

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)

Robert Lee, MD MS, University of Washington. Erin Kross, MD, University of Washington. Lois Downey, MA, University of Washington. Sudiptho Paul, MS, University of Washington School of Medicine. Joanna Heywood, BA, University of Washington. Elizabeth Nielsen, MPH, University of Washington. Kelson Okimoto, MSW, University of Washington. Lyndia Brumback, PhD MS, University of Washington. Susan Merel, MD, University of Washington. Ruth Engelberg, PhD, University of Washington. J. Randall Curtis, MD MPH, University of Washington.

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

surrogate-rated quality of communication, and intervention feasibility and acceptability.

Results. Between November 6, 2018 and February 18, 2020, we enrolled 150 patients (median age, 61, interquartile range 16; 44% female). Compared to the control group ($n = 75$), the cumulative incidence of EHR-documented goals-of-care discussions between randomization and hospital discharge was higher in the intervention group (21% vs. 8%, $p = 0.04$). Patient- or surrogate-reported goals-of-care discussions did not differ significantly between groups (45% vs. 55%, $p = 0.38$), although the consistency of patient and surrogate reports was poor. Patient- or surrogate-rated quality of communication did not differ significantly between groups. The intervention was feasible and acceptable to patients, surrogates, and clinicians.

Conclusion(s). In this randomized trial, a patient- and clinician-facing communication priming intervention for seriously ill, hospitalized patients promoted EHR-documented goals-of-care discussions prior to discharge with good feasibility and acceptability.

Impact. Communication-priming interventions should be reexamined in a larger randomized trial to determine their effectiveness in the inpatient setting.

Longitudinal Classification and Trajectories of Documented Goals of Care Among Hospitalized Patients with Serious Illness (RP321)

Anne Song, MD, Hospital of the University of Pennsylvania. Catherine Auriemma, MD MSHP, University of Pennsylvania. Jason Han, MD, Hospital of the University of Pennsylvania. Lindsay Haines, MD, Keystone-Care, Temple University Health System. Alexander Bain, MD, Penn Presbyterian Medical Center. Lake Walsh, BS, Perelman School of Medicine at the University of Pennsylvania. Scott Halpern, MD PhD, University of Pennsylvania. Kate Courtright, MD MS, University of Pennsylvania.

Outcomes.

1. Describe a method to identify and classify patients' goals of care (GOCs) from documented conversations in the electronic health record (EHR)

2. Understand the general trend of change in GOCs toward comfort-focused care for a cohort of seriously ill inpatients

Importance. Previous studies assessing patients' goals of care (GOCs) have been limited by reliance on code status or presence of physician orders for life-sustaining treatments. We used a novel framework to classify patients' GOCs from documented conversations in the electronic health record (EHR) and to describe

trajectory of GOCs over time among seriously ill inpatients.

Objective(s). Classify patients' GOCs through review of longitudinal EHR data to describe GOC trajectory among seriously ill inpatients.

Method(s). We randomly selected 109 patients with $\geq 50\%$ predicted 6-month mortality risk admitted to one of three urban hospitals between July 1 and October 31, 2019. Two coders independently reviewed EHR notes from 6 months before through 6 months after admission to identify the most recent documented GOCs prior to admission and all subsequent GOC conversations through 6 months or death. For each GOC conversation, we classified GOCs into one of four categories: comfort-focused care, maintain or improve function, life extension, or unable to determine.

Results. Median age was 70 years (interquartile range [IQR] 63, 79), 49% were women, and 42% were non-White. Median Elixhauser index was 6 (4, 8). Fifty (46%) patients died during the study period. Interrater reliability of GOC classification between coders was substantial ($\kappa = 0.67$). Eighty-five (78%) patients had at least 1 GOC conversation documented. Median number of GOC conversations per patient was 3 (IQR 1, 5). Among the 77 (71%) patients with ≥ 2 documented GOC conversations, 66 (86%) changed goals over time. Among these, 49 (74%) changed to comfort-focused care.

Conclusion(s). Patients' GOCs can be identified and classified from the EHR by trained reviewers. Patients with multiple GOC conversations commonly changed their goals over time to comfort-focused care, probably reflecting selection effects.

Impact. Using the EHR to classify GOCs is an essential step toward systematically promoting goal-concordant care and can facilitate reliable outcome measurement in research studies.

Quality of Life and Depression Symptoms in a Cross-Section of Patients with Advanced Lung Cancer Before and During the Coronavirus Disease 2019 (COVID-19) Pandemic (RP322)

Laura Petrillo, MD, Massachusetts General Hospital. Areej El-Jawahri, MD, Harvard Medical School. Lauren Heuer, BA, Massachusetts General Hospital. Kathryn Post, PhD RN ANP-BC, Massachusetts General Hospital. Emily Gallagher, RN, Massachusetts General Hospital. Chardria Trotter, MBA MPH CPH, Massachusetts General Hospital. Rachel Plotke, BA, Massachusetts General Hospital. Jennifer Temel, MD, Massachusetts General Hospital. Joseph Greer, PhD, Massachusetts General Hospital Cancer Center.