"What's in the ACP pill? Argentina".

Shared Care Planning Group-Argentina

Webinar 17th April 2024

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INSTITUTO PALLIUM LATINOAMÉRICA MEDICINA PALIATIVA

Red de Investigación Pallium 2024

Shared Care Planning (SCP)-Group Argentina

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SCP-Group Argentina recently studied the perceived **self efficacy of healthcare professionals** to begin ACP processes with patients with advanced chronic diseases.

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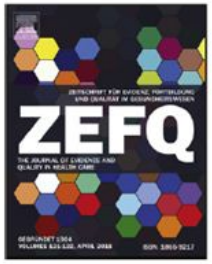

Schwerpunkt / Special Issue „Advance Care Planning around the World: Evidence and Experiences, Programmes and Perspectives“

How should Argentina raise ACP awareness? Introduction of the Shared Care Planning Group

Wie kann das Bewusstsein für ACP in Argentinien geschärft werden? Einführung der Shared-Care-Planungsgruppe

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The Shared Care Planning Group Argentina aims to promote ACP through research and training programs.

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Despite the Law of the Rights of the Patients, the recent Law of PC, and a Previous Program of PC for cancer patients existing for more than ten years, **Argentine society lacks sufficient awareness about the meaning of ACP.**

There are **no specific models** for this process, and furthermore, **healthcare providers encounter barriers** implementing ADs in cancer patients.

Barriers to implementation include a need for improved **communication skills** and **coordination between healthcare providers.**

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XI Congreso Latinoamérica unida en la atención paliativa
ALCP Asociación Latinoamericana de Cuidados Paliativos
Marzo 06 al 09 2024 Cartagena Colombia

Assessment of health professionals' perceived self-efficacy on Shared Care Planning (SCP) in ALS patients: design, multicenter implementation, and evaluation of a training program.

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Study financed by the Esteban Bullrich Foundation and MINCIT, Argentina.

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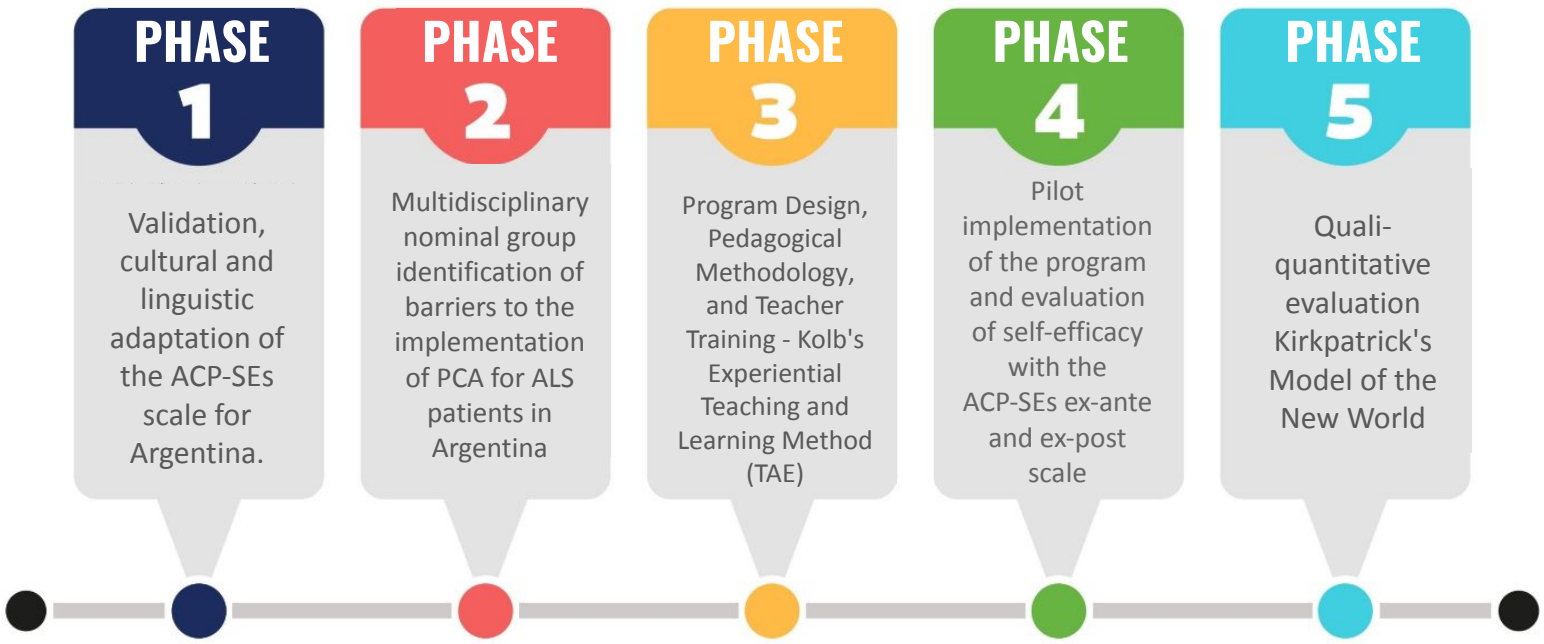
GENERAL OBJECTIVE

To characterize the self-efficacy perceived in ACP by health professionals assisting people with ALS in Argentina, before and after a specific training program.

Methodology

Prospective, qualitative and quantitative multicenter study. Programmed design in 5 phases.



Self-efficacy in Advance Care Planning Scale ACP-SEs Ar (Argentina)

On a scale of 1 to 5 (where 1 is to feel not at all capable and 5 is to feel totally capable), rate your perception of how capable you feel to carry out the PDA process on the following items:

PHASE 1

Validation, cultural and linguistic adaptation of the ACP-SEs scale for Argentina.

	1 Not at all capable - 5 Fully capable				
. I feel able to find the time to talk with the patient about their rognosis, preferences and plan of care.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
feel able to determine the degree of information that and/or how nuch the patient wants to know about his/her prognosis.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
feel able to determine the level of involvement the patient wants n decision making.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
. I feel able to determine the person (from his or her affective nvironment) that the patient would like to involve in decision naking	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
. I feel able to provide the desired degree of information and uidance necessary to assist the patient in decision making.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
. I feel able to describe pros and cons of different life support reatments (e.g., mechanical ventilation, dialysis, artificial utrition, etc.).	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
. I feel able to determine the specific wishes of patients egarding the types of medical treatments.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
. I feel able to discuss and negotiate individualized treatment oals and plans with the patient.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
. I feel able to ensure that, as far as I am responsible, the atient's preferences will be respected.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
0. I feel able to ensure that the patient's preferences will be espected if the patient is hospitalized.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
1. I feel able to talk to the patient about how to complete an dvance directive.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. I feel able to determine with the patient at what point the oals of care should be modified.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. I feel able to re-evaluate the patient's desires in the me when a change in the objectives of care is required	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. I feel able to talk openly with the patient about doubts or ncertainties, if there are any.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. I feel able to educate and clarify with the patient any nisinformation/misbeliefs about the disease or prognosis.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. I am able to respond empathetically to patient and family oncerns.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. I feel capable of communicating bad news to the patient and is family	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. I feel able to engage the patient in conversation about dvance decision planning.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. I feel able to adequately record decisions and the agreed-pon plan of care throughout the PDA.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Lasmarías, 2021

Results

PHASE 1

Validation, cultural and linguistic adaptation of the ACP-SEs scale for Argentina.

1st stage - **Comprehension and linguistic adaptation test.** 8 professionals (2 men and 6 women) between 39 and 63 years old, physicians, psychologists and social workers. Grammatical issues were revised and examples were added in order to improve the comprehension of the instrument.

2nd stage - **Evaluation of psychometric properties** (N=236)

Physicians 52.97%. Majority female, median age 43. 83% with experience with patients with ACE and 52% trained in PCA, but none received specific training.

Significant differences between **medical and non-medical** groups in questions referring to: prognosis, treatment options, treatment goals, **wishes and preferences, and reassessment of care goals over time.**

Questions related to **autonomy, respect, family involvement and documentation of decisions showed no** significant differences between the two groups.

The reliability of the instrument was determined using Cronbach's alpha 0.89.

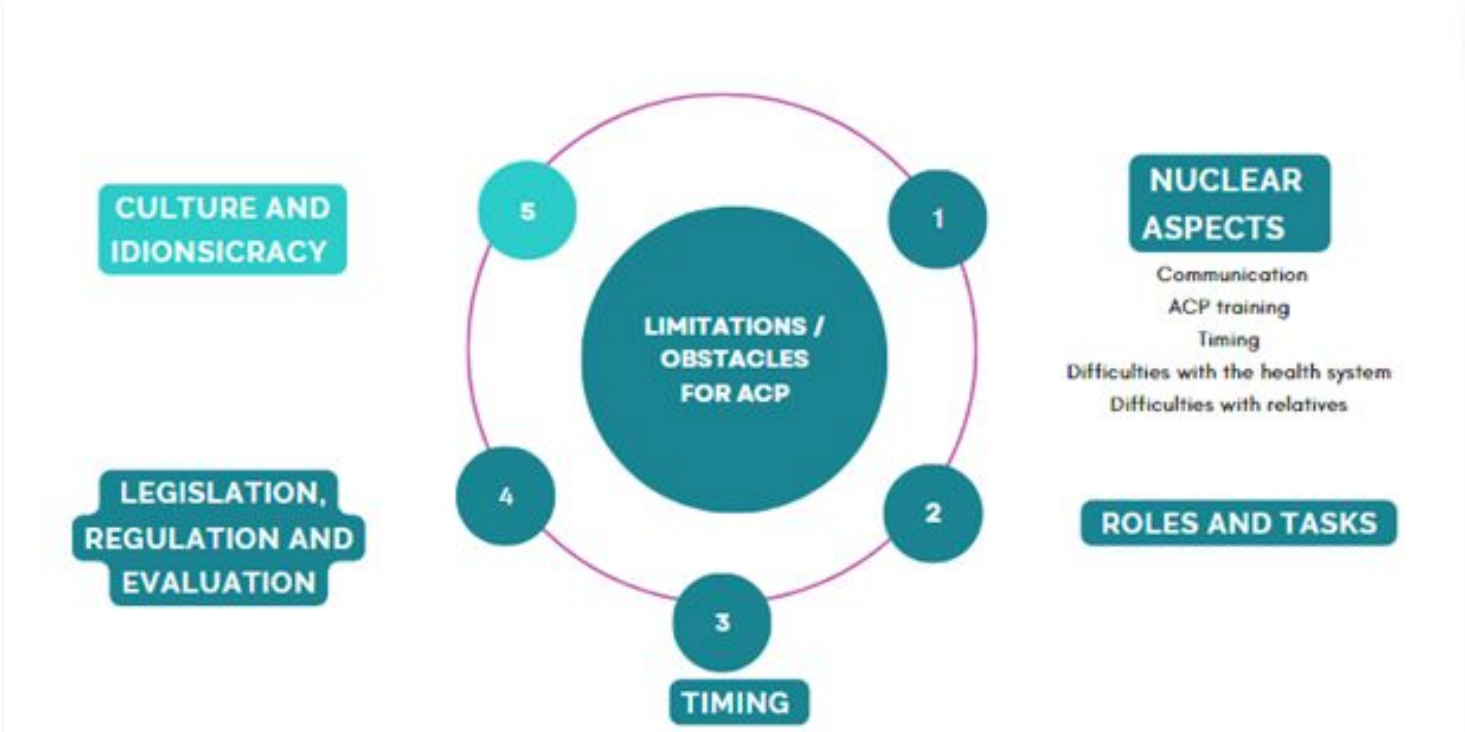
PHASE 2

Nominal multidisciplinary group identification of barriers to the implementation of PCA for ALS patients in Argentina.

What limitations/difficulties/obstacles do you think exist to initiate PCA processes with ALS patients?

2 nominal groups, one face-to-face with 10 participants (CABA) and another virtual with 7 participants (Córdoba and Santa Fe) from the following disciplines: occupational therapy, medicine, psychology, kinesiology and nursing (90 minutes each).

Results 1 Limitations



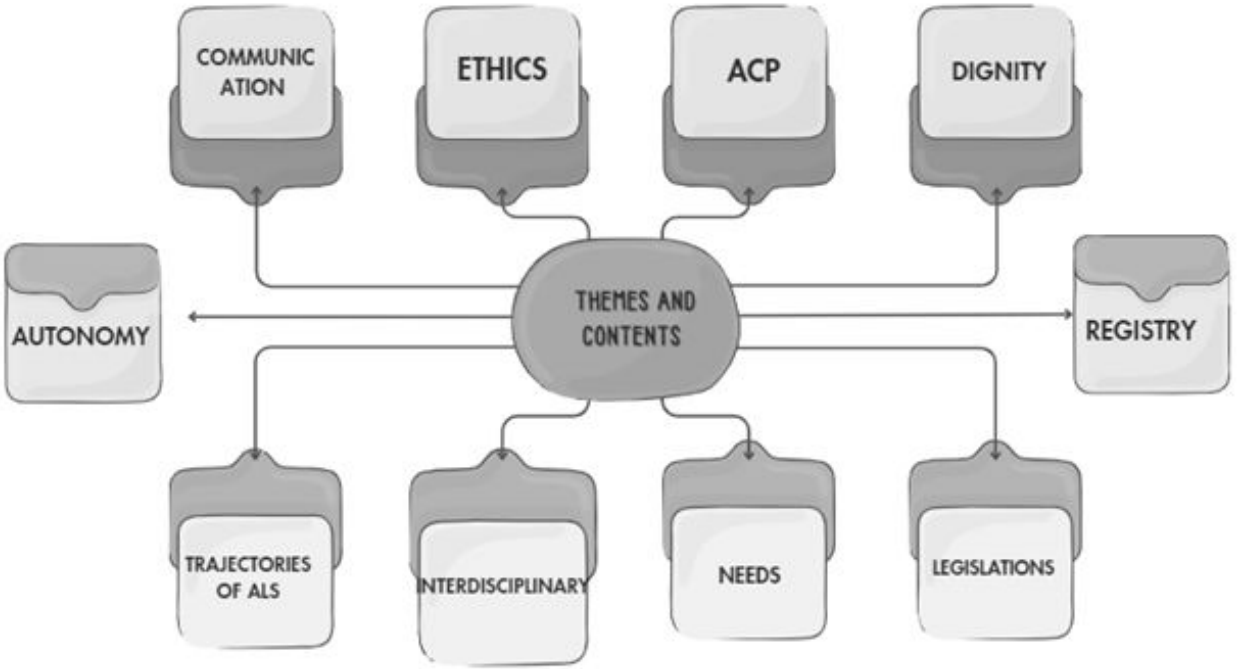
Lasmarías, 2019

What topics/content do you think a PCA course for professionals working with ALS patients should have?

PHASE 2

Nominal multidisciplinary group identification of barriers to the implementation of PCA for ALS patients in Argentina.

Results 2 Subjects and contents

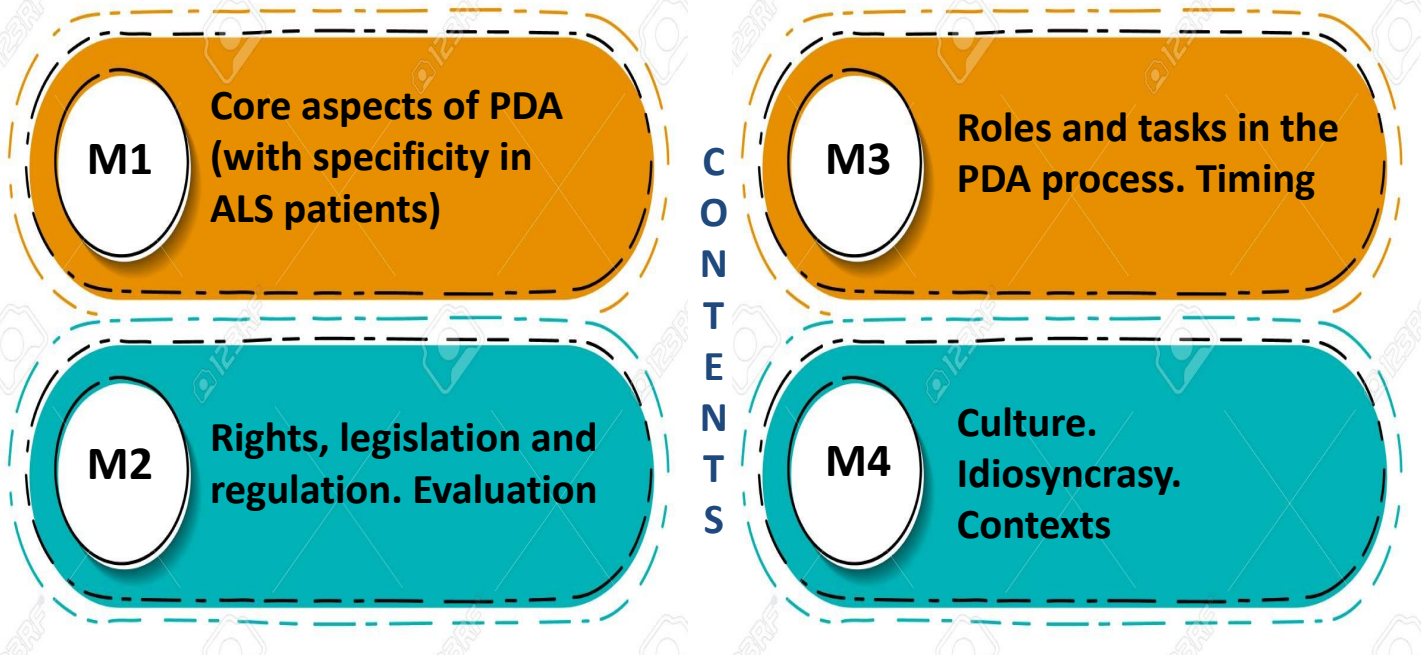


1st **face-to-face** nominal group (April 2023, **CABA**), **10 participants** (5 men and 5 women), disciplines: occupational therapy, medicine, psychology, kinesiology and nursing.

2nd **virtual** nominal group (May 2023, **BsAs, Cba, Sta. Fe**), **7 participants** (4 men and 3 women), disciplines: pneumology, neurology, neuromuscular specialisation, kinesiology, palliative family specialisation, physiatry.

PHASE 3

Program design, pedagogical methodology and teacher training - Kolb's experiential teaching and learning (TAE) method.



METHODOLOGY

- Theoretical and practical online format (discussion of cases and experiential activities).
- Synchronous and asynchronous activities (16 total hours): 3 virtual meetings and 1 face-to-face meeting.
- Asynchronous, audiovisual and bibliographic material available through Google Drive.

PHASE 4

Pilot application of the program and assessment of self-efficacy with the ACP-SEs scale ex-ante and ex-post.

Participants: 21 professionals (14 women), average age 38 years old, multicenter pilot test for the application of the validated ACP-SESs scale.

Twelve people completed the course. The results of the ACP-SEs scale pre and post and the outcome of the training were evaluated (out of 21 pre and 12 post training responses).

- The contents were sequenced in 4 modules of 2 hours each and a face-to-face experiential meeting (role play) and a virtual closing meeting in order to share the experiences lived.

- Course evaluation with **Kirkpatrick's New World Model** (NWKM).
  REACTION, LEARNING, BEHAVIOR and RESULTS (Phase 5).

PHASE 5

Qualitative evaluation quantitative Kirkpatrick's New World Model

They were evaluated by means of a Google Forms questionnaire after each module. They showed **satisfaction and motivation during the training, made contributions and suggestions for improvement of the course.**

LEVEL 01 Reaction or satisfaction level

Learning LEVEL 02

10-question multiple-choice knowledge test at the end of each of the first three modules. Pass with 6 points.

All evaluations were passed with an average of 8.6/10.

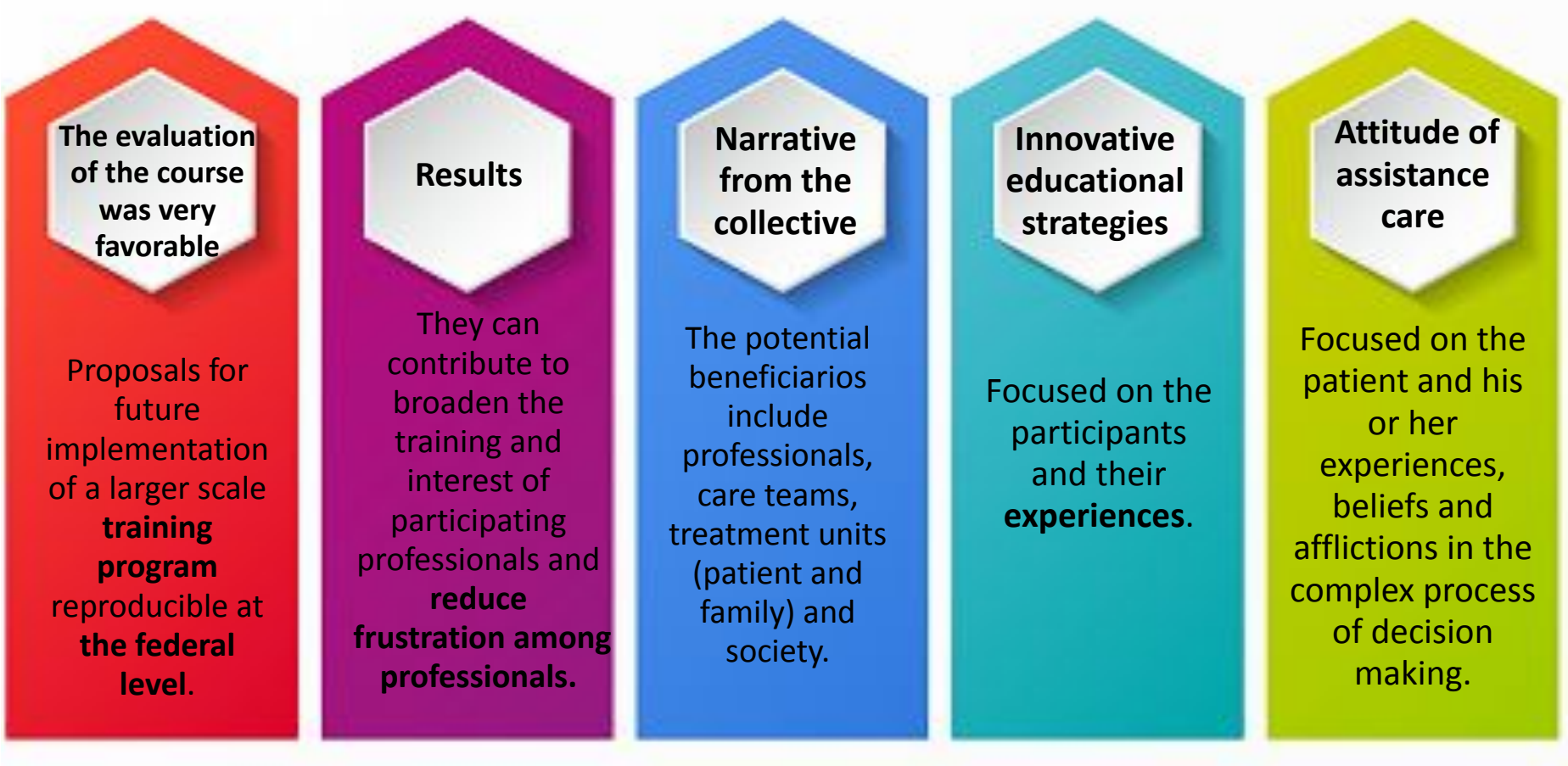
Behavior: assessed by the ACP-SEs Ar scale pre/post training, a statistically significant increase in perceived self-efficacy was observed in **16/19 items ($p<0.05$).**

LEVEL 03 Applicability of knowledge obtained

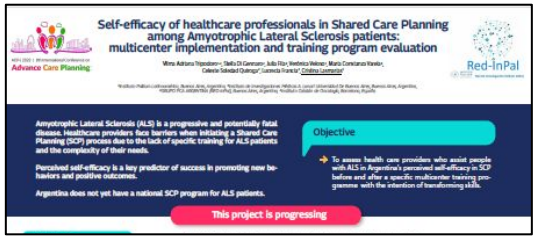
Results LEVEL 04

Another evaluation will be carried out 6 months after the training (March 24). The participants will choose a clinical case to initiate a PCA process; evaluate its initiation, if it improved or increased in quantity and quality the PCA processes with their patients, etc.

CONCLUSIONS



PCA-ARG GROUP IN CONGRESSES AND SCIENTIFIC PUBLICATIONS



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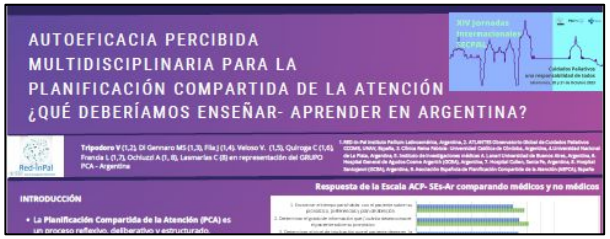
EAPC 2023, Rotterdam



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ESCALA AUTOEFICACIA PERCIBIDA SOBRE PLANIFICACIÓN COMPARTIDA DE LA ATENCIÓN (ACP-SEs) ARGENTINA

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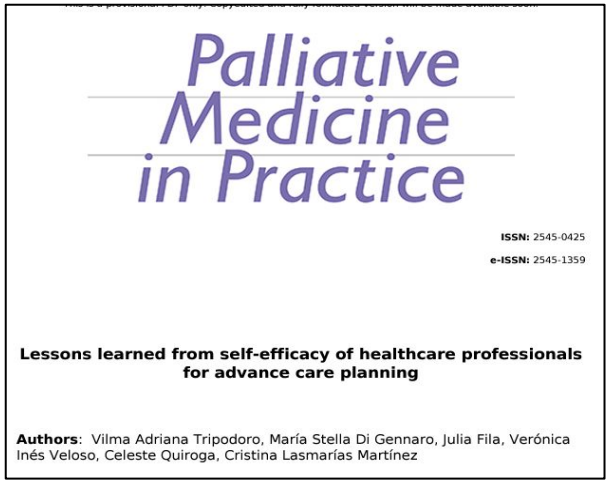
ACP-SEs Argentina Scale, 2023



Next steps...

- ACP in the community: health literacy at the end of life.
- Replicate the ACP training course with professionals who assist patients with other advanced chronic diseases, e.g. dementia, oncological diseases.
- Replicate validation experience of the ACP-SEs Ar Scale in Latin America.
- Contribute with the ACP to decisions regarding the adequacy of therapeutic efforts.
- Explore the ACP process in areas of pediatrics and neonatology.

THANK YOU !

ANY QUESTIONS OR COMMENTS?

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