

Advance Care Planning

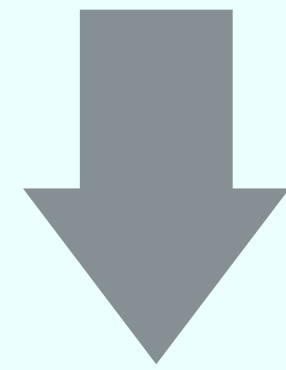
“live well and die well, in the place of their choosing”

Content

- What is Advance Care Planning?
- Why do we need Advance Care Planning?
- Advance Care Planning and its adaptability to culture
- How does Advance Care Planning relate to my research?

What is Advance Care Planning?

Ongoing discussing and preparing future medical plans



Health Professionals + Individual + Family and the significant ones

End-of-life care & wishes about care and treatment over the course of life

what quality of life means to each individual

Government

Medical facilities



ABLE TO SPEAK FOR YOU IF YOU
CAN'T SPEAK FOR YOURSELF

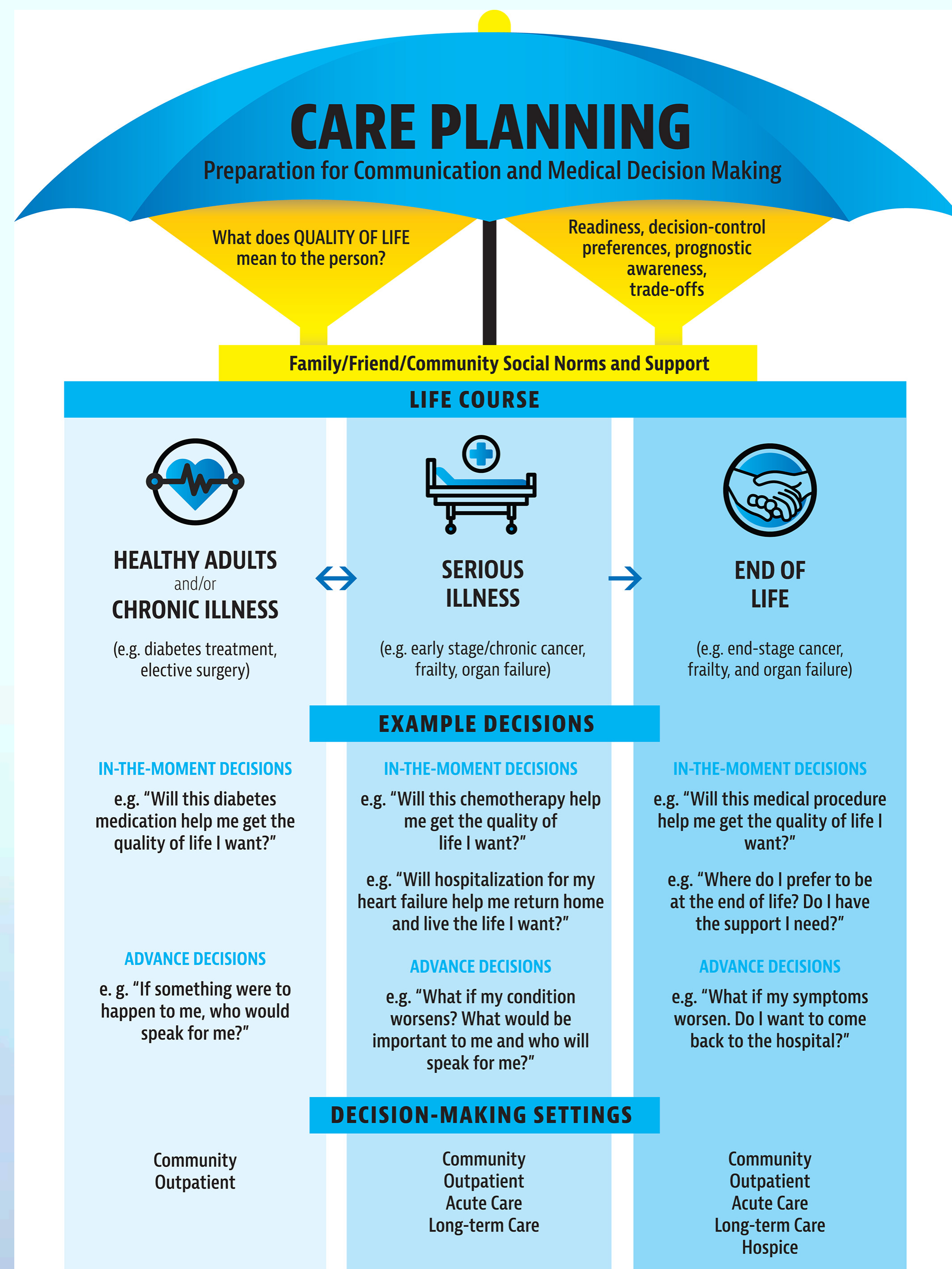
STEP 5: RECORD

STEP 3 DECIDE

IN

ABOUT DIFFERENT
MEDICAL PROCEDURES
AND WHAT THEY CAN &
CAN'T DO





- * Communication
- * Medical decision making
- * quality of life
- * meaning and purpose of life
- * lines between in-the-moment and advanced decisions may be fluid

Why do we need Advance Care Planning?

- addressing a person's care wants, possible needs and providing an appointed person to execute these wishes when the person is incapable of decision-making
- explores, discusses, articulates, and documents individuals' preferences
- identify and clarify their personal values and goals about health, medical treatment and overall care wishes
- identify the care they would want, or not want, to receive in various situations.
- ensure that a person's wishes will be respected in the event that the person is unable to participate in decision-making.

ACP and its adaptability to culture

- **Faith and religion**

- faith that their health-trajectory was not in their control, allowed for optimism and positivity
- accepting the inevitability of death and staying positive
- preference to focus on the positives, rather than preparing for the worst

- **family involvement and dynamics**

- initiating ACP conversations → fear of causing distress to loved ones & disturbance to daily lives
- caring for loved ones → “fundamental family obligation”
- ACP → evasion of this responsibility → avoiding doing everything they could → shame and embarrassment

- **Clinician competence and confidence**

- uncertainty around prognosis
- hesitation at the timing of ACP conversations
- understanding of diverse cultural values and ideals
- influence of their own cultural background
- concern around potentially causing distress to patients via inappropriately addressing ACP

- **Insufficient institutional resources**

**'Difficult conversations'
MUST be had . . .**



It's vital that people engage with THEIR preferences

... err ... so what's
his position on
resuscitation?

Well we don't honestly
know! ... We've never had
that conversation ...

How does ACP relate with my research?

- Exploring the Impact of Workplace Learning Experience on Nurse's Competency in Supporting Elderly Residents' Decision-Making in Long-Term Care Facilities.
- Build trustworthy relationships with patients and families
- Guide residents to share their thoughts and intentions in a more comfortable manner
- Aware that wishes change, particularly as health condition changes
- Understand vague language leads to misinterpretation
- Teamwork and better connecting between physicians and patients
- Overcome the fear of discussing death directly with patients and their families
- Balance between keeping professionalism and respecting individuals' values and belief

How does ACP relate with my research?

- Exploring the Impact of Workplace Learning Experience on Nurse's Competency in Supporting Elderly Residents' Decision-Making in Long-Term Care Facilities.
- How nurses understand their role in residents' Advance Care Planning process
- What are the challenges and barriers that hold nurses back from actively participating in residents' end-of-life care decision-making
- How effectively can workplace learning help nurses refine and grow their professional competency through participation in Advance Care Planning?
- Etc...