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Feature Article

A systematic evaluation of advance care planning patient educational resources

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ABSTRACT

Background: Advance care planning (ACP) conversations help individuals exercise autonomy and make informed decisions about their care. There are many ACP resources available to support the process of advance care planning, yet available resources not universally accepted and under-utilized in clinical practice.
Objective: This study aims to systematically evaluate commonly available general ACP patient educational resources using a comprehensive approach to assess elements ranging from resource inclusion to health literacy.
Design: Systematic evaluation of general ACP educational resources
Methods: ACP educational resources were systematically identified and evaluated for: Patient Education Materials Assessment Tool (PEMAT) score, Flesch–Kincaid reading ease and grade level, cost, languages available, and categories of content including Advance directive/Healthcare proxy, Physician Order for Life-Sustaining Treatment (POLST), Living will, values, preferences, and goals.
Results: Educational resources ($n = 20$) were identified. These resources were classified as information resources, workbooks, interactive websites, or and activities/conversation guides. The average PEMAT understandability score was 86 (range 58–100) and the average actionability was 90 (range 40–100). Two resources met Flesch–Kincaid reading ease and grade level. Eight were available in English only, nine in two languages, and three in more than two languages. Three explicitly discussed completion of POLST forms. The majority of the resources adequately addressed the content of advanced directives and health care proxy, values, goals, and preferences for future care. The level of time commitment required to use each resource also varied considerably.
Conclusion: We present a comprehensive evaluation of resources to support ACP. Using the Transtheoretical Model, we provide a guide for the use of these educational resources based on patient readiness. This review allows clinicians to identify aspects of each resource that may be helpful in preparing older adults for future healthcare decsions. Our analysis has identified the need to continue to refine these educational resources so that they can reach a broad population with varying needs. Advance care planning (ACP) conversations help individuals exercise autonomy and make informed decisions about their care. There are many ACP educational resources available to support the process of advance care planning, yet available resources are not universally accepted and under-utilized in clinical practice. We present a comprehensive evaluation of 20 educational resources to support ACP. Educational resources were identified and evaluated for: Patient Education Materials Assessment Tool (PEMAT) score, Flesch–Kincaid reading ease and grade level, cost, languages available, and categories of content. Using the Transtheoretical Model, we provide a guide for the use of these educational resources based on patient readiness. This review allows clinicians to identify aspects of each resource that may be helpful in preparing older adults for future healthcare decisions. Our analysis has identified the need to continue to refine these educational resources so that they can reach a broad population with varying needs.

Abbreviations: ACP, Advance Care Planning; POLST, Physician Order for Life-Sustaining Treatment; PEMAT, Patient Education Materials Assessment Tool

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Introduction

Advance care planning (ACP) conversations are used in health care to guide individuals to identify their preferences for future care. These conversations help individuals exercise autonomy and make informed decisions about their care.[1] ACP discussions are associated with patient autonomy, better alignment between patient preferences for future care and actual treatment, improved family member/care partner coping and lower medical costs.[2–5] Minimally, ACP is the completion of an advance directive where an individual appoints a medical decision maker, also known as a health care proxy. However, to be effective ACP should encompass discussion and documentation of goals and preferences with family members and the health care team.[6]

Because of biomedical advances, life expectancies have grown longer, and three out of four persons over the age of 65 are living with more than one chronic condition.[7] There has been a decline in the number of deaths from heart disease and a rise in the number of deaths from Alzheimer's disease and related dementias.[8] In addition to changing demographics, there has been a change in the pattern of care at the end of life. As people are living longer with chronic disease, the burden of illness is also increasing. Forty -five percent of persons with multiple chronic conditions have activity limitations, often requiring assistance from family or paid caregivers.[9] Further, most people state that they want to die at home, yet in the last six months of life, people often experience multiple transitions in care including one or more hospitalization, intensive care unit admission and nursing home admission.[8] These care transitions are disruptive and associated with invasive and costly interventions. For older adults, living longer with chronic disease and its associated burdens, ACP becomes an increasingly relevant topic. Unfortunately, challenges exist in effectively implementing ACP.

Some highly activated older adults will accomplish ACP independently, without the input of their health care team. Of note, in one report only 12% of patients had input into their advance directive (AD) from their physician.[10] In another survey, for those that have completed a health care proxy, only 10 percent had spoken to both their health care proxy and clinician.[11] In addition, 65% of respondents who had completed an advance directive initiated the ACP conversation themselves.[11] However, highly activated patients are a minority. Most patients have not had a conversation about their wishes for end of life care or documented this conversation.[12] In fact, in a recent Kaiser Health Foundation survey, respondents' reasons for not having these conversations were that they “never considered it” (27%) or “haven't gotten around to it” (49%).[12]

The reasons patient cite for not having ACP conversations are potentially amenable to education and coaching. The need for education and support for ACP is widely recognized. The Patient Self-Determination Act of 1990 directs health care organizations in the United States to inform patients of their right to make decisions related to their health care, determine if an individual has an advance directive (AD) and, if not, to find out if the individual wishes to create one. All clinicians, including physicians, nurses, social workers, and chaplains, are trusted and valued information sources and can be instrumental in promoting completion of ACP.[13–15] Because nurses have a constant presence across settings and are vested in the patient care process, they are well positioned to be leaders in improving processes related to ACP.[16]

Nurses caring for older adults can facilitate, support and serve as a resource to the ACP process. Adult Gerontology advanced practice registered nurses may be directly involved in documenting the ACP. Awareness and knowledge of educational resources positions nurses to assist older adults through this process in a meaningful way. Nurses should know the benefits and limitations of various ACP resources and advance directive documents.[17] The American Nurses Association endorses the role of the nurse in promoting patient self-determination and ACP conversations.[18] Similarly, the Hospice and Palliative Nurses Association believes that nurses should be accountable to facilitate the patient's informed decision making, to take a leading role in educating stakeholders, and to integrate ACP into practice routinely.[19]

In addition to recognizing the role of patient readiness, educational resources and decision aids can support the ACP process and ultimately improve the delivery of person-centered care to older adults. Many ACP educational resources have been systematically evaluated[10,20,21] for their impact on patient outcomes, yet reviews conclude variable results. Health literacy components such as the capacity to obtain, process, and understand health information[22] are missing from published evaluations. Despite this, there is general agreement that these tools should be offered to patients to support the process of ACP.[23] Moreover, many of these ACP resources are available directly to consumers through community centers, religious organizations, and aging centers despite not having been formally studied, evaluated, or reported in the medical literature. Nurses' involvement in the ACP process is crucial because they can assess both the need for care planning and a patient's readiness. This study aims to systematically evaluate commonly available general ACP patient educational resources using a validated evaluation tool, the Patient Education Materials Assessment Tool (PEMAT) and other health literacy components.[24] The analyses provided can serve as a reference to nurses as they aim to provide quality care to older adults.

Material and methods

As previously mentioned, many ACP educational resources are in use by patients within their communities and often do not appear in the medical literature. Many of these are high quality, but locating these resources is a challenge and barrier to their use. For this review, traditional literature search methods were not useful in identifying the full scope of resources available. Instead, we approached our search by building on two authoritative sources.

Search strategy

We identified general ACP resources cited in the Institute of Medicine's (IOM) report on Dying in America[1] and the Agency for Healthcare Research and Quality commissioned review of ACP decision aids completed by Butler et al. [10] From these sources, we excluded any resources that were not publicly available or addressed a specific disease (e.g.,cancer) or condition (e.g., renal failure). Because many patients use the internet for locating health information, we supplemented the identified resources with an internet search using the advanced search feature of Google. We used the exact phrase “advance care planning” as the search term. Inclusion criteria were individual educational resources that address general ACP, directed to the layperson and publicly available. Exclusion criteria were resources that addressed a specific disease or condition or were awareness campaign websites that referred to individual resources.

Search outcome

The IOM report[1] identified 16 resources, Butler et al.[10] identified 23 resources, and Google identified seven resources. Five duplicates were removed resulting in 42 unique records. We excluded 21 resources: 10 addressed a specific condition, five were public awareness campaigns that did not focus on individual educational resources, three were not publicly available, and three were comprehensive websites that directed users to other individual resources. One record was eliminated after screening as it was not directed to the layperson. A gerontological nurse practitioner and a palliative care social worker then reviewed the search results and were aware of one additional resource which was included. This process resulted in 20 unique educational resources (Table 1).

Data extraction

For each resource, we recorded the PEMAT Score, Flesch–Kincaid reading ease and grade level, type of resource, requirements for use, cost, languages available, and categories of content including Advance directive/Health care proxy, POLST(Physician Order for Life-Sustaining Treatment), living will, values, preferences, and goals. Each resource was evaluated by at least two members of our team.

The PEMAT

Each document was evaluated using the PEMAT to determine the. understandability and actionability of patient education materials. The PEMAT was developed to address shortcomings of readability formulas when assessing the health literacy demand of patient education materials.[24] Readability formulas calculate reading level based on counting word and sentence length without consideration of the context of the information being provided. In contrast, the PEMAT assess the usability and actionability of materials. Understandability is defined as when consumers of diverse backgrounds and varying levels of health literacy can process and explain key messages. Actionability is the ability of consumers of diverse backgrounds and varying levels of health literacy to identify what actions can be taken based on the information presented.[25] In addition to word choice and style the PEMAT assesses clarity of purpose, whether the material is broken into sections, use of numbers and calculations, and use of visual cues to enhance understanding. PEMAT also assesses whether the materials are actionable, a key component of improving health literacy.[24]

The PEMAT tool produces a score that consists of an understandability score and an actionability score. The understandability score uses 17 statements to evaluate content, word choice and style, use of numbers, organization, layout, and design, and use of visual aids. The actionability score uses 7 statements to evaluate the materials for clarity, breaking down actions into manageable and explicit steps or actions to take.[24] Understandability and actionability scores are calculated by dividing the “Total Points” by “Total Possible Points” and multiplying by “100”. PEMAT has shown acceptable internal consistency, reliability among raters, and evidence of construct validity.[24] Four rounds of reliability testing were conducted and revealed a moderate agreement per Kappa (Average $K = 0.57$) and strong agreement per Gwet's AC1 (Average = 0.74). PEMAT construct validity was established through testing with adult consumers.[24]

Two researchers independently calculated a PEMAT score for each document, if the reviewers did not agree, a third researcher scored the document, and a final score was then obtained through consensus.

Flesch–Kincaid reading ease and grade level

We calculated the Flesch–Kincaid reading ease and grade level using Microsoft Word. The Flesch–Kincaid provides a quick approximation of the readability of text[26]. Readability scores are only one measure of comprehension of text and should be interpreted with caution.[27] These two scales use word and sentence length to provide a score of readability and United States grade level. These two elements are commonly used scales for assessing readability. The Flesch–Kincaid readability provides a score between 0 and 100 with higher scores indicating text that is easier to read.[27,28] Recommended readability of materials is grade 5–6 with reading ease greater than 60[28]. For websites with multiple pages, we evaluated the landing/home page text. Documents were scored as meeting readability if the grade level was below grade 6 and reading ease was greater than 60.

Content analysis

Each document was reviewed using a directed content analysis approach [29] to determine if the information included addressed categories including Advance directive/Healthcare proxy, POLST, living will, values, preferences, and goals. Any use of the words Advance directive/Health care proxy, POLST, or living will was categorized affirmatively. Two researchers independently reviewed the documents to determine if values, preferences or goals were addressed. If there was disagreement regarding whether the document addressed values, preferences or goals, a third member of the research team reviewed the document, and agreement was obtained through consensus.

Data analysis

We created a database of resources in Microsoft Excel where the primary sources were categorized and organized. Coding categories included PEMAT usability and actionability scores, Flesch–Kincaid reading ease and grade level, type of material, requirements for use, available languages, cost, and categories of content (AD, health care proxy, POLST, values, goals, preferences).

Results

Included educational resources

We reviewed 20 resources as shown in Table 1. We excluded general resources that incorporated resources from our analysis. For instance, the Coalition for Compassionate Care of California provides a comprehensive web-based resource that links to many of the resources under review such as the card game “Go Wish” and the “Conversation Project.” Additionally, the National Healthcare Decision Day, an initiative of the Conversation Project, has a website that provides a comprehensive list of resources to support ACP and includes many of individual resources we reviewed.

Categories of educational resources

We categorized the resources as information resources (provided information only as a paper handout), workbooks (space provided to record individual responses), interactive websites (allowed individual responses and printable completed plan), and activity/conversation guides (games and conversation starters).

PEMAT

The average PEMAT understandability score was 86 (range 58–100) and the average actionability was 90 (range 40–100). Two of the resources categorized as activity/conversation guides were card games and both scored as having low usability. These two card games, “Go Wish” and “Hello” included several steps of instructions to follow before using. However, it should be noted that the PEMAT is not designed for the format of a card game. Additionally, the lowest actionability score was for “Know Your Choices” an information resource that did not provide any checklists or specific steps of action. The document served primarily as an information source. The most common reason for low usability scores was the lack of a summary

Table 1
ACP Educational Resources Reviewed.

stage of Readiness	Type of Resource	Resource	Author or Publisher	Description
Precontemplation/ Contemplation: Provide Information	1. Information Resource	Age Page Getting Your Affairs in Order	National Institute on Aging	Includes the following resources: "Plan for the Future, What Exactly Is an Important Paper?, Steps for Getting Your Affairs in Order, Legal Documents, Who Can Help Me Put My Legal and Financial Affairs in Order?"
		Advance Care Planning Tip Sheet	National Institute on Aging	"[explains] the types of decisions that may need to be made in [an emergency or at the end of life] and questions you can think about now so you're prepared later. . .can help you think about who you would want to make decisions for you if you can't make them yourself."
		CaringInfo Advance Care Planning	National Hospice and Palliative Care Organization	"provides free resources to help people make decisions about end-of-life care and services before a crisis."
		Caring Conversations	Center for Practical Bioethics	"information to help you talk with your family and friends about your wishes for your healthcare. . .also equips you with the tools you will need to communicate your wishes when you can no longer speak for yourself and advocate on your own behalf."
		Consumer Toolkit for HCACP	American Bar Association	"This toolkit contains a variety of self-help worksheets, suggestions, and resources. . . The toolkit does not create a formal advance directive for you. Instead, it helps you do the much harder job of discovering, clarifying, and communicating what is important to you in the face of serious illness."
		Know Your Choices	Massachusetts Department of Public Health	"outlines the types of choices that patients have when they're going through treatment for a serious, life-limiting illness."
Preparation/Action: Create Plan Action/Maintenance: Update by completing a new workbook, communicate by sharing the completed workbook	2. Workbook	Honoring Choices	Ellen DiPaola and Kathy Hankel	"structured health care planning approach that flows from Massachusetts law, and provides the same Massachusetts based language and tools to consumers and care providers to foster effective early and on-going discussions."
		Critical Conditions	Georgia Health Decisions	"walks you through advance care planning, beginning with meaningful conversations among your family members and resulting in the legal documentation of your preferences."
		Five Wishes	Aging with Dignity	"can be used . . . as a helpful guide and documentation of your wishes."
		Speak Up	National Advance Care Planning Task Group (Canada)	"information about advance care planning and will guide you through the steps of making your plan, which you can download and share with others."
		The Conversation Project	Ellen Goodman and the Institute for Healthcare Improvement	"You can use this Starter Kit whether you are getting ready to tell someone else what you want, or you want to help someone else get ready to share their wishes."
		Voicing My Choices	Aging with Dignity	"gives you a way to express something very important - your thoughts about how you want to be comforted, supported, treated, and remembered. . . It is based on the Five Wishes advance directive."
Preparation/Action: Create Plan Action/Maintenance: Update online and communicate by sharing printout or online profile.	3. Interactive Website	Cake	joincake.com	"helps you discover, store, and share your end-of-life preferences with everyone who needs to know."
		Making Your Wishes Known	Pennsylvania State University	"an online decision aid to help individuals prepare for future medical decisions."
		My Directives	ADVault	"completely digital emergency, critical and advance care planning service that is secure, easy to understand."
		PREPARE for Your Care	Rebecca Sudore, MD, FAAHPM	"a step-by-step program with video stories to help you have a voice in your medical care, talk with your doctors, give your family and friends peace of mind."
Preparation/Action: Create Plan Action/Maintenance: Communicate plan with care partners through conversation and discussion.	4. Activity/ Conversation Guide	Engage with Grace	Engagewithgrace.org	"To help ensure that all of us - and the people we care for - can end our lives in the same purposeful way we lived them."
		Death Over Dinner	Michael Hebb, Founder	"an uplifting interactive adventure that transforms this seemingly difficult conversation into one of deep engagement, insight and empowerment."
		Go Wish	Coda Alliance, Archstone Foundation	"an easy, even entertaining way to talk about what is most important to you. The cards help you find words to talk about what is important if you were to be living a life that may be shortened by serious illness."
		Hello (aka My Gift of Grace)	Common Practice	"a conversation game. It's the easy, non-threatening way to start a conversation with your family and friends about what matters most to you."

Table 2
ACP Educational Resources Analysis.

Resource	PEMAT: U (%)	PEMAT: A (%)	Flesch- Kincaid Reading Ease > 60	Flesch-Kincaid Grade Level < 6	Language(s)	Cost	AD/Proxy POLST Living will
Getting Your Affairs in Order	92	80	Y	N	English, Spanish	Free	AD/Proxy Living Will
Advance Care Planning Tip Sheet	91	100	Y	N	English, Spanish	Free	AD/Proxy POLST Living Will
CaringInfo Advance Care Planning	75	100	N	N	English, Spanish	Free, donation	AD/Proxy Living Will
Caring Conversations	75	100	Y	Y	English, Spanish	Free	AD/Proxy Living Will
Consumer Toolkit for HCACP	64	100	N	N	English	Free, copyrighted	AD/Proxy
Honoring Choices	100	100	N	N	English	Free, donation	AD/Proxy POLST Living Will
Know Your Choices	83	40	N	N	English	Free	AD/Proxy POLST Living Will
Critical Conditions	81	100	N/A	N/A	English	Free, copyrighted	AD/Proxy Living Will
Five Wishes	100	100	N/A	N/A	27 languages and Braille	$5, donation	AD/Proxy Living Will
Speak Up	100	100	N	N	English, French	Free	AD/Proxy Living Will
The Conversation Project	86	100	Y	N	11 languages	Free, donation	AD/Proxy Living Will
Voicing My Choices	86	100	N/A	N/A	English, Spanish	$5, donation	AD/Proxy Living Will
Cake	100	75	Y	Y	English	Free	AD/Proxy Living Will
Making Your Wishes Known	100	100	Y	N	English	Free	AD/Proxy Living Will
My Directives	88	100	Y	N	English	Free	AD/Proxy
PREPARE for Your Care	86	60	Y	N	English, Spanish	Free, donation	AD/Proxy Living Will
Engage with Grace	67	60	Y	N	English, Spanish	Free	AD/Proxy Living Will
Death Over Dinner	92	100	N/A	N/A	English	Free	None
Go Wish	81	100	N/A	N/A	5 languages	$26	None
Hello (aka My Gift of Grace)	58	80	N/A	N/A	English, Spanish	$24.95	AD/Proxy

section. The usability and actionability score for each resource is shown in Table 2.

Health literacy characteristics

Because a basic component of health literacy is the capacity to obtain health information, it is important to consider barriers to obtaining information such as cost, technology requirements and language availability in addition to assessment of reading level. The majority of resources ($n = 16$) are free although some also ask for donations and two have copyright requirements. The interactive websites ($n = 4$) require registration and creation of a personal account. Eight resources were available in English only, eight were available in both English and Spanish, one in English and French, and three were available in more than two languages (5 to 27). The Flesch–Kincaid Reading ease of > 60 was met by nine resources and grade level < 6 was met by only two resources. Results of this analysis are shown in Table 2.

Content of educational resources

There was variability in the range and depth of content covered across resources. All but two of the resources addressed advance directives and health care proxy. The two that did not mention advance directive and health care proxy were the “Death Over Dinner” activity and the “Go Wish” card game. This exclusion is explained because the goals of these resources are values clarification and communication. Only three explicitly discussed completion of POLST forms. The level of time commitment required to use each resource also varied considerably. For instance, the workbooks ranged from 12 to 44 pages in length, and interactive websites could take up to two hours to complete all of the activities.

In general, most of the resources addressed values, goals, and preferences for future care. The “Death Over Dinner” activity does not explicitly define content. The self-guided activity provides material and discussion prompts that may lead to the discussion of values, goals, and preferences. The other resource which did not discuss values, goals, and preferences was “Getting your Affairs in Order” which is explicitly directed at getting important papers in order.

Discussion and conclusion

Discussion

Our evaluation revealed that no one resource is comprehensive enough to provide ACP guidance to all patients in all situations. Instead, this review allows nurses to identify aspects of each resource that may be helpful in specific patient situations. Each of the resources provides unique insight into the ACP process. The informational resources provide one-way information without requiring any reflection or documentation by the reader. The workbooks provide a space for readers to write answers to question prompts. The interactive websites include extensive detail regarding values and wishes while providing a comprehensive summary record of the user's choices. Similarly, the games and activities focus on discussing and clarifying values, goals, and preferences with family/care partners. However, the games and activities differ from the informational resources and the workbooks as the games do not focus on creating written documentation of instructions.

Building on previous work related to the application of the Transtheoretical Model (TTM)[31] to ACP completion as a behavior change[32,33], we provide a guide for the use of these educational resources. The TTM provides a framework to facilitate behavior change by addressing five stages of change: precontemplation (not ready), contemplation (getting ready), preparation (ready), action (taking action) and maintenance (preventing relapse). Each of these stages requires specific tasks that may be leveraged to alter the decisional balance of ACP completion. Our evaluation utilizes the TTM as a guide for ACP Educational Resource use. We matched resources that provide information to those in the precontemplation and contemplation stages, resources that support the completion of an ACP to those in the preparation and action stages, and resources that support revisions to the ACP in the action and maintenance stages (Table 1).

Precontemplation/Contemplation: provide information

For persons who are not ready to complete ACP, resources should be primarily geared to provide information with the aim to increase awareness. We reviewed six resources which are useful for providing information, each one with a slightly different focus. The “Advance Care Planning Tip Sheet” and the “Advance Care Planning Age Page Getting Your Affairs in Order” provide excellent general information, with acceptable readability level, usability, and actionability. They are available in both English and Spanish. The "CaringInfo" website provides even greater detail about ACP; however, this website requires a higher reading level, and the information is available only in English. The benefit of this resource is that the consumer can directly link to their state's advance directive forms. "Know Your Choices" provides information specifically related to palliative care and hospice, so is only useful for persons who want to learn more about these types of care. "Engage with Grace" is an interesting list of five questions that prompt individuals to consider end of life care options, but does not provide information or direct the consumer to take action. Lastly, "PREPARE for Your Care" provides a one-page informational handout to accompany the "PREPARE" interactive website. This handout provides high-level information suitable for those who either do not perceive the need or are ambivalent about completing ACP, before overwhelming the person with the comprehensive online resource. The handout provides a link to the extensive "PREPARE for your care" online resource if individuals desire more detailed information.

Preparation/Action: create plan

As persons reach life stage milestones or develop a chronic illness, ACP shifts to become less focused on future planning and more focused in real decisions. As these individuals move from pre-contemplation stages, they may be open to resources that assist in completing an ACP plan. For these situations workbooks and interactive websites are ideal. Of the four interactive websites we evaluated, only the "PREPARE for Your Care" website was available in a language other than English (Spanish). The downside of the interactive websites is that they require familiarity and confidence with using web-based resources and a majority of older adults prefer not use online resources for health information.[34]

In addition to completing ACP and communicating their plan to their health care team, individuals also have to communicate these plans with family and care partners. Several resources were suitable to support this process including games, activities, and conversation prompts such as "Engage with Grace," "Go Wish" and "Hello" and one website, "Death Over Dinner."

Action/Maintenance: update and communicate plan

Lastly, ACP documents are most valuable when they are regularly reviewed and updated. Once an initial plan is in place, it becomes easier to update a plan as an individual's circumstances change. Paper workbooks need to be re-completed to be updated, and can then be shared with family members/care partners and the health care team. We found that the interactive websites simplified this process; when an account is created, a plan can be saved and updated in the future. The updated plan can be printed out and shared; some websites allow for a completed profile to be shared electronically ("Cake") or allow the user to share a video ("My Directives").

Limitations

The primary limitation of this evaluation is that many of these resources are not referenced in the published health care literature; however, it is not common for patient-facing resources to be mentioned in the scholarly literature. Also, ACP is a rapidly evolving topic, and new resources are likely in development. Therefore, it is possible that the resources presented in Table 1 do not represent a comprehensive list. Also, the use of the Flesch–Kincaid score needs to be interpreted as an imprecise measure, and this score could not be performed on the interactive websites or the activities. Flesch–Kincaid has also been criticized for its lack of cultural appropriateness. [30]

Conclusion

We present a comprehensive evaluation of commonly used resources to support ACP conversations. It is essential that all

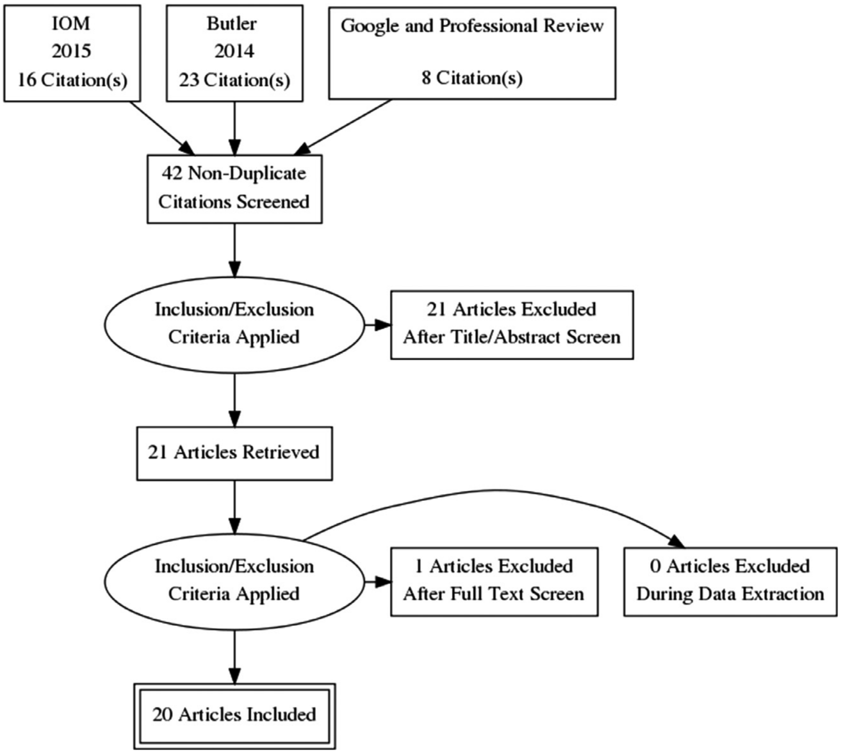

Fig. 1. Search Strategy.

members of the health care team be prepared to engage in these discussions as part of routine care. This is especially true when caring for older adults who are increasingly burdened by the chronic illness and the associated complex choices about treatment plans. Using the right resource, at the right time, in the right context can support this process.

Because nurses are a primary information source for patients[13,14], this review can support the nurse in providing ACP resources to older adults Nurses, in particular, are uniquely positioned to provide ACP resources to patients and clinical colleagues. Our review identifies characteristics of each resource such as obtaining and understanding ACP information, usability and actionability of the resources and content. We also provide guidance as to what type of educational resource can be used in various situations. This information can provide nurses the confidence to engage with older adults about ACP. Further, as new resources are encountered or developed, nurses may use the data reported here to understand and compare the merits of a new resource. Our analysis has identified the need to continue to refine these educational resources so that they can reach a broader population with different health literacy and language needs. Obtaining input from patient, caregiver and clinician stakeholders into the best use of these resources will add to the usefulness of these tools. Fig. 1.

Supplementary materials

Supplementary material associated with this article can be found in the online version at https://doi.org/10.1016/j.gerinurse.2018.09.011.

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