

Meaningful conversations – Exploring interdisciplinary team knowledge, awareness and understanding of advance care planning in a hospital setting : Insights from a small-scale backyard interdisciplinary staff survey

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- Firstly, thank you
- NISCC
- Northern Health and Social Care Trust – To my managers, social work and MDT colleagues
- Queens University Belfast – Professor Audrey Roulston, Deirdre McKenna and Irene Murphy
- Research.....who me?
- Remember, look after yourself as you listen, this is an emotive subject

What is Advance Care Planning?

An international consensus definition states:

“Advance care planning enables individuals to define goals and preferences for further medical treatment and care, to discuss these goals and preferences with family and health-care providers, and to record and review these preferences if appropriate” (Rietjens et al., 2017, p.e546).



Advance Care Planning is an umbrella term covering personal, legal, clinical, and financial planning.



A key aim of **ACP: For Now and For the Future (2022)** is to encourage all adults, regardless of age or health status to reflect on and document their future care preferences. However, the reality is that it is most often introduced to individuals receiving palliative care or approaching end of life. (Wilkin, Fang & Sixsmith, 2024).



ACP is an entirely voluntary process; it is an individual's choice.

Aims of research project

Project is framed within the ambitions of regional policy frameworks such as Advance Care Planning: For Now and For the Future (Department of Health, 2022b), which aims to “...normalise...” (p. 6) ACP conversations.

It is proposed by Knight et al. (2020) that hospitalisation could act as the necessary prompt to offer ACP and within the context of Northern Ireland, this can be completed by **any health and social care professional involved in that individuals care** (Department of Health, 2022b).

Therefore, born out of regional policy guidance, workplace procedures, professional curiosity and area of special interest with person centred palliative care at the heart, my research project aimed to explore the knowledge, awareness and understanding of advance care planning among interdisciplinary teams within an acute hospital setting in Northern Ireland.

Literature review of topic – emergent themes/domains

- There was staff recognition of the value and benefits of advance care planning

However

- Barriers were noted to ACP implementation



FOLLOWING THEIR UK BASED HOSPITAL SURVEY KNIGHT ET AL (2020, P.5) FOUND ONLY 4.8% OF PATIENTS HAD EVIDENCE OF AN ADVANCE CARE PLAN, EVEN THOUGH EMERGENCY HOSPITAL ADMISSION CAN BE A FREQUENT OCCURRENCE IN THE LAST YEAR OF LIFE IN THE UK.



REFLECTIONS

Research Project Methods

Online staff survey circulated to interdisciplinary team leads to disseminate, at random, to their respective team members (n=110) via hyperlink or QR code

Included hospital social work, occupational therapy, nursing, physiotherapy and medical staff

Mix of quantitative methods (likert style scales) and qualitative open questions

Two weeks given to complete, however majority of responses were received in the first three days

On average the survey took seven minutes to complete

Ethics

Prior permission was granted from Team leads prior to surveys being sent out

Rationale for survey was explained –full transparency throughout

Entirely voluntary, with consent implied through completion

It was quick and available online – not to unduly burden already busy staff

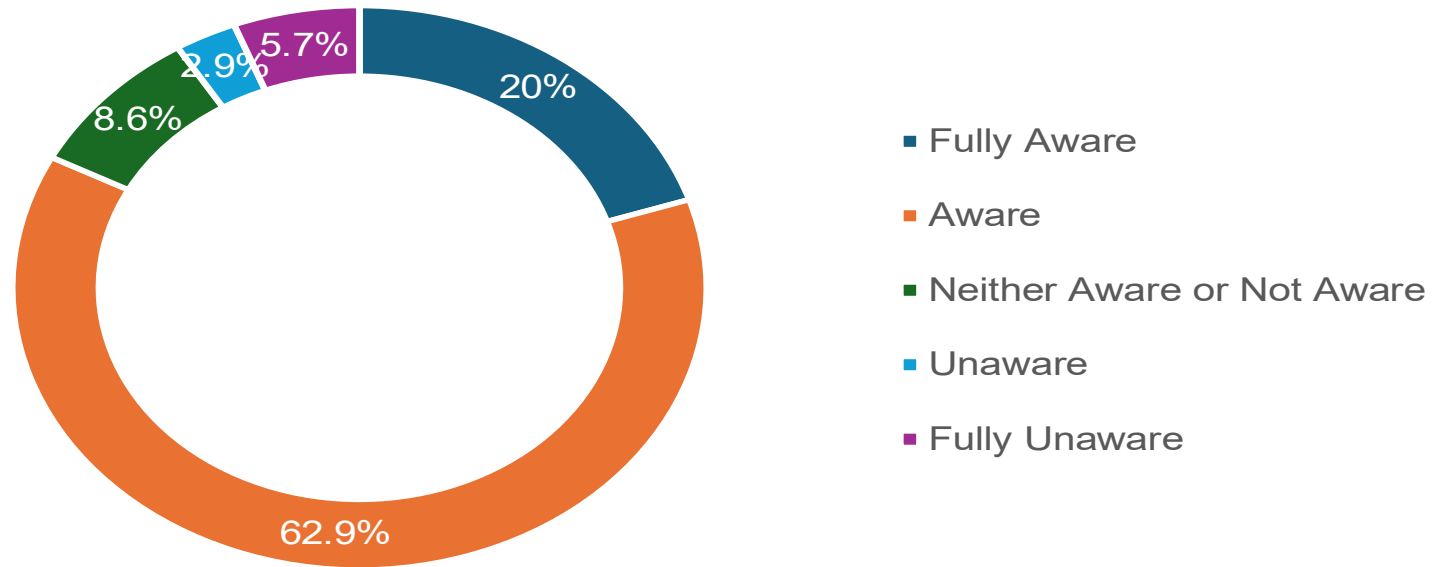
Respondents autonomy, privacy and confidentiality was ensured

Data collection & Quantitative findings

Professional Role	Total	Total Responses	Response
	Invites (n)	(n)	Rate (%)
Occupational Therapy	25	6	24
Physiotherapy	25	3	12
Nurses	25	8	32
Hospital Social Work	25	14	56
Medics	10	4	40
Total overall	110	35	31.8

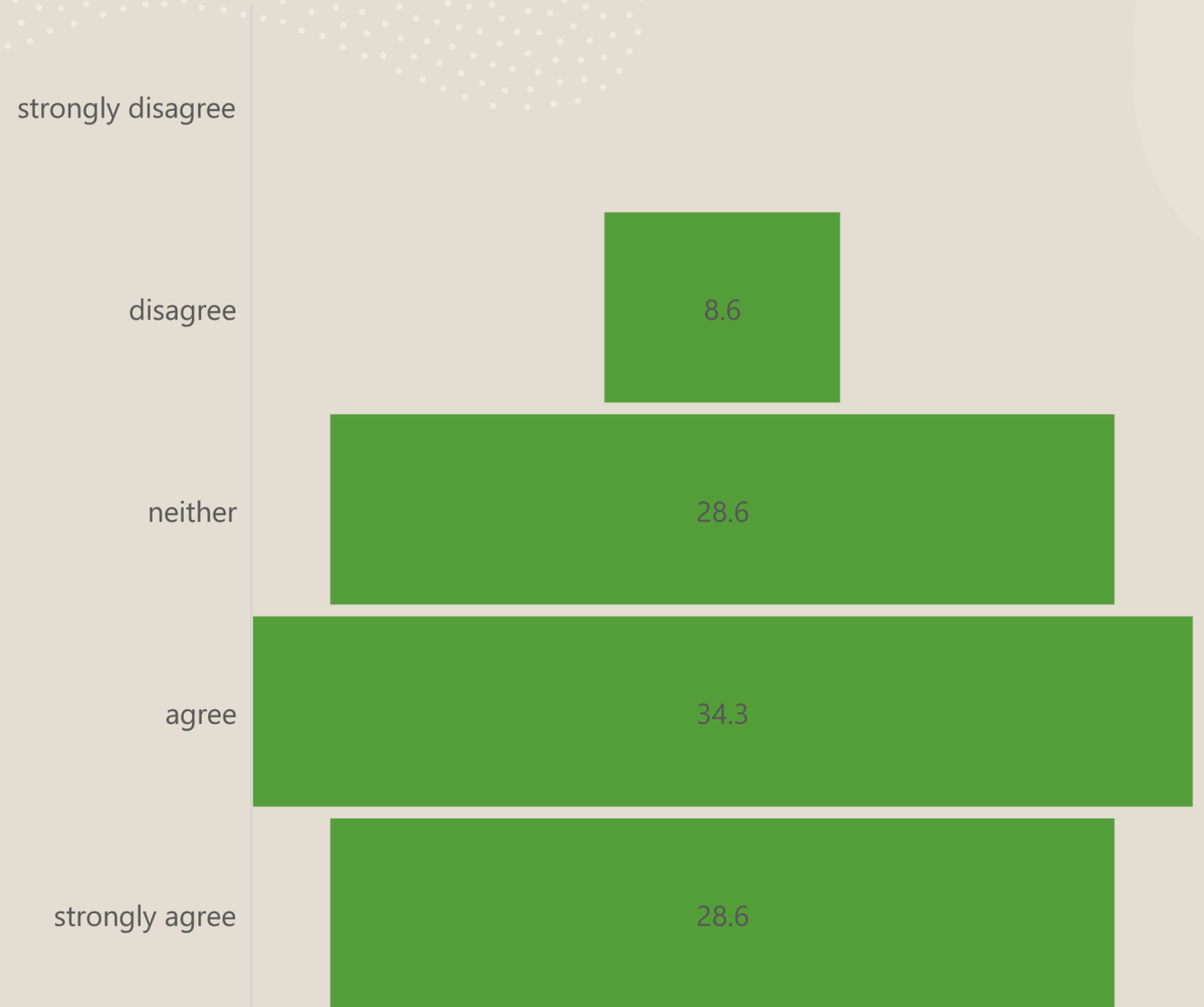
Figure 1

How would you rate your general understanding of Advance Care Planning (ACP)?



ACP as part of job role %

Please indicate the extent you agree or disagree that having ACP conversations with patients is part of your job role?





AMONG RESPONDENTS WHO IDENTIFIED ACP AS PART OF THEIR PROFESSIONAL ROLE, CONFIDENCE IN HAVING ACP DISCUSSIONS WAS MEASURED USING A FIVE POINT LIKER SCALE (1 = LEAST CONFIDENT, 5 MOST CONFIDENT).



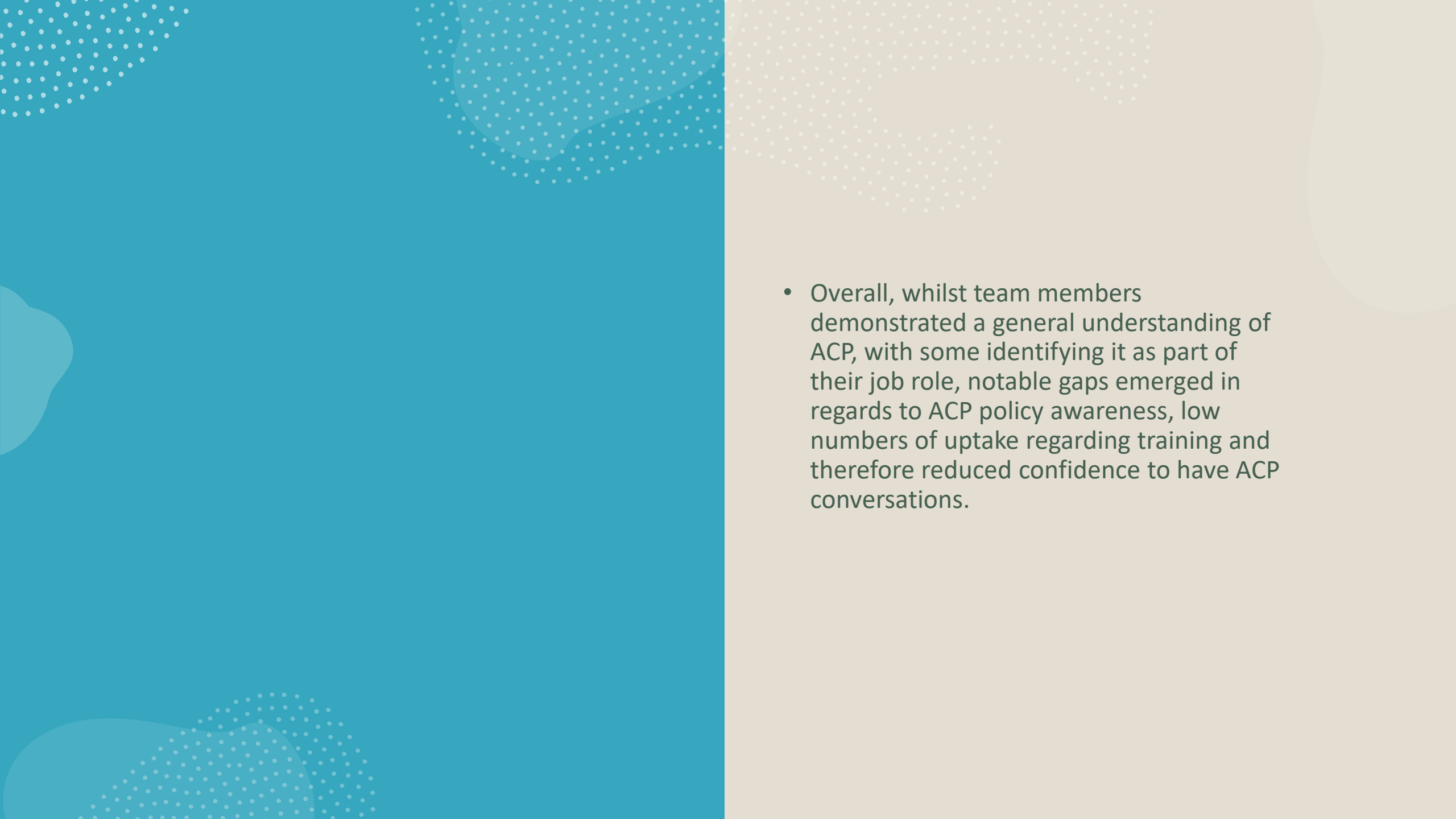
A MEAN SCORE OF 2.97 REFLECTED A MODERATE LEVEL OF CONFIDENCE IN HAVING SUCH DISCUSSIONS



Regarding ACP training, a clear majority 71% (n = 28) stated they had never completed any ACP training, that is despite resources being readily available within the workplace both online and in person training.



Encouragingly, of those who had not completed training 85.7% (n = 21) stated this would interest them in the future.

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- Overall, whilst team members demonstrated a general understanding of ACP, with some identifying it as part of their job role, notable gaps emerged in regards to ACP policy awareness, low numbers of uptake regarding training and therefore reduced confidence to have ACP conversations.

Qualitative analysis - Emergent themes

- Theme 1
- ACP should be used an opportunity to encourage people to think about their future care wishes

“...to allow patients to accept or decline any interventions offered....care and input is more fluent, timely and more likely to be in line with their wishes” (ID3)

“...helping patients and their families proactively consider how they would wish to be cared for in the event of various scenarios...understanding patients wishes and preferences” (ID11)

- **Theme 2**
- **Training/education and outreach**
- *“....workshop type training depending on job role” (ID 19)*

- *“....ACP needs taught to all people working in healthcare, its not just for GPs or palliative care professionals, all have a responsibility” (ID16)*

- *“.....we need to push forward with breaking down how simple it actually is.....any short statement of what someone wants is a form of advance care planning” (ID 12)*

Discussion and conclusion

- Reflective across both qualitative and quantitative responses -
- Staff generally recognise the value and importance of ACP
- Viewed as an important part of person centred care
- However there was a mixed range of knowledge regarding understanding ACP and often not viewed as part of job role
- Therefore suggestion of disparity between positive staff attitudes and the actuality of ACP being implemented in practice
- Majority of staff would benefit from further education and training regarding ACP – suggestion of small group workshops, in person training applicable to their professional role.

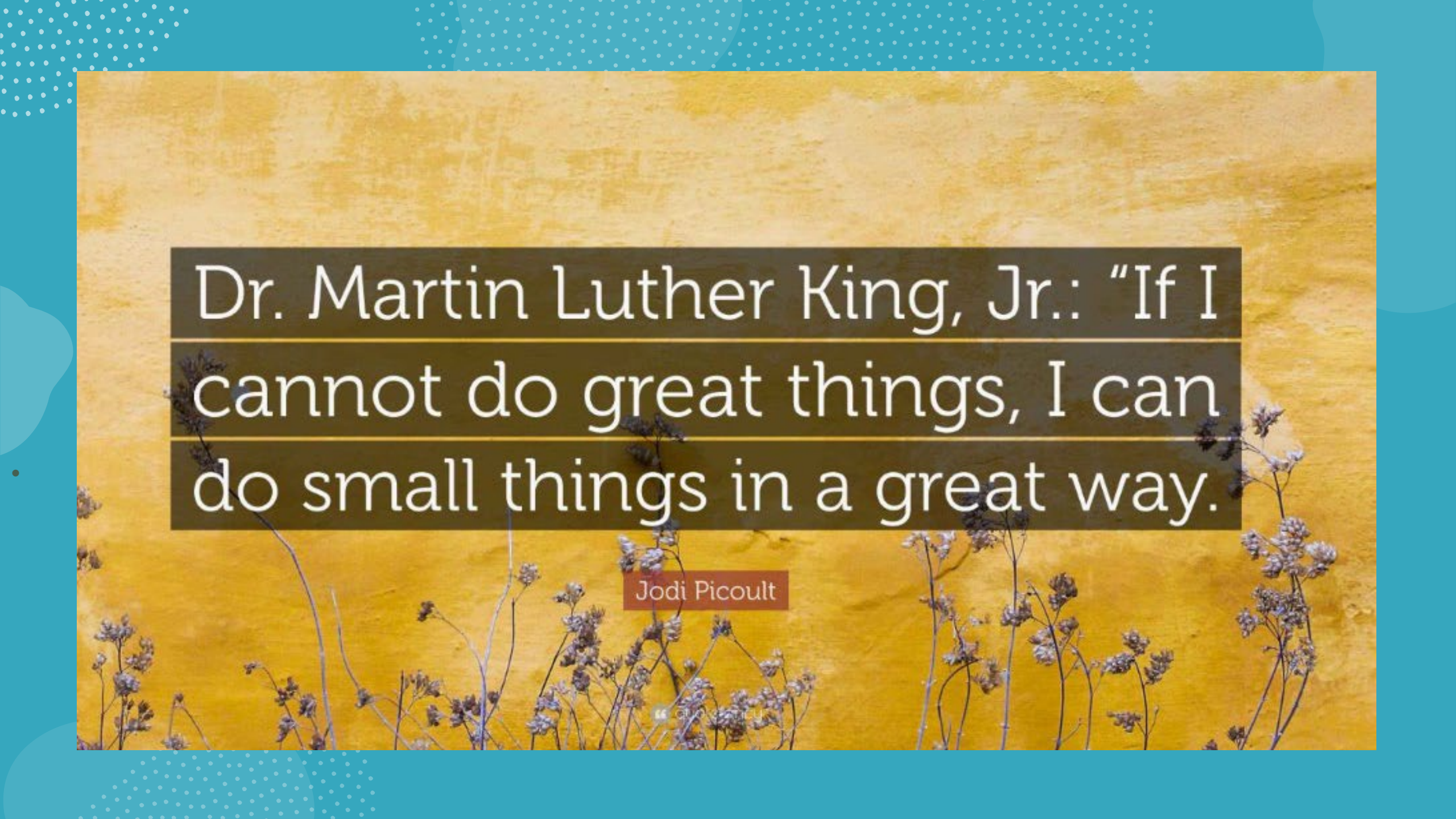
Next steps

THE RESULTS OF THIS RESEARCH PROJECT WOULD SUGGEST THE NEED FOR SPECIFIC ACP TRAINING DEPENDENT ON JOB ROLE

FORM OF WORKSHOPS OR SMALL GROUP SETTINGS IN ORDER TO MAKE REGIONAL POLICY RELATABLE AND APPLICABLE TO EVERYDAY PRACTICE

REALITY IS.....

I HAVE PRESENTED MY FINDINGS TO HOSPITAL SOCIAL WORK COLLEAGUES AND HELD A JOURNAL CLUB ON ADVANCE CARE PLANNING. IT IS MY AMBITION THAT THE FINDINGS OF THIS SMALL PROJECT BE FURTHER DEVELOPED TO ASSIST IN WIDER SOCIAL WORK EDUCATION THROUGHOUT HOSPITAL AND COMMUNITY TEAMS.

The image features a quote by Dr. Martin Luther King, Jr. centered on a yellow background with a subtle floral pattern. The quote is presented in three stacked dark grey rectangular boxes with white text. The author's name, Jodi Picoult, is written in white on a small brown rectangular background below the quote. The overall design is framed by a teal border with white polka dots in the corners.

Dr. Martin Luther King, Jr.: "If I
cannot do great things, I can
do small things in a great way.

Jodi Picoult

References

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