Aims of the session

• Learners will have a greater understanding of how to approach crucial decisions about care,
• Learners will have a greater understanding of how to approach resuscitation decisions
• Learners will have a greater understanding of the role of the GP in advance care planning

Pre-session planning for facilitator

For this session the facilitator will need to prepare the following:-
• Prepare flip chart or use Power Point with questions for Groupwork one, two and three
• Download the Power Point presentation onto a lap-top computer and set up projector to show, or
• Print out ‘slides’ on separate A4 pages to show via a table-top presenter.
• Print out Notes Pages for presentation
• Print out handouts – Handout One
• Arrange room, with tables and seats in groups of 3 or 4.
• Set up the flip chart and ensure pens have ink!
• Have available spare pens and paper.

Plan of session

<table>
<thead>
<tr>
<th>Activity</th>
<th>Resources</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and introduction to session</td>
<td></td>
<td>5 minutes</td>
</tr>
<tr>
<td><strong>Groupwork One</strong> – What particular aspects of care would you like to know about to help you care for someone as they would like, particularly at the end of their life?</td>
<td></td>
<td>20 minutes</td>
</tr>
</tbody>
</table>
Advance Care Planning  
Session Four  
Crucial care decisions, including attempting resuscitation and the role of the GP in ACP

<table>
<thead>
<tr>
<th><strong>Groupwork Two</strong> – When do you not attempt resuscitation on an older person who lives in a care home?</th>
<th>Interview with Andrew Makin – Power Point presentation</th>
<th>20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Groupwork Three</strong> – What do you see as a GP’s role in ACP?</td>
<td>Interview with Dr Harry Yoxall– Power Point presentation</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Questions, summary, close</td>
<td>Evaluation forms</td>
<td>10</td>
</tr>
</tbody>
</table>

Facilitating the session  
Welcome and introduction  
The facilitator should check out whether there are any unresolved issues from the last session before moving on.

A brief summary of ACP and the Mental Capacity Act should be given to help learners focus on the subject and an overview of this session. For example:-

- In the last session we heard about how the Mental Capacity Act has affected the approach to ACP.
- We learnt that other people cannot make decisions about treatments and personal welfare unless they have the authority, for example, they have been given a Lasting Power of Attorney for Personal Welfare.
- In this session we going to explore the issue of deciding in advance about refusing treatments, including attempting resuscitation. We are also going to explore the role of the GP.

Groupwork One  
Introduction  
There may be times when a person cannot make a decision about their care, or does not want to engage in discussion, or cannot communicate their wishes. This may be at the end of their lives, but not necessarily so. The groups should be invited to discuss:-

What particular aspects of care would you like to know about, to help you care for someone as they would like, particularly at the end of their life?

Go to slide 2.

Give the group about 10 minutes to discuss and then request feedback. This can be written on a flip chart.

Possible aspects:-

- Receiving invasive treatments, often expressed by people as ‘tubes and drains’.
- Receiving or not artificial nutrition and hydration
- Being transferred to a hospital or hospice
- Attempting resuscitation or not
- Receiving life-prolonging medications, eg antibiotics
- Religious or spiritual observances
• Who to consult with and who not to consult with

The facilitator may then like to ask the group how and who decides if the person has not expressed their views in advance and cannot express them at the time the decision needs to be made.

Possible answers:-
• A relative decides
• A GP decides
• Staff decide
• A joint decision with 2 or more of the above?

The facilitator may then like to ask the group to consider how confident they feel that the decision is what the resident would want?
• There will be a range of responses, with some people feeling very confident to others being less so, depending on individual experiences.

Learners may suggest that relatives can decide about refusing or requesting treatments. They should be reminded of they do not have this power unless they have been given a Lasting Power of Attorney and this has been registered with the Office of the Public Guardian. However they can be ‘consulted’, if appropriate.

The end of this part of the session is for the facilitator to conclude that decisions can only be made according to the residents’ express wishes if they are known.

Groupwork Two – Introduction

The facilitator will need to have an understanding of the issues of this session and will need to read the transcript of Andrew Makin’s contribution. The facilitator should then invite the group to consider:-

When do you not attempt resuscitation on an older person who lives in a care home?

Questions to consider:-
• If a resident collapses unexpectedly do you always attempt resuscitation?
• Are there some residents for whom you would not attempt resuscitation?
• Who makes the decision?
• Is the decision recorded? If not how do all staff know whether to attempt resuscitation or not?

Go to slide 3.

About 10 minutes should be given for this discussion. The facilitator should then invite feedback in response to the question:- When do you not attempt resuscitation on an older person who lives in a care home?
Possible responses:-

- At the ‘natural’ end of life
- If a GP or other doctor has decided it is inappropriate
- If the person has requested it should not be attempted in a valid and applicable advance decision to refuse treatment

Learners may suggest that resuscitation should not be attempted if relatives have said it should not. They should be reminded of they do not have this power unless they have been given a Lasting Power of Attorney and this has been registered with the Office of the Public Guardian. However they can be ‘consulted’, if appropriate.

The facilitator should then use the Power Point presentation to give the views of Andrew Makin, Director of Nursing of the Registered Nursing Homes Association - slides 4 - 18
Use Transcript of Andrew Makin’s interview to accompany slides 4 - 18

Further discussion may then be prompted. The facilitator can then refer people to additional resources, eg BMA/RCN guidance and give out copies of the patient handout from the BMA.
http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFCPRpatientinformation/$FILE/CPRpatientinformation.pdf

Groupwork Three – Introduction
The facilitator will need to have an understanding of the issues of this session and will need to read the transcript of Dr Yoxall’s contribution.

The facilitator should then invite the group to consider:-

What do you see as a GP’s role in ACP?

Go to slide 19.

About 10 minutes should be given for this discussion. The facilitator should then invite feedback.

Possible responses:-

- The GP should lead the process of ACP
- The GP should be given a copy of the ACP once written
- The GP should be asked for advice about specific aspects, for example, advance decisions to refuse treatments

Learners will have different experiences about GP’s involvement in ACP and this will influence their views.

The facilitator can then show the Power Point presentation from Dr Yoxall’s interview – slides 20 – 34.
Use Transcript of Dr Yoxall’s interview to accompany slides 20 – 34.

Questions, summary, close
The facilitator should invite general feedback on the session and answer any questions. The key learning points from the session should be summarised, perhaps using a flip chart. These are:-

- It is not possible to know how a person wants to be supported, unless their views are known
- Knowing whether resuscitation should be attempted or not can help to maintain a person’s dignity
- A GP has a significant part to play in offering ACP to residents.

An introduction to the topics in the next session would be appropriate, for example:-

- Devising and using an ACP document
- Recording an advance decision to refuse treatment
- Assessing the validity and applicability of an advance decision to refuse treatment

**Evaluation**

The facilitator should then give out the Evaluation forms. If time they should be completed now, or the facilitator should request learners to complete and bring to the next session. The handouts should be given out.

**Handouts for Session Four**

- Handout one – from the presentation.
- The patient handout on resuscitation decisions from the BMA. http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFCPRpatientinformation/$FILE/CPRpatientinformation.pdf

**Thanks for attending.**

**Additional reading/resources for facilitator**