between paediatric patients and their parent. A process evaluation will provide more information about the underlying mechanisms of the intervention.

P69

DEVELOPMENT AND EVALUATION OF AN ACP-PROGRAM FOR PROFESSIONALS IN PALLIATIVE CARE FOR PEOPLE WITH INTELLECTUAL DISABILITIES

¹AGFM Vogel*, ^{1,2,3}AMA Wagemans, ⁴H Voss, ^{4,5,6}AL Francke, ³JFM Metsemakers, ²AM Courtens, ⁴AJE de Veer. ¹Maasveld, Koraal, Maastricht, Netherlands; ²Expertise Centre for Palliative Care, Maastricht University Medical Centre, Maastricht, the Netherlands; ³Department of Family Medicine, Faculty of Health, Medicine and Life Science, Maastricht University, the Netherlands; ⁴Netherlands Institute of Health Services Research (NIVEL), Utrecht, the Netherlands; ⁵Amsterdam UMC, VU Amsterdam, Amsterdam Public Health research institute, the Netherlands; ⁶Expertise Center for Palliative Care Amsterdam, Amsterdam UMC, location VU, Amsterdam, the Netherlands

10.1136/spcare-2019-ACPICONGRESSABS.150

Background People with intellectual disabilities (ID) have restricted cognitive and communicative abilities, and therefore encounter difficulties in clarifying their wishes and needs. Professionals in ID-care do not always recognize palliative care needs and lack communication skills to talk about future care in advance. Aim of this study was to develop and evaluate an advance care planning (ACP)-program to train professionals in knowledge and skills about ACP in palliative care for people with ID.

Methods This study contained five phases. Phase 1 consisted of a systematic review, (medical)file analysis and supplementary interviews, and depth-interviews to discover important aspects of ACP. These were translated into an ACP-program in co-creation with professionals, relatives and people with ID (phase 2). A communication training framework was developed (phase 3). Implementation of the ACP-program took place in six organizations providing ID-care (phase 4). In phase 5 the program was evaluated by pre-structured questionnaires send to participants of the program.

Results The ACP-program consists of 1.Methodology about important aspects of ACP, 2.ACP communication training, and 3.Consultation about implementation strategies for ACP. It is based on 10 competencies needed for ACP; palliative phase identification, signaling symptoms, communicating, documenting, structurally deploying ACP, taking wishes of people with ID into account, collaborating, paying attention to possible dilemmas, reflecting, and regarding ACP as a standard aspect of palliative care.

Conclusion An ACP program is helpful to make professionals aware of the importance of ACP and improve communication skills. Research is needed to further investigate the effective elements of the ACP program.

P70

EFFECTS OF AN ADVANCE CARE PLANNING EDUCATIONAL PROGRAM INTERVENTION IN AN ACUTE HOSPITAL; A QUALITATIVE DATA ANALYSIS

¹M Hamayoshi*, ²S Goto, ³A Kono, ¹C Matsuoka, ⁴M Ikenaga. ¹Bukkyo University, Kyoto, Japan; ²Konan womans university, Kobe City, Japan; ³Osaka city university, Osaka, Japan; ⁴Yodogawa Christian hospital, Osaka, Japan

10.1136/spcare-2019-ACPICONGRESSABS.151

Background Advance care planning (ACP) is a crucial end-of-life care practice. However, an ACP educational program for

practitioners in an acute care setting has not yet been established. This study aimed to examine the effects of an ACP educational program in acute hospital. Aim: This work is evaluating the effect of ACP education programme on acute hospital practitioners. Design: A mixed-methods, Pre-and post test study to evaluate changing practitioner attitudes post program. The intervention program was three times during the 3 month in 90 minutes per session. As a program evaluation, comments on participant's questionnaires two questions about an attitude and practice were categorized and evaluated. We used conventional content analysis. Setting/Participants: The final sample of 63 practitioners whose they were working at B acute hospital.

Results As a result of analysis of qualitative data, Question1 was categorized into five categories, and Question2 was categorized into seven categories. The results that participants thought important of ACP implementation and talk with patient and family. It was suggested that participants were able to look back on their own way of thinking about death and found the tips of ACP implementation.

Conclusion The key message of this study was change sustained of awareness about positive attitude of ACP and EOL after 6 month intervention. These results suggest that the present ACP educational program was effective at improving staff attitudes towards the end of life care of patients.

P72

TRANSLATION INTO SPANISH, CROSS-CULTURAL ADAPTATION AND VALIDATION OF AN ADVANCE CARE PLANNING SELF-EFFICACY SCALE: PRELIMINARY RESULTS

¹C Lasmarias*, ¹A Aradilla-Herrero, ²M Subirana-Casacuberta, ²S Ela, ³S Delgado, ⁴X Gómez-Batiste. ¹Chair of Palliative Care, Barcelona, El Salvador; ²Consorci Hospitalari de Vic, Vic, Spain; ³St Luke's Hospice, London, UK; ⁴University of Vic, Vic, Spain

10.1136/spcare-2019-ACPICONGRESSABS.152

Background Advance Care Planning (ACP) explores patients' values and preferences to plan their care. Barriers for health-care professionals to start it include fear to talk about end of life or lack of communication skills. Self-efficacy (SE) is a key factor that impacts learning about ACP. Measuring SE would show the impact of training to acquire ACP competencies. The ACP SE scale (ACP_SEs) of 17 items was validated in 2017; there aren't similar validated tools in Spanish.

Methods The ACP_SEs was forward-backward translated. 10 ACP local experts tested it for clarity and comprehensibility. Validation: we designed a survey with 4 dimensions: sociodemographic variables; knowledge and self-perception on ACP; type of patients attended; 4 scales to predictive validity: ACP_SEs (Baughman, 2017); Trait Meta-Mood_s 24 (Salovey and Mayer, 1995); Personal Competence_s (Wallston, 1992); Coping with Death_s (Bugen, 1980). Participants: 5,500 professionals from 4 scientific societies: Palliative and Primary Care (3 societies); Geriatrics/Gerontologic (1society). Reliability will be determined by intraclass correlation coefficients, the measurement will be compared by T'Student and internal consistency by Cronbach's α . Test-retest reliability will be quantified with a 4-week interval.

Results After the translation/adaptation process, the ACP_SEs has 19 items. New variables include to involve patients in ACP and to register ACP adequately. In a pilot with 47 professionals, consistency was $\alpha=0.909$. The results will confirm the scale's validity and show how professionals rate the ACP process.