

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 ( $\pm 1.3$ ) before the intervention to 10.7 ( $\pm 1.9$ ) immediately after the intervention ( $p = .15$ ), but three months later the score had decreased to 9.52 ( $\pm 1.5$ ), 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.

PP19.009

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

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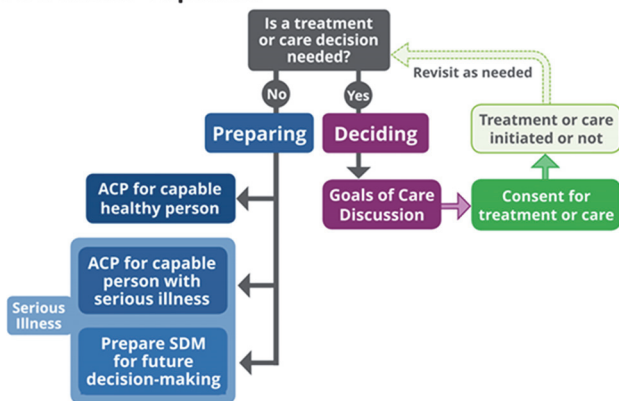
**Background/Methods** For the setting of serious illness communication, there continues to be variable understandings of, and definitions used, for the terms advance care planning (ACP) and goals of care discussions. Aiming to clarify as well as improve serious illness communication, consensus definitions 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

## POD Model



## POD Model - Expanded



Abstract PP19.009 Figure 1

patients and families for progressing illness and future decision-making.

The POD Model frames preparing or deciding as mutually exclusive, contrasting many clinicians who conflate the two and rely on ACP (preparing) for decision-making about interventions that may or may not be offered. This approach is ineffective; advance directives frequently fail to guide decision-making or improve the delivery of goal-consistent care. Despite jurisdictional differences in clinical and legal frameworks that support serious illness decision making, the POD Model applies universally, is applicable in every care setting and to all healthcare practitioners.

**Discussion** The POD Model guides clinicians to support decision-making when appropriate, and otherwise understand that conversations addressing serious illness are to prepare. When clinicians better understand their role in serious illness communication, individuals and systems can more effectively move improvement efforts forward.

### PP19.010 VIEW OF HEALTHCARE PRACTITIONERS TOWARDS THE SERIOUS ILLNESS CONVERSATION GUIDE

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**Background** Goals of care conversations are critical to patient-centred care. These are challenging for healthcare professionals (HCPs) and patients with serious illnesses. The Serious Illness Conversation Guide (SICG), a structured intervention developed by Ariadne Labs from the United States of America,

supports HCPs to engage in earlier, more frequent, and better conversations with these patients.

There being no structured communication guide for serious illness conversations in Singapore, the Lien Centre for Palliative Care worked with Ariadne Labs to deliver SICG workshops.

This report aims to describe consolidated views of HCPs towards the SICG.

**Methods** A total of 141 HCPs (49 doctors, 50 nurses, 27 social workers, 6 therapists, 2 counsellors, 1 pharmacist, 6 administration staff) across acute hospital and community settings participated in the workshops.

Participants were surveyed during, after, and 6-months post-workshop regarding their receptivity to conducting SIC, perceived self-efficacy on the use of the SICG, and enablers and barriers to HCPs having SIC.

**Results** 97.4% of respondents (n=76) indicated they could apply the knowledge and skills. 98.7% felt they would use what they had learned in their practice. HCPs felt that the SICG (1) provided a structure for communication, (2) humanized patients, (3) built trust. Concerns raised, which affected frequency of conducting SIC included time constraints, clinicians' and patients' readiness, roles ambiguity, need for cultural adaptation of SICG, and organizational factors.

**Conclusion** SIC workshops equipped clinicians with a framework to integrate SIC in their practice. It normalized such conversations and allowed deeper understanding of patients' values, goals and priorities and fears before recommending treatment. There is urgency to adapt the guide locally; which might encourage more to engage in patient-centred conversations.

### PP27.002 THE EXPERIENCE OF MEDICAL SOCIAL WORKERS FROM AN ACUTE HOSPITAL IN SINGAPORE IN ADVANCE CARE PLANNING CONVERSATIONS

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**Background** Medical social workers (MSW) have been identified as one of the healthcare professionals who can drive advance care planning in Singapore. This study, using social cognitive theory, aimed to explore the perceptions and experiences of MSWs in carrying out ACP in the early days of ACP implementation in a restructured hospital, and their perceived barriers and facilitators in having ACP conversations with patients and their families.

**Methods** MSWs with a range of experiences in conducting ACP, were recruited through stratified sampling. Seven focus groups consisting of a total of 25 medical social workers were conducted. Various measures were taken to optimize group safety. The focus groups were conducted by an external facilitator. Thematic analysis was used to analyse the data and data saturation was reached.

**Results** Majority of MSWs believed that ACP conversations could promote patients' autonomy, relieve patients' families from stress, and contribute to holistic care. However, they were uncertain whether patients' preferences would be upheld, as MSWs perceived inconsistencies in how physicians value and implement ACP in their practice. MSWs also felt ineffective when discussing medical conditions and believed in the need for a multi-disciplinary approach when conducting ACP.