ADVANCE CARE PLANNING IN MEDICAL TRAINING IN THE NETHERLANDS

A Van der Plas*, R Pasman, W Westen. VUMC, Amsterdam, Netherlands
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Our abstract is for a themed session and describes the workshop we want to give. In this workshop we will highlight the need to integrate ACP in the education of medical students and offer some examples of how to do this. Firstly, Judith Westen provides an introduction on the training needs of medical students and the current place of palliative care and ACP in the Dutch medical curricula. Then, Roeline Pasman discusses the outline of a minor on palliative care. She will illustrate the basic ingredients of the minor and show how ACP is integrated in the minor. Thirdly, in small groups, the participants of the workshop will experience different work forms that can be used to stimulate awareness of the need for ACP and train patient–physician communication regarding ACP (e.g. discussion of a movie, role play, discussion on different communication styles). Afterwards the participants discuss their experiences and share ideas on how to integrate ACP in local training and education.

Target audience: Educators, healthcare professionals, researchers, policy makers.

Introduction and background: Palliative care and ACP in the curriculum of Dutch medical students

Example: Outline of a minor on palliative care

Interactive: Working with training materials and role play

Group discussion: Take home messages of participants

CONFRONTING VERSUS COMFORTABLE: TWO APPROACHES TO THE RECRUITMENT OF PEOPLE WITH LEARNING DISABILITY IN AN ADVANCE CARE PLANNING STUDY

N McKenzie*, B Mirfin-Veitch, J Conder, H Trip. University of Otago, Christchurch, New Zealand
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Background: Supporting people with learning disability to complete Advance Care Plans is relatively new and there is a lot to learn. This presentation discusses the recruitment processes and outcomes of two New Zealand based studies on this topic. The learnings from this may help us to increase the uptake of Advance Care Planning with people who have learning disabilities.

Methods: Both studies are qualitative action research projects, both attempted to recruit 10 people with learning disability. A key difference is that the initial study recruited participants who were dying (and aware of that), while the current study recruited participants who were well. Recruitment data from both projects was analysed thematically to identify commonalities and differences in processes and outcomes.

Results: Recruitment for the initial study was difficult, resulting in four participants. In contrast, recruitment for the current study was over-subscribed. Removing the need for participants to have a life-limiting condition contributed to this. In part this was because disability service staff, who sought expressions of interest for the study, were more comfortable to talking about Advance Care Planning within a pro-active context.

Conclusion: Pro-active approaches to Advance Care Planning appear to be less confronting and more comfortable for disability staff. Taking a pro-active approach could increase uptake of Advance Care Planning for people with learning disability, who are clear that it is their right to plan for the end of their lives.

THE APPLICATION OF SDM REGARDING PEOPLE WITH INTELLECTUAL DISABILITIES AS PART OF THE ACP PROCESS: A SCOPING REVIEW

1 HW Noorlandt*, 1 A van der Heide, 1 MA Echteld, 1 U Korfage. 1 Erasmus MC, Rotterdam, Netherlands; 1 Avans University of Applied Sciences, Breda, Netherlands
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Background: Shared decision making (SDM) is the process in which the professional caregiver and patient (or the representative) both provide input and jointly discuss and decide which treatment policy will be followed. SDM is seen as an important component of the ACP process. Little is known about SDM in people with intellectual disabilities (ID).