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

and words used in the guide and to suggest alternative wording for the prompts they felt did not feel comfortable to say or hear.

Results A number of key themes emerged from the workshops – the language felt too stiff and formal, the tone was paternalistic, the guide left people feeling talked at and not partnered with, the language needed to be simplified, the doctor should not be “worried”.

The input and suggestions from the workshops were synthesised and an Aotearoa version of the Guide developed.

P04 KIA KORERO : LET’S TALK – NEW ZEALAND ACP CAMPAIGN 2019

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10.1136/spcare-2019-ACPICONGRESSABS.96

The first public facing advance care planning campaign in New Zealand will feature the diverse voices of people at different stages of life and wellness, incorporating Māori, Pacific, Asian, Pakeha (European) and LGBTQI communities. It begins with the story of kuia (elder) Māori woman, Keri Kaa who is in the last phase of life.

The campaign, Kai Korero, Let’s Talk, recognises the indigenous people as tangata whenua (the first people of the land), and aims to reflect the diversity of the communities we work with.

It will be launched with digital stories from February to April 2019, through social media such as Facebook, Instagram and Twitter. This is in response to our stakeholder engagement with Māori communities who have adapted quickly to digital resources. Māori is an oral culture and pūraka (story-telling) is an essential part of knowledge sharing.

It is also likely that print elements such as posters will be developed, and there will be a strong public relations component focusing particularly on Māori and Pacific media.

We hope the campaign will inspire people to have a conversation with their loved ones and their doctors about what matters to them if they become unwell, to discuss what kind of care they would or wouldn’t want and to write down what is important to them.

P05 IMPLEMENTATION OF A MULTI-MODALITY EDUCATION PROGRAM IN AUSTRALIA

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10.1136/spcare-2019-ACPICONGRESSABS.97

Background Despite the acknowledged importance of advance care planning (ACP), a barrier to uptake is appropriately skilled clinicians to have conversations. A literature review showed limited availability of education resources that considered the Australian context. This implementation project involved the development of education resources that facilitated scaffolding of learning, from novice to expert, and included online modules, clinician workshops and train the trainer workshops as part of a standardised program of education in ACP.

Methods Nine online modules, education resources to enable clinicians to practice ACP discussions in workshops and training for facilitators to implement their own workshops were developed.

Results From July 2017 to June 2018, 2656 people were registered on the learning management site and 1541 completed at least one online module. Feedback from the online evaluation identified that 99% of 4262 people rated their likelihood of recommending the module to colleagues as ≥ 5 out of 10. Seventy percent of the 144 people who attended the clinician workshops in the 12-month period specifically identified communication with patients and colleagues as the key area of learning for implementation. From 16 people who attended the two facilitator’s workshops 6 have accessed the education resources and facilitated their own workshops.

Conclusion This program considered the implementation of ACP education using a framework for learners to scaffold their knowledge. The suite of education resources provides a sustainable program of education by encouraging development of skills to the expert facilitator level. There is clearly a demand and interest in multi-modality learning.

P07 ADVANCE CARE PLANNING REDUCES HEALTHCARE UTILISATION AND SAVES COST

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10.1136/spcare-2019-ACPICONGRESSABS.98

Background Advance Care Planning (ACP) is an important conversation that patients have with their care team to understand their medical condition and establish goals of care. Few studies, however, have investigated its impact on hospital resources. This study aims to determine the association between ACP and its effect on healthcare utilisation and cost.

Methods 1343 patients from a tertiary hospital in Singapore completed either a General ACP or ACP – Preferred Plan of Care (PPC) from January 2013 to December 2017. Healthcare utilisation data was studied for each group pre- and post-6 months from ACP completion date. This included number of admissions, length of inpatient hospitalisation stay, attendance to the emergency department and specialist outpatient clinics. Total inpatient bill size was used as a marker of healthcare cost. Univariate analysis with paired T-tests was used to explore any significant difference in hospital utilisation rates between pre- and post-ACP in each group.

Results 366 patients and 977 patients completed General ACP and ACP-PPC respectively. For ACP-PPC group, there was significant reduction in healthcare utilisation and cost (%delta: 36–76%, $P < 0.05$). Whereas for General ACP group, the length of stay and inpatient bill size were significantly decreased.

Conclusion ACP forms an integral component in patient care, especially for patients with more advanced diseases. Other than allowing patients to understand personhood and their goals of care, it serves as a platform to moderate healthcare utilisation. This study shows that ACP may reduce healthcare utilisation and cost.