

quality of life through emotionally therapeutic effects, with sub-themes of non-medical relationships, distraction, family engagement, and personalized care.

**Conclusions and Implications.** This pilot CAT-PCCS program evaluation supports the need to confirm the association with positive trends in patient-reported pain, anxiety, and well-being in further studies with larger enrollment, and provides qualitative themes of patient and family member emotionally therapeutic effects.

### ***Caring About Cancer—Advance Care Planning Group Visit Intervention (QI744)***



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#### *Objectives*

1. Implement the ENACT-GV intervention to persons living with cancer.
2. Determine the feasibility and acceptability of the ENACT-GVs at the University of Colorado Hospital Anschutz Cancer Pavilion.
3. Evaluate the impact of ENACT-GV on medical durable power of attorney documentation.

**Background.** Electronic health record (EHR) documentation of a medical durable power of attorney (MDPOA) for persons living with cancer is only 25% at the University of Colorado Hospital Anschutz Cancer Pavilion (UCH-CP). Engaging in Advance Care planning Talks Group Visit (ENACT-GV) intervention can improve ACP discussions and EHR documentation in the primary care setting.

**Aim Statement.** To increase MDPOA documentation from 25% to 50% in persons living with cancer within six months.

**Methods.** Patients were recruited from UCH-CP Genitourinary Cancer Clinic by letters and phone calls. Three ENACT-GV were conducted, each consisting of two 2-hour sessions, one month apart, facilitated by a palliative care nurse practitioner and UCH-CP social worker. The groups consisted of  $\leq 10$  participants with an option for patients to bring a guest. ACP documentation in the EHR (baseline and one week after the 2<sup>nd</sup> session) and the 4-item ACP Engagement Survey (baseline and immediately post session) were assessed. Cycle 1 implemented ENACT-GVs at UCH-CP, cycle 2 optimized patient referrals, and cycle 3 enhanced group facilitation techniques.

**Results.** Ten patients (<2% recruitment rate) were recruited. Three patients returned for the 2<sup>nd</sup> session (30% retention rate). Seven guests attended ENACT-

GVs (all attended only the 1<sup>st</sup> session). At baseline, 20% had a MDPOA in the EHR; one week after the 2<sup>nd</sup> session, 100% had MDPOAs in the EHR ( $p < 0.001$ ). 17% of patients ( $n = 2205$ ) who did not attend ENACT-GV had MDPOAs in the EHR compared to 100% who attended ENACT-GV ( $p < 0.001$ ). 87% of participants believed ENACT-GV was better than normal clinic visits for ACP discussions. 93% of participants would recommend ENACT-GV to another person. 50% of patients preferred one session over two sessions.

**Conclusions and Implications.** ENACT-GV was an acceptable method to engage persons living with cancer in ACP discussions and significantly improved documentation, however, recruitment was low. Limiting ENACT-GV to a single group session may improve feasibility.

### ***Residential Homes for the Dying: An Untapped Resource for Teaching Patient and Family-Centered End of Life Care Before Professional School Training (S801)***



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#### *Objectives*

1. Describe a clinical training program for undergraduate health professions students to provide bedside end of life care.
2. Explain the effect which participation in the CARE program had on undergraduate health professions students.

**Original Research Background.** There is a lack of clinical training opportunities in end-of-life care, especially at the bedside. The Community Action, Research, and Education (CARE) program was developed to help students interested in healthcare better understand the challenges of providing care when no cure is possible. Program participants train to serve as surrogate family members and spend 8 weeks providing care to 2 hospice patients in residential homes for the dying in upstate New York. In addition to providing 24 hours of direct bedside care per week, students complete 10 online learning modules, each of which emphasize different skills for providing end of life care. Students also meet with hospice and palliative care professionals and conduct agency-driven research to benefit the home where they provide this care.

**Research Objectives.** To determine whether the CARE program improves empathy and self-efficacy to provide end of life care among participants.

**Methods.** Eighteen undergraduate health professions students from 4 different institutions completed