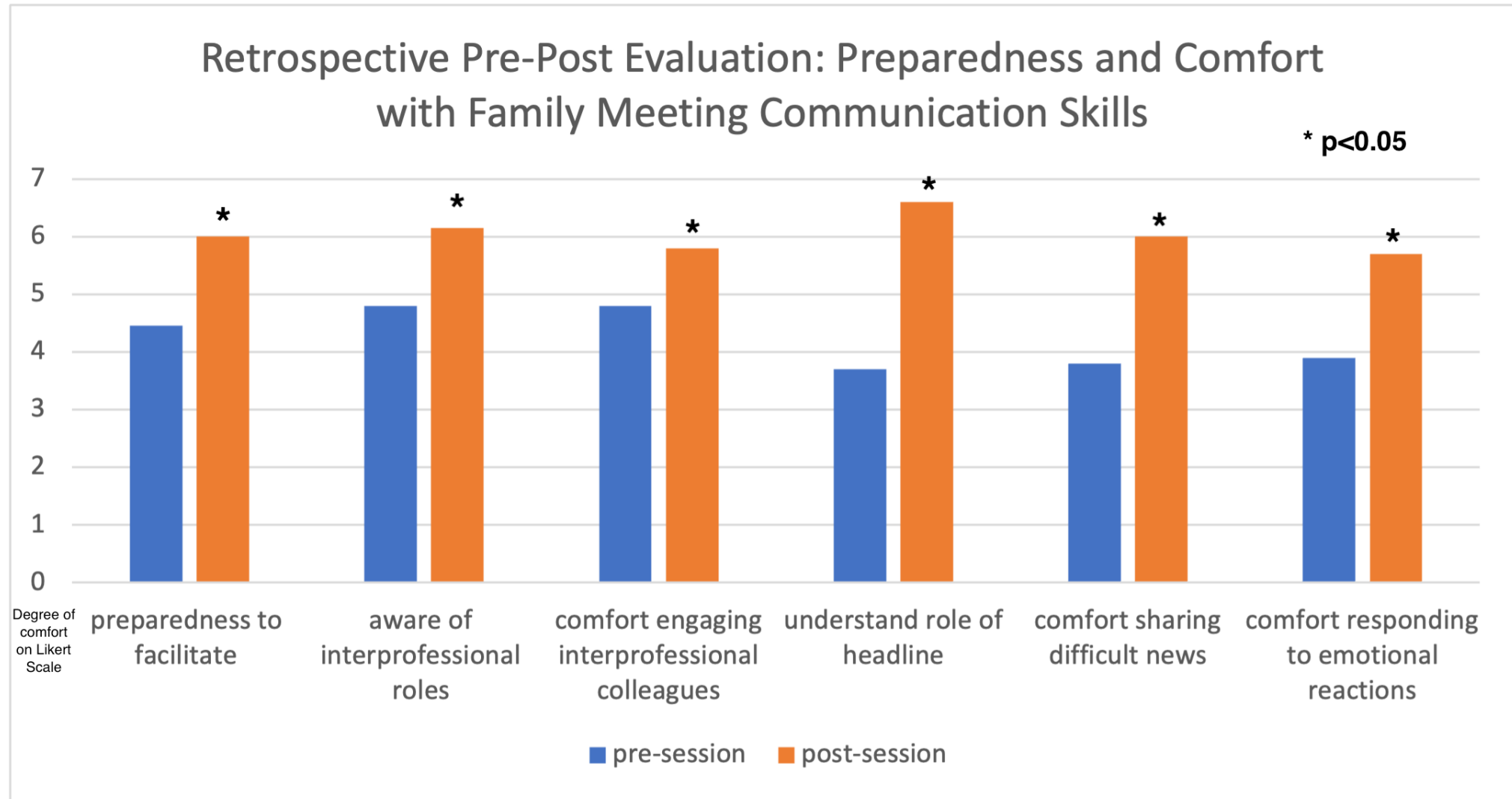
Methods

- Workshop approved to be offered to residents on elective/outpatient rotations
- Retrospective pre-post survey after workshop
 - Comfort & preparedness with skills before/after (Likert scales)
 - Commitment to change
 - Free text responses
- 3 month post-session survey
 - Utilization of workshop communication skills
 - Sustained comfort with workshop communication skills

Results: Post-session Survey

- To date, 30 residents attended the workshop; 28 (93%) completed the post-session survey.
- 100% committed to applying the skills learned
- 100% endorsed incorporating this type of workshop into the curriculum for all residents.

Results: Post-session Survey



Results: 3-month post-session survey

- 8/21 (38%) participants completed the 3-month follow up survey
- 100% respondents reported applying skills
 - Most frequently pre-meeting preparation (63%), “Ask-Tell-Ask” to deliver serious news (50%), and responding to emotion (50%).
- Sustained self-reported comfort was highest for:
 - Assessing understanding (88%)
 - Incorporating interprofessional perspectives into family meetings (88%).

Next Steps

- Complete data collection
- Analyze qualitative data from free text responses
- Expand to other health professions learners
- Expand communication education opportunities within pediatric residency

Acknowledgements

- BCH Medical Education Academy
Health Professions Education
Innovation Grant
- Research Team:
 - Jenn Snaman, MD, MS
 - Chelsea Heneghan, MBA, DNP
 - Nick Purol, LICSW
 - Margaret Irwin, MD
- PACT & other workshop facilitators
(Lauren Xenakis, Angela Feraco)

Advancing Culturally Competent Supportive Oncology for Latinos

The Spanish-Speaking Supportive Oncology Collaborative

Caroline Cubbison

Pero ¿por qué?

- I'm from the Dominican Republic!
- Moved to Boston in 2017
- Passionate about expanding access to palliative care for Latinos in general, with a soft spot for Dominicans
 - Local
 - International



Culturally and
linguistically
concordant care
improves patient
outcomes.

Implementation remains challenging



BILINGUAL WORKFORCE
SHORTAGES

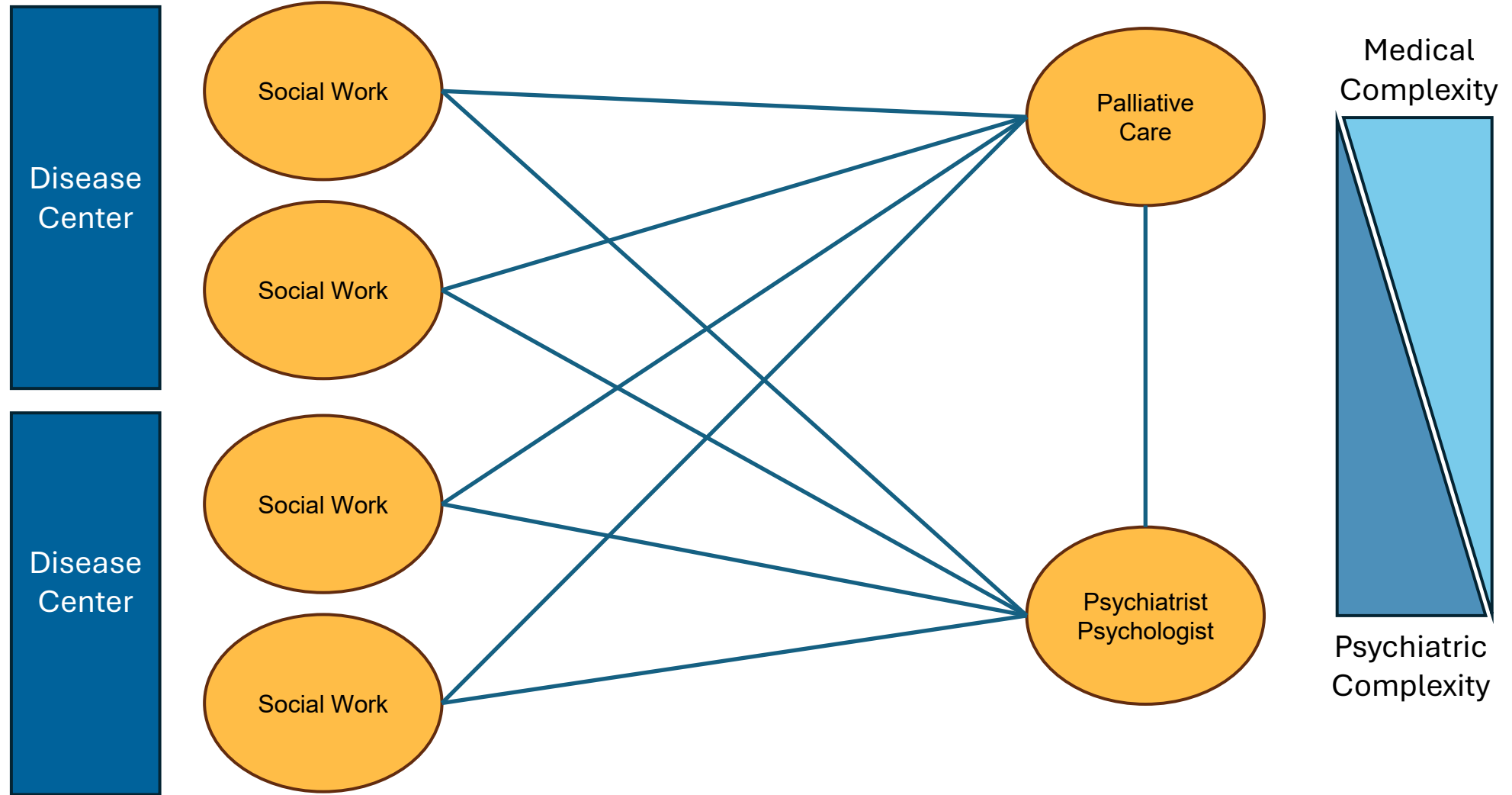


TIME CONSTRAINTS



LACK OF INSTITUTIONAL
SUPPORT (NOT AT DFCI!)

Standard Supportive Oncology Collaborative (SOC) Model

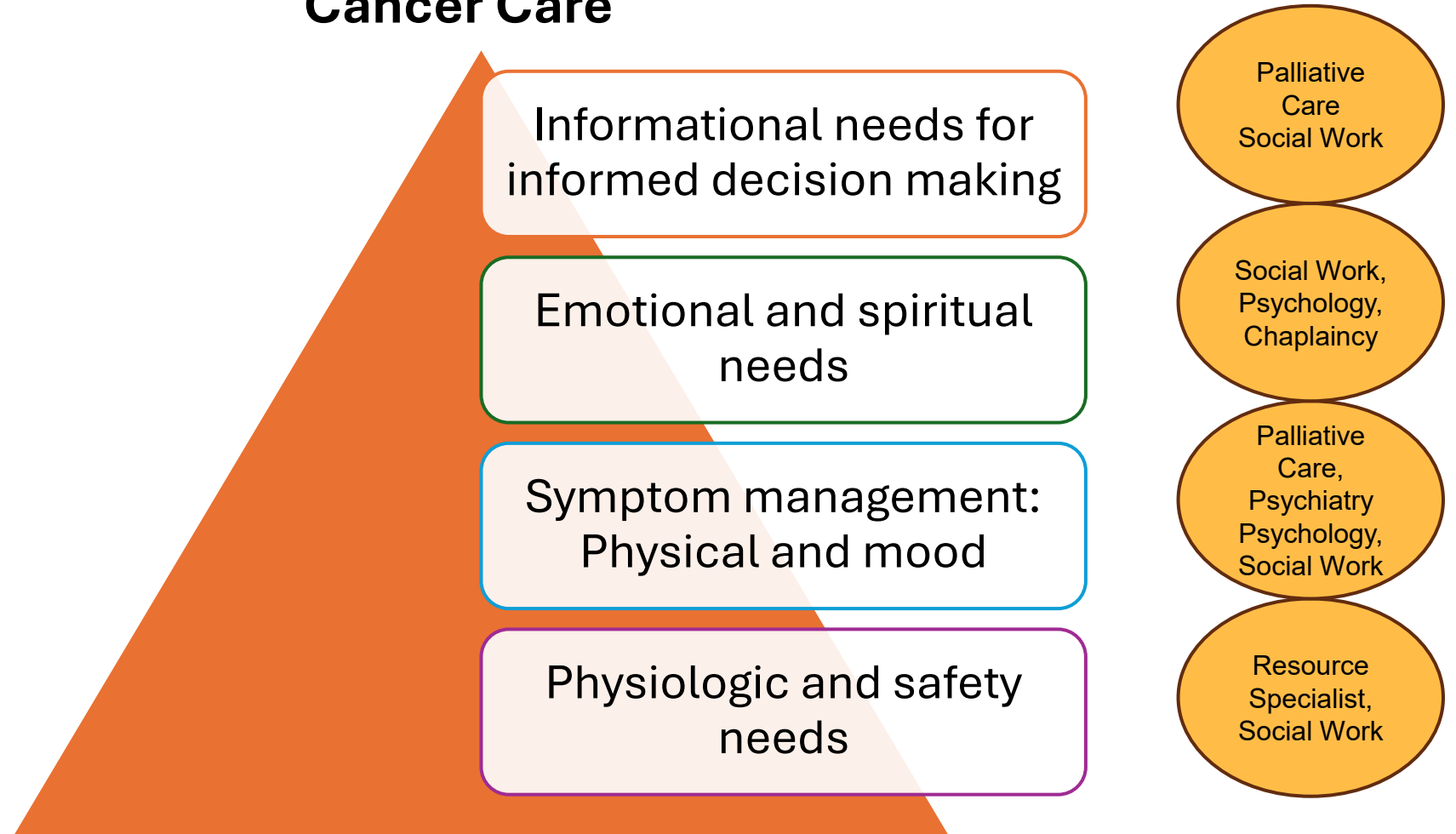


Adapted for Spanish Speaking Patients

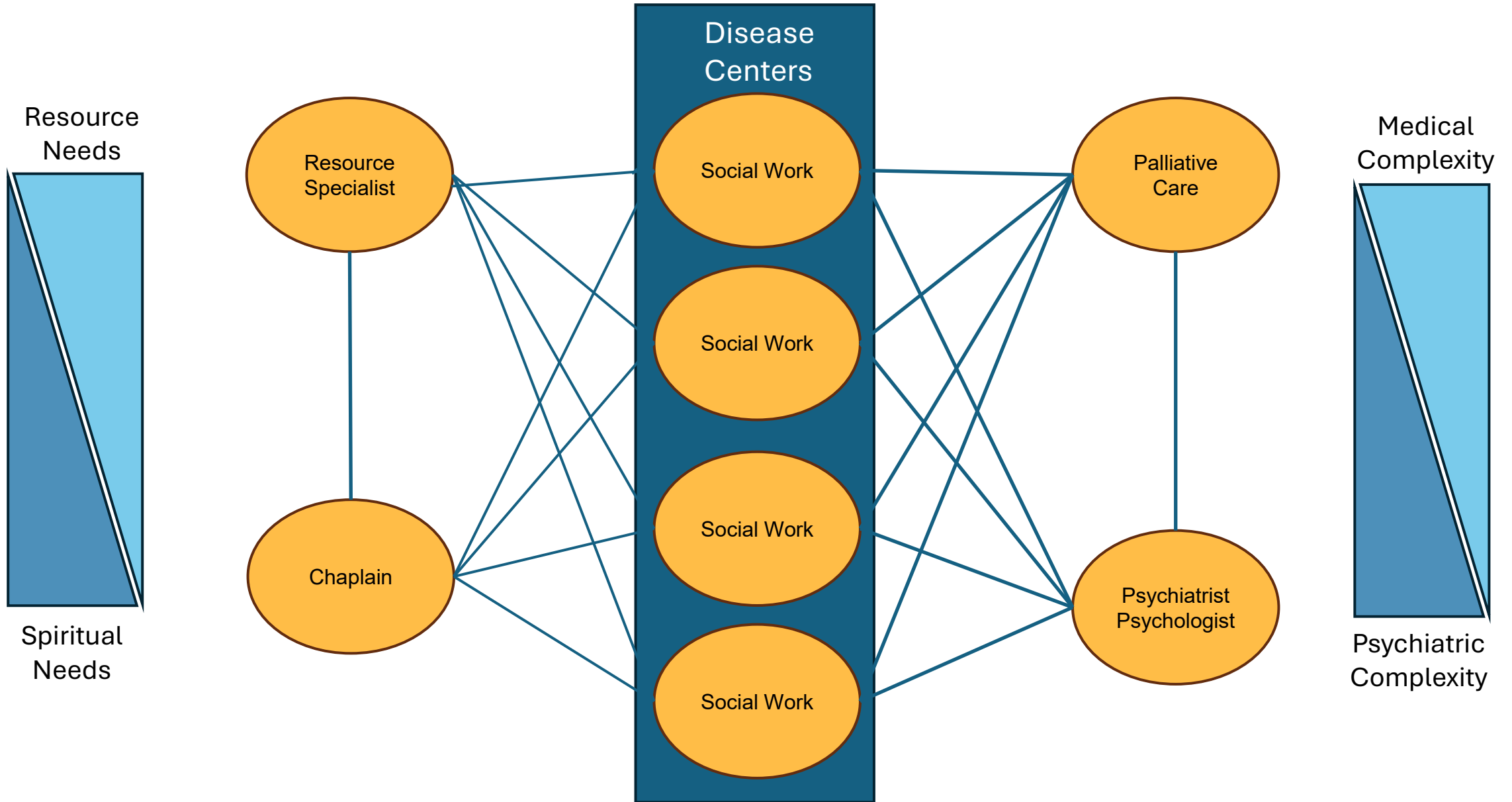
- Language and cultural concordance improve health outcomes
- Spanish-speaking patients have increased social determinants of health and disparities in end-of-life care
- Recognition around faith being critical in this population
- Broader implementation of culturally or linguistically concordant care remains difficult due to bilingual workforce shortages, time constraints, and limited institutional support

Maslow's Hierarchy Adapted for Cancer Care

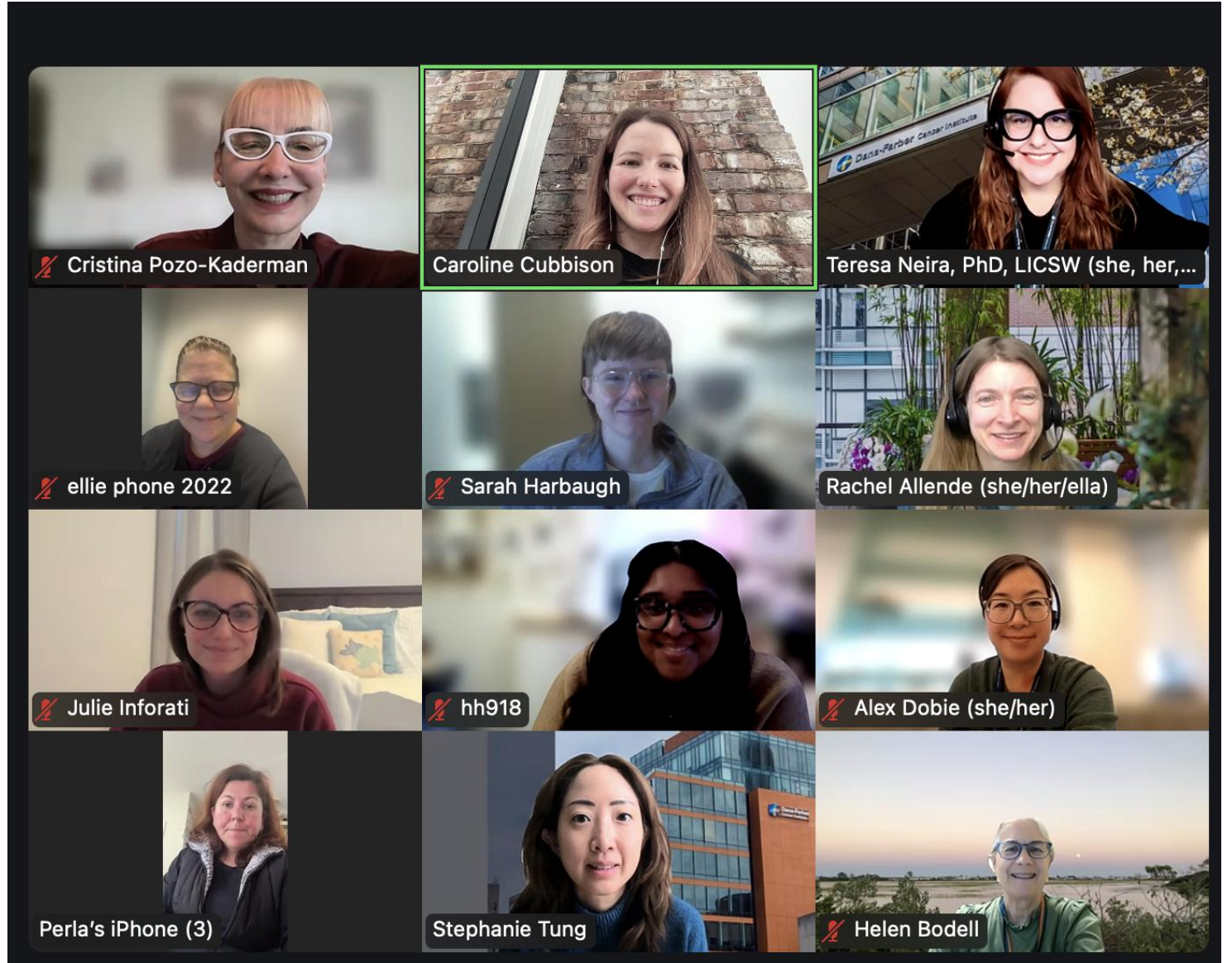
Goal Concordant, Patient-centered Cancer Care



Supportive Oncology Collaborative – Spanish Speakers (SOC-SS) Model



The Team



Our very first case!

33 y.o. male from El Salvador diagnosed with frontotemporal astrocytoma s/p surgical resection on maintenance therapy and antiepileptic therapy.

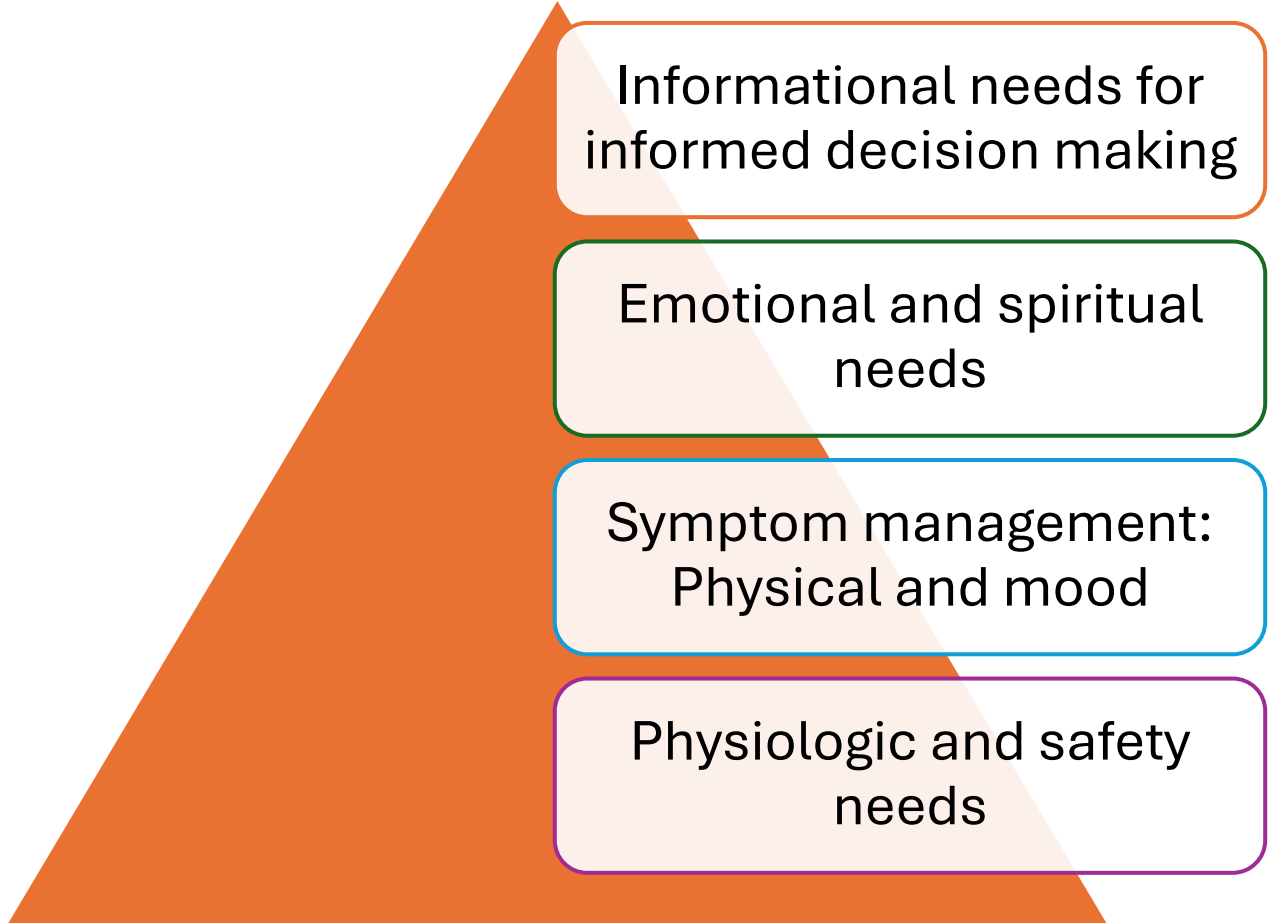
SW concerned about elevated PHQ-9 and GAD-7 scores in context of sexual dysfunction, financial stressors the patient had not disclosed to other providers, and low health literacy.

Assessment Tools:

	2/12/2025 7:05 AM	6/15/2025 12:14 PM	6/15/2025 12:18 PM	8/12/2025 8:38 AM	8/12/2025 8:41 AM	11/17/2025 2:00 PM	11/17/2025 2:20 PM
Psychosocial Screenings							
Audit-C	0						
PHQ-2			2		2	4	
PHQ-9			13		8	17	
GAD-2		2		1			2
GAD-7		5		4			10

Patient-reported

Case Study



Informational needs for informed decision making

Emotional and spiritual needs

Symptom management:
Physical and mood

Physiologic and safety needs

Palliative care coached around normalizing his sexual symptoms and mood changes based on where his lesions are located within brain. Recommended sharing this with patient to **cultivate illness understanding**.

SW and Psychology teams to continue supporting patient and **engage in sexual health counseling**.

Psychiatry consult to evaluate the best medication plan for depression/anxiety in setting of ongoing Keppra use and mild neurocognitive disorder.

Resource Specialist team to reconnect around foundation grants and financial assistance programs. Understood the **patient may have low self-efficacy** given his disease location and related diagnoses.

Next steps

Short term goals:

- Continue meeting biweekly
- Discuss all Spanish-speaking patients from disease centers where the SOC is currently launched (Neuro-Onc, Sarcoma, GI, Head and Neck, Melanoma, Cutaneous and soon, Thoracic!)
- Increase scheduling of patients with culturally or linguistically concordant SO providers
- Present at AAHPM!

Long term goals:

- Become recognized as “cultural ambassadors” to oncology teams
- Figure out how to expand access to not just Spanish speakers but all Hispanic-identifying patients

Next meeting: January 27, 2026 12:00 PM

DFCISOProfessionalDevelopment@dfci.harvard.edu