Two selected registered nurses, called the supportive care nurses (SCN), received specialized training in primary palliative care over a 6 month period. We incorporated multiple teaching strategies including interactive didactic sessions, reading assignments, role-playing and shadowing of the interdisciplinary palliative care team. The project team, including two palliative care physician and two nurse practitioners, held daily supervision meetings with the SCN. After the training period, the SCN worked primarily with the general medicine hospitalist team. Acceptability of the pilot program was assessed 6 months after initiation of the pilot program. Providers on the hospitalist team were surveyed regarding their experience with the supportive care nurses.

**Results.** The SCN received two hundred sixty one consults over the initial 6 month pilot period. Fourteen physician and nurse practitioner providers completed the survey. Satisfaction with the service was high (79%). The SCN assisted the hospitalist team with: symptom management (86%); better communication (86%) with and understanding (79%) of patient and families; completing advanced care planning (79%); and discharge planning (71%).

**Conclusion.** Incorporating a nurse-led primary palliative care consultation service to facilitate early palliative care is acceptable and effective.

**Implications for Research, Policy, or Practice.** Further research is required to examine the impact of a primary palliative care consult service on patient and family centered outcomes.

### *Improving Goals of Care Discussion: Innovative Curriculum Development for Internal Medicine Residents (S829)*

Yuya Hagiwara, MD MACM, University of Iowa, Iowa City, IA. Juan Pagan-Ferrer, MD, University of Iowa Hospitals and Clinics, Iowa City, IA. William Clark, MD, University of Iowa Hospitals and Clinics, Iowa City, IA.

*Objectives*

1. Describe the development of a communication workshop for internal medicine trainees focused on goals of care and code status discussions.
2. Recognize that brief educational interventions can improve palliative care communication skills.

**Original Research Background.** Palliative care communication skills are applicable to all physicians regardless of specialty. All internists need to understand and develop skills to facilitate conversations that ascertain patient preferences regarding life-sustaining therapies and goals of care (GOC), particularly in the context of serious illness. Internal medicine and palliative care educators both recognize the need to further develop curriculum structures that address these communication skills. This project will assess an initiative focused on enhancing these skills.

**Research Objectives.** Assess the impact of a communication workshop for internal medicine trainees focused on goals of care and code status discussions.

**Methods.** The learners consisted of internal medicine residents (n=67) at the University of Iowa during the 2017-2018 academic year. We developed and implemented a 100-minute interactive GOC communication workshop to introduce learners to the knowledge and skills of negotiating GOC and code status (CD). Multiple teaching strategies were used including preassigned reading material, video clips demonstrating effective GOC discussion, didactics, and facilitated role-playing led by interdisciplinary faculty. The evaluation included: 1) a standard session evaluation survey to examine learner reaction to the training; and 2) a retrospective pre/post self-assessment survey on confidence in discussing GOC.

**Results.** 31 residents completed the survey. Analysis of paired evaluations showed significant improvements in residents' confidence in conducting 1) GOC discussions (p=0.0012); 2) CD discussion (p=0.03) and 3) end-of-life discussions (p=0.01). 87% found the curriculum to be useful; 97% reported that palliative care training is essential.

**Conclusion.** The GOC communication workshop was successfully implemented and increased internal medicine residents' confidence in having difficult discussions. We need to further implement such curriculum in other residency-training programs.

**Implications for Research, Policy, or Practice.** Further research is needed to understand the amount of training required to help learners skillfully incorporate GOC into their discussions with patients.

### *Control Groups in RCTs of Psychoeducational Palliative Care Interventions: A Systematic Review (S830)*

Carrie Henry, MSN CNM, Emory University, Atlanta, GA. Hyejin Kim, PhD, Emory University School of Nursing, Atlanta, GA. Eliza Park, MD, University of North Carolina, Chapel Hill, NC. Sandra Ward, PhD RN, University of Wisconsin-Madison, Madison, WI. Mi-Kyung Song, PhD RN FAAN, Emory University, Atlanta, GA.

*Objectives*

1. Explain the purpose of a control group that is neither usual care nor no-treatment.
2. Describe the current practice using control groups that are neither usual care nor no-treatment in RCTs of psychoeducational palliative care interventions.

3. Compare the explanations of the active intervention and the more-than-usual-care control in trial reports of RCTs of psychoeducational palliative care interventions.

**Background and Objective.** In randomized controlled trials (RCTs) an active intervention's efficacy is determined relative to a control condition; thus the control condition's design is as important as the intervention's. In RCTs of psychoeducational palliative care interventions, researchers often use a control condition that is neither usual care nor no-treatment, but little is known about the extent of research practices in designing such control conditions. Therefore, this study examined: 1) the current research practice using control conditions that are neither usual care nor no-treatment controls in RCTs of psychoeducational palliative care interventions, and 2) the rationale and completeness of the description of those control conditions in trail reports.

**Study Identification.** PubMed, Embase, PsychINFO, and Web of Science were searched. The final sample included nine trial reports.

**Data Extraction and Synthesis.** For quality assessment, a modified Delphi list was used. The descriptions of both the active interventions and the control conditions were assessed using a modified version of Schulz et al's Intervention Taxonomy checklist.

**Results.** Four trials used attention controls designed to be equivalent to the structure of the active interventions. An additional four trials used a control condition with some aspects of attention control, but neither the amount nor the intensity of attention were similar to the intervention. Only three trial reports stated the rationale for choice of control conditions. Most reports contained delivery mode, materials, duration, frequency, and sequence of both the intervention and control conditions; but none described the qualifications or training required to deliver the control condition. Only one report mentioned the fidelity monitoring method, and no report included fidelity monitoring data.

**Conclusions and Implications for Practice, Policy, and Research.** Our review of RCTs in psychoeducational palliative care interventions calls for researchers' attention to appropriate selection, design, conduct and report of control conditions.

## *Systematic Advance Care Planning and Potentially Avoidable Hospitalizations of Nursing Home Residents (S831)*

Susan Hickman, PhD, Indiana University School of Nursing, Indianapolis, IN. Kathleen Unroe, MD, Indiana University, Indianapolis, IN. Mary Ersek, RN FPCN, University of Pennsylvania, Philadelphia, PA. Wanzhu Tu, PhD, Indiana University, Indianapolis, IN. Monica Ott, MD, Indiana University, Indianapolis, IN. Greg Sachs, MD FACP, Indiana University School of Medicine, Indianapolis, IN.

*Objectives*

1. Describe the systematic implementation of person-centered advance care planning in nursing homes using the Respecting Choices Last Steps facilitation model.
2. Discuss the associations between who is offered ACP, resident characteristics, and hospitalization rates.

**Original Research Background.** Prior research suggests associations between nursing home (NH) residents' preferences for comfort-focused care and lower rates of hospitalization.

**Research Objectives.** To compare hospitalization rates among residents following intensive efforts to systematically offer ACP.

**Methods.** The sample consisted of 1,468 NH residents enrolled in a multi-component demonstration project designed to reduce potentially avoidable hospitalizations between January 2015 − June 2016. Embedded project nurses certified in Respecting Choices Last Steps facilitated ACP. Hospitalizations were tracked using Minimum Data Set 3.0 data and judged as avoidable or unavoidable by project nurses.

**Results.** Comparisons were made between residents based on ACP status: 1) ACP indicting comfort care/DNH (n = 497, 33%); 2) ACP with other preferences (e.g., code status only: n = 771, 52%); and 3) no ACP (n= 218, 15%). Compared to the comfort care/DNH group, the overall hospitalization rate was 1.47 times higher for patients having other ACP preferences (p=.005) and almost 2 times higher for those with no ACP (p=.0003). Compared to the comfort care/DNH group, avoidable hospitalizations were 2.48 times higher than for those with no ACP (p=.0005). However, when adjusted for covariates including gender, age, hospice, functional status, and cognition, there were no differences between the three groups.

**Conclusion.** In this large, non-randomized study, the association between lower hospitalization rates and ACP status were no longer significant once fully adjusted for resident characteristics. Isolating the effects of ACP may be challenging due to study design (multi-modal intervention, non-randomized) and the nature of the population. Although ACP was identified as a key factor in reducing hospitalizations in a qualitative evaluation by stakeholders, it serve as a reflection rather than a determinant of culture change.

**Implications for Research, Policy, or Practice.** Additional studies, including prospective