Institute, Seattle, WA. Abby Rosenberg, MD MA MS, Seattle Children's Hospital, Seattle, WA.

Objectives

- Evaluate Promoting Resilience in Stress Management (PRISM) as a prevention model for pediatric palliative care.
- Translate research findings to clinical practice working with patients with serious medical illnesses, emphasizing the importance of real world implementation.

Research Background. Adolescents and young adults (AYAs) with cancer are at high risk of poor quality of life and negative psychosocial outcomes. Promoting Resilience in Stress Management (PRISM), a brief, 1:1, skills-based intervention, has demonstrated efficacy in improving quality of life and alleviating distress for AYAs. In this secondary analysis of data from a recent randomized trial, we examined PRISM's role in preventing the development of negative psychosocial outcomes.

Methods. One hundred English-speaking AYAs (ages 12-25 years) with cancer were randomized to receive PRISM vs Usual Care (UC). At enrollment and 6 months later, AYAs completed validated Patient Reported Outcomes (PROs) measuring resilience (CDRISC-10), hope (Snyder hope scale), quality of life (PedsQL), and distress (Kessler-6). Individual patient response trajectories from baseline to 6-month follow-up were categorized as "improved" (>10% increase in PRO scores), "stable" (+/- 10% change), or "deteriorated" (>10% decrease in PRO scores) for each PRO.

Results. Seventy-four patients (36 PRISM, 38 UC) completed baseline and 6-month PROs assessments. A positive response to PRISM persisted even after AYAs were stratified by demographics of gender, age, and race. Individual patient trajectories across all PROs measured suggested PRISM recipients generally experienced either symptom improvement or remained stable over time, whereas UC participants tended to deteriorate over time. The cancer-specific PedsQL provides an illustrative example of group-wide categorical trends such that fewer PRISM recipients "deteriorated" compared to UC (5.6% vs 15.8%, respectively), and more PRISM recipients "improved" compared to UC (33.3% vs 13.2%, respectively).

Conclusions and Implications. PRISM seemed to work equally well across demographic groups. Individual trajectories and group-trends suggested that PRISM may prevent deterioration in resilience, hope, quality of life, and distress. Thus, PRISM may serve as a viable prevention model for pediatric palliative care. Future research will explore the implementation of PRISM as "entry level" psychosocial standard of care for all AYAs with cancer.

4:30–6 pm

Interactive Educational Exchange

Using Simulation to Teach Interprofessional Communication in Palliative Care (FR482A)

Barbara Jones, PhD MSW, University of Texas, Austin, TX. Clarissa Johnston, MD, Dell Medical School University of Texas, Austin, TX. Elizabeth Kvale, MD FAAHPM, University of Texas Dell Medical School, Austin, TX. Molly Curran, PharmD, BCPS BCCCP, University of Texas, Austin, TX. John Luk, MD, University of Texas Dell Medical School, Austin, TX. Gayle Timmerman, PhD RN CNS, University of Texas, Austin, TX. Veronica Young, PharmD MPH, University of Texas, Austin, TX. Richard Bottner, PA, Seton and Dell Medical School, Austin, TX.

Objectives

- Compare and contrast different types of palliative care simulation described in the literature.
- Identify opportunities within one's own institution to develop similar coursework.
- Create learning outcomes for the use of simulation in palliative care education.

Background. Simulation has become a common education modality across most health professions but is not widely adopted in palliative care education. In a recent review, Smith et al. (2018) found several examples in the literature of end-of-life communication training for nurses and nursing students. However, less than 25% of the thirty articles reviewed included team-based simulation encompassing nursing, social work, and medical students. Simulation provides students a tangible experience in interprofessional palliative care prior to workforce entry.

Audience. The Foundation for Interprofessional Collaborative Practice course incorporates learners from the UT Austin Schools of Pharmacy, Medicine, Nursing, and Social Work and would be appropriate for additional disciplines including psychology and chaplaincy.

Approach. This two-semester experience places students in small interprofessional teams which meet monthly. In the first part of the palliative care module, learners participate in a three-hour large group session with small group breakouts based on materials adapted from the iCOPE curriculum (Head, et al. 2014).

In the second part of the module, the focus of our Interactive Educational Exchange, students participate in a twenty-minute goals-of-care conversation in a standardized patient lab utilizing trained patient actors. The group facilitator observes the interaction remotely and then provides direct feedback. This portion of the module is based on original content created by our steering committee.

Results. Over 500 learners have participated and report increased comfort with palliative care communication and interprofessional teamwork.

Impact. Introduction to palliative care is an important opportunity for interprofessional learners. Many students have little previous knowledge of palliative care and end-of-life issues. This course allows students to explore these concepts in a safe environment while being positively exposed to the field.

Critique/Next Steps. We plan to evaluate whether interprofessional communication training influences learner comfort with difficult conversations in future clinical practice.

Simulation to Teach the Art of Difficult Conversations: A Curriculum Adaptable for All Learners (FR482B)

Cassandra Hirsh, DO, Akron Children's Hospital, Akron, OH.

Objectives

- Identify the key components necessary to create a successful conversation simulation curriculum.
- Create a difficult conversation simulation curriculum that is applicable to learners in your respective program.

Background/Context:. Simulation is an effective way to educate learners in practical medical skills. A program implemented within our pediatric residency and palliative care fellowship program allows each learner to have an opportunity to participate in two unique simulated conversations during their training. This allows our learners to try different techniques and have these conversations in a safe place.

Audience. The target audience is anyone responsible for teaching others to have difficult conversations.

Approach. Each learner is presented with a scenario and observed having a difficult conversation with a bereaved parent. Then a debriefing occurs to discuss the encounter and provide education about conversation techniques that may make the conversation easier. The learner repeats the simulation and another debriefing occurs.

Results/Outcomes. We have had this program in place for the past six years and there have been more than one-hundred simulated experiences. Using both qualitative and quantitative outcome measures, we have seen specific improvements in learners.

Impact. This educational experience allows the learner to have a difficult conversation in a safe environment where the stakes are not as high. The perspective of a bereaved parent makes the situation more genuine. Incorporating simulated difficult conversation training into the curriculum of any learner (resident, fellow, nurse, nurse practitioner, chaplain, social worker) allows this skill to be taught to learners in a way that leaves room for error and learning without causing harm to a patient. This technique has also been adapted to perform in a group setting.

Critique/Next Steps. A challenge of this educational scenario is available time to provide one-on-one teaching in the learners' busy schedule.

To Poop or Not to Poop: A Multi-Sensory Learning Experience in Constipation Management (FR482D)

Ashley Nichols, MD, UAB Hospital, Children's of Alabama, Birmingham, AL.

Objectives

- Define constipation and list the underlying causes that contribute.
- Formulate best constipation treatment based on mechanism of action, drug formulation, taste, cost, and contraindications.

Background/Context:. Constipation is a prevalent symptom that plagues patients across the disease spectrum, contributing to morbidity and mortality. This innovative educational experience engages learners with multi-sensory experiences to help them remember how to appropriately prevent and manage constipation.

Audience. All palliative clinicians (physicians and nurses) as well as generalists to enhance primary palliative care skillset

Approach. A multisensory teaching curriculum for constipation, including a matching game to place constipation treatments into their therapeutic categories (to understand mechanism of action, pearls/pitfalls) as well as markers for formulation of meds (liquids, tabs vs rectal administration), pill samples to show size/shape/cost of commonly-prescribed medications, and taste-testing station for liquid formulations.

Results/Outcomes. I teach this curriculum on a monthly basis in our palliative didactic series, so all of our Internal Medicine residents as well as any medical students on elective get to participate (>50-60 learners annually); in addition, I teach this to both Palliative and Oncology fellows (4-8 learners annually). Over the 5 years I've taught this curriculum,