ANNOUNCEMENT
THE ADVANCE CARE PLANNING & GOALS OF CARE E-LEARNING MODULES RE-LAUNCH

Hospice Palliative Care Ontario is very pleased to announce the re-launch of the Health Care Consent Advance Care Planning and Goals of Care E-Learning Modules. The E-Learning modules have recently been transferred to a new Learning Management System.

Registration can be accessed at **https://pcdm.ca/**

Description:
The Modules are intended for Clinician Competency Training on Health Care Consent, Advance Care Planning, and Goals of Care conversations where learners will move beyond advancing their knowledge and attitudes to develop clinical skills through:

- Interactive case scenarios
- Reflective questions
- Videos of both simulated and real clinical encounters

Format:
Five self directed online modules, each ending with a quiz, including:

1. How do I have an Advance Care Planning conversation with a **well patient**?
2. How do I have an Advance Care Planning conversation with a **stable but seriously ill patient**?
3. How do I have a Goals of Care discussion with an **unstable and seriously ill patient**?
4. Is it **my responsibility** to address Advance Care Planning, Goals of Care discussions and consent?
5. How do I have Goals of Care and consent discussions with a **patient who is critically ill and rapidly deteriorating**?

Intended Audience:

- Interprofessional

Cost:

- The e-learning modules are currently available at no cost to participants. Following the steps outlined in the attached user guides, please **register by March 31st, 2020 using the promo code: MISC100**
- Note that access to the course will expire 4 months after enrollment; please ensure that you have completed all modules within this time frame.

We invite you to complete the newly relaunched E-Learning modules and ask that you assist us in circulating this information to your contacts and stakeholders. If you have any questions or need technical support, please contact pcdmsupport@hpco.ca

Ontario
Ministry of
HEALTH AND
LONG-TERM CARE

E-learning Module Descriptions:

Module 1 – How do I have an Advance Care Planning conversation with a **well patient**?

In this module, you will develop an appreciation between Advance Care Planning (ACP) and consent, understand the components of ACP and what is required to be effective, gain experience in how Substitute Decision Makers (SDMs) interpret and apply a patient's expressed wishes, and become familiar with an approach to ACP conversations.

Module 2 – How do I have an Advance Care Planning conversation with a **stable but seriously ill patient**?

In this module you will recognize how capacity and the role of SDM fluctuates over the course of chronic illness, examine your personal values and how values in general impact decision-making, recognize the importance of accurate illness understanding in all components of decision-making, and explore how discussing patient values and goals can facilitate efficient decision-making.

Module 3 – How do I have a Goals of Care discussion with an **unstable and seriously ill patient**?

In this module you will be shown an approach to having a Goals of Care (GoC) discussion, whether it be in a hospital, home, long-term care facility or clinic. This is a key component of person-centred decision making. If a person develops an illness or has a health event that requires a treatment or a care decision, healthcare providers must obtain consent from either the capable person or their SDM. In this module you'll learn a person-centred approach to discussing GoC.

Module 4 – Is it **my responsibility** to address Advance Care Planning, Goals of Care discussions and consent?

In this module, you will explore perceived barriers to addressing ACP and GoC with patients, recognize opportunities to integrate components of ACP and GoC with each patient, and develop an awareness of the role that different healthcare providers can play in ACP, GoC, and consent processes.

Module 5 - How do I have Goals of Care and consent discussions with a **patient who is critically ill and rapidly deteriorating**?

In this module you will incorporate the concepts from the previous four modules and recognize why GoC conversations are necessary with rapidly deteriorating patients and develop strategies that trigger the healthcare team to remember to remain person-focused even in time-pressured situations.