

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 administered 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 advanced 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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