

Exploratory factor analysis revealed two primary factors: palliative care principles and nursing-specific responsibilities. Content validity was established by the expert panel.

Conclusion. The UNPCKS is a psychometrically strong contemporary measure that can be utilized to evaluate students' palliative care knowledge.

Implications for Research, Policy, or Practice. Future testing of the efficacy of the measure to evaluate changes in knowledge corresponding with palliative care or ELNEC-Undergraduate education are in progress. However, the instrument can be integrated into existing education programs to evaluate students' palliative care knowledge.

Enhancing Healthcare Students' Perceived Competence to Care for Dying Patients: An Interprofessional Simulation (S847)



Megan Lippe, PhD RN, University of Alabama, Tuscaloosa, AL. Anne Halli-Tierney, MD, The University of Alabama, Tuscaloosa, AL. Robert McKinney, PhD MSW, The University of Alabama, Tuscaloosa, AL.

Objectives

1. Describe the three steps of the interprofessional withdrawal of life-sustaining measures simulation.
2. Identify at least one course at the attendee's home institution within which the simulation can be integrated.

Original Research Background. Within the context of an aging society in which individuals are increasingly diagnosed with multiple chronic conditions, there is a critical need for effective interprofessional educational interventions to prepare healthcare provider students to care for dying patients.

Research Objectives. The purpose of this study was to evaluate the impact of an interprofessional withdrawal-of-life-sustaining measures simulation on medical residents', nursing students', and social work students' perceived competence to care for dying patients.

Methods. Medical residents (n=8), social work students (n=8), and pre-licensure nursing students (n=57) were divided into small interprofessional teams to engage in a three-stage simulation. In each stage, teams engaged in pre-briefing, performance, and debriefing. First, team members communicated with family members regarding the need for a tracheostomy insertion. Second, nursing students assessed the client following the development of septic shock and communicated findings to the physician. Third, the team members communicated with the family and removed the patient from life-sustaining interventions. Perceived competence to care for dying patients was evaluated prior to and immediately following the simulation.

Results. The majority of participants had no prior hospice/palliative care patient experience and had not recently experienced the loss of a loved one or cared for a loved one who died. Most students had received hospice/palliative care education. Internal consistency reliability of the new measure was high (Cronbach's $\alpha = .957$). Mixed ANOVA results demonstrated significant improvements in perceived competence overall ($p < .001$) without a noted interaction effect or difference based upon healthcare profession.

Conclusion. The interprofessional withdrawal-of-life-sustaining measures simulation significantly enhanced perceived competence for healthcare students. Recommendations and implications will be discussed.

Implications for Research, Policy, or Practice. The simulation was an effective, dynamic mechanism to educate students from medicine, nursing, and social work regarding communication and end-of-life care.

Patient-Nurse Discordance in Goals of Care at End-of-Life (S848)



Amy Lipson, PhD MPH MSW, Case Western Reserve University, Cleveland, OH. Sara Douglas, PhD, Case Western Reserve University, Cleveland, OH.

Objectives

1. Describe the demographics of patients with advanced cancer and oncology nurses in the outpatient setting.
2. Identify patterns in discord in goals of care between the patient and nurse.

Original Research Background. Providing high-quality care to patients with advanced cancer relies on patients receiving treatment that aligns with their own goals of care (GoC). Goal concordance is dependent on communication between patients and their health care providers. While some research has been conducted on patient-oncologist discordance in GoC, little is known about the role of nurses in this context.

Objective. The purpose of this study was to determine concordance in GoC at end-of-life between patients with advanced cancer and nurses.

Methods. Using a sub-sample from a longitudinal, descriptive design study, data were collected on subjects with a diagnosis of stage 4 cancer and their nurses. Subjects were asked, "Regarding your care/the care of this patient, what is most important to you right now?" Anchors on the instrument were QOL (0) and survival (100)—with a value of 50 indicating equal weight on both domains. Discordance was defined as a > 40 point difference on the VAS.

Results. Results from the 167 PTs diagnosed with advanced cancers who died during the study period are presented. Mean age for PTs was 64.0 (SD=10.3,

range=36-88) with 51.5% being female. The majority of the RNs were female (84.6%) with a mean age of 48.9 (SD=7.0, range=28-61) and 13.3 years of experience in oncology nursing. In 37% of the PT-RN dyads, there was discord in GoC at the last interview prior to death. There was a statistically significant difference ($p=.000$) as the PTs reported goals more survival-focused ($M=47.4$, $SD=31.3$) than the RNs ($M=29.9$, $SD=21.4$).

Conclusion and Implications for Practice, Policy, and Research. These data show some discord between PT and RN at end-of-life and highlight the need for eliciting patient GoC throughout the illness trajectory. With the continuity of the PT-RN dyad in the outpatient setting, RNs are in the unique position to discuss GoC to ensure that PTs receive care congruent with their own preferences.

#Palliativecare and #Hospice: A Comprehensive Instagram Analysis (S849)



LaKeesha Lockett, DO, The University of Texas Health Science Center, San Antonio, TX. Connie Cheng, MS, The University of Texas Health Science Center, San Antonio, TX. Laura Reilly-Sanchez Health Careers High School, San Antonio, TX. Sandra Sanchez-Reilly, MD FAAHPM, UT Health Science Center and South Texas Veterans Health care System, San Antonio, TX. Jeanette Ross, MD AGSF FAAHPM, The University of Texas Health Science Center, San Antonio, TX.

Objectives

1. Assess Instagram posts related to #hospice and #palliative care.
2. Identify trends in #Hospice and #Palliativecare Instagram postings.
3. Compare trends between #hospice and #palliative care.

Background. Image-sharing social media platforms such as Instagram have grown in popularity and are rapidly becoming a media for personal, business and health-related information sharing. Instagram has over 1 billion active monthly users, with 64% of users ranging from 18 to 34 years old. The content of Instagram images of palliative care (PC) and hospice have not been investigated.

Objective. To assess Instagram posts related to #hospice and #palliative care, illustrating general population knowledge and opinions of hospice and palliative care and comparing trends.

Methods. Instagram-public data was retrieved for 30 days (images, video, metadata) for the two hashtags containing PC and hospice. Images were screened; duplicates removed and excluded non-English content. A customized coding scheme to determine major content themes and images was developed. Themes were

characterized by user (hospice/PC/personal); post type (picture, video); description (selfie, infographic), content (advertisement, fundraiser, education, animals); purpose (personal, work, business, motivational and healthcare-related). Content was evaluated to explore trends comparing hospice vs. PC.

Results. #hospice ($n=2916$) and #palliativecare ($n=1075$), 389 posts were included after screening; 292 #Hospice and 97 #palliativecare images selected for analysis. Most images were pictures of others and most images were posted by individual users. Common content themes included fundraising (26.99%; 12.5% PC vs. 31.85% hospice; $p=0.002$), advertisement (24.68%, $p=NS$), family/friends (14.65%; 28.13% PC vs. 10.27% hospice; $p<0.001$), education (11.05%; $p=NS$), and animals (8.23%; 2.08% PC vs. 10.27% hospice; $p=0.038$). If the user had a hospice/PC background, they will be more likely to post educational materials ($p=0.0388$).

Conclusions. Instagram #hospice and #palliativecare are available and widely used. #hospice is used more often in general and when identifying common categories such as fundraising, posting about the story of loved one or pets. Hospice and PC organizations have started to use posts as a means of education. Future studies should analyzed how Instagram can be utilized as a means for educating the population, worldwide promotion and empowering patients and caregivers.

Management of Fatigue at the End of Life: A Systematic Review (S850)



Susan Lowey, PhD RN CHPN FPCN, State University of New York College at Brockport, Brockport, NY.

Objectives

1. Identify the most common and effective treatment modalities for fatigue management at the end of life.
2. Describe implications from this review of current evidence on directions for future research focused on symptom management of fatigue.

Background and Objectives. Fatigue is a common and distressing symptom associated with patients with progressive terminal illnesses who are nearing the end of life. The cause of fatigue is multifaceted and its presentation is exclusively subjective, which can both contribute to difficulty with treatment approaches. The purpose of this systematic review was to examine and describe the state of evidence surrounding the most current and effective treatments for fatigue in patients nearing the end of life.

Study Identification. Medical databases were searched using keywords including: *fatigue*, *fatigue management*, *terminal illness*, *end-of-life care*, and *palliative care*. Articles published between 2000 and 2018