

PP19.007

EFFECTIVENESS OF ACP EDUCATIONAL INTERVENTION FOR MULTIDISCIPLINARY PROFESSIONALS IN COMMUNITY COMPREHENSIVE CARE

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Background ACP has been suggested to be beneficial for improving the quality of end-of-life care, but its implementation by multidisciplinary professionals in community-based comprehensive care has not progressed. Therefore, we examined the effects of an ACP practice education intervention on improving ACP practice skills among multidisciplinary professionals responsible for comprehensive community care.

Methods A one-group pre- and posttest design with no control group was used, in A-city community comprehensive care who were recruited through publicity. The educational intervention consisted of three 90-minute group training sessions that provided knowledge of ACP, role-played ACP practice, and instruction on how to use the ACP guide booklet. Questions included basic attributes as well as awareness of ACP, FATCOD-Form B-J (abbreviated version), etc. The study period was from July 2019 to January 2020.

Ethical considerations The study was conducted with the approval of Bukkyo University's Ethical Review for Research Involving Human Subjects (Approval No. 2019–19-B).

Results There were 39 participants, 51% nurses, 30.8% care manegares, 7.7% care workers, 5.1% pharmacists, mean age 45.5 years. 84% of the participants felt that they lacked knowledge of ACP. On the FATCOD scale, the positivity toward caring for dying patients increased significantly from 8.95 (± 1.3) before the intervention to 10.7 (± 1.9) immediately after the intervention ($p = .15$), but three months later the score had decreased to 9.52 (± 1.5), although the increase was still significantly higher than before the intervention.

Discussion Although many professionals recognized the need for ACP in comprehensive community care, the number of those with actual experience practicing ACP was still small. Factors such as insufficient ACP knowledge and time availability were cited as reasons, suggesting the need for education and dissemination activities on ACP practice methods using ACP practice role-plays and AC Guide booklets targeting professionals from multiple disciplines in comprehensive community care.

PP19.008

SELF-EFFICACY OF HEALTHCARE PROFESSIONALS IN SHARED CARE PLANNING AMONG AMYOTROPHIC LATERAL SCLEROSIS PATIENTS: MULTICENTER IMPLEMENTATION AND TRAINING PROGRAM EVALUATION

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Amyotrophic Lateral Sclerosis (ALS) is a progressive, life-threatening disease; therefore, much of the care provided to

ALS patients is palliative. It involves helping patients and families cope with symptoms, improving quality of life and functional status, and making decisions about goals of care. Healthcare providers recognise barriers when initiating a Shared Care Planning (SCP) process. The lack of specific training directly impacts the perception of self-efficacy and the ability to carry out an SCP process with ALS patients. Patients with neurodegenerative diseases can be even more challenging due to the specific and complex needs that these patients have. Perceived self-efficacy is one of the main predictors of success in learning processes and promoting the acquisition of new behaviours and positive outcomes. Argentina does not have a national SCP program and has no systematic approach to SCP for ALS patients yet.

Objective To assess health care providers who assist people with ALS in Argentina's perceived self-efficacy in SCP before and after a specific multicenter training program.

Methods A prospective descriptive instrumental study planned in 3 stages: 1. nominal multidisciplinary group to identify barriers to implementing SPC for ALS patients; 2. Design and pilot application of the multicentre training programme with pre/post evaluation of self-efficacy with the ACP-SEs scale validated in Argentina and using Kirkpatrick's model to evaluate the training programme's impact; 3. Production and edition of the SPC training manual for healthcare providers in ALS patients. The ACP-SE scale consists of 19 items scored on a 5-point Likert-type scale to which socio-demographic and professional experience data are added.

This project is progressing. We will show preliminary results from the two first phases.

Conclusion With professional reflection and pre- and post-systematized, reproducible, and evaluable training in specific ALS-SPC, a validated scale to assess self-efficacy will allow us to assess the program's impact.

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SIMPLIFYING SERIOUS ILLNESS COMMUNICATION WITH THE PREPARING OR DECIDING (POD) MODEL

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Background/Methods For the setting of serious illness communication, there continues to be variable understandings of, and definitions used, for the terms advance care planning (ACP) and goals of care discussions. Aiming to clarify as well as improve serious illness communication, consensus definitions along with several education resources, programs and quality improvement interventions have been developed. Our collective experience however is that confusion regarding these communication tasks persists. As more people are living with serious illnesses, the need to provide clear guidance to clinicians grows increasingly urgent.

Results The Preparing or Deciding (POD) Model is a framework that helps clinicians understand the overall purpose, tasks, specific outcomes and their role in serious illness communication. It posits that at a high level, conversations with seriously ill people are about either preparing or deciding. In practice, during any interaction involving serious illness, a clinician asks themselves: Is a treatment or care decision needed? If yes, conversational approaches that support decision-making processes are needed. If no, focus is on preparing