

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 pre-assigned 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.