

Advance care planning: have the conversation

Module 8: Advance care planning in your workplace



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Module 8: Advance care planning in your workplace

Healthcare settings: GP practice, hospital, aged care

Target skills: teamwork, leadership, inter-professional collaboration

Time: 15 mins

8.1 Your multidisciplinary team

The delivery of advance care planning at the clinical level works best when it is viewed as a team responsibility, with each team member having a clear and shared understanding of their role.

Senior healthcare staff (medical, nursing and allied health) and health service executives play an important role in establishing clear expectations, processes and practices for advance care planning and support for communicating decisions about treatment.

Senior doctors have a clear leadership role within the multidisciplinary team to provide advice and evaluate the overall impact of treatment on prognosis and wellbeing. This is important to ensure that values and wishes expressed by the patient are reflected in medical treatment plans and communicated to the treating team. It is also particularly important when deciding to cease treatment.

Healthcare staff at the front line of care balance the timeliness of interventions, client involvement and consent, and decisions about ceasing or not initiating treatment.

All healthcare staff (medical, nursing and allied health) can contribute to advance care planning. There are considerable benefits to using the skills of a multidisciplinary team in the communication, development and review of advance care plans.

A multidisciplinary team approach can:

- allow staff to contribute information about treatments and interventions based on their area of expertise
- break the task into manageable components,
- provide a 'sounding board' for problem solving complex issues and checking appropriate communication approaches, and
- ensure staff are working within their areas of competency in translating wishes and values expressed in an advance care plan into a clinical treatment plan.

8.2 Teamwork as part of good medical practice

Most doctors work closely with a wide range of healthcare professionals. The care of patients is improved when there is mutual respect and clear communication, as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other's professions. Working in a team does not alter a doctor's personal accountability for professional conduct and the care provided.

When working in a team, good medical practice requires that you:

1. Understand your particular role as part of the team and attending to the responsibilities associated with that role.
2. Advocate for a clear delineation of roles and responsibilities, including that there is a recognised team leader or coordinator.
3. Communicate effectively with other team members.
4. Inform patients about the roles of team members.
5. Act as a positive role model for team members.
6. Understand the nature and consequences of bullying and harassment, and seeking to eliminate such behaviour in the workplace.
7. Support students and practitioners receiving supervision within the team.

8.3 Recommended healthcare service goals and initiatives

Recommended initiatives and actions that can be implemented by doctors in their own health services and practices to promote and implement advance care planning are listed below.

8.3.1 Goal: Create a shift in organisational culture

Doctors' actions:

- Support governance and administrative initiatives surrounding advance care planning. These initiatives may include new strategies for integrating advance care planning into every day practice, and the systems and frameworks of the health service/practice.
- Good communication is a pillar of quality patient-centered care. Communication between members of medical staff is as important as between the doctor and patient.
- Ideally, medical teams should avoid what Associate Professor Deborah Parker refers to as “corridor conversations” about advance care planning in passing, or when the condition of the patient has already severely deteriorated.
- In order to promote a supportive culture within your team, aim to host regular team meetings, grand rounds (if in a hospital setting) and/or case conferences to discuss any issues surrounding advance care planning for patients.
- Coordinated team meetings, grand rounds and/or case conferences provide an opportunity to:
 - discuss a patient's preferences and allow discussion about future medical treatment options,
 - address issues identified by peers that are seen as creating barriers to advance care planning discussions and implementation,
 - identify advance care planning champions working in targeted units who can support and build capacity within the team,
 - use audit processes such as Mortality and Morbidity Review committees to reflect on practice and provide feedback to clinicians involved in the patient's care,
 - use accreditation standards as an opportunity to improve advance care planning systems.

8.3.2 Goal: Deliver advance care planning in the context of patient-centered practice

Doctors' actions:

- Pro-actively identify medical treatment decision makers and existing advance care directives, particularly on admission.
- Every conversation counts. Document conversations that provide insight into what a patient would want if unable to contribute to decision making. Record advance care planning discussions (including the name of the medical treatment decision maker and/or advance care directive) on admission documents, care planning documents, medical alerts and discharge documents.
- Identify and target key groups in the health services that would benefit from opportunities to have advance care planning discussions.
- Ensure patients are routinely offered opportunities to develop or review an advance care directive at key points during their illness.
- Provide user-friendly information on advance care planning.
- Include the medical treatment decision maker in advance care directive development and discussions with the patient when a patient's capacity to participate fully in decision making becomes compromised.

8.3.3 Goal: Enable the healthcare service to deliver advance care planning through targeted education, training and mentoring

Doctors' actions:

- Participate and engage in ongoing advance care planning training through access to in-house and external education and training programs, including self-guided training programs.
- Participate and engage in training programs that increase understanding of the legal framework that supports advance care planning, and training that develops communication skills using a patient-centered approach.
- Actively support supervision and mentoring to build skills in advance care planning across your health service/practice.
- Assist to build staff capacity in advance care planning in team meetings, grand rounds and case conferences.
- Support junior clinical staff to observe family conferences and discussions as part of their training and mentoring.
- Identify champions who model good practices in advance care planning.
- Support junior staff to review and reflect on client care.

8.4 Communicate with the broader health service system

Good patient care is enhanced when there is mutual respect and clear communication between all healthcare professionals involved in the care of the patient (MBA Code of Conduct 4.2).

The Medical Board of Australia encourages doctors to work closely together and with a wide range of healthcare professionals as part of good medical practice with respect to delegation, referral, handover and coordinating care with other doctors (MBA Code of Conduct 4.4.1 – 4.4.7).

The Medical Board of Australia Code of Conduct

4.2 Respect for medical colleagues and other healthcare professionals

Good patient care is enhanced when there is mutual respect and clear communication between all healthcare professionals involved in the care of the patient. Good medical practice involves:

1. Communicating clearly, effectively, respectfully and promptly with other doctors and healthcare professionals caring for the patient.
2. Acknowledging and respecting the contribution of all healthcare professionals involved in the care of the patient.
3. Behaving professionally and courteously to colleagues and other practitioners including when using social media.

The Medical Board of Australia Code of Conduct

4.5 Coordinating care with other doctors

Good patient care requires coordination between all treating doctors. Good medical practice involves:

1. Communicating all the relevant information in a timely way.
2. Facilitating the central coordinating role of the general practitioner.
3. Advocating the benefit of a general practitioner to a patient who does not already have one.
4. Ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating the care of the patient.

8.5 Goal: Record advance care directives clearly and effectively

Doctors' actions:

- Use the correct language and complete paperwork correctly as outlined in Module 5 to ensure that all healthcare workers across the Victorian system can understand what your patient is communicating.
- If you are unsure whether you have communicated effectively, think about the 2.00am test
 - *would another healthcare worker be able to understand what is written, in an emergency at 2.00am?*



8.6 Goal: Promote advance care planning with key external stakeholders

Doctors' actions:

- Identify local providers with shared clients and establish common practices for advance care planning including how advance care planning information is transferred between health services.

For example with:

- primary healthcare organisations
- community and aged care providers
- residential aged care facilities
- ambulance services
- private hospitals
- Implement advance care directives in practice and advocate for the patient across a range of different healthcare services. 'Have the Conversation' across the entire health network.