

Subject – Aged care	Level 1 skills / knowledge	Expected behaviour of healthcare professional for case study
<p>Case study Yuri 78 years, widowed, with no noticeable cognitive impairment. He has numerous health issues: diabetes, obesity, a leg ulcer and poor mobility. Yuri has three children (Mirra, Lydia and Moriz) and lives with his daughter, Mirra. Yuri assumes that Moriz, who is the youngest of his children, as the male in the family will be his substitute decision-maker (SDM). Moriz sees his father only on special occasions organised by Mirra such as birthdays. Lydia lives interstate. Yuri was admitted to hospital with a chest infection and a recent fall which has further limited his mobility. Yuri is slowly recovering and will be able to be discharged shortly.</p>		
Communication with the person / Family / Carers	Can explain advance care planning and provide general information	The healthcare professional (HCP) asks Yuri if he has an ACD. HCP can explain the hierarchy of the person responsible in that state/territory and provide information about how to appoint a substitute decision maker (SDM)
	Recognises triggers and risk factors where advance care planning may assist and can refer to others	HCP can recognise triggers which are 1) the chest infection 2) the fall 3) Yuri's age 4) comorbidities. HCP is also aware that the person responsible hierarchy would not direct decision making to son, so Yuri needs to appoint Moriz as SDM.
	Has reflected on personal values and preferences and can differentiate between clinician and consumer agenda	HCP reflects on their own family relationships and can identify there is variety in how families relate with each other. HCP is able to direct Yuri as to how he can appoint Moriz to be SDM and encourages Yuri to discuss this with all family members.
Communication with the team	Recognises that the team involves health professionals across all settings and all have a role in advance care planning discussions	HCP recognises the role of the community health care team, the GP and practice nurse in following up any ACP discussions commenced in hospital and encourages Yuri and Mirra to discuss the ACP with the community services.
	Able to recognise and discuss when treatment interventions may not match stated preferences for care	HCP informs the team that Yuri would like to appoint Moriz as his decision-maker even though the daughter is the main carer. HCP encourages family to discuss Yuri's preferences for healthcare.
	Aware of and utilises appropriate methods for documentation of discussion	HCP provides Yuri with written information (in relevant language if required) regarding the role of the SDM.
Communication over time	Identifies what the person wants to achieve from the advance care planning discussion	HCP clarifies with Yuri the appointment of the son as SDM, can explain why officially appointing Moriz is required, and suggests that Yuri talk to all his children about his values and preferences. HCP provides written information about the role of the SDM and making ACPs.
	Recognises triggers to review ACP	HCP explains to Yuri that he can review his ACP and/or SDM if the situation changes and suggests they should talk with the community services about Yuri's ACP when he comes home.
	Able to recognise deterioration and loss of	Yuri appears to have capacity - HCP can state how the assessment is made i.e. able to describe current health

	capacity and discuss same with team.	status, understands treatment options and is able to explain why the son should be the decision maker.
Ethical	Recognises there may be differing perspectives between the goals of the person, the SDM and the health care team	HCP clarifies that Moriz is the SDM. HCP encourages Mirra, Moriz and Yuri to have ongoing conversations about Yuri's preferences for care.
	Informs the team of the existence of advance care directives	HCP advises the hospital team when the appointment of the SDM is completed and registers this in the medical record. HCP encourages Yuri to copy the document and share it with his family and his GP, upload it to 'My Health Record' and makes suggestions as to how to make the form available.
	Able to explain to the person that they are eligible to guide the medical team regarding interventions	HCP able to explain the role of the SDM to the family.
Legal	Able to assess the person's ability to participate in discussion and follow direction	HCP assesses that Yuri is aware of his health status and that Yuri is able to state his rationale for his decision-making. Therefore, HCP determines Yuri has the capacity to appoint Moriz as the SDM and documents the information used to determine capacity.
	Aware of relevant documents and requirements for workplace	HCP able to locate and provide relevant SDM documents for the family. HCP can register the SDM paperwork once completed so that it is associated with Yuri's medical record.
	Able to put in the medical record system an alert that there is an advance care directive	HCP is aware of and completes the workplace process for sharing ACD documents and need for alerts

Points of assessment / discussion	Cultural differences between families. Respect for what the person prefers. Differing perspectives between the family. Advocating for the person.
Method of assessment	MCCQ re. assessing cultural determinants of care, running a family meeting. Reflection on how to advocate for people.