

Advance care planning education capability framework: summary of research and evaluation

2019

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Advance Care Planning Australia provides expertise in advance care planning practice, health professional education, translational research, information resources and advisory services. Our purpose is to build the foundation for a national collaborative approach to advance care planning.

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Further information regarding this report can be obtained by contacting the Advance Care Planning Program Director at Austin Health on phone +61 3 9496 5660 or email acpa@austin.org.au. A copy of the report is available at advancecareplanning.org.au.

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Executive summary

This report provides a summary of the four key elements of work which have informed the development of the *Advance Care Planning Education Capability Framework.* This report provides important information which is fundamental to the ongoing strategic approach to the Advance Care Planning Australia education program. It is anticipated that it will assist in informing policy, embedding advance care planning into professional practice standards, codes of conduct and ultimately maximize uptake of advance care planning across health, aged care and related legal workforce.

Advance care planning is a process of planning for future health and personal care whereby the person's values, beliefs and preferences are made known to guide decision-making at a future time when that person cannot make or communicate their decisions [2]. Advance care planning is a priority for person-centered and quality care that promotes an individual's choice and control over health care decisions. There are approximately 35 pieces of legislation and policy, including strategies, frameworks and quality standards, that support and prioritise advance care planning and advance care directives within the Australian health system.

All health professionals have a role in advance care planning and require the capability to discuss the same [3]. Despite recognition of the value and importance of this knowledge and skill, many health professionals lack confidence to participate in advance care planning discussions, as few receive education in advance care planning as part of their undergraduate, postgraduate or specialty training [4, 5]. A narrative review of the literature relating to advance care planning content in international and national curricula revealed inclusion of advance care planning education to be ad hoc. The published evidence highlighted the need for further scoping of undergraduate, postgraduate and specialty health professional training in Australia to better understand the extent to which advance care planning is included in curricula.

In 2016, a national scoping study [6] identified an overall low prevalence of advance care planning content in existing curricula, and reported on the suggested barriers likely impacting inclusion of advance care planning education into health professional curricula. In 2018, a further literature review was undertaken to assess workforce capability and competency in this area. The literature revealed that there is no standardized teaching curriculum or assessment tools for ACP across Australian universities and colleges. Advance care planning benefits patients, families, health

providers and government [3], therefore it should be a core requirement that the health workforce is adequately prepared to facilitate advance care planning. An advance care planning education capability framework should promote the standardization of advance care planning education across Australia.

In consultation with the expert panel from the National Advance Care Planning Education Advisory Group, a draft advance care planning education capability framework and supporting case study resources were developed. The framework provides key interdisciplinary capabilities and outlines the expected skills that health professionals would demonstrate in facilitating advance care planning. These content areas include communication with person/family; communication with team; communication over time; ethics and law. The framework and case studies were revised and evaluated using a modified Delphi survey technique. The Delphi study reached a high level consensus of >80% on 8 out of 15 capability standards after completion of 2 rounds of the Delphi survey. The remaining capability standards achieved >74% consensus indicating that participants agreed overall that the proposed novice capability standards were likely achievable by students on completion of their undergraduate training.

In summary, this report identifies a number of important findings relating to advance care planning education in undergraduate, postgraduate and specialty training curricula across Australia. Health professionals are underprepared and lack confidence to facilitate advance care planning on entering the workforce as advance care planning education remains ad hoc in current curricula with no available assessment tools. There is a need for a national advance care planning education capability framework which can be adapted to suit the education requirements for various health professional groups at varying levels of experience. A further pilot study and evaluation of the developed framework is recommended to increase uptake and implementation of the capability framework in the future.

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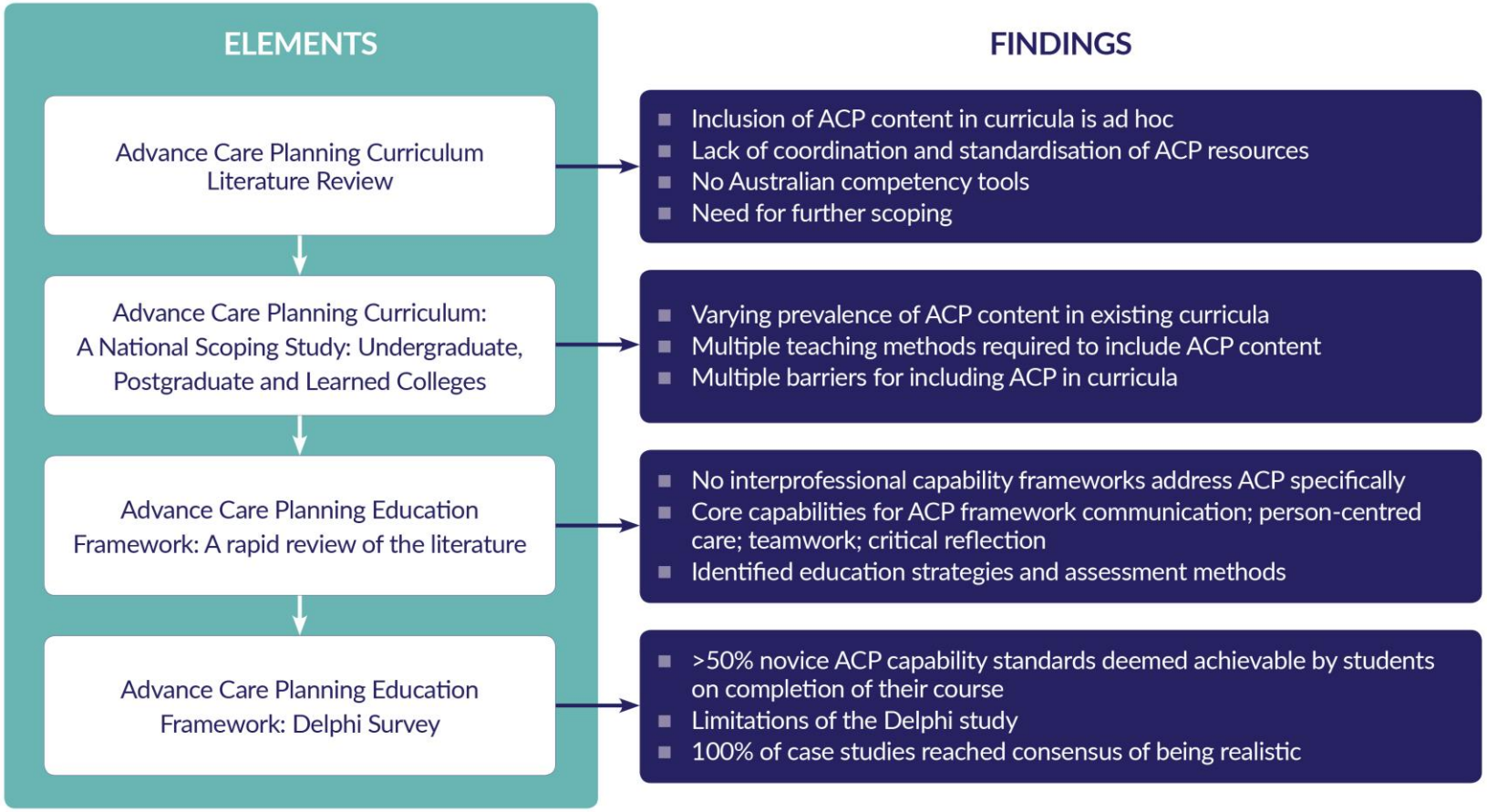
Key Elements informing the Framework



Introduction

This report provides a summary of the research and evaluation which informed the development of the *Advance Care Planning Education Capability Framework*. The report describes existing evidence supporting the need for an advance care planning education capability framework and the limitations for inclusion of advance care planning within Australian curricula. It highlights the key findings from the evaluation of the draft framework using a modified Delphi survey technique and summarises the purpose and intended application of the framework. This body of work has provided important information in support of the strategic direction of the Advance Care Planning Australia education program. This project was an initiative of Advance Care Planning Australia and was funded by the Australian Government Department of Health.

Background

Advance care planning is the process of planning for future health and personal care whereby a person's values, beliefs and preferences are made known so they can guide clinical decision-making at a future time when that person cannot make or communicate their decisions [2]. The ultimate goal of advance care planning is to align the care the person actually receives with their preferences for care.

The Australian Government recognises the importance of palliative care and advance care planning and has addressed these population needs in the *National Palliative Care Strategy 2018 [7].* There are approximately 37 pieces of legislation and policy, including strategies, frameworks and quality standards that support and prioritise advance care planning and advance care directives within the Australian health system. Legislation and/or policy allows for the documentation of advance care directives within all jurisdictions. Despite the acknowledged importance, the uptake of advance care planning remains low with less than 15% of Australians in the general community and 25% of people aged 65+ having an advance care directive documented [8, 9].

Recommendations from the literature support the need to improve education of health, aged care and relevant legal workforce in order to maximize uptake. In Australia, advance care planning is seen as the responsibility of a diverse range of health professional groups working within a wide range of settings [3]. Yet the majority of healthcare professionals have not received formal advance care planning education as part of their pre-registration courses and therefore lack confidence in

participating or initiating advance care planning discussions once they enter the workforce.

A key strategy to improve health professionals' awareness and confidence in advance care planning has been identified as including education on the topic within the undergraduate and postgraduate curricula [10, 11]. Much of the published evidence relating to the poor uptake of advance care planning discussions and documentation has also been linked to a lack of coordination and standardization of available education resources. A national scoping study examining the prevalence of advance care planning education within medical, nursing and allied health undergraduate and postgraduate courses, revealed an ad-hoc approach to advance care planning curricula. There is no standardized content for teaching advance care planning across Australian universities and colleges and no available assessment tools to measure students' skills and capabilities on this topic. [6].

Review of the literature identified that there are no existing interprofessional capability frameworks which address advance care planning specifically. Advance Care Planning Australia recommended development of an education capability framework with proposal of four core capabilities required for effective advance care planning. Capabilities included communication; person- centered care, team work and critical reflection. [12]. Findings from the literature and the results from the national scoping study, along with consultation with the national education advisory group, have informed the development, refinement and evaluation of an *Advance Care Planning Education Capability Framework* and accompanying education resources.

This report aims to:

1. Summarise published evidence examining the content of advance care planning in medical, nursing and allied health curricula in both undergraduate and postgraduate courses
2. Highlight key findings from the national scoping study which identified the prevalence of advance care planning within medical, nursing and allied health undergraduate, postgraduate and learned colleges across Australia
3. Identify the core skills and knowledge required by health professionals to undertake advance care planning in Australia and determine the most effective education delivery methods and tools to measure achievement of these core capabilities
4. Provide an overview of the Delphi Survey results including limitations of the study and recommendations for future direction

Methods

There are four elements which have informed the development, refinement and evaluation of the *Advance Care Planning Education Capability Framework:*

1. Advance Care Planning Curriculum literature review (2017)
2. Advance Care Planning Curriculum, A National Scoping Study: Undergraduate, Postgraduate and Learned Colleges (2016)
3. Advance Care Planning Education Framework: A rapid review of the literature (2019)
4. Advance care planning education framework development using a Delphi survey of university providers to inform development (ACP Education Delphi study) (2019)

The methods for each element are described in brief below. Further details are outlined in each specific report.

Project governance

This program of work led by Advance Care Planning Australia was overseen by the National Advance Care Planning Education Advisory Group. Members of the advisory group included representatives from:

Postgraduate Medical Council of Victoria	Advance Care Planning Australia
Queensland University of Technology	Australian Nursing and Midwifery Association
HammondCare	Queensland Metro South
University of Sydney	University of Melbourne
WA Cancer and Palliative Care Network	Flinders University, CareSearch

The advisory group were responsible for reviewing and endorsing the Delphi study methodology; providing expert feedback regarding the practical application of the framework content and case studies; and advising on future directions informed by the Delphi survey outcomes.

Element 1. Advance Care Planning Curriculum Literature review

In 2017, a rapid literature review was conducted to examine the content of advance care planning within medical, nursing and allied health curricula at both undergraduate and postgraduate levels. The review focused on the period of 1999- 2017. For academic publications, the following databases were searched: Medline, CINAHL and PsycINFO. The search strategy included a range of terms to identify relevant publications including advance care directive, medical, education, and advance care planning. Studies included in the review were all original articles published within the specified timeframe, included both undergraduate and postgraduate courses and outlined content and/or methods of advance care planning teaching. Case reports, review articles, letters to the editor, editorials and education content for non-health professionals were all excluded from the review.

All identified publication abstracts and titles were assessed for relevance to the research question. For those publications that were relevant, articles were thematically analysed according to which health professional group(s) were included; level of education; teaching content; teaching methods; and measurement of outcomes.

Element 2. Advance Care Planning Curriculum, A National Scoping Study: Undergraduate, Postgraduate and Learned Colleges

In 2016, this national scoping study was conducted with the aim of determining the prevalence of advance care planning education within health professional courses, understand stakeholders' experience in integrating advance care planning into curricula and obtain recommendations for the preferred methods of including advance care planning education into health professional courses. The study was approved by the Human Research and Ethics Committee at both Austin Health and Queensland University of Technology, ethics number LNR 16/173.

Cross-sectional online surveys were distributed to 231 representatives from 46 universities providing undergraduate health courses and 24 postgraduate universities providing nursing courses. Further to this, nine learned colleges were contacted via telephone to participate in a semi-structured interview. The quantitative data was analysed through summary statistics. The qualitative data was grouped into meaningful patterns and themes.

Element 3. Advance Care Planning Education Framework: A rapid review of the literature

In 2019, a rapid literature review was conducted to focus on evidence-based advance care planning frameworks, skill and knowledge descriptors, assessment tools and consensus statements. The following databases were searched for academic publications: Medline, Ovid Nursing and Embase. A search was also undertaken of grey literature including government publications, relevant reports and sector papers. The search strategy included a range of terms to identify relevant publications including clinical competence, advance care planning, advance care directives, health personnel, professional competence, medical, education, nursing, and educational measurement. The review focused on studies published from 2007 to 2018 and included health professionals, content pertaining to interprofessional capability frameworks, assessment tools and other advance care planning commonalities. Exclusion criteria included letters to the editor, editorials, draft unpublished guidelines, conference or discussion papers and articles referring to paediatric and adolescent cohorts.

Element 4. ACP Education Framework: Delphi survey

In 2018-19, a modified Delphi survey process was used with the aim to reach expert consensus on the draft education capability framework. This included survey respondents rating the expected capabilities as to whether they are achievable by students on completion. They were also required to rate the advance care planning case studies for relevance and comment on the feasibility of including these case studies in current curriculum. It was proposed that this element of the program would involve a modified Delphi survey that would have a maximum of three rounds to ideally reach 80% consensus. Ethics approval for the study was provided by Austin Health Human Research Ethics Committee (reference number: HREC/48483/Austin-2018).

Purposive sampling was used to identify relevant universities and learned colleges from around Australia who provide tertiary level healthcare professional education. Participation in the survey was voluntary with consent implied if the survey was completed. The data collection steps are outlined in the study protocol, as well as the specific details included in the first round Delphi survey. Data was analysed via varying methods; descriptive statistics were used to calculate the total sample and by major grouping variables, descriptive analyses using SPSS examined the level of consensus and thematic analysis was used to analyse the open ended responses.

Findings

Element 1. Advance Care Planning Curriculum Literature review

From the 290 articles identified, 107 met the inclusion criteria. Relevant articles were predominantly from the United States, with only 11% from Australia. The literature identified that advance care planning content was incorporated into various subjects within undergraduate and postgraduate medical, nursing and allied health curricula. The review highlighted the key knowledge and skills required by health professionals to facilitate effective advance care planning. It was also identified that engaging the learner in advance care planning content is best achieved via multi-modal strategies including didactic lectures, role plays, case studies, online modules, reflection and discussion and clinical experience. There were no Australian competency tools relevant to advance care planning skills and knowledge identified.

More detailed information of identified core topics and their practical application are outlined in Table 1.

Table 1: Content addressing the core knowledge and skills of advance care planning in undergraduate and postgraduate curriculum and the practical application.

Core knowledge and skills required by health professionals	Relevance to ACP practice
Communication skills	Essential in enabling clinicians to discuss sensitive issues which may arise when discussing advance care plans Ability to communicate bad news Conducting family meetings
Knowledge of ethical issues	Considerations if/ when withdrawing treatment Issues surrounding resuscitation orders Conflict with substitute decision maker
Understanding of legal issues	Legal documents such as 'Advance Care Directives' Assessments pertaining to persons' capacity to make decisions Appointing a substitute decision maker Implications of a values statement Differing legislation & terminology in all states and territories

Knowledge of end-of-life issues	Knowledge and skills in advance care planning frequently linked with palliative care knowledge and skills. However, need to recognise advance care planning occurs at other times, not just end-of-life
Decision making skills	Health professionals need to guide without having their personal bias influence discussions

Element 2. Advance Care Planning Curriculum, A National Scoping Study: Undergraduate, Postgraduate and Learned Colleges

A national on-line survey was sent to 231 representatives from 46 universities. 29 undergraduate course providers responded to the survey. A second on-line survey was distributed to 24 postgraduate universities providing nursing courses, of which 7 representatives responded. Representatives from 5 learned colleges participated in a semi-structured interview.

Only 8% of undergraduate representatives indicated advance care planning was covered in their course to a large degree, whilst none of the postgraduate representatives indicated advance care planning was in their course to a large degree. 1 respondent from the learned colleges identified that advance care planning education was formally addressed in curricula. Whilst the overall prevalence of advance care planning content was not incorporated into curricula to a significant degree, the survey revealed that key components of advance care planning education were integrated across a range of subjects. The national survey further identified the possible barriers and potential strategies for advance care planning inclusion. Table 2. provides further detail regarding the prevalence, barriers and strategies for including advance care planning into undergraduate, postgraduate and learned colleges education curricula.

Table 2. Prevalence, barriers and resources for including advance care planning into curricula

Level of education	Core elements of ACP included to a large degree	Barriers to including ACP	Strategies for ACP inclusion
Undergraduate courses (n=29)	45% of respondents indicated communication skills covered to a large degree 34% of respondents indicate course content related to legal framework for medical-decision making covered to a large degree 76% of respondents indicate person- centred care covered to a large degree	Limited time was a moderate to large barrier Academic staff knowledge and skill was a moderate to large barrier Limited resources was considered a minor to moderate barrier	Case scenarios Problem based learning Clinical placements Clinical placement Online learning packages Lectures
Postgraduate nursing courses (n= 7)	43% of respondents indicated communication skills covered to a large degree 29% of respondents indicated course content related to legal framework for medical- decision making covered to a large degree 86% of respondents indicated person- centred care covered to a large degree	Limited time was a minor to moderate barrier Academic staff knowledge and skill was a moderate to large barrier Limited resources was considered a minor to moderate barrier	Online learning packages Problem based learning Lectures Clinical placement opportunities Case scenarios
Learned Colleges (n=5)	The majority of respondents reported no formal offer of ACP education to their members	ACP is not included in policies	Online learning packages

Element 3. Advance Care Planning Education Framework: A rapid review of the literature

From the 976 articles identified, 108 peer reviewed articles were assessed for in-depth review. Of these, 32 articles met the inclusion criteria and a search of the grey literature identified a further 4 publications. Most of the articles were international, mainly from United States and Canada. Articles were grouped according to broad categories which included the education framework, the common advance care planning capabilities and the common education strategies and assessment tools used. A summary of findings are outlined in Table 3 below.

Table 3. Summary of published evidence relating to education methods, skills and competency for advance care planning practice.

Categories	Summary of findings
Education Framework	Capability based training places emphasis on the learner taking responsibility for their learning and assessing their performance against criteria Two broad components to competence and capability; knowledge and skills
Advance Care planning capabilities	Limited research into interdisciplinary capabilities for advance care planning Some alignment identified between interdisciplinary capabilities and advance care planning skills; communication skills, person centred care, ethical practice, knowledge of legal issues
Education strategies and tools to measure	Strategies identified for interprofessional education include simulation and role-play Strategies to teach advance care planning content include lectures, online modules, reflective writing, clinical experience, case management experience and completing their own advance care directive Majority of articles report utilisation of pre and post surveys to measure learning, however acknowledge this method does not identify the students' capability to facilitate advance care planning conversations A practical case- based curriculum, such as case vignettes, role-playing, allows opportunity to practice skills in a safe environment

Outcome: Following this literature review and the Advance Care Planning Australia national curriculum scoping study, it was recommended to develop a capability- based advance care planning framework using a Delphi survey process to obtain consensus. The need for flexibility in integration options was acknowledged with development of case vignettes to support the expected capabilities.

Element 4. ACP Education Framework: Delphi survey

The advance care planning education Delphi study involved consultation with university and learned college providers to seek consensus on the relevance of the draft framework capabilities and the proposed case study resources that could be incorporated into curricula. The Delphi-style survey was conducted to obtain expert feedback on the content of the framework including the case studies and expected skills.

The first round Delphi survey requested participants to rate the level of achievability of the draft capabilities and the relevance of proposed case study resources that could be included into curricula. The focus of the study was only on level 1 (novice level) advance care planning capability standards for health professionals. The target consensus rate of 80% was achieved in 6/15 (40%) of the capability standards as outlined in Table 4 below.

Table 4. Capability standards outlined in the education framework with corresponding consensus ratings round 1. Note those highlighted green are those which achieved agreement.

Capability standard for consensus rating	Total ratings of 'highly achievable + achievable' n (%) Round 1
Communication capability: Explains advance care planning and provides general information	20 (87%)
Communication capability: Recognises triggers and risk factors where advance care planning may assist and can refer to others	18 (78%)
Communication capability: Has reflected on personal values and preferences and can differentiate between clinician and consumer agenda	17 (74%)
Team communication: Identifies the contribution of all health professionals in a person's team to advance care planning discussions	17 (74%)

Team communication: Recognises and discussed when treatment intervention may not match stated preferences for care	20 (87%)
Team communication: Aware of and utilises appropriate methods for documentation of discussions	17 (74%)
Communication over time: Identifies what the person wants to achieve from the advance care planning discussion	18 (78%)
Communication over time: Recognises triggers to review advance care plans	17 (74%)
Communication over time: Recognises deterioration and loss of capacity and discusses same with the team*	16 (84%)
Ethical capability: Recognises there may be different perspectives between the goals of the person, the SDM and the healthcare team*	18 (95%)
Ethical capability: Informs the team of the existence of advance care directives*	17 (89%)
Ethical capability: Explains to the person that they are able to guide the medical team regarding interventions*	14 (74%)
Legal capability: Assess the person's ability to participate in discussion and follow directions*	16 (84%)
Legal capability: Aware of relevant documents and requirements for their workplace*	14 (74%)
Legal capability: Utilises the appropriate processes to add an advance care directive*	12 (63%)

Note: 23 survey respondents with the exception of those with a * which denotes 19 respondents.

Only 9 of the capability standards required inclusion in the second round survey (ie. those that did not achieve consensus in round one). These capabilities were reviewed and adapted in response to feedback to be included in the round 2 Delphi survey. 2/9 remaining capability standards reached consensus on round 2 as outlined in Table 5 below. The Delphi study intended to reach 80% consensus on all capabilities within maximum 3 rounds, however due to a poor response rate in round 2, time restraints and resource limitations a decision was made to discontinue the Delphi study and instead seek feedback and experience from the national advisory group on important considerations to increase the likelihood of incorporating advance care planning education within existing curriculum.

Table 5. Capability standards outlined in the education framework with corresponding consensus ratings round 2 (n= 5). Note those highlighted green are those which achieved agreement.

Capability level for consensus rating	Total ratings of 'highly achievable + achievable' n (%) Round 2
Communication capability: Recognises triggers and risk factors where advance care planning may assist and can refer to others	2 (40%)
Communication capability: Has reflected on personal values and preferences and can differentiate between clinician and consumer agenda	3 (60%)
Team communication: Identifies the contribution of all health professionals in a person's team to advance care planning discussions	3 (60%)
Team communication: Aware of and utilises appropriate methods for documentation of discussions	3 (60%)
Communication over time: Identifies what the person wants to achieve from the advance care planning discussion	3 (60%)
Communication over time: Recognises triggers to review advance care plans	3 (60%)
Ethical capability: Explains to the person that they are able to guide the medical team regarding interventions	4 (80%)
Legal capability: Aware of relevant documents and requirements for their workplace	3 (60%)
Legal capability: Utilises the appropriate processes to add an advance care directive	4 (80%)

100% of case studies reached >80% consensus for being relevant in round 1. Only 2 case studies were reported as not being useful in the curricula. The case studies that were deemed not useful were adapted to increase level of relevance and useability and included in round 2 Delphi survey and reached a consensus rate of 80%.

There was generally a high level of agreement that the case studies were acceptable, however minor changes were suggested. These recommendations included requests for more detail regarding persons' medical and social history and history of presenting complaint to allow for a more holistic view on the situation which would aid clinical decision- making. Respondents suggested inclusion of background on family conflict and specific detail on available support systems to allow a more robust exploration of possible substitute decision makers. Further practical feedback was provided regarding grammar, flow of case study and clarification of terminology.

Discussion

This report provides a summary of the research and evaluation that informed the development and production of the *Advance Care Planning Education Capability Framework.* The report highlights the prevalence of advance care planning in current international and national health professional curricula, outlines the core skills and knowledge required by health professionals to facilitate advance care planning and provides the foundations for an advance care planning education capability framework and supporting education resources.

Key findings

- Advance care planning is generally not a discrete subject within the majority of undergraduate and postgraduate health professional courses, nationally. It is often integrated into other core subjects such as chronic illness, palliative and end-of-life care and cancer care.
- There is a current lack of coordination and standardisation of advance care planning education resources available within Australian health professionals' curricula.
- There is a recognised need for advance care planning education resources to be adaptable and flexible so that they can be integrated into existing curricula.
- It was found that there are no existing competency tools relevant to advance care planning which may be used to measure skills and knowledge and that this is a recommended area for further development.
- Specific health professional capabilities required for advance care planning were identified as communication skills, person centred care, team work, ethical practice and knowledge of legal issues.
- Multiple strategies for provision of advance care planning education were recommended including case studies, online modules and didactic lectures.
- The ACP Education Delphi study reached consensus (>80%) on 53% of the capability standards. However, 93% of the capability standards achieved >70% consensus suggesting a majority agreement that the novice advance care planning capability standards are achievable for students on completion of their health professional courses. It is proposed that further feedback is obtained on the capability standards following a pilot study to implement these into existing curriculum.

Study Limitations/ Barriers

There are several limitations to the elements which have informed this report. The majority of published evidence from the literature reviews examining the content of advance care planning in undergraduate and postgraduate health professional courses was from the USA, with only 11% sourced from Australia. This low number of Australian articles limits the ability to transfer findings. A similar limitation was observed with the literature review relating to education methods, skills requirements and competency for advance care planning practice. Most of the peer reviewed articles were international, mainly from the USA and Canada. Despite having representation from all states and territories, the advance care planning national scoping study had relatively low response rates, particularly responses from the medical courses, again making it difficult to generalise findings.

The ACP Education Framework Delphi study had a number of inherit limitations. The Delphi process itself as a research method, is recognised as having associated limitations if not administered correctly. This may include potential lack of reliability and validity. [13]. It is imperative that the 'expert' participants have a strong understanding of the topic being examined as this knowledge and interest may increase the validity of responses and encourage participation in successive rounds of the Delphi survey. Participants for ACP Education Framework Delphi study were experts in tertiary level health professional education, however were not necessarily experts in advance care planning. The limited survey engagement (round 1= 29 responses, round 2= 5 responses) may have been influenced by this limitation. Lack of understanding specific to advance care planning may have further impacted ability to reach consensus on the capability standards as understanding of content may have been low.

The dissemination strategy for the Delphi survey was not sufficiently robust, with the stakeholder list and mechanism for distribution not being clearly identified. There was difficulty reaching the target consensus rate of 80% which may have been set too high, particularly given the lack of understanding of advance care planning amongst the university sector. The Delphi survey was a Likert scale which included a rating option for 'neutral'. The definition of 'neutral' in the context of the survey was not clearly identified, therefore it was unclear what respondents meant when they selected this rating option. For this reason it was not included in the calculation of consensus. Instructions for completing the survey were not clear as rating the case studies was presented as 'optional' and participants may not have read these prior to responding to the survey.

This has direct implications on survey results as the capabilities complement the relevant case studies.

Future Direction

The elements of work which have informed the *Advance Care Planning Education Capability Framework* have been instrumental in informing the ongoing strategic approach to the Advance Care Planning Australia education program. This includes plans for informing future policy and embedding advance care planning into professional practice standards and codes of conduct, ultimately increasing uptake across the workforce.

Recommendations following the national scoping study, the literature reviews and the ACP education framework Delphi study include embedding the finalised education capability framework into a guide outlining the principles for including advance care planning into health professional curricula, ensuring case studies and ACP online modules reflect the capability standards and are readily accessible to consumers, piloting the framework at selected health professional education providers and evaluating the practical application of the framework including quality indicators such as the academic and clinical benefits. A further, more rigorous Delphi study may be indicated to evaluate level 2 (CPD) and level 3 (expert) of the framework for agreement on the achievability, relevance and feasibility of the capability levels.

Conclusion

Advance care planning is recognised as an important and necessary learning opportunity for undergraduate, postgraduate and specialist medical, nursing and allied health professionals [3]. Provision of advance care planning education during years of training will promote capability as health professionals develop integral knowledge and skills to facilitate advance care planning discussions with their patients.

The national scoping study and literature reviews identified that there is no standardised teaching curriculum of ACP across Australian health profession education providers and no known assessment tools to measure knowledge and skills in ACP. It is recognised that education resources should be flexible and easily adaptable to allow for incorporation into existing curricula. The competency evaluation provided valuable feedback that the content of the framework and case studies were largely relevant and likely achievable by health professional students on completion of

their course. This is an important program of work which supports the ongoing strategic vision for the Advance Care Planning Australia education program.

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Glossary

Advance care directive	A written advance care planning document completed and signed by a competent adult (i.e. person-driven document). In Australia, advance care directives are either recognised by specific legislation (statutory advance care directive) or common law (non-statutory advance care directive). Advance care directives can record the person's preferences for future care, and/or record the appointment of a substitute decision-maker to make decisions about the person's health care.
Advance care directive prevalence	The proportion of a study population that has a statutory or non-statutory advance care directive at the time of the study.
Advance care planning	The process of planning for future health and personal care, whereby the person's values, beliefs and preferences are made known so they can guide decision-making at a future time when that person cannot make or communicate their decisions.
Advance care planning documentation	The collective term for all advance care planning documentation completed by the person, a health professional or by someone else (e.g. family/carer or substitute decision-maker) and miscellaneous advance care planning material.
Advance care planning documentation by a health professional	The collective term for documentation related to advance care planning completed by a health professional. This may include an advance care plan completed on behalf of the person, an advance care planning discussion record, an advance care planning alert, or progress notes.
End of life	The period when a person is living with a fatal condition, even if the trajectory of illness is unknown. The period may be years for individuals with chronic life-limiting illnesses, or very brief in the case of acute and unexpected illnesses or events.
Health record/file	A comprehensive compilation of information traditionally placed in the medical record but also covering aspects of the person's physical, mental and social health that do not necessarily relate directly to the condition under treatment.

	The record(s) may be paper-based, electronic or both. Also referred to as records, files, case notes, electronic health records, medical records, patient file, client file and care plan.
Jurisdiction	A state or territory within Australia.
Palliative care	According to the World Health Organisation (2018), "palliative care is an approach that improves the quality of life of people and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care can be provided by a specialist palliative care service or by generalist clinicians with skills in palliative care.
Person	Consumers of services provided by hospitals, residential aged care facilities and general practice. Used interchangeably with resident, patients and clients.
Study protocol	Study design and methodology approved by Austin Health Human Research Ethics Committee. Contains details about how the study will be implemented. This includes the data collection tools.
Substitute decision-maker	The person called upon to make medical treatment decisions on behalf of a person whose decision-making capacity is impaired. A substitute decision-maker can be: ▪ someone chosen (and appointed) by the person ▪ someone assigned as a decision-maker for the person by law (identified by a legislated hierarchy), or ▪ someone appointed on the person's behalf by a guardianship tribunal. For the purposes of advance care planning, only a person chosen and appointed by the person is relevant.