

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

education than schools with smaller Black student populations.

Objective. To describe the impact of a palliative care educational intervention at two historically Black universities.

Methods. We administered a palliative care educational intervention in family and internal medicine residency programs at Morehouse School of Medicine and Howard University. The intervention consisted of weekly Fast Facts, monthly case reports, Zoom didactic lectures on core palliative care topics, and visiting professorships. Preintervention and postintervention surveys were sent to residents assessing attitudes toward their palliative care education and their perceived confidence in specific palliative care domains. The results were analyzed using chi-square analysis.

Results. A total of 105 (response rate 55%) residents completed preintervention surveys and 101 (42%) completed postintervention surveys. Before the intervention, 50% of residents rated their overall preparedness in palliative care as ≥ 7 (0-10 Likert scale); among postintervention responses, 78% ($p < 0.01$) of respondents reported $\geq 7/10$. Although postintervention residents did not feel better prepared to treat symptoms, a higher percentage reported feeling well prepared to give bad news (41% postintervention vs 23% preintervention) and conduct a family meeting (44% postintervention vs 27% preintervention) ($p < 0.05$). Preintervention, 14% of residents felt their overall palliative care education was very good or excellent, and postintervention ratings increased to 30% ($p < 0.01$). Residents also reported increased confidence in ability to teach palliative care topics, from 26% preintervention to 57% postintervention ($p < 0.01$).

Conclusion. Implementation of a palliative care education program at two historically Black universities increased residence confidence in palliative care preparedness and communication skills.

Impact. Palliative care is an integral part of caring for chronic illnesses, many of which disproportionately affect African Americans. Training Black residents in palliative care is needed to reduce health disparities.

Managing Opioids in Cancer Patients at High Risk for Substance Use Disorders: Experience from an Outpatient Palliative Care Clinic (RP311)

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Outcomes.

1. Explain the benefits of universal screening for substance use disorder

2. Formulate a plan to manage cancer patients on opioids with, or at high risk of, substance use disorder

Importance. There are few guidelines on how to manage substance use disorder (SUD) in cancer patients taking opioids. The urine drug screen (UDS) and the opioid risk tool (ORT) have been used, usually randomly or when clinicians suspect SUD. There is a lack of data on the longitudinal outcome of cancer patients with SUD and opioids managed by a palliative clinic.

Objective(s). This study explored the longitudinal management and outcome of cancer patients on opioids in a palliative care clinic that universally screened for SUD with UDS and ORT

Method(s). A retrospective chart review was performed on patient visits to a palliative care clinic in September 2019. We evaluated all UDS results, abnormal drug behaviors, changes to treatment plans after abnormal behaviors or UDS results, and their longitudinal outcomes.

Results. 204 patients met inclusion criteria (cancer diagnosis, currently prescribed opioids, and had UDS results). 187 (91.6%) patients had no abnormal UDS results, 17 patients (8.3%) had at least one abnormal UDS result, and 6 of the 17 patients had persistently abnormal UDS results. Mean ORT score for patients with abnormal UDS results was 7.4 and 2.8 for patients without abnormal UDS results. Treatment plan changes included frequent clinic visits and UDS, small supplies of opioids, and weaning or rotating opioids. Patients with advanced or incurable cancers remained on higher-dose opioids, and those being treated with curative intent were transitioned to buprenorphine or weaned from opioids. No patients were noted to have overdosed or needed other emergency medical care for SUD.

Conclusion(s). In the setting of universal screening, less than 3% of patients had persistently abnormal UDS results. These patients were safely managed with a standardized protocol.

Impact. Universal UDS and ORT can be used to screen for SUD in cancer patients in a palliative clinic. Standardized protocols including decreased amount of opioids, frequent visits, and opioid rotation may be useful tools for patients with serious SUD and cancer-related pain.

Racial Differences in Advance Care Planning and Preferences for End-of-Life Care: Has COVID-19 Changed Anything? (RP312)

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