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.

Describe the interprofessional educational experience of fellows in an interprofessional fellowship prior to the inclusion of a pharmacy resident.
Describe fellowship faculty experience with teaching an interprofessional fellowship.

Methods. Surveys were administer to 3 cohorts of fellowship participants, fellows from the 2017 AY (inclusive of a pharmacist), fellows from 2012-2016 AY, and fellowship faculty. The 2017 fellows were administered a survey assessing interprofessional education competencies in a post-then-pre fashion. Past fellows were administered a survey in a post fellowship fashion. Faculty were asked about their subjective experience in administering the fellowship. The online survey was completed over 12 weeks from December 2017-March 2018.

Results. 2017 fellows assessed a significant improvement in 3 out of 4 interprofessional education domains; Values and Ethics, Roles and Responsibilities and, Communication (+0.592 p=0.006, +0.935 p=0.011, +0.932 p=0.039, respectively). All four domains trended toward improvement in self assessed competencies. Past fellows similarly showed high levels of self-assessed competency after completion of their fellowships.

Conclusion. The Harvard Interprofessional Palliative Care Fellowship is a unique post-graduate education opportunity nationwide. The four professions who have the opportunity to participate receive a valuable interprofessional educational experience in addition to a robust clinical curriculum.

Implications for Research, Policy, or Practice. As more fellowships move to an interprofessional education model, data regarding interprofessional education is warranted.

Improving Conversations About ICD Management: A Training Session for Advanced Heart Failure Clinicians (S842)

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Objectives

1. Describe how patients and clinicians conceptualize the role of ICD deactivation in the setting of advance heart failure.
2. Practice and demonstrate specific examples of effective communication techniques related to ICD management and goals of care in the setting of advanced heart failure.

Original Research Background. Implantable cardioverter-defibrillator (ICD) devices reduce the incidence of sudden cardiac death for high-risk patients, but can also cause pain and anxiety at the end of life. However, conversations about ICD deactivation are difficult and occur infrequently.

Research Objectives. The study is a sub analysis of data from educational sessions for clinicians who care for patients with advanced heart failure as part of a 6-center, randomized-controlled trial. Primary outcomes compared pre- and post-workshop scores assessing confidence and skill in communication about advance care planning, ICD deactivation discussions, and use of empathy in conversations with patients.

Methods. Clinicians at intervention sites participated in a 90-minute communication training workshop focusing on goals of care communication including ICD deactivation, while clinicians at control sites received a lecture introducing the study. We first compared pre-workshop scores between control and intervention groups, then compared pre- and post-workshop scores for the intervention group, based on self-ratings on a 5-point Likert scale.

Results. 82 heart failure clinicians were enrolled. Pre-workshop scores showed high levels of confidence (4.22, SD=0.76) and skill (3.96, SD 0.76) in advance care planning in the setting of ICD management in both control and intervention groups, while comparisons of pre- and post-workshop scores in the intervention group showed decreases in confidence (-1.10) and skill (-0.12). None of these results reached statistical significance.

Conclusion. Heart failure clinicians had high baseline self-perceptions of confidence and skill in advance care planning in the setting of ICD management, with no differences between intervention and control sites. There were no significant changes seen immediately after the communication training intervention.

Implications for Research, Policy, or Practice. The results suggest that heart failure clinicians may overestimate their ability to engage in advance care planning discussions involving ICD deactivation, which may act as a barrier to the propagation of primary palliative care in this setting. Further research is needed to improve conversations about ICD management.

ICU Bereaved Family Members' Adjustment During the First Year (S843)

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