

have minimal impact on EOL experiences for children with cancer treated at this study site. These findings differ significantly from the medical oncology data, highlighting the critical need for further investigation of associations between race/ethnicity and EOL care for children with cancer across diverse treatment centers.

Barriers to Provision of Palliative and Hospice Care to Children and Families in the Community: A Population-Level Survey of Hospice Nurses (S839)



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Objectives

1. Discuss the challenges related to access of quality palliative and hospice care to children and families in the community.
2. Describe the self-reported training and experience levels of community-based hospice nurses with provision of care to children and families across the domains of symptom management, end-of-life care, goals of care, family-centered care, and bereavement.
3. Describe the self-reported comfort of community-based hospice nurses with provision of care to children and families across the domains of symptom management, end-of-life care, goals of care, family-centered care, and bereavement.

Original Research Background. Approximately 500,000 children in the United States suffer from life-limiting illnesses annually, many of whom are hospice eligible. Unfortunately, most children enrolled in hospice agencies receive services in the absence of specialized pediatric programs.

Research Objectives. To determine the levels of expertise and comfort of hospice nurses who provide care to children and families in the community.

Methods. A cross-sectional survey was developed, pilot-tested, and widely distributed to hospice nurses across a tristate region. Survey items assessed nurse experience and comfort across the domains of symptom management, end-of-life care, goals of care, family-centered care, and bereavement.

Results. A total of 71 hospices that provide services to children participated, from which 551 respondents completed surveys. The majority of nurses reported no training in pediatric palliative or hospice care (89.8%), with approximately half reporting < 5 years

of hospice experience (53.7%) and no experience providing care to pediatric patients (49.4%). Those with pediatric hospice experience reported limited opportunities to maintain or build their skills, with the majority providing care to children several times a year or less (85.7%). Nurses reported feeling somewhat or very uncomfortable providing services to children during the illness trajectory and at the end of life across all domains.

Conclusion. Children with serious illness who receive care from local hospices often interface with nurses who lack training, experience, and comfort in the provision of palliative and hospice care to pediatric patients.

Implications for Research, Policy, or Practice. These findings should inform future development and investigation of educational resources, training programs, and child- and family-centered policies to improve the delivery of palliative and hospice care to children in the community.

Evolution of an Interprofessional Palliative Care Fellowship and Integration of a PGY-2 Pain Management and Palliative Care Pharmacy Resident (S840)



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Objectives

1. Describe the results of a survey of interprofessional fellows in regard to their educational experience after completion of a fellowship.
2. Discuss comments from fellows and faculty in regard to their experience participating in an interprofessional education.

Original Research Background. Clinical practice in palliative care lends itself to a deeply integrated team dynamic. Early exposure of multiple disciplines in palliative care training may enhance the function of the team in delivering patient care. The Harvard Interprofessional Palliative Care Fellowship (HIPCF) is the umbrella program for several specialty-specific programs, including physician, nursing and social work. In 2016, a Palliative Care Pharmacy Resident was added to the interprofessional fellowship, which was unique nationally.

Research Objectives. Describe the interprofessional educational experience of one class of fellows (with a pharmacy fellow) before and after the completion of the fellowship.