



SWSLHD My Wishes Advance Care Planning Program **Advance care planning competencies**

Competency 1: Explain the nature and benefits of ACP

Staff this is applicable to:

All clinical staff with a direct caring role for patients, medical records staff and patient-related administrative staff such as ward clerks and receptionists

Units of competence:

- 1.1 Explain what ACP is in general terms to patients or their family
- 1.2 Explain the benefits of ACP
- 1.3 Discuss the underlying legal basis of ACP in general terms
- 1.4 Discuss where ACP fits into the overall approach to care within their department or facility
- 1.5 Explain where ACP fits into specific procedures within their department of facility
- 1.6 Explain when it would be appropriate to provide information about ACP to patients or their family
- 1.7 Identify how to access information about ACP
- 1.8 Explain how ACP documents should be stored and managed within the systems of their department or facility

Competency 2: Initiate and manage ACP discussions

Staff this is applicable to:

All medical officers looking after patients and all staff with a patient management role, such as registered nurses, social workers, other allied health staff and senior personal care assistants in hospitals, community health settings and residential aged care facilities

Units of competence (as well as previous ones):

- 2.1 Acknowledge own feelings and experiences relating to end-of-life as it may impact on their ACP facilitation
- 2.2 Explain fully the legal basis underlying ACP
- 2.3 Explain the legal basis and procedure for determining the appropriate person to provide substitute consent if the person lacks capacity
- 2.4 Respond effectively to patients or family members who request ACP discussions
- 2.5 Recognise triggers that ACP should be introduced to patients
- 2.6 Initiate introduction to ACP and the basic rationale and benefits of it to the individual patient discussion about
- 2.7 Acknowledge and respect a person's choice not to participate in ACP discussions
- 2.8 Acknowledge and respect the role that a person's culture may play in their approach to ACP
- 2.9 Plan and set up an ACP discussion session
- 2.10 Facilitate an ACP discussion with a patient and/or family members in a clear and supportive manner
- 2.11 Demonstrate empathy and active listening skills in facilitating the ACP discussion
- 2.12 Include in the ACP discussion any concerns of the person and positive aspects of how they can live well in the final stages of their life, rather than only focusing on refusal of treatments such as CPR



- 2.13 Explain conditions and treatments that may arise in end-of-life decision-making
- 2.14 Clarify if there are any unresolved issues at the end of the discussion
- 2.15 Acknowledge emotional issues and needs of participants during the discussion
- 2.16 Assist patient and/or family to document outcomes of ACP discussions in the relevant format for their organisation
- 2.17 Identify and explain appropriate forms of follow-up to this discussion

Competency 3: Follow-up outcomes from ACP discussions

Staff this is applicable to:

All medical officers looking after patients and all staff with a patient management role, such as registered nurses, social workers and other allied health staff in hospitals, community health settings and residential aged care facilities

Units of competence (as well as previous ones):

- 3.1 Ensure any ACP documentation is referred to and used in any subsequent care planning
- 3.2 Interpret previous ACP discussions and documents in terms of the future specific circumstances
- 3.3 Engage substitute decision-makers in discussions about how ACP documents can be used in making treatment decisions
- 3.4 Ensure any ACP documents are reviewed according to their organisation's policies
- 3.5 Ensure any ACP documentation accompanies patient if transferred to another care setting e.g. residential aged care to hospital

Competency 4: Take responsibility for maintaining ACP systems

Staff this is applicable to:

Senior administrative, medical and nursing staff in hospitals, residential aged care facilities and General Practice settings

Units of competence (as well as previous ones):

- 4.1 Set up and maintain clear and effective ACP policies and procedures within the organisation
- 4.2 Provide leadership by highlighting the importance of ACP within the organisation
- 4.3 Organise education sessions for staff about ACP on an ongoing basis

Specific competencies for medical staff

The role of medical staff in ACP has been described by Dr Peter Saul (A guide for doctors in NSW, undated leaflet) as being crucial in many respects:

- the provision of accurate information
- a willingness to be influenced by the patient's voice, either directly or through the surrogate decision maker
- to help set up systems that allow this voice to be heard
- to provide medical orders such as no-CPR orders if that is an appropriate step to take
- to take part in discussions, or to be supportive of such discussions and aware of outcomes

For further information go to:
www.mywishes.org.au