

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)



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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)



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