

54 specialty palliative care clinicians. Using a tandem machine learning–human coding method, we identified conversational pauses lasting 2+ seconds in the 96 audio hours and distinguished connective silences from other pauses. Using traditional human coding, we identified patient and family expressions about treatment goals and subcategorized them into those relating to physical and role function, duration of life, symptom control, and place of living. We used standard epidemiology methods to describe the association between the presence of connective silence and expression of goals.

Results. Connective silence and goal expression occurred in 58% (116/199) and 59% (117/199) of consultations, respectively. Goal expression was more common in conversations with at least one connective silence compared to others (69% vs 45%, $p = 0.001$). We observed similar associations across gender and racial identities. The association persisted for specific goal expressions about function ($p = 0.006$), symptom control ($p < 0.001$), and life prolongation ($p = 0.05$) but not about place of living ($p = 0.77$).

Conclusion(s). Connective silence is associated with goal expression in inpatient palliative care serious illness conversations.

Impact. These findings support the need to better understand the role of connective silence in participatory decision-making communication.

Overcoming End of Life Discussion Hesitancy in Advance Care Planning for Patients with Advanced Cancer and Their Caregivers (RP309)

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Outcomes.

1. Identify death/dying topic avoidance by patients with advanced cancer and caregivers enrolled in a primary advance care planning (ACP) study

2. Recognize how certain ACP attributes and certain patient-caregiver goals help overcome death/dying topic avoidance and hesitancy in having end-of-life conversations between advanced cancer patients and caregivers enrolled in a primary ACP study

Importance. Many patients avoid discussing end-of-life (EOL) wishes with loved ones due to reluctance to contemplate death. This can lead to value-discordant EOL care and increased grief. While it has been suggested that the frequency of patient–loved one EOL

discussions increases after advance care planning (ACP) engagement, it is unclear how ACP helps patients and their loved ones overcome this reluctance.

Objective(s). To describe advanced cancer patients' and caregivers' experiences with EOL discussions after participating in an ACP intervention and to describe facilitators for patient-caregiver EOL discussions.

Method(s). Adult patients with metastatic solid tumors and their caregivers were recruited from a cancer center network in western Pennsylvania. Participants were randomly assigned to complete discussion-based ACP or online video-based ACP. Afterwards, semistructured, audio-recorded phone interviews were conducted with participants. All interviews were transcribed and coded for thematic content by qualitative researchers using NVivo software.

Results. Twenty-four interviews were conducted (15 patients and 9 caregivers); of the 15 patients, 47% were female and 95% were Caucasian. After participating in either ACP intervention, most patients and caregivers identified facilitators for engaging in EOL conversations: The interventions normalized the ACP process, focused on procedural content rather than emotions, and empowered participants to have these conversations; certain participants were motivated to have EOL discussions because they needed to face the reality of death, believed these discussions would make the future easier for loved ones, or believed that discussions would ensure their EOL care wishes would be respected.

Conclusion(s). Participants found it easier to engage in ACP and EOL conversations when the ACP process was normalized, more informational than emotional, and empowering and when patients and caregivers had goals of value-concordant care, helping loved ones, or confronting death.

Impact. ACP interventions could be designed to be more normalizing, empowering, and goal centered.

Impact of Palliative Care Education on Confidence of Residents at Historically Black Medical Schools (RP310)

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Outcomes.

1. Describe an intervention that can be implemented at residencies with high numbers of under-represented minorities

2. Describe how the intervention improved residents' view of their palliative care education and their perceived competency

Importance. Medical schools with larger populations of Black medical students provide less palliative care