



Advance Care Planning

Medical Educators Resource

Acknowledgments



Disclaimer

The material presented in this resource, distributed by the Postgraduate Medical Council of Victoria Inc. (PMCV), is presented as an information source only. The information is provided solely on the basis that readers will be responsible for making their own assessment of matters presented herein. Readers are advised to verify all relevant representations, statements and information.

The information does not constitute professional advice and should not be relied upon as such. Formal advice from appropriate advisers and representative bodies should be sought on particular matters.

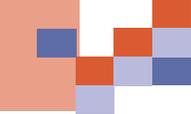
The Postgraduate Medical Council of Victoria does not accept liability to any person for the information or advice contained in this Manual, or incorporated into it by reference, or for loss or damages incurred as a result of reliance upon the material contained in the Manual.

Copyright

The information is subject to all intellectual property rights arising under law and statute, including the Copyright Act 1968. Permission is given for users to view, print and use the information via the Internet and in electronic form, provided that it is for personal, domestic or genuine research purposes only and for purposes associated with the use of the Advance Care Planning Australia. We do not give permission for any use of the information for commercial purposes.

The PMCV acknowledges that the material used in this Manual has been sourced with permission from Advance Care Planning Australia.

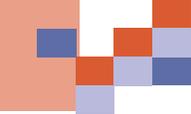
The PMCV acknowledges funding support for the development of this publication from the Victorian Department of Health and Human Services.



Objectives

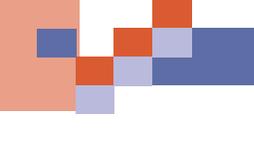
1. Review key points to teach interns and other hospital health professionals
 - We will give you a talk to modify to suit your needs
2. Identify available video and web resources available to use
3. Understand key changes to the obligations of health services and health practitioners under the new Victorian legislation

The new medical treatment planning and decisions Act comes into force in March 2018



A short talk you can use to educate interns and other health professionals at induction

- The Postgraduate Medical Council of Victoria (PMCV) has been instructed to ensure that interns receive education about substitute decision making as part of the Senate Enquiry in to end of life care
- The DHHS Victoria has instructed health services to ensure that health professionals receive training on ACP as part of their induction programs*
- Health services and health professionals are obliged to ask about and pay attention to advance care plans



1. Key points to teach interns

Advance care planning (ACP) learning objectives:

- Define ACP
- Describe what our health service would like us to do to carry out advance care planning for our patients
- Apply the knowledge and skills to incorporate ACP into normal daily practice at our health service
- Know where to find resources

1. Key points to teach interns

Who would you want to speak for you, and what would you want them to say?

Mrs Jones is an 81 year old retired teacher, brought in by ambulance to the emergency department from her residential aged care facility.

After initial assessment, it is clear that she has multi organ failure and is in need of intensive care to have a chance of recovery.

Mrs Jones has a delirium and is not able to communicate her wishes.

What now? (Play video)



1. Key points to teach interns

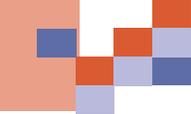
ACP in a nutshell

“If you were too unwell to speak for yourself about your treatment options,

Who would you want to speak for you?

And what would you want them to say?”





1. Key points to teach interns

Advance care planning is

- An ongoing process of planning for future care
- Part of routine care at our health service
- Initiated by the person, their family, or by the team looking after them
- Most effective when it's embedded into systems

1. Key points to teach interns

Advance care planning

Is essential to person-centred care

- Focuses on the needs of the person
- Encourages documentation of goals, values, beliefs and preferences
- Increases the likelihood of a person's wishes being known and followed
- Prepares people and their medical treatment decision maker* for making health care decisions

* *medical treatment decision maker is the new term for substitute decision maker*



ACP improves outcomes for:

- People, their carers and families
- Health professionals and health services

1. Key points to teach interns

What happens here?

Where is our ACP policy kept?

- Briefly, what does it say?

Documentation

- Where do I document who a patient's substitute decision maker/MTDM is, so I know who to talk to if they lose capacity?
- Where do I get the forms to appoint someone legally as medical treatment decision maker?
- What about the forms to document an advance care plan or advance directive?
- Does completing these forms generate an alert that other health professionals can see?

Tell me... where do I locate the forms I need to carry out advance care planning here?



1. Key points to teach interns

What does our health service want us to do?

Where do I document who a patient's substitute decision maker is?

Routinely ask patients who their medical treatment decision maker is:

- “If for some reason you became very unwell, and could not talk to the doctors about your medical treatment decisions, who would you like us to talk to?”
- Ask if this person is legally appointed (eg. as an enduring guardian, medical power of attorney etc)
- Document this in the correct place so that others in your health service can view it

Routinely ask if the patient has completed any advance care planning documents

- Ensure that they are saved or filed appropriately so others can see them

How do I do that?

1. Key points to teach interns

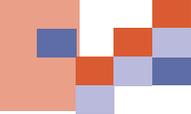
Where do I find more information?



- **Hospital policy**

www.advancecareplanning.org.au has:

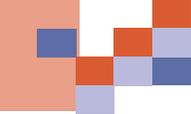
- **information for each state**
- **free online education modules**
- **Office of Public Advocate**



2. Resources for educators

Points for consideration before your presentation

- What is your health service policy on ACP and where is it located?
- What is the process for initiating discussions on advance care planning and medical treatment decision makers
- Is there a process to alert clinicians when an advance care plan and medical treatment decision maker exists
- Bring examples / links of the forms and advance care planning brochures to the tutorial



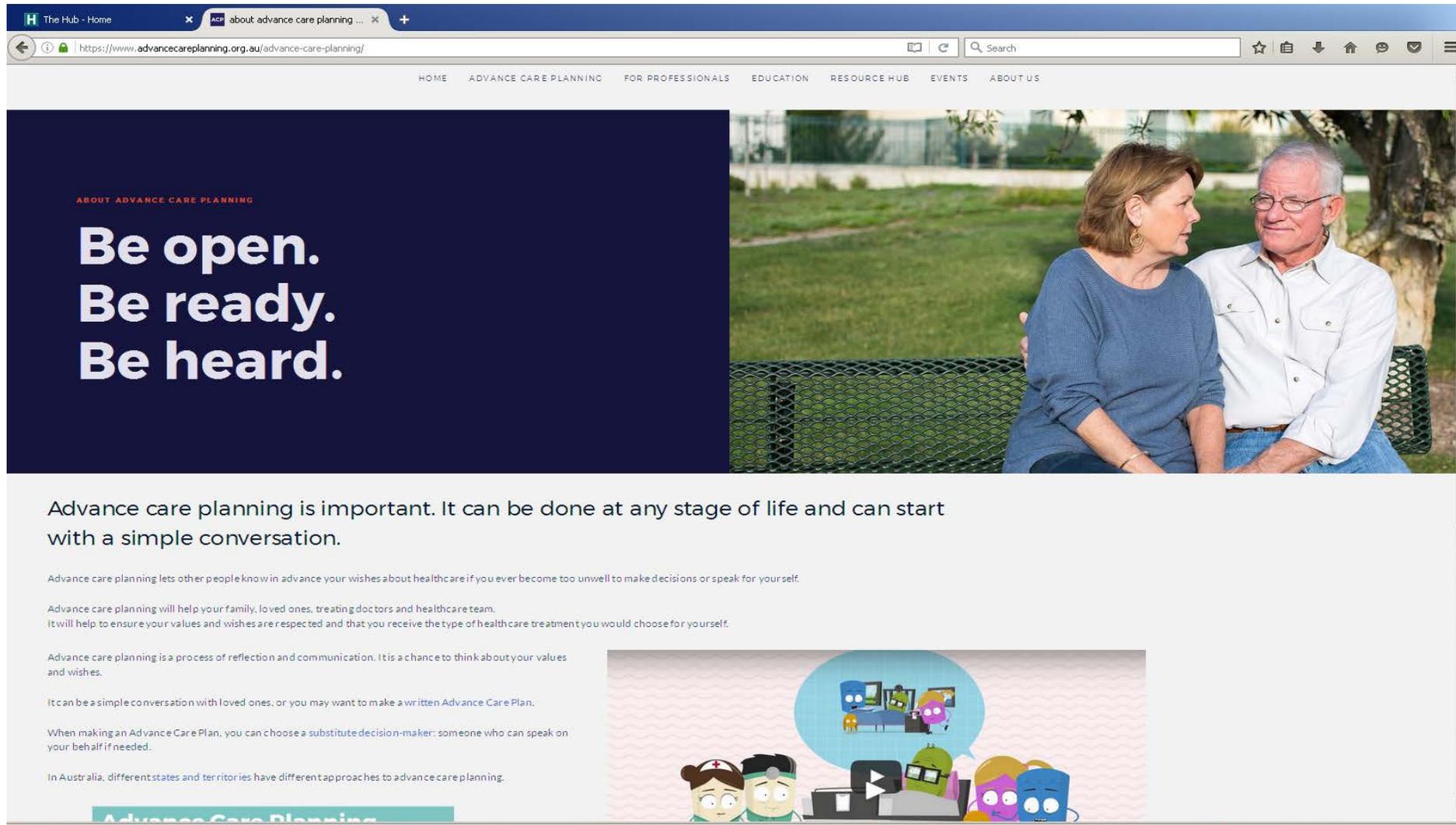
2. Resources for educators

Resources available

- Website – Advanced Care Planning Australia (currently under construction but does have resources available now)
- Education Modules – On line modules (currently under construction, 3 modules available)
- Office of the Public Advocate
- Department of health and human services ACP page

2. Resources for educators

Website: <https://www.advancecareplanning.org.au/advance-care-planning/>



The screenshot shows the homepage of the Advance Care Planning website. The browser address bar displays the URL <https://www.advancecareplanning.org.au/advance-care-planning/>. The navigation menu includes links for HOME, ADVANCE CARE PLANNING, FOR PROFESSIONALS, EDUCATION, RESOURCE HUB, EVENTS, and ABOUT US. The main content area features a large image of an elderly couple sitting on a park bench, with a dark blue overlay on the left containing the text "Be open. Be ready. Be heard." Below this, a paragraph states: "Advance care planning is important. It can be done at any stage of life and can start with a simple conversation." This is followed by several smaller paragraphs explaining the benefits and process of advance care planning. At the bottom, there is a colorful illustration of healthcare professionals and a play button icon, suggesting a video resource.

ABOUT ADVANCE CARE PLANNING

Be open. Be ready. Be heard.

Advance care planning is important. It can be done at any stage of life and can start with a simple conversation.

Advance care planning lets other people know in advance your wishes about healthcare if you ever become too unwell to make decisions or speak for yourself.

Advance care planning will help your family, loved ones, treating doctors and healthcare team. It will help to ensure your values and wishes are respected and that you receive the type of health care treatment you would choose for yourself.

Advance care planning is a process of reflection and communication. It is a chance to think about your values and wishes.

It can be a simple conversation with loved ones, or you may want to make a written Advance Care Plan.

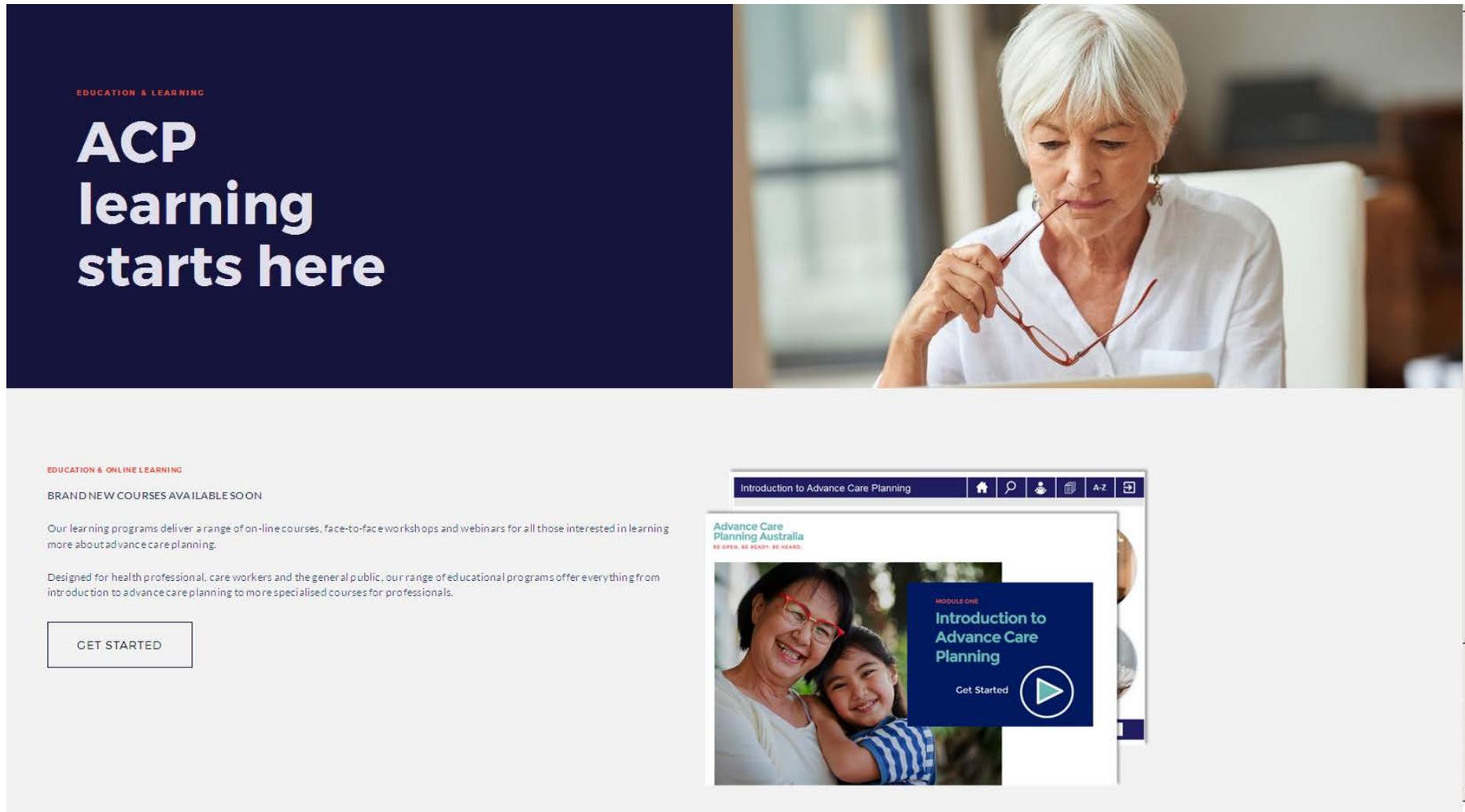
When making an Advance Care Plan, you can choose a substitute decision-maker: someone who can speak on your behalf if needed.

In Australia, different states and territories have different approaches to advance care planning.

Advance Care Planning

2. Resources for educators

Website: <https://www.advancecareplanning.org.au/education>



The screenshot displays the 'Education & Learning' section of the Advance Care Planning Australia website. The top half features a dark blue banner with the text 'EDUCATION & LEARNING' in small red letters, followed by 'ACP learning starts here' in large white font. To the right is a photograph of an elderly woman with short white hair, wearing a white shirt, looking down at a document and holding her glasses. Below the banner, the page has a light grey background. On the left, there is a section titled 'EDUCATION & ONLINE LEARNING' with the sub-heading 'BRAND NEW COURSES AVAILABLE SOON'. The text below states: 'Our learning programs deliver a range of on-line courses, face-to-face workshops and webinars for all those interested in learning more about advance care planning.' and 'Designed for health professional, care workers and the general public, our range of educational programs offer everything from introduction to advance care planning to more specialised courses for professionals.' A 'GET STARTED' button is located below this text. On the right side of the page, there is a preview of a video player. The video player has a dark blue header with the text 'Introduction to Advance Care Planning' and navigation icons. The main content area of the video player shows a woman and a young girl smiling together. Overlaid on the video is a dark blue box with the text 'MODULE ONE Introduction to Advance Care Planning' and a 'Get Started' button with a play icon.

EDUCATION & LEARNING

ACP learning starts here

EDUCATION & ONLINE LEARNING

BRAND NEW COURSES AVAILABLE SOON

Our learning programs deliver a range of on-line courses, face-to-face workshops and webinars for all those interested in learning more about advance care planning.

Designed for health professional, care workers and the general public, our range of educational programs offer everything from introduction to advance care planning to more specialised courses for professionals.

GET STARTED

Introduction to Advance Care Planning

Advance Care Planning Australia
BE OPEN. BE READY. BE HEARD.

MODULE ONE
Introduction to Advance Care Planning
Get Started

2. Resources for educators

Module 1 - Advance care planning introduction

Advance Care Planning Introduction



Objectives

Learning Objectives

The overall aim of this module is to introduce advance care planning, its key components and benefits

- 1 Define advance care planning
- 2 Identify benefits of advance care planning
- 3 Describe components of advance care planning
- 4 Describe how organisations can best support advance care planning

★ Click the arrow buttons to go forward or back.



2. Resources for educators

Module 2 - Advance care planning conversations

1

Describe roles in advance care planning discussions

2

Recognise opportunities and barriers when discussing advance care planning

3

Describe how to prepare for a discussion on decision making

4

List skills and strategies required for effective communication

5

Identify appropriate resources for documenting advance care planning

2. Resources for educators

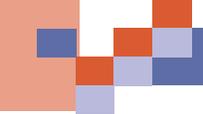
Module 3 - Advance care planning decision making : the legal implications

- 1 Describe roles in advance care planning discussions
- 2 Recognise opportunities and barriers when discussing advance care planning
- 3 Describe how to prepare for a discussion on decision making
- 4 List skills and strategies required for effective communication
- 5 Identify appropriate resources for documenting advance care planning

2. Resources for educators

Suggested video resources for introduction

1. Associate Professor Charlie Corke – Intensive Care Specialist speaks about the usefulness of ACPs
<https://www.youtube.com/watch?v=LwxDIQubNhE>
 2. <https://www.youtube.com/watch?v=1afEnPuFf6s>
 3. <https://www.youtube.com/watch?v=cwpF5WDXr-U> – Commentary
- Whilst 2 & 3 are long these youtube videos provide 4 scenarios as to when ACP can be introduced – individual case studies could be selected. Relevant time codes are included below
 - Scenario 1: A 52 y.o. patient with history of COPD and muscular dystrophy, admitted for nocturnal BiPAP implementation. This video shows patient-doctor discussions about treatment and care management options, identifying and updating previously recorded information on nominated next of kin according to patient's wish. (Time 00-1:07) (Commentary 1:02-2:52)
 - Scenario 2: A 56 y.o. male patient with chronic renal failure, undergoing dialysis treatment. The patient is well enough to make informed consent about his treatment plan and communicates this with his nurse. (Time 1:07-2:36) (Commentary 3:40-5:30 & 5:40-7:08 & 7:14-8:16 & 8:32-9:38 & 9:54-10:48)
- Scenario 3: A 35 y.o. patient transferred to the ward following presentation at ED due to acute respiratory failure. The video shows communication between patient and physician, clarifying and updating of medical record to reflect patient's wishes and nominated person to act on his behalf. (Time 2:36-4:10) (Commentary 11:46-12:29 13:01-13:37)
- Scenario 4: A 67 y.o. woman admitted to hospital following sepsis on the background of Guillain--Barré syndrome. The video shows the importance of identifying a nominated representative or spokesperson for a patient while cognitively capable in the event that communication becomes a problem for medical treatment. Communication about the medical treatment delivered in a manner that is clearly understood by patient. (Time 4:10-5:34) (Commentary 14:34-15:10 15:39-16:22)
- Summary of the commentary (Time 17:00-17:46)



2. Resources for educators

Website links

Link to Decision Assist - Resources To enhance the provision of palliative care and advance care planning services to the aged nationally, the Australian Government has funded the Specialist Palliative Care and Advance Care Planning Advisory Services (Decision Assist) Project.

- <https://decisionassist.org.au>

Link to Decision Assist education resources can be found here.

DHHS page <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/advance-care-planning/medical-treatment-planning-and-decisions-act>

Office of Public Advocate <http://www.publicadvocate.vic.gov.au/>

3. Summary of the changes in the Victorian legislation – advance care directives

- People can complete a binding instructional directive, and/or a values directive
- An *instructional directive* is an express statement in an advance care directive of a person's medical treatment decision. It takes effect as though the person who gave it has consented to, or refused, the medical treatment.
 - An instructional directive used to be to refuse a treatment relevant to a current condition. It can now be to consent to or refuse a treatment relevant to a current or future condition
- A *values directive* is a statement in an advance care directive of a person's preferences and values as the basis on which the person would like any medical treatment decisions to be made. The person might nominate for example, an outcome of medical treatment that would not be acceptable to them.
- The ACD must be in writing, in English, include the full name, DOB and address of the person, and must be signed and witnessed by two people including a registered medical practitioner
- It's a serious matter to refuse to comply with an instructional directive.
- Health practitioners cannot be compelled to provide a particular medical treatment, an unlawful treatment, or futile or non-beneficial medical treatments.

3. Summary of the changes in the Victorian legislation – medical treatment decision maker

- The terminology and hierarchy medical treatment decision makers has changed
- Old term was substitute decision maker and medical power of attorney
- New terms are medical treatment decision maker (MTDM) and appointed medical treatment decision maker
- New hierarchy is: spouse/partner, carer, oldest child, parent, sibling BUT MTDM must have a current relationship with the person
 - Each type of MTDM has the same powers, which is different from the old legislation. Get more information from the Office of Public Advocate website <http://www.publicadvocate.vic.gov.au/power-of-attorney/medical-enduring-power-of-attorney>
- There is provision for the appointment of a support person
- An important point to note is that health services and health professionals are obliged to look for and consider any advance care planning that has been done (instructional or values directives and medical treatment decision makers nominated or appointed)
- Old documents will still have effect
- In a short talk, it's not possible to cover all the details and subtleties of the new legislation. Health professionals are required to be familiar with the legislative framework under which they work. Seek advice from senior colleagues and see further details at OPA website and DHHS website



Advance care planning

Who would you want to speak for you, and what would you want them to say?