Of respondents, 82% reported prior contact with PC, and only 47% reported prior PC training. 94% rated CSD-training fairly or extremely important, 35% rated their current training inadequate. N=10 completed 30-/60-day surveys. At 30 days, there was significant improvement in 5/14 self-efficacy metrics (one-tailed, alpha=0.05); at 60 days in 10/14 metrics. Improved areas included: interest in patient's problems, giving detailed information on illness and options, physician-patient trust, joint decision-making, risks/side effects discussion, understanding patient needs, understanding impact of illness, putting patients at ease, and respecting opinion differences regarding treatment. 83% found the course helpful.

Conclusion. A CSD curriculum is a useful tool for developing complex communication skills for ED and ICU physicians.

Implications for Research, Policy, or Practice. This study lays the groundwork for curriculum dissemination to a wider audience. It also suggests the PC community could champion the development of complex communications skills to other medical fields.

What's That Social Worker Doing? Results of a Nationwide Job Analysis of Hospice and Palliative Social Workers (FR461C)

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Objectives

- Describe the process of developing a job analysis survey.
- Name 4 categories of tasks for the hospice and palliative social worker.
- List three uses of the results of a job analysis.

Original Research Background. The role of the hospice and palliative social worker is often ambiguous and misunderstood by colleagues and fellow team members. Job descriptions vary and it is not unusual for social workers to be asked to write their own. One reason for this is the lack of clearly identified skills and tasks employed by these specialty social workers in their daily work. This paper reports the results of the first nationwide job analysis of hospice and palliative social workers.

Research Objectives. Develop an evidence-based description of the role of the hospice and palliative social worker.

Methods. An Advisory Committee (AC) of experience practitioners was formed to oversee the process. A task list was developed based on a thorough literature review, existing job descriptions, and syllabi and curricula of courses. The AC reviewed and edited the task list and recommended demographic information to be collected. Participants were recruited through multiple websites, databases, and social media.

Results. Four-hundred eighty-two respondents submitted usable data. The sample was largely Caucasian (71.4%) and female (93.8%). Forty-six states were represented. The mean number of years in hospice or palliative care practice was 9 and most had Master's degrees (89.73%). Almost half (47.5) were hospice social workers while the others identified as either palliative (27.7%) or both hospice and palliative (14.4%). One-hundred forty tasks were identified as necessary to the role. The tasks were grouped into 4 major content areas: Assessment and Reevaluation; Planning and Intervention; Death, Grief and Bereavement; and Professionalism.

Conclusion. This job analysis provides a comprehensive list of the tasks required of the hospice and palliative social worker.

Implications for Research, Policy, or Practice. The results of this survey can be used to guide educational efforts to prepare social workers for this specialty practice, develop job descriptions, and evaluate competency. Findings will direct the development of the first certification exam for social workers in this specialty practice.

Online Palliative Nursing Education: The Results of a Creative Strategy to Educate all US Nursing Students in Primary Palliative Care (FR461D)

Polly Mazanec, PhD ACHPN AOCN CNP FPCN, Case Western Reserve University, Cleveland, OH. Betty Ferrell, MA CHPN FAAN FPCN, City of Hope National Medical Center, Duarte, CA. Pam Malloy, MN RN FPCN FAAN, American Association of Colleges of Nursing, Washington DC. Rose Virani, MHA RN FPCN, City of Hope National Medical Center, Duarte, CA.

Objectives

- Describe the national need for nursing education schools of nursing to prepare their students to provide primary palliative care.
- Describe the results of a 3-year grant-funded initiative to educate undergraduate nursing students.

Original Research Background. As the demand for palliative care exceeds the specialty resources, nurses must be educated to provide primary palliative care for those with uncomplicated palliative care needs. However, many schools of nursing are still not providing this education to their undergraduate nursing students.

Research Objectives. 1) To develop and implement an online curriculum to meet the 2016 American Association of Colleges of Nursing's (AACN's) palliative care

Competencies **a**nd **R**ecommendations for **E**ducating undergraduate nursing **S**tudents (CARES). 2) To evaluate End-of-Life-Nursing Education Consortium (ELNEC)-Undergraduate Curriculum's impact on student knowledge, satisfaction, perception of importance of palliative care education to clinical practice, and student preparedness as perceived by faculty.

Methods. In collaboration with Relias Learning, the ELNEC team developed the ELNEC-Undergraduate Curriculum, which is comprised of 6, 1-hour modules and is based on the AACN CARES document and NCP Guidelines for quality palliative care.

Results. During the first 18 months, 6,654 students have successfully mastered the content (scores of 80% or higher). Ninety-eight percent of the students responded "strongly agree" or "agree" to evaluation questions asking about level of satisfaction with the content, the technology and the importance to clinical practice. Six qualitative themes emerged from the open-ended questions and will be presented at the session. Data from 2018 faculty surveys demonstrate that the curriculum is preparing their students for primary palliative care.

Conclusion. Since January 2017, ELNEC has been changing the culture of nursing education by introducing primary palliative care in over 200 undergraduate nursing programs across the country. Evaluation data demonstrates the students' perceived importance of this palliative care training and faculty's perception that students are graduating prepared to provide primary palliative care.

Implications for Research, Policy, or Practice. Preparing nursing students to provide primary palliative care, across all clinical settings, to patients with serious illness and their families will help address the shortage of specialty palliative care clinicians and improve quality of care.

4:30–5:30 pm

Concurrent Sessions

The Ripple Effect: The Lasting Impact on a Hospital System After Caring For a Juvenile with ALS at the End of Life in a Tertiary Care Pediatric Hospital (FR471)

Dianna Yip, DO, Dell Children's Medical Center, Austin, TX. Kahla Gagne, MSN RN PNP, University Hospitals Rainbow Babies and Children's, Cleveland, OH. Andrea Scioscia, MD, Rainbow Babies and Children's Hospital, Cleveland, OH.

Objectives

- Discuss an interdisciplinary approach to caring for a hospice patient in an acute care hospital until end of life including an approach to symptom management.
- Describe the emotional impact, needs identified, and lessons learned among an interdisciplinary team as a result of caring for this patient.
- Synthesize the intricacies of an effective comprehensive curriculum for pediatric residents surrounding the end of life and describe the impact this has had on pediatric residents' and nurses' comfort at the end of life.

It is not often that one patient goes on to impact an entire hospital system. Lucy was a 16 year old female with Juvenile ALS, ultimately BIPAP dependent. Due to Lucy's anxiety and her mother's profession as a nurse, her family wished to remain at the hospital until the end of her life. Her experience required the entire hospital team to care for a hospice patient in a tertiary care inpatient setting.

Lucy was hospitalized for over 7 months where our care team witnessed her progressive decline until end of life. The complex situation required not only intricate symptom management but also long term family and care team support that was less familiar in an acute care setting.

A survey of the residents revealed sixty-four percent of our residents had experienced the death of at least one patient. Fifty-six percent of the residents had participated in an end of life discussion, while 72% rated their comfort level with these discussions as "very uncomfortable" or "somewhat uncomfortable." A need was identified to address the logistics of caring for dying patients and facilitating end of life discussions.

Lucy's case and the results above led to the development of our hospital's "end of life" curriculum. The six-part series utilized a multi-disciplinary approach to discuss topics related to death and dying. The series was facilitated by an interdisciplinary team and included families of deceased patients.

We will discuss the intricacies of caring for a terminal patient in the hospital, and how the development of and participation in a comprehensive curriculum has increased pediatric residents' and nurses' comfort at the end of life. In the data that is currently being collected, we will show how the curriculum is altering resident and nursing comfort in caring for dying children and their families.

Optimizing the Delivery of Home-Based Palliative Care: Experiences from PCORI's Ongoing Large Multi-Site Clinical Trials (FR472)

Neeraj Arora, PhD, PCORI, Washington, DC. Susan Enguidanos, PhD MPH, University of Southern California, Los Angeles, CA. Huong Nguyen, PhD RN, Kaiser Permanente Southern California, Pasadena, CA.