

prepared' (AOR 5.46 (95% CI 1.87,15.87), $p < 0.002$) to have preserved social functioning.

Conclusion(s). Preserved parental social functioning in early bereavement is associated with feeling prepared for their child's EOL and the absence of significant HMH. Interventions focused on educating parents on what to expect as their child nears EOL and on offsetting financial hardships may improve parental psychosocial and health outcomes in bereavement.

Impact. This is the first study examine the role of pre-death factors on parental bereavement and novel in the focus, not on negative psychosocial outcomes, but instead on those parents who have preserved social functioning despite living through the death of their child. We have identified targets for future supportive interventions in cancer-bereaved parents.

Keywords. Family caregivers,/Pediatrics

SOPHIE: Testing a Virtual, Interactive, AI-Augmented End-of-Life Communication Training Tool (RP122)

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Outcomes.

1. Comprehension - Participants will demonstrate an understanding of how SOPHIE addresses the challenges of traditional communication workshops and its potential to enhance clinician-patient interactions.

2. Application - Participants will be able to assess the research design used in the study and evaluate its appropriateness for investigating the effectiveness of communication training tools.

Key Message. SOPHIE is a web-based digital tool designed for healthcare professionals to practice and improve communication skills with realistic, diverse virtual patients. Our results show that SOPHIE training improved key communication skills. It is scalable and customizable, potentially improving availability of high-quality communication training worldwide.

Importance. Effective clinician-patient communication is vital for improving care for patients with serious illness, however, traditional training is often costly, challenging to scale, and logistically complex [1 2, 3, 4, 5, 6].

Objective(s). To evaluate whether a virtual, interactive, AI-augmented communication training program can provide an effective, easily accessible alternative for improving end-of-life communication [7, 8, 9, 10].

Scientific Methods Utilized. We conducted a randomized, controlled pilot study to determine whether SOPHIE (Standardized Online Patient for Health Interaction Education), a digital tool using an on-screen "virtual patient" with automated, personalized feedback, can improve end-of-life communication skills. Participants (N=30) included 12 medical students, 9 nurses, 4 residents, 2 physician assistants, 2 psychologists, and 1 chaplain who were randomly assigned to Control (no training) or training using SOPHIE. Feedback criteria and outcome measures using human standardized patients included validated measures of end-of-life communication skills (e.g., Empathize, be Explicit, and Empower) based on the Medical Situation, Values, Plan (MVP) model [11].

Results. SOPHIE participants outperformed ($p < 0.05$) control in aggregate scores (36.06 vs 29.6), overall communication quality (6.0 vs 5.067), patient empowerment (6.133 vs 5.267), and empathy (0.8 vs 0.333). Participants reported that the system was easy to use, and that SOPHIE looked realistic, responded appropriately to medically-related questions, and showed emotion through voice and language. They suggested improvements in SOPHIE's fluency, understanding and facial expressiveness [12].

Conclusion(s). SOPHIE is a promising prototype for a new generation of accessible, scalable, inclusive, low-cost communication skills training resources

Impact. The SOPHIE training system has the potential to provide communication skills training to clinicians worldwide; augmenting, reinforcing or partially replacing in-person training, making access more equitable. Importantly, SOPHIE's age, race, language, clinical scenarios, and feedback criteria can be easily customized, allowing for the training to be available to clinicians in diverse cultural contexts and settings.

Keywords. Innovative technologies/Educational, training and supervision

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Speaking Compassionately with Seriously Ill Chinese Immigrants and Their Caregivers (仁医仁语) (RP120)

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Outcomes.

1. Identify hidden costs to implementing theory-driven, culturally safe and linguistically aligned palliative care research with one immigrant Asian sub-population.

2. Recognize perceived role(s) and lived experiences of specialist PC among Chinese immigrant inpatients and their caregivers.

Key Message. Inpatient specialist palliative care clinicians may enhance Chinese families' serious illness experience by enacting therapeutic presence, balancing competing priorities, and pacing time-based health information. Further research is needed to triangulate Chinese families' palliative care experiences across clinical contexts and to elucidate clinician behaviors that promotes shared illness understanding.

Importance. Ethnically Chinese adults in North America frequently experience culturally disrespectful care at the end-of-life. Understanding Chinese patients' and their caregivers' lived palliative care (PC) experiences may uncover modifiable factors and clinician practices that promote health equity.

Objective(s). Examine the perceived role(s) and lived experiences of specialist PC among Chinese immigrant inpatients and their caregivers.

Scientific Methods Utilized. From September 2022 to August 2023, we consecutively approached (n=21) and recruited (n=15, 71.4%) Chinese immigrant inpatients and their caregivers (n=14) referred to PC at one Canadian academic teaching hospital. Informed by Tan's Culturally Appropriateness in Health Communication framework, we collected participant self-reported questionnaires on sociodemographics, acculturation level (single item Suinn-Lew Asian Self-Identity Acculturation) and perceived clinician empathy (Consultation and Relational Empathy measure). We also conducted in-depth, post-consultation interviews (n=10) in Mandarin and/or English, which were recorded, transcribed, translated, and thematically analyzed.

Results. Patients were older-aged (73.5±16.2 years), 8/15 female, 9/15 college-educated, 10/15 non-religious, 14/15 diagnosed with cancer, and had low acculturation (mean=1.8±0.9/5.0), and Caregivers were middle-aged (50.6±15.5 years), 11/14 children, 8/14 female, 12/14 college-educated, 10/14 non-religious, and had moderate acculturation (mean=2.5±1.2/5.0). Most families (11/15) rated "very good" or "excellent" on all domains of the clinician empathy measure. We identified four themes from the post-consultation interviews: families arrive at PC with historical trauma that underscore distrust; PC ameliorates abandonment