

# iCanPlan: A co-designed program to improve uptake of advance care planning among people from ethnic minority backgrounds with cancer

## INTRODUCTION

Advance care planning (ACP) is a process by which a person's future health care needs, wishes and preferences are communicated so that these could be acted upon at a time when they are unable to make these decisions. People from ethnic minority backgrounds are less likely to engage in ACP compared with the general population. Low engagement with ACP has implications for the delivery of person-centric care including care given towards the end of life.

Interprofessional collaboration between medical interpreters (interpreters) and clinicians is crucial in conducting ACP communication with people from ethnic minority backgrounds who require language support. Existing opportunities that encourage this collaboration are limited which contributes to poor uptake of ACP among these communities.

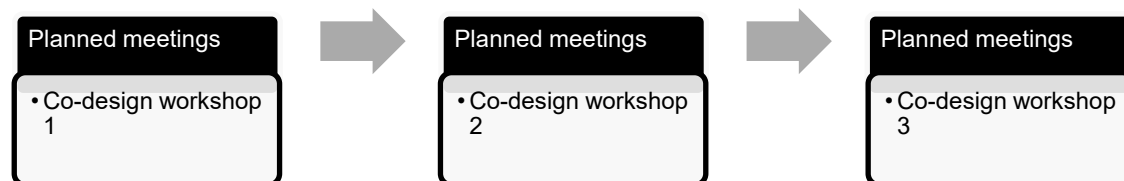
We report here the co-design of a program with relevant stakeholders that fosters interprofessional collaboration between interpreters and clinicians in ACP with people from ethnic minority backgrounds affected by cancer who require language support.

## METHOD

The adapted experienced-based co-design was conducted in two phases. In Phase 1, qualitative data was collected from 31 health care staff and interpreters on their experiences of conducting ACP with people from ethnic minority backgrounds affected by cancer.

Our co-design team consisted of 15 members. We included clinicians, interpreters, consumers from CALD backgrounds with lived experience of cancer, and cancer service and system.

In Phase 2, a series of planned preparatory planning meetings occurred between co-facilitators and external expert consultants in parallel to the three co-design workshops.



In workshop 1, members decided that the scope of the co-design to develop an intervention to enhance interprofessional collaboration between clinicians and interpreters.

In workshop 2, co-designed a solution that was comprised of a didactic and an interactive component to enhance interprofessional collaboration between clinicians and interpreters.

In the last workshop, members developed the prototype intervention and named it 'iCanPlan Program'. The iCanPlan Program was further refined through iterative feedback from co-design members through asynchronous email and videoconferencing meetings.

## RESULTS

The co-design process resulted in co-creation of the iCanPlan Program that consisted of two components:

- 1) a didactic interprofessional education in ACP for clinicians and interpreters, and
- 2) facilitated feedback for clinicians and interpreters during practice by an attending palliative care nurse or another relevant staff member.



Members also democratically agreed to include six topics to be delivered as part of the interprofessional education in ACP.

These six topics are:

- 1) introduction to ACP and ACP resources,
- 2) expectations of clinicians and interpreters in ACP communication,
- 3) managing consumer expectations in ACP including cultural and spiritual needs,
- 4) interpreting in absence of accurate translations in ACP,
- 5) resolving ethical dilemmas in ACP communication, and
- 6) managing and coping with emotional encounters in ACP.



## IMPLEMENTATION AND EVALUATION

Members agreed that implementation of the iCanPlan program at a service level should be informed by the respective service requirements.

A range of practical consideration (process knowledge, allocation of budget, identifying relevant staff who could provide feedback, staff training in providing feedback and considerations for remote and agency interpreters) were proposed as items for discussion with local cancer services to determine the implementation plan.

The iCanPlan Program is currently being evaluated at one cancer service as a pilot study that serves a large proportion of people from ethnic minority backgrounds affected by cancer

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