

Exploring Healthcare Professionals' Ambivalence in Difficulty for Communication with Dying Patients

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followed by India, Brazil, and Canada. 76% were healthcare professionals, the majority being nurses (40%), physicians (19%) and social workers (13%). The remaining 24% included patient, caregivers, and others interested in PC. Reasons for enrollment included interest in PC, personal growth and job relevance. On average, 27% of enrollees actively engaged week-over-week. Eighty-six percent of respondents were 'very satisfied' with the amount learned, and over 50% cited learning 'a great deal' in: communicating difficult news, goals of care, psychosocial and hospice care. 93% cited being 'very likely' to recommend the course.

Conclusions: Interactive MOOC experiences have the potential to build PC awareness, primary skills and global PC networks. Upcoming iterations will incorporate: accommodations for varying levels of PC knowledge; additional opportunities for interaction between participants, including social networks; blended learning; and evaluation of impact on practice and healthcare outcomes.

P074 **Exploring Healthcare Professionals' Ambivalence in Difficulty for Communication with Dying Patients**

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Objectives: Difficulty in end-of-life communication has been studied to reduce barriers for better communication of healthcare professionals, with increasing needs for better education. The objectives of our study is to explore ambivalence relating to such difficulty in Japanese context and to develop future educational interventions.

Research questions:

- 1) Do Japanese healthcare professionals experience ambivalence in their communication with dying patients, and if so, what may this be?
- 2) What are the factors that may influence this ambivalence?

3) How do healthcare professionals cope with this ambivalence?

4) What are the healthcare professionals' learning needs and required competencies to deal with this ambivalence in end-of-life communication?

Methods: This study was based on the principles of social constructionist grounded theory. We conducted 15 individual interviews with multidisciplinary healthcare professionals, based on the results from precedent large group discussions.

Results: Five ambivalent themes emerged, with implications for learning to acquire competencies for coping with ambivalence. These themes were 1) Controlling the dying process versus going with the flow of life, 2) Avoiding death versus prioritizing hope of the patient, 3) Anticipating of patient's prognosis accurately, versus producing uncertainty, 4) Unveiling the patient's hopes versus groping embedded hopes in the family, 5) Being a dehumanized technician, or a warm-hearted incompetent.

Discussions: Our findings may be beneficial by suggesting a direction for future education to fill the gap of existing simulation-based trainings, with more emphasis on learning idiosyncrasy of communication and the meaning of ambiguity through reflecting continuous humanistic development as healthcare professionals.

P079 **The Use of Hospice Experiences to Improve Palliative Care Skills in Undergraduate Medical Students: Results of a Systematic Review of the Evidence-Based Teaching Literature**

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Objectives: The primary goal of this study is to assess the quality of evidence for the use of hospice based experiences in undergraduate medical education and their effect on palliative care skill and/or knowledge. The secondary goal of this study is to provide a collection of evidence-based teaching methods for those involved in the curricular development of undergraduate medical education.

Methods: The databases EMBASE, CINAHL, PSYCHInfo, Pubmed, Cochrane, and SCOPUS were searched using the search terms medical students, death, and teaching. Inclusion criteria required articles to have a teaching intervention, quantitatively assess palliative and EOL learning outcomes, be



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