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Methods. This descriptive qualitative study used a phenomenology informed approach to co-create narratives about hope with AYAs who have advanced cancer. The participants completed two semistructured audio-recorded interviews via videoconference. Participants were asked to recall the role of hope before, during, and after (if applicable) experiencing cancer. Thematic analyses were performed on the narratives.

Results. Fifteen AYAs aged 12–21 years were recruited from an academic medical center and an online non-profit organization. During data collection participants had either completed treatment (60%) or were actively receiving treatment (40%). Approximately 67% of the sample experienced at least 1 relapse. A main theme identified from the narratives was Transitions of Hope. Participants described differences in their hope before and after experiencing cancer. Participants who experienced a relapse reported their past experiences helped them build hope during their relapse. Participants' long-term, general hopes for the future remained intact; however, their focus transitioned toward specific short-term hopes associated with cancer treatment. Participants described a new sense of purpose after experiencing cancer, such as starting a nonprofit organization, giving back to others, doing “what I’m passionate about,” and honoring the legacies of others.

Conclusion. Transitions in the role of hope occurred over time, becoming a source of mental sustenance during cancer treatment and a source of altruism after experiencing cancer.

Implications for Research, Policy, or Practice. Hope continuously evolves for AYAs living with cancer; therefore, understanding its role is vital. A deeper understanding of hope may inform the delivery of targeted interventions to effectively address, build, and sustain hope for AYAs who have advanced cancer.

Bridging the Gap: A Palliative Care—Modeled Goals of Care Curriculum for In-Person Spanish Interpreters Providing Language Services to Patients with Limited English Proficiency

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Outcomes.

1. Appraise the value of educating in-person Spanish interpreters to improve communication efficiency

2. Recognize the importance of collaborating with in-person Spanish interpreters

3. Formulate a novel approach to integrate in-person Spanish interpreters’ feedback into daily practice

Background. More than 60 million Americans speak a second language at home, with Spanish being the most common second language. Many physicians need the assistance of interpreters to overcome language barriers and navigate across cultural differences. A palliative care—modeled goals-of-care curriculum could bridge this communication gap.

Aim Statement. By March 2021, in-person Spanish interpreters (SIs) providing language services at Lyndon B. Johnson Hospital will improve their ability to interpret when communicating serious news or end-of-life issues to patients and families by 50%.

Methods. A needs assessment was done to determine areas of improvement and additional content of the curriculum. A multiple-choice pretest is used to establish SIs’ attitude in rendering goals-of-care discussions. SIs attended communication skills training sessions commonly provided to palliative care providers. The content included core palliative care topics, interpreting exercises, and role-play. Posttests were distributed immediately and at 2 and 4 months after the intervention. Outcomes including SIs’ knowledge and attitudes in communicating serious news or end-of-life issues were measured via a multiple-choice exam and self-efficacy scale.

Results. Four months after the goals-of-care training, the majority of in-person SIs had a correct response rate to questions about core palliative care topics (hospice, resuscitation, advance directives, medical power of attorney, respite) of at least 50%. SIs feel comfortable discussing goals of care 100% of the time. SIs reported initiating premeetings 89% and debriefs 78% of the time. Eighty-nine percent of SIs reported feeling more comfortable speaking with patients and families about palliative care and hospice. Overall, 100% of the participants felt that the training equipped them with the skills to better serve as a patient liaison or advocate in their role as an interpreter.

Conclusions and Implications. The palliative care—modeled goals-of-care curriculum improved the SIs’ ability to interpret and levels of comfort when communicating serious news and initiating premeetings and debriefs.

Necessity Is the Mother of Implementation: Patient Satisfaction with Telemedicine for Palliative Care During the COVID-19 Pandemic

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Changes in Appointment Adherence for Palliative Care Clinic After Instituting a Telehealth System
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Outcomes.
1. Evaluate the use of telehealth in your practice setting
2. Discuss barriers to using technology in your practice setting

Background. The Atlanta VA Medical Center (VAMC) has a robust palliative care program that conducts approximately 250 new consults annually. A previous evaluation of the most common reasons for nonadherence to outpatient appointments revealed that approximately 25% of patients missed their appointments. At the onset of the coronavirus pandemic in the United States, the VAMC palliative care team shifted to using only telehealth for outpatient visits.

Aim. We aimed to tabulate no-show appointments following the initiation of telehealth and compare this to no-show rates for in-person appointments in order to determine what effects this had on appointment adherence and continuity of care.

Methods. Clinic appointment data for 2 time periods, before and after transition to telehealth, were compared.

Results. From March 1, 2020 to January 14, 2021 a total of 1,721 appointments were scheduled in telehealth clinics for medical providers and interdisciplinary team members. Of these appointments, there were 126 no-shows (7.31%). Comparatively, from March 1, 2018 to January 14, 2019 a total of 1,545 appointments were scheduled, with an associated 184 no-shows (11.9%).

Conclusions and Implications. Consistent and regular contact with patients is pivotal in all medical care and especially so in the palliative care population. Because of the general frailty of palliative care patients, appointment adherence can be a limiter in delivery of good-quality care. One adaptation that the VAMC and many other organizations made in response to the COVID-19 pandemic was an increased use of remote or electronic appointments. This resulted in an increased rate of appointment adherence and increased continuity of care. Even with the advent of vaccinations across the world, palliative care organizations and providers should consider increase use of technology such as telehealth to improve delivery of good-quality care to a wider swath of patients.