

disciplines are lacking. Our research team developed and validated the first quantifiable spiritual screening tool designed specifically for seriously ill veterans, the PC-Spirit.

Objective(s). The objective of the study was to present the results of the quantitative validation of the PC-Spirit

Method(s). We administered the instrument along with a battery of comparison measures to 249 veterans with advanced illness. The comparison measures captured general spiritual well-being, religious coping, and emotional functioning and examined convergent and discriminant validity: FACIT (faith, meaning and purpose), QUALE (preparation and completion), R-COPE (religious/spiritual coping), POMS and PHQ-8 (anxiety and depression), and FACT-G (quality of life). We administered the PC-Spirit a week later, for test-retest reliability.

Results. Results demonstrated reliability and validity and yielded a screening tool with three main components: spiritual relevance, spiritual needs, and spiritual resources. Spiritual needs (9 items) and resources (14 items) had Cronbach's alphas of .76 and .86, respectively, items evaluating relevance of spirituality (7 items) demonstrated a Cronbach's alpha of .76. Psychometric analyses yielded a final PC-Spirit tool including 30 items. Spiritual resources was strongly positively correlated the FACIT-SP three subscales: meaning ($r = .63, p < .0001$), peace ($r = .59, p < .0001$), and faith ($r = .71, p < .0001$); the GES (measuring spirituality and peace with life) ($r = .65, p < .0001$); and the social and family well-being subscale of the Fact-G ($r = .56, p < .0001$), positive coping ($.63, p < .0001$), and religious intensity ($.51, p < .0001$). Spiritual needs were strongly positively correlated with depression as measured by the PHQ-8 ($r = .54, p < .0001$) and anxiety as measured by the POMS ($r = .52, p < .0001$). We also demonstrate threshold values and their correlation with anxiety and depression.

Conclusion(s). The PC-Spirit demonstrates reliability and validity.

Impact. PC-Spirit offers a validated tool to screening for spiritual distress.

Moving "OurCareWishes" to the Bedside: A Step-Wedge Pragmatic Trial (RP318)

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Outcomes.

1. Describe three advantages of using web-based platforms for eliciting advance care directives for hospitalized patients

2. Describe three disadvantages of using web-based platforms for eliciting advance care directives for hospitalized patients

Importance. Web-based platforms such as OurCareWishes.com hold great potential to overcome common barriers to documenting advance directives (ADs); however, research about these platforms' effectiveness is limited.

Objective(s). Determine the effectiveness of a low-cost intervention, OurCareWishes (OCW), that encourages the use of a novel online advance care planning solution by patients admitted to the hospital. Specifically, we examined the impact of OCW interventions on the number of patients with advance care planning documentation recorded in the electronic medical record (EMR).

Method(s). We conducted a step-wedge pragmatic trial comparing patients who were encouraged to complete an online advance care planning form to standard of care. We collected standard of care AD (pre-implementation phase) and enhanced AD (intervention phase) data from 3 admission sites at a single large academic center. We used logistic regression to evaluate the association between receiving the enhanced AD process and presence of a new AD documented in the EHR within 8 weeks of hospital discharge.

Results. In our final sample of 16,020 hospital admissions, only 8.6% ($n = 1,370$) of participants had an AD at the time of hospital admission and only 4.7% had a new AD 8 weeks after hospitalization. In our fully adjusted regression model, the completion of new ADs 8 weeks after hospitalization was not associated with exposure to the enhanced AD process (odds ratio 0.94; 95% CI 0.623, 1.42).

Conclusion(s). This step-wedge trial did not find a significant increase in AD documentation 8 weeks after hospital discharge after implementing an enhanced process for documenting AD with a web-based platform (OCW). We found low rates of AD on admission and 8 weeks after hospitalization, revealing low-hanging areas for improving AD documentation in future work.

Impact. Although web-based platforms have potential for improving advance care planning, future work should examine how to best design these platforms to improve quality of care.

Listening to Learn, Learning to Listen: Qualitative Research Participation Empowers Trainees (RP319)

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Outcomes.

1. Describe the evidence from a limited body of literature on the role of qualitative research in communication skills training for clinical trainees

2. Explain how qualitative and communication research participation impacts clinical and research trainees

Importance. Clinical communication training is often simulated and cross-sectional, with infrequent and inconsistent exposure to real, in-depth, difficult communication encounters. Qualitative researchers manage large repositories of recorded medical dialogue; however, the potential for leveraging this untapped resource to strengthen trainee communication skills is unknown.

Objective(s). To explore how participation in qualitative research influences trainees in clinical and research fields.

Method(s). We brought together a 17-member multidisciplinary team of students, staff, and faculty with recent qualitative and communication research experience, including child life specialists, advanced practice health care professionals, undergraduate/medical students, residents, fellows, attending physicians, social scientists, and career researchers, to discuss this topic. The authors developed a formal discussion guide, and team members generated thought content through a verbal discussion, supplemented afterward by written responses to question items. Content analysis was used to identify concepts and themes, followed by member checking.

Results. We identified five key themes related to the influence of qualitative research on learners: development of communication skills, empathy, and compassion for aspiring clinicians; development of research skills for aspiring scientists; guidance for teaching, mentoring, and program development for educators; inspiration for continued self-reflection on communication for lifelong learners; and reminders to always consider the adversity people face in our role as community members. Participants emphasized that qualitative research learning extended beyond coding and analysis to improving their understanding of patient/family lived experiences, preparing them for future clinical encounters, strengthening their emotional intelligence, and promoting self-care, resilience, and professional affirmation.

Conclusion(s). Qualitative research experiences for trainees facilitate self-perceived development of important skills: improving communication, strengthening empathy and compassion, providing tools for medical education and research, and building resilience.

Impact. Exposing clinical trainees to communication encounters through in-depth participation in qualitative research projects has the potential to enhance clinical and research skills, including self-perceived

communication competency. Further research is needed to understand the benefits of medical education and qualitative research partnerships to develop immersion-based communication learning.

Efficacy of a Communication-Priming Intervention on Documented Goals-of-Care Discussions in Hospitalized Patients with Serious Illness: A Pilot Randomized Trial (RP320)

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Outcomes.

1. Discuss the efficacy of communication-priming interventions to promote goals-of-care discussions

2. Discuss the limitations of evidence around communication-priming interventions to promote goals-of-care discussions

Importance. High-quality goals-of-care communication is critical to delivering goal-concordant, patient-centered care to hospitalized patients with chronic life-limiting illness. However, implementation and documentation of goals-of-care discussions remain a major shortcoming in many health systems.

Objective(s). To evaluate the efficacy, feasibility, and acceptability of a patient- and clinician-facing communication-priming intervention to promote goals-of-care communication for patients hospitalized with serious illness (ClinicalTrials.gov NCT03746392).

Method(s). We conducted a randomized clinical trial of usual care with baseline questionnaires vs. a patient-specific communication-priming intervention targeting patients and their inpatient clinicians. We enrolled hospitalized adults with serious illness (or their surrogates) at two academic teaching hospitals. Patients or surrogates in the intervention group, and their treating clinicians, received patient-specific "Jumpstart Guides" populated with data from baseline questionnaires and electronic health records (EHRs) and designed to prompt and guide a goals-of-care discussion. The primary outcome was an EHR-documented goals-of-care discussion between randomization and discharge. Additional outcomes included patient- or surrogate-reported goals-of-care discussions, patient- or