the 8-week summer program that included weekly didactic sessions with hospice and palliative care providers. Empathy and Self-Efficacy to provide end of life care were measured in 18 undergraduate health professions' students (7 men; 11 women) between the ages of 19 and 27 before and after the program.

Results. Paired t-tests revealed significant increases in perceived self-efficacy to provide end of life care ($p < .001$) and empathy ($p < .05$) among participants following completion of the program.

Conclusion. Residential homes for the dying offer a unique patient care experience with time to practice end of life care with instruction by, and observation of, more experienced caregivers.

Implications for Research, Policy, or Practice. There are approximately 30 residential homes for the dying in upstate NY and 30 others across the U.S. in need of caregivers. This educational initiative represents an opportunity to improve community-based end of life care and cultivate communities of compassionate caregivers.

Characteristics of Hospices Providing High-Quality Care (S802)

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Objectives

1. Identify hospice characteristics associated with high performance on CAHPS Hospice Survey measures.
2. Identify hospice characteristics associated with high performance on Hospice Item Set measures.
3. Compare hospice characteristics associated with high performance on Hospice Item Set measures to characteristics associated with high performance on CAHPS Hospice Survey measures.

Original Research Background. Newly available data from the Hospice Quality Reporting Program allow for examination of hospice characteristics that are associated with high-quality hospice care.

Research Objectives. Examine hospice characteristics associated with high performance on Hospice Item Set (HIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey measures.

Methods. We used 2015 hospice claims and 2016 Provider of Services data to identify structural features of hospices, characteristics of their patients, and their processes of care. We used logistic regression models to assess the association between hospice characteristics and hospices' being in the top quartile of 2015-2017 performance for HIS measures, CAHPS measures, or both.

Results. Of the 2,746 hospices in our analysis, 5.6% were in the top quartile of both HIS and CAHPS measure performance. Hospice characteristics associated with being in the top quartile for HIS included being in a for-profit chain, larger size (91+ patients per year), and having fewer than 40% of patients in a nursing home. Characteristics associated with being in the top quartile for CAHPS included being a non-profit and non-chain hospice, smaller size (< 200 patients per year), and serving a rural area. Providing professional staff visits in the last two days of life to a higher proportion of patients was associated with hospices' being in the top quartile of HIS and in the top quartile of CAHPS.

Conclusion. Hospice characteristics associated with strong performance on clinical process measures differ from those associated with better patient and family experiences of care; however, some hospices achieve high performance on both domains, suggesting that there is no inherent tradeoff between them.

Implications for Research, Policy, or Practice. Variation in care quality by hospice characteristics suggests opportunities for improvement.

Teaching the Skill of Shared Decision Making Utilizing a Novel Online Curriculum: A Blinded Randomized Controlled Pilot Study (S803)

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Objectives

1. Identify the components of shared decision making using a values-guided support approach.
2. Identify language that identifies parental values and how language to elicit these values can be learned via the educational intervention.
3. Identify common ways that decisions may be inadvertently and inappropriately framed during conversations in high stakes situations.

Original Research Background. Competence in shared decision making for non-palliative care professionals is becoming essential as children's hospitals are increasingly caring for more chronically and critically ill children. The resources of Pediatric Palliative Care teams are often stretched thin, and the medical team is often unable to ascertain families' goals of care during rounds or bedside discussions, often due to lack of communication training and skills.

Research Objectives. To test the effectiveness of an online module in improving the language of shared decision making used by non-palliative care pediatric

providers who often participate in shared decision making with patients and families.

Methods. Pediatric subspecialty fellows were video-recorded in a simulated patient encounter with parents facing a decision to either go forward with a life-extending procedure or transition to a course of care aimed at comfort. Conversations were evaluated with a validated scoring tool for the degree of shared decision making present on a scale of 0-11. The intervention group then received a brief online curriculum aimed at teaching the skill of shared decision making. Participants from both groups then repeated the same simulation and were reassessed. Members of the control group then became a delayed-intervention group and also underwent the curriculum and a third simulation.

Results. Regression analysis demonstrated the odds of improved performance in mean total score for intervention groups was 39.78 times greater than that of the control group (95% CI [1.72 - 919.29]; P-value 0.022).

Conclusion. Shared decision making is becoming more and more important as children's hospitals are increasingly caring for more chronically and critically ill children. Our data show that an easily accessible educational intervention in the form of an online module format is an effective way of teaching these behaviors.

Implications for Research, Policy, or Practice. Shared decision making behaviors in non-palliative care pediatric providers can be significantly improved by access to online educational modules.

Impact of Physician Attire on Palliative Care Patients' Perception of Physician Compassion and Professionalism: A Randomized Clinical Trial (RCT) (S804)

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Objectives

1. List different elements of communications skills.
2. Discuss how attire can be a form of non-verbal communication.

Original Research Background. Environment is an important component of communication skills. Physicians' communication style including attire may influence patient perceptions. Previous studies mostly based on pictures of providers in different attires provide conflicting evidence.

Objectives. This RCT aimed to explore the effects of a physician's attire on patients' perceptions. Hypothesis was that patients will perceive the physician with formal attire as more compassionate & professional than the physician wearing casual attire.

Methods. 105 English speaking adult patients presenting as follow-ups to out-patient supportive care center, were randomized to watch 2 standardized, 3-minute video vignettes, with similar script, depicting a routine clinic encounter. In one video, physician was wearing formal attire with tie and buttoned up white coat, while in the other, physician was in casual attire without a tie or white coat. Actors and patients were all blinded to the purpose of the study. Investigators were blinded to the videos watched by the patients. After viewing each video, patients completed validated questionnaires rating their perception of physician compassion (0 = best, 50 = worst), professionalism (5 = poor, 25 = very good) & overall preference for the physician.

Results. No significant differences seen between formal and casual attire for compassion [median (interquartile range), 25 (10, 31) vs 20 (8, 27); P=0.31] and professionalism [17 (13, 21) vs 18 (14, 22); P=0.42]. 30% (32) patients preferred formal, 31% (33) preferred casual attire and 38% (40) had no preference. Subgroup analysis did not show statistically significant differences among age, sex, marital status & education level for compassion, professionalism & physician preference.

Conclusions and Implications. Doctor's attire did not have an impact on patients' perceptions of physicians' level of compassion & professionalism and did not influence their preferences for their doctor or their trust and confidence in the doctor's ability to provide care. More RCTs are needed to better understand the impact of different forms of attire on patient perceptions & preferences.

Advance Care Planning Education for Psychiatrists: A Novel Training Workshop (S805)

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