Julie Childers, MD MS FAAHPM, University of Pittsburgh, Pittsburgh, PA.

Objectives

1. Identify medical and psychosocial factors that support a greater need for advance care planning among psychiatric patients.
2. Argue for the need for psychiatrists to receive training in advance care planning.
3. Evaluate the potential of a one-time, skills-based training workshop to impact attitudes, comfort, skills, and knowledge of psychiatry residents in advance care planning.

Original Research Background. Despite a perceived need, rates of advance directive completion among psychiatric patients are low, and psychiatrists receive little to no training in advance care planning. We identified advance care planning as an unmet educational need in psychiatry and developed a skills-based training workshop for psychiatry residents.

Research Objectives.

- Identify areas of need for advance care planning (ACP) training for psychiatry residents at the University of Pittsburgh Medical Center.
- Develop and implement a residency-wide educational workshop to train psychiatry residents in medical and mental health ACP.
- Assess residents' attitudes, comfort, knowledge, and skills in engaging in medical and mental health advance care planning before and after the workshop.

Methods. Based on results of a needs assessment, we developed a three-hour ACP educational workshop for psychiatry residents, including drill-based guided practice in ACP communication skills and a case-based roleplay exercise to complete mental health advance directives. Psychiatry residents participating in this training completed pre- and post-workshop surveys assessing their attitudes, comfort, knowledge, and skills in ACP domains

Results. Psychiatry residents completed this training and the pre-workshop ($n = 42$) and post-workshop surveys ($n = 41$). After the training, residents reported a greater responsibility to facilitate psychiatric ACP ($p = 0.03$). They cited greater comfort in discussing end-of-life care ($p = 0.04$), facilitating medical ACP ($p = 0.002$), and facilitating psychiatric ACP ($p < 0.001$). They reported being more able to address key elements of ACP with patients ($p < 0.001$). They also demonstrated statistically significant score increases on objective measures of ACP knowledge. Finally, residents reported high satisfaction with this training.

Conclusion. A one-time educational workshop targeting produced improvements in psychiatry residents' attitudes, comfort, skills, and knowledge in ACP.

Implications for Research, Policy, or Practice. This educational workshop is the first known ACP training for psychiatry residents. This model proved effective at our institution and may be adapted to other psychiatry training settings.

The Landscape of Cardiac Palliative Care Practices in the United States (S806)

Amy Beasley, DNP RN CHPN, University of Alabama, Tuscaloosa, AL. Dio Kavalieratos, PhD, University of Pittsburgh, Pittsburgh, PA. Marie Bakitas, DNSc NP-C FAAN, University of Alabama at Birmingham, Birmingham, AL.

Objectives

1. Describe clinical characteristics of U.S. cardiac palliative care programs.
2. Differentiate between U.S. cardiac palliative care programs challenges and successes.

Original Research Background. Patients with advanced cardiac disease (CD), and their caregivers, may benefit from early palliative care (PC) services. There is limited information on the number and nature of U.S. cardiac PC programs.

Research Objectives. To describe operational and clinical characteristics of U.S. cardiac PC programs.

Methods. We developed, pilot tested, and disseminated an Internet survey to a convenience snowball sample of U.S. cardiac PC programs. The survey included closed- and open-ended questions on practice type, CD, service utilization, staffing, practice characteristics, referrals, funding sources, services, and challenges.

Results. Seven (70%) cardiac PC programs completed the survey. Most programs identified as comprehensive (in-, out-, home services), outpatient (12.5%), inpatient (25%), or combined (25%). Programs varied in duration of existence, from one month-12 years. All programs served HF patients, while others serve heart transplant (75%), COPD (75%), pulmonary arterial hypertension (62.5%), and interstitial lung disease (62.5%). Most outpatient programs (71.4%) saw less than 50 new patients annually, whereas one practice served 400. Most common referral reasons were discussion of goals, management of emotional symptoms, and preparedness planning for ventricular assist devices. The most commonly managed symptoms were fatigue, dyspnea, depression, and anxiety. PC co-management (57.1%) and consult only PC (57.1%) were the most common practice models. All of the cardiac PC practices had expanded since opening. Qualitative follow up interviews are planned to provide a deeper program understanding.

Conclusion. Though cardiac PC programs are in their infancy, there has been significant growth and

need for expansion. Understanding current cardiac palliative care services, potential funding sources, and future needs is a high clinical/research priority.

Implications for Research, Policy, or Practice. Study results provide an initial picture of cardiac PC specialty programs which will be further expanded based on qualitative interviews.

A Palliative Care Patient Navigator and Counseling Intervention for Latinos with Stage III/IV Cancer (S807)

David Bekelman, MD MPH, University of Colorado, Denver, CO. Regina Fink, PhD AOCN CHPN FAAN, University of Colorado Anschutz Medical Campus, Aurora, CO. Evelinn Borrayo, PhD, University of Colorado Denver, Denver, CO. Danielle Kline, MS, University of Colorado Denver, Aurora, CO. Timothy Sannes, PhD, University of Colorado Anschutz, Aurora, CO. Stacy Fischer, MD, University of Colorado School of Medicine, Aurora, CO.

Objectives

1. Describe a method for culturally tailoring a counseling intervention.
2. List 3 elements of feasibility when pilot testing a new intervention.

Original Research Background. Latinos with advanced cancer are unlikely to access palliative care and can have high distress. To address this, we adapted and combined two successful interventions, a patient navigator and a counseling intervention. In prior work, the patient navigator intervention increased advance care planning for Latinos, and the counseling intervention reduced depression in a general population using behavioral activation and interpersonal psychotherapy.

Research Objectives. (1) Adapt the content and format of the counseling intervention to ensure cultural and literacy appropriateness with Latinos; (2) Determine the feasibility of the combined patient navigator and counseling intervention, including video counseling visits.

Methods. (1) Community participatory action approach. We collaborated with Latino patient navigators (n= 5) and a Latina psychologist with multiculturalism expertise to revise the counseling treatment manual and patient materials. (2) Pilot test in Latino patients with stage III/IV cancer who screen positive for high distress or depressive or anxiety disorder.

Results. 1) The counseling intervention underwent major changes. The written patient materials were adapted to a 5^{th}-6^{th} grade reading level. Thirteen stories of adjusting to illness were culturally tailored in an iterative process using paired navigator/study team members. Stories were transformed into video scripts using a similar process, with multiple revisions to increase cultural tailoring and adhere to core counseling components. Videos were subsequently produced. 2) 14 of 23 eligible Latinos with stage 3/4 cancer enrolled. Participants were distressed (mean baseline NCCN distress 6.2/10, SD 1.4; PHQ8 10.6, SD 6.2; GAD7 9.4, SD 6.5). Intervention visits are ongoing and final pilot data will be presented.

Conclusion. A patient navigator and counseling intervention was adapted for use with Latino populations.

Implications for Research, Policy, or Practice. Developmental studies that culturally tailor established interventions to specific populations require time and funding. The community participatory action approach we used could be applied to other interventions and populations.

Behind the Scenes: The Care Coordination/Non-Billable Time Associated with Outpatient Pediatric Palliative Oncology (S808)

Katharine Brock, MD MS, Emory University, Children's Healthcare of Atlanta, Atlanta, GA. Kristen Allen, MPH, Children's Healthcare of Atlanta, Atlanta, GA. Karen Wasilewski-Masker, MD, Emory/Children's Healthcare of Atlanta—AFLAC Cancer Center, Atlanta, GA. Jeffrey Klick, MD, Children's Healthcare of Atlanta, Atlanta, GA.

Objectives

1. Describe the unique aspects of a pediatric palliative oncology clinic and the time spent in care coordination.
2. Identify the demographic and disease-based factors that contribute to increased care coordination time.
3. Formulate talking points to advocate for appropriate care coordination time in your outpatient clinic model.

Original Research Background. Integrated pediatric palliative oncology (PPO) outpatient models are emerging to assist oncologists and patients with longitudinal support, symptom management, and care coordination. Considerable time is devoted to care coordination, but the scope, time per patient, and ratio of non-billable to billable (NB:B) minutes is unknown. This information is crucial to designing new PPO outpatient clinics in order to understand and advocate for appropriate personnel, physician time, and resources.

Research Objectives. To determine the trends and ratio of NB:B minutes for PPO clinic patients.

Methods. All encounters were tracked from June 2017 through April 2018 for a single-institution 1-day per week PPO clinic. Administrative minutes and PPO inpatient time were excluded. Billable and non-