Finally, presenters and attendees will explore financial, system, and staff limitations and generate strategies to implement interprofessional training experiences into their own programs. Interprofessional training provides unique benefits to patients, families, trainees, and clinical systems, and should be considered by programs nationwide.

Analog Care in a Digital World: Telemedicine in Outpatient Palliative Care (SA508)

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Objectives

- Compare between an ambulatory in-person palliative care visit and a telemedicine palliative care visit conducted between two clinical sites.
- Describe how clinicians can promote a therapeutic alliance within a telemedicine visit.
- Deepen knowledge of oncology patient's perception of telemedicine visits.

Interest in telemedicine continues to rise in conjunction with advancements in technology, improving reimbursement, and growing demands by patients and families. For patients with life limiting illnesses, additional clinician visits separated in time and location can represent a significant burden to quality of life. The use of telemedicine in outpatient palliative care holds the promise of improving access to palliative care while allowing patients to stay closer to home. Understanding patient's perceptions regarding satisfaction and acceptability are the first steps for meaningful expansion of telemedicine.

While prior work in telemedicine has focused on deploying this technology to patients in rural or remote areas**,** patients within an urban metropolitan area can experience difficulty in accessing palliative care specialists. Memorial Sloan Kettering Cancer Center has an expansive regional network in Westchester County, Long Island, and New Jersey. Patients who live in these regions are required to travel into Manhattan to receive ambulatory palliative care. In this concurrent session, we will share how we created an outpatient telemedicine palliative care program within our regional network that complements our current in-person ambulatory practice. Our physicians and nursing staff will share their perspectives on providing empathetic care within a digital space. We will describe the fundamental differences between telemedicine and in-person ambulatory visits from both a patient and clinician perspective. Utilizing data from patient surveys we will also examine whether these differences affect the patient's overall experience with telemedicine. Understanding patient's acceptability and satisfaction with telemedicine visits was key in the development of our current program and we will share our most up to date patient data. Lastly, we will consider the feasibility factors that should be kept in mind when thinking about expansion of telemedicine within your own institution.

Specialty Palliative APRN Practice Through State-of-the-Art Graduate Education: Report of the HPNA Graduate Faculty Council (SA509)

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Objectives

- Define specialty palliative care practice for APRNs.
- Summarize the essential components and characteristics for master's programs for specialty APRN entry into practice.
- Discuss recommendations for graduate level APRN education.

As palliative care continues to move beyond hospital walls into office, clinics, homes, and long term care settings, more advance practice registered nurses (APRNs) will be needed to assure access to high quality palliative care. Sound educational preparation of APRNs is critical to meet this workforce need. However, little is known about the content and teaching-learning approaches of existing Masters, DNP, and post-Masters certificate programs. Furthermore, there appears to be little standardization among these educational programs. This session will describe recommendations for preparing entry-level APRNs for specialty palliative care practice within graduate education.

Setting Trends in the Preoperative Care Setting: Advance Care Planning (SA510A)

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Objectives

- Examine the prevalence of Advance Directives in patients undergoing elective surgery.

- Analyze the relationship between risk factors for postoperative complications and readmissions with the completion and availability of advanced directives.
- Identify the relationship between risk factors preoperatively and outcomes postoperatively to develop protocols for a collaborative, interdisciplinary partnership for increased completion of Advance Directives.

Original Research Background. High-risk patients undergoing elective surgery have an increased likelihood of life-threatening complications.[1-5] Most lack capacity during their procedure, yet completion of Advance Directives (ADs) is not required.[6]

Research Objectives. The Objectives of this project were: 1) identify the prevalence of ADs (living will or surrogate decision maker) and 2) assess for relationship between ADs, preoperative risk factors, readmissions, and mortality.

Methods. This was a retrospective chart review of patients undergoing preoperative evaluation for elective surgery. Demographic, comorbidities, Charlson Index Reviewed, Revised Cardiac Risk Index, and functional status were obtained from the preoperative evaluation. The Electronic Medical Record (EMR) was reviewed for the presence of AD's prior to surgery and at 1-year follow-up, 1-year mortality, and readmissions. Statistical methods included chi-square, Fisher's exact, and multiple logistic regression.

Results. Four hundred charts were reviewed. Thirty-five percent of patients were ≥65 years old and 29% reported having an AD; however, only 12.5% had an AD in the EMR prior to surgery. In the regression model, age ≥65, male gender, congestive heart failure, and HIV/AIDS were associated with having an AD on file (p-values <0.05). Of 386 records at 1-year follow-up, 18 were deceased, of which 3 (17%) had completed an AD prior to surgery. One-hundred two patients were readmitted at least once. Readmissions were not related with having an AD on file at 1 year (p-value 0.42).

Conclusion. Less than 15% of patients undergoing elective surgery had ADs on file. Patients who were readmitted were not more likely to have an AD. Preoperative clinics provide an opportunity to identify and assist with advance care planning.

Implications for Research, Policy, or Practice. This project affirms that few high-risk surgical patients have ADs completed prior to surgery and presents an opportunity for patient education, dissemination of results to preoperative clinics, and implementation of a quality improvement project aimed at AD counseling in this setting.

Effect of FAmily CEntered (FACE) Advance Care Planning (ACP) on Families' Appraisals of Caregiving for their Teens with Cancer (SA510B)

Jessica Gaines, BSN RN CPN, Children's National Health System, Washington, DC. Sarah Friebert, MD FAAP FAAHPM, Akron Children's Hospital, Akron, OH. Justin Baker, MD FAAP FAAHPM, St. Jude Children's Hospital, Memphis, TN. Jennifer Needle, MD MPH, University of Minnesota, Minneapolis, MN. Yao Cheng, MS, Children's National Health System, Washington, DC. Maureen Lyon, PhD, Children's National Health System, Washington, DC.

Objectives

- Describe the effect of FACE ACP on families' appraisals of caregiving for their teens with cancer.
- Describe communication approaches in advance care planning.

Original Research Background. Little not much is known about how well family caregivers respond to participating in advance care planning with their adolescents with cancer.

Research Objectives. To identify the effect of the FAmily CEntered (FACE) pediatric advance care planning (pACP) on family caregivers' appraisal of their caregiving for their child with cancer.

Methods. Eighty-four adolescent/family dyads were randomized to either FACE-TC intervention or treatment as usual control. FACE-TC is 3 weekly, 60-minute pACP sessions with a trained/certified facilitator. Controls and intervention participants received an information booklet on ACP. Family Appraisal of Caregiving Questionnaire subscales assessed outcomes. The GEE model tested the effect of intervention on family caregiver appraisals subscales at 3-month postintervention.

Results. We enrolled 84 adolescent/family dyads. In this interim analysis 60 dyads have completed 3-month assessment. Demographics of adolescents: mean age of 16 years (range 14-20); cohort is 39.3% male; 80.9% Caucasian. Family participants' demographics: mean age of 45 (range 19-63); cohort is 80.9% female; 80.9% Caucasian. Positive caregiving appraisals subscale items are "Caring for __ is satisfying; It is a privilege to care for __; Caring for __ has made me feel closer to him/her; I am able to comfort __ when he/she needs it; I feel confident I can handle most problems in caring for __; I feel useful in my relationship with __; I am committed to caring for __. FACE pACP significantly increased positive caregiving appraisals at 3 months postintervention, compared to controls, (β=0.225, Confidence Interval=0.0016-0.448, p=0.0484). No significant differences were