

## Evaluation of training for fostering end-of-life-care facilitators (eolf) that practice advance care planning (acp) in Japan

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### Keywords

*End-of-life-care, educational program, advance care planning, facilitators, training evaluations*

### Extended abstract

**Introduction:** *The notion of ACP is relatively new in Japan, where methods and institutionalization of document procedures, such as “advance directives,” and “consent to life support treatment” have become alternative measures for ACP and thus attract attention. However, the significance of ACP lies in viewing the process in which a patient, his/her family and medical experts jointly consider and share the goal of treatment and care as a practice of care and institutionalizing this process. The objective of ACP is to base the end-of-life care of the elderly upon “their own preference,” whereby realizing a dying with dignity. In order to realize this objective, each individual need to have his/her own views about “how best to live until the end” and share such views with medical care providers and his/her family. Japan adopts universal health insurance coverage as its medical insurance system, and medical care has been performed principally in hospital. As a consequence, there is a national sentiment dependent on medicine, expressed by phrases such as, “it is normal to die in hospital” and “any medical decision should be taken by hospitals”; also, there exists a general tendency of regarding death as a taboo. Thus, it is not very common to think about death. As we are in an aged-and-high-death-rate era where chronically ill patients are increasing, it is needed for the Japanese people and medical professionals supporting them to have the determination to select the kind of medicine and care that enable them to live in their own way, while maintaining their own living in the respective region with medicine integrated into it.*

**Aim of this study:** *The aim of the present study is to establish an education program for fostering facilitators that understand the concept of ACP and promote end-of-life care in the respective regions. The paper outlines the evaluation of the program by the participants as well as an impact assessment of the program.*

**Methodology:** *The target is employees that are in charge of consultation support at regional comprehensive support centers. The education program is a participation/experience-style (an action learning-style) program that consists of lectures and group working (in which one set consists of three sessions). The main contents of the training include: 1. understanding EOL and consideration of “good death”; 2. understanding ACP and talking about “good death” with important person around you; and 3. understanding the thoughts and values of the support targets through conversation. The participants themselves become aware of their own views of life and death, and simulate real situations by experiencing conversations with their family. The participants then learn about how to face these issues as supporters, looking back on these experiences. The training was implemented from September to November 2013. A questionnaire survey was conducted after the training to evaluate it.*

**Result and Discussion:** *The participants included the total of 14 people: 7 public health nurses, 3 certified care workers, 2 nurses, and 2 care workers who provide consultation support to patients receiving preventive care and those receiving treatment for chronic diseases with respect to their treatment and care. 96% of the participants answered that “the training is meaningful”, while 98% answered that “I would like to apply the content of the training to practice” and that “the training can be recommended to my colleagues/boss.” Some of the free descriptive answers included the following: through the experiences of thinking about “good death” and having conversations about it with important person around me, I realized, “I myself have ambiguous ideas”, “I have not talked about the issue with someone else,” and “I have not seriously thought about it.” This shows that the training gave the participants a good opportunity of self-reflection. Also, some of the participants noticed, “I might have imposed my opinions to patients” in carrying out consultation support; some of them also commented, “I did not confirm their feelings,” thus realizing that they did not pay enough attention to the feelings of the patients in consultations. Although the contents of the training and the participation/experience style were effective, it is necessary to make the training a more action-oriented program. It is important that EOLF practice in accordance with ACP in regional health and welfare, which engages in targets at an early stage where they still, have the abilities to make decisions and manifest their intentions. In this respect, EOLF are essential human resources for realizing end-of-life care in Japan in such a way to achieve dignified life until the end. As EOLF practice in an effective and efficient manner, the elderly and their family will increase self-control over their own ways of living and dying, thus leading to fostering their “autonomy,” with which they autonomously face their own treatment and care. On the other hand, with respect to medicine, the best medicine based on “selection of medicine and care in accordance with the wishes of the patients themselves” will be provided, ultimately resulting in reducing medical expenses.*

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