in deciding the role and responsibility of their family members in ACP. Although these participants were open to ACP, they perceived the need to do so only when encountering significant changes in one’s health condition or upon admission into residential facility or hospital.

Participants who were female, widowed or divorced and living alone were found to value autonomy in decision-making and display a high affinity to ACP.

**Conclusion** The Chinese-speaking older Australians recruited in this study were observed to be open to ACP. Healthcare professionals should avoid cultural stereotyping and allow their patients from any cultural backgrounds to decide how they prefer to approach ACP. Past experiences and family dynamics could be considered as part of ACP discussions.

**Results** People with limited English literacy (when translation is not available) preferred to approach ACP. Past experiences and family dynamics could be considered as part of ACP discussions.

**Methods** Innovative Approach

**Results** In collaboration with community partners, this team co-created a picture based, simplified Easy Read Advance Care Planning Workbook. It supports people who may process information differently. Target audiences include:

- People living with brain conditions such as Dementia, Huntington’s disease, ALS, Parkinson’s disease, or tumors
- People living with impairments from health events such as aphasia from Stroke or other limitations from Brain Injury
- People living with disabilities
- People with limited English literacy (when translation is not available)

This is a first of its kind inclusive resource which includes simultaneous caregiver and support persons with guidance to assist others through the ACP process.

**Conclusion** In this oral presentation, participants will:

- Discuss the importance and challenges of creating an inclusive workbook that meets the diverse needs and abilities of various underserved populations
- Review key steps and significant stakeholders involved in an inclusive equity-focused process
- Begin to explore ways to adapt this workbook into your country or community.

### BOS1c: Patient Empowerment in ACP

**Background** Medical university students’ self-perceived confidence and readiness to initiate advance care planning (ACP) discussion will influence their future clinical practice on delivering patient-centred care and honouring patient autonomy. This study aims to explore the association between medical university students’ self-efficacy in medical decision-making and their readiness to engage ACP in Northern Taiwan.

**Methods** A cross-sectional questionnaire survey was conducted to collect demographic data, self-perceived healthy status (1-item 0–100 scale, higher the better), self-efficacy (5-item Decision-making Participation Self-Efficacy, DEPS scale) and ACP engagement readiness (4-item ACP engagement survey). Medical university undergraduate and postgraduate students over 20 y/o were invited to complete the survey twice with a one-week interval for answering research questions and also validating translated scale. Descriptive analysis and multiple linear regression were conducted.

**Results** One hundred students completed the survey. The majority were single (62%) females (80%) with average of 34.6 ± 12.8 years old. Students reported having good health above average (mean (SD):76.9 ± 16.2) and high self-efficacy in medical decision-making (mean: 18.8/25), but moderate readiness for ACP engagement (mean: 11.4/20). Better self-efficacy (p=0.036) and older age (p=0.017) were significantly associated with higher readiness on ACP engagement (adjust R²= .15, p=0.008). DEPS scale and ACP engagement survey were proved to have acceptable internal reliability (ICC= 0.64 and 0.73, respectively).

**Conclusion** Mature medical university students with higher self-efficacy in decision-making were found to be more prepared to engage ACP. This finding highlights the importance to embed training in senior students’ curricula to improve their confidence in initiating challenging conversations with patients and assisting them in making difficult end-of-life care decisions in practice.