

Conclusion. Concern for loved ones was identified as the most common theme of end-of-life reflections.

Implications for Research, Policy, or Practice. Health care professionals should extend their efforts to alleviate their patients' concerns related to relationships with loved ones. Future research could focus on determining the specific causes of concern for loved ones among the dying patients and developing measures to ameliorate such concerns.

Increasing Awareness of Palliative Care in the Latino Community (S827)



Joy Goebel, PhD RN FPCN, California State University Long Beach, Long Beach, CA. Mara Bird, PhD, Center for Latino Community Health, Long Beach, CA. Lorene Morris, MPS, California State University Institute for Palliative Care, San Marcos, CA. Erika Bonilla, MPH, California State University Long Beach Research Foundation, Long Beach, CA.

Objectives

1. Discuss challenges and opportunities to improving awareness of palliative care in underserved communities.
2. Identify potential community partners to reach underserved populations the provider's areas of practice.

Original Research Background. Research indicates significant disparities in the use of palliative care (PC) in underserved populations. Although 17% of America's population is Latino, and Latinos account for 48% of California's population, only 6.9% of individuals receiving PC are Latino. Thus, culturally and linguistically sensitive approaches to improve awareness of PC are imperative to improving health outcomes among Latinos.

Research Objectives. To evaluate the feasibility of applying the promotores model to improving awareness of PC in the Latino Community. To describe the implementation and evaluation of a PC promotores project in an urban setting.

Methods. Promotores are respected Latino community members who provide health information to their local communities. *Familias en Acción* (a Latino advocacy and educational organization) and the Center for Latino Community Health at California State University, Long Beach partnered to provide 3- to 8-hour face to face trainings to promotores on PC. Each promotora agreed to teach 10 additional people. Pre and post surveys and 6-month follow-up telephone interviews evaluated program effectiveness.

Results. Sixty-one promotores participated; 57 completed the 6-month follow-up (93% retention rate). The mean age for the promotoras was 47.3 years (range 19-68, standard deviation [SD] 10.01); mean

length of US residency was 26.74 years (range 6-64, SD 11.18); 56 (91.8%) were female; and 52 (85%) reported their country of origin as Mexico. Initially, 57 (94%) promotores reported no knowledge of PC. At the completion of the training, 60 (98%) reported strongly agreed or agree with the statement, "I am ready to share this information with my community." Promotores provided the training in various settings including schools, churches, and senior centers to 1,950 community members, exceeding project Objectives by threefold.

Conclusion. This project provides evidence that promotores are extremely effective in disseminating PC information throughout their communities.

Implications for Research, Policy, or Practice. Rigorous methodologies are needed to provide empiric evidence of specific healthcare outcomes from PC promotores projects.

"Supportive Care Nurses" An Innovative Inpatient Primary Palliative Care Consultation Service at an Academic Medical Center (S828)



Yuya Hagiwara, MD MACM, University of Iowa, Iowa City, IA. Ann Struve, DNP ARNP, University of Iowa, Iowa City, IA. Christine Harlander, MSN, University of Iowa Hospitals and Clinics, Iowa City, IA. Ian Rowland University of Iowa Hospitals and Clinics, Iowa City, IA. Suzanne Streitz, BA, University of Iowa Hospitals and Clinics, Iowa City, IA. Timothy Thomsen, MD FACS, University of Iowa, Iowa City, IA.

Objectives

1. Describe a nurse-led primary palliative care consultation service to provide early palliative support for patients at a tertiary academic medical center.
2. Determine acceptability and perceived effectiveness of a nurse-led primary palliative care consultation approach.

Original Research Background. The ability to provide primary palliative care is a skill set that is underutilized by hospitalists. Many hospitalized patients lack access to palliative care consultation. To fill this gap, a primary palliative care consultation service could be beneficial to patients, families and hospitalists in addition to specialty level palliative care consult services.

Research Objectives.

- To develop a nurse-led inpatient primary palliative care consultation service.
- To evaluate the acceptability and perceived effectiveness of a nurse-led primary palliative care consultation approach.

Methods. A single-site, single-arm pilot study was conducted at the University of Iowa Hospital and Clinics.

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.