

Methods To address our aims, we interviewed 9 patients with chronic diseases and 7 relatives. We used constant comparative analyses to categorize their key elements of ACP.

Results Patients and relatives would use search terms such as 'ACP', 'care/treatment plan', 'disease trajectory', 'advance directive' and patient associations. They would appreciate information on ACP and its importance; how to adapt ACP to individual needs; values and quality of life; diseases; treatment and care options; and communication of preferences. Furthermore, interviewees mentioned additional needs, such as how to get support, explanation of persons involved in ACP, encouragement to think about ACP, information for relatives, and peer support.

Conclusion(s) Key elements of ACP according to patients and relatives are in line with the EAPC consensus concept according to professionals. However, patients and relatives also mentioned additional elements, indicating their concept of ACP may be broader. Including the elements and search terms in ACP information may enhance online findability and may help meeting information needs.

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P55 NURSES' UNDERSTANDING AND PERSPECTIVES OF ADVANCE CARE PLANNING IN COPD

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Background Advance care planning (ACP) presents as a current issue within an Irish context. Recent publications by The Irish Hospice Foundation include documents 'Think Ahead' and 'Planning for the Future with COPD'. In 2015 The Assisted Decision-Making Capacity Act was published. Currently, the HSE are in the process of publishing professional guidelines for practice in relation to ACP (HSE 2018.) Much of the existing literature relates to physician's views on ACP in COPD. Articles relating to nurse's understanding of ACP entail more towards other patient subgroups such as oncology patients and the older adult.

Method A descriptive qualitative design was used. Eight staff nurses from a respiratory unit were recruited. Semi-structured interviews were audio-recorded. A topic guide from a previous study was adapted.

Results Four categories were identified; the importance of ACP in COPD, facilitators to ACP in COPD, barriers to ACP in COPD and the role of the nurse. Each category was further subcategorised.

Conclusion Nurses identified the importance of ACP in COPD. Benefits included symptom specific factors but also an improvement in the overall quality of care patients could receive. A number of facilitating factors and challenges were identified by the sample in the provision of ACP. Nurses identified themselves as playing an important and broad role in ACP. Future implications were identified for education, research and practice. Recommendations include an increase in education across both undergraduate and postgraduate forums, further research and the appointment of lead nurses in relation to ACP in COPD patients.

P56 ENHANCING THE END OF LIFE (EOL) COMMUNICATION: EVALUATION OF THE 'EOL CARE EDUCATION' FOR NURSES IN ACUTE CARE SETTING

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Background It is critical to discuss with advance cancer patients on their EOL issues to improve the quality for their future care. Japanese nurses, however, are apt to feel uncomfortable to deal with such discussions with these patients because most of them have limited opportunities for the training for EOL communication.

We investigated whether 'EOL care education course' for nurses may help improving their knowledge and skills on EOL care, including communication ability.

Methods We provided 15 nurse participants with the educational course based on the ELNEC Core Curriculum including communication and ethical consideration. They all had more than 2 to 25 years of nursing experience. Efficacy of the course was evaluated by using the End of Life Nursing Education-Japan Core Quiz.

Results The overall correct answer rate before the course was 66% which was significantly improved to 86% after the training ($p < 0.05$). The learning effect was obtained about the knowledge and attitude towards the EOL care by taking the course. The participants felt it challenging to deal with ethical facets and patients' spiritual pains. The results, however, showed an increase in the correct answer rates on 'communication skills' from 70% to 93%, before and after the course, respectively. We believe that the practical role play during the course contributed this improvement.

Conclusions The education course we provided improved knowledge and skills for EOL communication in the nurse participants. We learned that in the future the course needs more attention on the 'ethical consideration' and 'spiritual care'.

P57 COLLABORATIVE ADVANCE CARE PLANNING: IMPROVING PALLIATIVE CARE BY STRUCTURED COMMUNICATIONS ABOUT MATTERS OF LIFE AND DEATH – THE STUDY PROTOCOL

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Background Implementation of advance care planning (ACP) is proceeding in the western world and often recognised as a sufficient approach to ensure patients' wishes for end of life (EoL) care. There is evidence that patient related outcomes are improved. However, information about the impact of ACP on quality of life (QoL) in palliative cancer patients is missing.

Methods This randomised controlled trial investigates the efficacy and effectiveness of a collaborative ACP (cACP) intervention in palliative cancer patients and their care givers by comparing three groups: 1. cACP-Intervention; 2. Supportive intervention 3. Treatment as usual. The cACP-intervention

consists of four sessions (two with the patient alone, one with the care giver alone, one together) that address potential barriers to discuss end of life issues (e.g. negative expectations concerning EoL issues and ACP) and two regular ACP sessions. Primary endpoint is the patient health-related QoL (FACIT-PAL). Secondary endpoints are general QoL; distress; acceptance; depressiveness; evaluation of the intervention; care-givers: health-related and general QoL. Patients' QoL is evaluated every second month for one year. In the event of the patients death, care-givers are asked to answer questions about concordance of advance care planning with actual care and the patients quality of dying.

Results Until 11/18, 75 patients have been randomized, 13 patients finished the intervention, 21 patients died, denial rate is at approx. 55%.

Conclusion This study tries to implement ACP in a palliative cancer setting in Germany. The efficacy and effectiveness of a novel collaborative ACP intervention are evaluated.

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ADVANCE CARE PLANNING IN GLIOBLASTOMA PATIENTS: DEVELOPMENT OF A DISEASE-SPECIFIC ACP PROGRAM

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Background It is unknown if implementation of an Advance Care Planning (ACP) program is feasible in daily clinical practice for glioblastoma patients. We aimed to develop an ACP program, and assessed the preferred content, the best time to introduce such a program in the disease trajectory, and possible barriers and facilitators for participation and implementation.

Methods A focus group with health care professionals (HCPs) as well as individual semi-structured interviews with patients and proxies (of both living and deceased patients) were conducted.

Results All predefined topics were considered relevant by participants, including the current situation, worries and fears, (supportive) treatment options, and preferred place of care/death. Although HCPs and proxies of deceased patients indicated that the program should be implemented relatively early in the disease trajectory, patient-proxy dyads were more ambiguous. Several patient-proxy dyads indicated that the program should be initiated later in the disease trajectory. If introduced early, topics about the end-of-life should be postponed. A frequently mentioned barrier for participation was that the program would be confronting, while a facilitator included access to information.

Conclusion This study resulted in an ACP program specifically for glioblastoma patients. Although participants agreed on the content of the program, the optimal timing of introducing such a program was a matter of debate. Our solution is to offer the program shortly after diagnosis, but let patients and proxies decide which topics they want to discuss. The impact of the program on several patient- and care-related outcomes will be evaluated in a next step.

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CHANGES IN END-OF-LIFE DECISIONS BETWEEN PATIENTS WITH ADVANCED CANCER AND THEIR FAMILY MEMBERS AFTER IMPLEMENTATION OF THE NURSING PROGRAM

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Background Patients with advanced cancer and their family members tend not to adequately communicate with each other about the end of life in Japan. Previous studies have clarified that the obstacles for conversation are mostly posed by family members. Thus, the authors developed a nursing program for family members of patients with advanced cancer to promote End of Life Discussion (EOLD). This study aimed to clarify changes in EOLD between patients and their family members after implementation of the nursing program.

Methods The researchers performed three interview sessions, based on the manual for nursing practices and the guidebook for family members, which were established by the researchers. The interviews were recorded, and the data was analyzed qualitatively and inductively. This study was conducted with approval by the Ethical Review Board of the affiliated institution of the researcher.

Results The research participants were ten family members of patients with advanced cancer (seven females, forty to eighty-nine years of age). The twelve categories were extracted regarding changes in EOLD between patients and their family members, including the following: They realized the necessity to discuss the end of life. They were able to discuss subjects that they had been concerned about. They wrote down what they discussed. They were highly motivated to continue talking about the end of life.

Conclusion This research clarified that varied effects on the promotion of EOLD can be expected from this nursing program according to the situation and conversation of each patient and their family members.

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THE EFFECT OF PRIORITISING TREATMENT GOALS ON DECISION SELF-EFFICACY AMONG OLDER PATIENTS WITH CANCER IN A PALLIATIVE SETTING (OPTION-STUDY)

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Background In the Netherlands, the General Practitioner (GP) is generally not involved in treatment decisions in cancer. However, the GP often has a long history with patients and can help to explore patients' values, especially in older patients. This can help the patient prepare for shared decision making with the oncologist. The aim of this randomised controlled trial is to study the effect of a conversation about treatment goals between GPs and patients on self-efficacy just after the diagnosis of non-curable cancer.

Methods We included patients aged ≥ 60 years with a diagnosis of non-curable cancer, who have heard the treatment options from their oncologists. In the intervention group, patients consulted their GP using an Outcome Prioritisation Tool (OPT) to discuss the prioritisation of treatment goals (staying alive, maintaining independence, reduce pain, reduce other symptoms). The control group received care as usual.