care, living arrangements and end-of-life care changes. Advance care directives (ACDs) provide an opportunity for individuals with dementia to communicate their wishes, about these important issues.

Aim The aim of this study was to understand how Australian registered nurses (RNs) use ACDs for individuals with dementia living in residential aged accommodation.

Methods Two hundred and thirty eight RNs working in Australian residential aged care accommodation were recruited via social media, professional organisations and organisations providing residential accommodation. Respondents completed an online survey delivered via Survey Monkey.

Findings 59.7% of respondents reported commencing discussions around ACDs within the first month of individuals living with a dementia relocating to residential accommodation. However, 42.4% never or rarely completed ACDs. Only 59.3% stated that ACDs for individuals with dementia were always or often regularly reviewed. 53.8% identified that ACDs were always adhered to when an individual's circumstances changed. 62.6% felt that understanding amongst families about ACDs was sometimes, or often, a barrier to using ACDs.

Conclusion The implementation of ACDs in Australian residential accommodation for those living with dementia remains sub-optimal. The study has demonstrated that ACD documentation and policies describing how they should be used exist; but gaps remain around the practical implementation of ACDs. Strategies to promote communication and collaboration between residential facilities, general practitioners and carers/families could also assist in providing cohesive, high quality care.

OP90

TRIALS AND TRIBULATIONS OF IMPLEMENTING ACP IN DEMENTIA CARE

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10.1136/spcare-2019-ACPICONGRESSABS.90

Background Although loss of decision-making capacity forms part of the expected trajectory of dementia progression, advance care planning (ACP) is not routine in dementia care.

Methods Dementia-specific ACP intervention piloted with 20–30 patient-relative dyads in the context of a university memory clinic in French-speaking Switzerland. Recruiting patients with early dementia and preserved decisional capacity and piloting this intervention unveiled unforeseen obstacles. We want to present these obstacles and discuss potential strategies in order to advance ACP research internationally.

Results Concern that ACP may cause distress to patients and their families was evidenced by the fact that the research ethics committee required formal consent of the patients' primary care physicians as well as an emergency response plan to address distress emerging during ACP. Care professionals in the memory clinic showed substantial gatekeeping, based on a reluctance to inform patients and families about the dementia course and complications and on skepticism about the ethical justification of ACP. The distinction between ACP and traditional advance directives is also unclear to many health professionals who therefore do not see the benefit of ACP. Despite these barriers, people with dementia and their relatives report relief after ACP conversations they had and were satisfied with the tool.

Conclusion Paternalism and misconceptions among healthcare providers have the power to impede research and implementation of ACP. There is an urgent need to increase healthcare providers' awareness and knowledge of ACP in French-speaking Switzerland. Working with patient advocacy groups offers opportunities to promote ACP in dementia care.

OP91

ADVANCE CARE PLANNING BY PROXY FOR ELDERLY PEOPLE WITHOUT DECISION-MAKING CAPACITY

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10.1136/spcare-2019-ACPICONGRESSABS.91

Background Advance care planning (ACP) as commonly understood requires decision-making capacity (DMC). When people lose DMC proxies are called upon to make surrogate decisions. ACP by proxy is an extension of classic ACP that specifically promotes patient autonomy in this context. Little research focuses on how ACP by proxy is best conducted, and most ACP research in nursing homes has excluded residents without DMC. Our project aims to identify current proxy planning practices, difficulties and needs, and to explore how ACP by proxy can be implemented in nursing homes in Switzerland.

Methods We present the results of five focus groups; one with physicians of nursing home residents and four with health professionals involved in planning processes in nursing homes in French-speaking Switzerland. Focus groups were audio-recorded and transcribed verbatim. Themes important to the concepts of 'current practice', 'difficulties' and 'future needs' were identified through thematic analysis.

Results Current practices: communication between health professionals, residents, and family, use of advance directives for documentation and as conversation starters, and a variety of systems for recording information. Difficulties: 'timing' of communication with families, interpersonal conflicts, roles of family members, hesitancy talking about end of life care and transfer of information. Future needs: documentation, conversation guides and decision aids specifically adapted for ACP by proxy.

Conclusions The identification of specific needs for ACP by proxy can inform the adaptation of existent tools to facilitate ACP by proxy in nursing homes and therefore promote care in accordance with the presumed wishes of residents without DMC.

OP92

THE CHALLENGES AROUND LOCALISATION OF ACP TRAINING – NEW ZEALAND TRAIN-THE-TRAINER PROGRAMME

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10.1136/spcare-2019-ACPICONGRESSABS.92

Background In the very early days of ACP implementation in New Zealand it was identified that one of the greatest barriers was clinicians feeling unprepared to initiate and facilitate ACP conversations. The National ACP Cooperative developed and delivered a programme of training. One component of the programme, the one-day ACP workshop (Understanding more

about ACP and having the conversations), were delivered by a small national group of national trainers. 63 workshops (907 participants) were delivered in 2017. These workshops reported a statistically significant increase in clinician confidence to have ACP conversations. The District Health Boards (DHBs) wanted to increase the number of workshops being delivered and to take greater local control of the training.

Method The national ACP team worked with a team of trainers to develop a train-the-trainer course to train local DHB trainers to deliver the L1A workshops. 41 local DHB trainers have been trained. There was concern that delegation of training delivery to local trainers might impact the quality of the workshops. To mitigate against this risk, trainee trainers are required to go through a rigorous 6 step training and accreditation process before being accredited as trainers of the L1A workshop.

Results The preliminary evaluation of the train-the-trainer programme finds that it meets the expectations of trainee trainers and leaves them feeling prepared to deliver the workshops locally. Initial assessment indicates that the increase between pre-and post-workshop confidence scores of participants remains statistically significant.

OP94 STANDARDIZED PATIENTS FOR THE ACP-FACILITATOR QUALIFICATION: ENHANCE YOUR TRAINING

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10.1136/spcare-2019-ACPICONGRESSABS.93

Summary of workshop In 2017, after delivering some 14 ACP facilitator workshops in 3 years, we redesigned our facilitator workshop to a 72h-training incl. 24h of a standardized patient (SP) – supported role-play training that allows to teach ACP-specific attitudes and skills, with a focus on identifying and adequately responding to emotional barriers.

In an interactive workshop approach, we will first share and discuss the process and lessons of developing SP roles, training the SP, working with the SP-supported facilitator training, caring for SP in the field, and developing a transferable SP-trainer-trainer system to support ACP-facilitator-qualification at six German-speaking facilitator training sites. Secondly, the participants will work in small groups on developing criteria for meaningful rolescripts and practice writing one. Thirdly, we will present a role-play and thereby demonstrate the interactive training technique that we developed for our workshops.

Learning objectives Think about standard and challenging ACP-Situations

- Appreciate what SP need in order to do a good job
- Write small sequences of a SP role-script
- Identify the required steps and depth a SP-training needs to really make a change in teaching complex conversations
- Experience interactive SP-Training
- Anticipated outcome of the workshop
- After the workshop, the participants will ...
 - ... understand the SP-training that needs to be done in order to qualify them for their role in ACP workshops
 - ... be aware of interactive trainer techniques that allow effective learning
 - ... be inspired to include SP-supported training elements in their facilitator training, or enhance existing trainings.

Poster Presentations

P01 THE NEEDS OF CARING RELATIVES IN RELATION TO ADVANCE CARE PLANNING

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10.1136/spcare-2019-ACPICONGRESSABS.94

Background Relatives of patients in need of care and of those who are seriously ill assume a variety of tasks. The aim of this study is a systematic review on needs, chances, risks and barriers of care giving relatives regarding advance care planning (ACP).

Methods Qualitative and quantitative studies were identified through Pubmed, EMBASE, PsycINFO und CINAHL searches. In order to take into account that qualitative and quantitative studies were included, data were thematically synthesized.

Results In total 37 studies met inclusion criteria, including 24 quantitative- and 13 qualitative studies. Most studies originated from the USA (46%). Thematically, the studies can be divided into four different categories: “Attitudes towards ACP” showed that, even though relatives experience some uncertainty about the meaning of ACP, they mostly agree with the necessity of it. “Decision Conflicts” revealed that the level of congruence between relatives and patients is not given in many cases. Regarding the “Effectiveness of ACP” several studies highlighted the importance to consider family dynamics in the ACP process. Different “Barriers for ACP” were found, including a lack of knowledge and awareness about ACP and difficulties regarding the timing of ACP discussions.

Conclusion Although being an important group in the realm of ACP, as relatives are often also surrogate decision makers in case of incapability of decision making, studies on their attitudes and experiences are relatively rare and their knowledge seems quite limited albeit a perceived need for timely and appropriate ACP.

P02 SERIOUS ILLNESS CONVERSATION GUIDE IMPLEMENTATION AND CUSTOMISATION OF THE GUIDE FOR NEW ZEALAND

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10.1136/spcare-2019-ACPICONGRESSABS.95

Background In New Zealand, clinicians are not routinely taught to have effective and compassionate conversations with consumers about what matters to them nor are they taught to use that information in partnership with consumers to plan and deliver care that matches that. New Zealand District Health Boards recognised the need to enhance the clinical communication skills of their workforce and tasked the Health Quality & Safety Commission with designing and delivering training to enhance the clinical communication skills of the non-palliative care workforce. As a first step, the Commission has been working with Ariadne Labs to bring the Serious Illness Conversation Guide tool and training to New Zealand. With the differences in the culture of the United States and New Zealand, the Serious Illness Conversation Guide needed to be adapted to the local environment.

Method In August 2018, three codesign workshops were held with 43 consumers and clinicians. At the workshops participants were asked to work together to consider the language