

providers who often participate in shared decision making with patients and families.

**Methods.** Pediatric subspecialty fellows were video-recorded in a simulated patient encounter with parents facing a decision to either go forward with a life-extending procedure or transition to a course of care aimed at comfort. Conversations were evaluated with a validated scoring tool for the degree of shared decision making present on a scale of 0-11. The intervention group then received a brief online curriculum aimed at teaching the skill of shared decision making. Participants from both groups then repeated the same simulation and were reassessed. Members of the control group then became a delayed-intervention group and also underwent the curriculum and a third simulation.

**Results.** Regression analysis demonstrated the odds of improved performance in mean total score for intervention groups was 39.78 times greater than that of the control group (95% CI [1.72 - 919.29]; P-value 0.022).

**Conclusion.** Shared decision making is becoming more and more important as children's hospitals are increasingly caring for more chronically and critically ill children. Our data show that an easily accessible educational intervention in the form of an online module format is an effective way of teaching these behaviors.

**Implications for Research, Policy, or Practice.** Shared decision making behaviors in non-palliative care pediatric providers can be significantly improved by access to online educational modules.

### *Impact of Physician Attire on Palliative Care Patients' Perception of Physician Compassion and Professionalism: A Randomized Clinical Trial (RCT) (S804)*



Ahsan Azhar, MD FACP, The University of Texas MD Anderson Cancer Center, Houston, TX. Kimberson Tanco, MD, The University of Texas MD Anderson Cancer Center, Houston, TX. Ali Haider, MD, The University of Texas MD Anderson Cancer Center, Houston, TX. Janet Williams, MPH, The University of Texas MD Anderson Cancer Center, Houston, TX. Minjeong Park, PhD, The University of Texas MD Anderson Cancer Center, Houston, TX. Hilda Cantu, BS, The University of Texas MD Anderson Cancer Center, Houston, TX. Carolina Diaz, BSN, The University of Texas MD Anderson Cancer Center, Houston, TX. Petra Rantanen, BA, The University of Texas MD Anderson Cancer Center, Houston, TX. Diane Liu, MS, The University of Texas MD Anderson Cancer Center, Houston, TX. Eduardo Bruera, MD FAAHPM, The University of Texas MD Anderson Cancer Center, Houston, TX.

#### *Objectives*

1. List different elements of communications skills.

2. Discuss how attire can be a form of non-verbal communication.

**Original Research Background.** Environment is an important component of communication skills. Physicians' communication style including attire may influence patient perceptions. Previous studies mostly based on pictures of providers in different attires provide conflicting evidence.

**Objectives.** This RCT aimed to explore the effects of a physician's attire on patients' perceptions. Hypothesis was that patients will perceive the physician with formal attire as more compassionate & professional than the physician wearing casual attire.

**Methods.** 105 English speaking adult patients presenting as follow-ups to out-patient supportive care center, were randomized to watch 2 standardized, 3-minute video vignettes, with similar script, depicting a routine clinic encounter. In one video, physician was wearing formal attire with tie and buttoned up white coat, while in the other, physician was in casual attire without a tie or white coat. Actors and patients were all blinded to the purpose of the study. Investigators were blinded to the videos watched by the patients. After viewing each video, patients completed validated questionnaires rating their perception of physician compassion (0 = best, 50 = worst), professionalism (5 = poor, 25 = very good) & overall preference for the physician.

**Results.** No significant differences seen between formal and casual attire for compassion [median (interquartile range), 25 (10, 31) vs 20 (8, 27); P=0.31] and professionalism [17 (13, 21) vs 18 (14, 22); P=0.42]. 30% (32) patients preferred formal, 31% (33) preferred casual attire and 38% (40) had no preference. Subgroup analysis did not show statistically significant differences among age, sex, marital status & education level for compassion, professionalism & physician preference.

**Conclusions and Implications.** Doctor's attire did not have an impact on patients' perceptions of physicians' level of compassion & professionalism and did not influence their preferences for their doctor or their trust and confidence in the doctor's ability to provide care. More RCTs are needed to better understand the impact of different forms of attire on patient perceptions & preferences.

### *Advance Care Planning Education for Psychiatrists: A Novel Training Workshop (S805)*



Nicole Bates, MD, University of Pittsburgh Medical Center, Pittsburgh, PA. Jane Schell, MD, University of Pittsburgh, Pittsburgh, PA. Pierre Azzam, MD, University of Pittsburgh Medical Center, Pittsburgh, PA.

Julie Childers, MD MS FAAHPM, University of Pittsburgh, Pittsburgh, PA.

#### Objectives

1. Identify medical and psychosocial factors that support a greater need for advance care planning among psychiatric patients.
2. Argue for the need for psychiatrists to receive training in advance care planning.
3. Evaluate the potential of a one-time, skills-based training workshop to impact attitudes, comfort, skills, and knowledge of psychiatry residents in advance care planning.

**Original Research Background.** Despite a perceived need, rates of advance directive completion among psychiatric patients are low, and psychiatrists receive little to no training in advance care planning. We identified advance care planning as an unmet educational need in psychiatry and developed a skills-based training workshop for psychiatry residents.

#### Research Objectives.

- Identify areas of need for advance care planning (ACP) training for psychiatry residents at the University of Pittsburgh Medical Center.
- Develop and implement a residency-wide educational workshop to train psychiatry residents in medical and mental health ACP.
- Assess residents' attitudes, comfort, knowledge, and skills in engaging in medical and mental health advance care planning before and after the workshop.

**Methods.** Based on results of a needs assessment, we developed a three-hour ACP educational workshop for psychiatry residents, including drill-based guided practice in ACP communication skills and a case-based roleplay exercise to complete mental health advance directives. Psychiatry residents participating in this training completed pre- and post-workshop surveys assessing their attitudes, comfort, knowledge, and skills in ACP domains

**Results.** Psychiatry residents completed this training and the pre-workshop (n = 42) and post-workshop surveys (n = 41). After the training, residents reported a greater responsibility to facilitate psychiatric ACP (p = 0.03). They cited greater comfort in discussing end-of-life care (p = 0.04), facilitating medical ACP (p = 0.002), and facilitating psychiatric ACP (p < 0.001). They reported being more able to address key elements of ACP with patients (p < 0.001). They also demonstrated statistically significant score increases on objective measures of ACP knowledge. Finally, residents reported high satisfaction with this training.

**Conclusion.** A one-time educational workshop targeting produced improvements in psychiatry residents' attitudes, comfort, skills, and knowledge in ACP.

**Implications for Research, Policy, or Practice.** This educational workshop is the first known ACP training for psychiatry residents. This model proved effective at our institution and may be adapted to other psychiatry training settings.

#### *The Landscape of Cardiac Palliative Care Practices in the United States (S806)*



Amy Beasley, DNP RN CHPN, University of Alabama, Tuscaloosa, AL. Dio Kavalieratos, PhD, University of Pittsburgh, Pittsburgh, PA. Marie Bakitas, DNSc NP-C FAAN, University of Alabama at Birmingham, Birmingham, AL.

#### Objectives

1. Describe clinical characteristics of U.S. cardiac palliative care programs.
2. Differentiate between U.S. cardiac palliative care programs challenges and successes.

**Original Research Background.** Patients with advanced cardiac disease (CD), and their caregivers, may benefit from early palliative care (PC) services. There is limited information on the number and nature of U.S. cardiac PC programs.

**Research Objectives.** To describe operational and clinical characteristics of U.S. cardiac PC programs.

**Methods.** We developed, pilot tested, and disseminated an Internet survey to a convenience snowball sample of U.S. cardiac PC programs. The survey included closed- and open-ended questions on practice type, CD, service utilization, staffing, practice characteristics, referrals, funding sources, services, and challenges.

**Results.** Seven (70%) cardiac PC programs completed the survey. Most programs identified as comprehensive (in-, out-, home services), outpatient (12.5%), inpatient (25%), or combined (25%). Programs varied in duration of existence, from one month-12 years. All programs served HF patients, while others serve heart transplant (75%), COPD (75%), pulmonary arterial hypertension (62.5%), and interstitial lung disease (62.5%). Most outpatient programs (71.4%) saw less than 50 new patients annually, whereas one practice served 400. Most common referral reasons were discussion of goals, management of emotional symptoms, and preparedness planning for ventricular assist devices. The most commonly managed symptoms were fatigue, dyspnea, depression, and anxiety. PC co-management (57.1%) and consult only PC (57.1%) were the most common practice models. All of the cardiac PC practices had expanded since opening. Qualitative follow up interviews are planned to provide a deeper program understanding.

**Conclusion.** Though cardiac PC programs are in their infancy, there has been significant growth and