Does advance care planning in addition to usual care reduce hospitalisation for patients with advanced heart failure: A systematic review and narrative synthesis
Kernick LA, Hogg KJ et al
Palliative Medicine 2018, Vol. 32(10) 1539–1551

This systematic review explores whether advance care planning can reduce hospitalisation for patients with advanced heart failure. The authors identified eight relevant studies from the literature and concluded that not only does advance care planning reduce hospitalisation, but it also increases use of palliative services and supported deaths in patient-referred place. Despite the study limitations, the authors conclude that findings from studies where advance care planning is integrated into generic care are promising and should be further tested.

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Development, validity and reliability testing of the East Midlands Evaluation Tool (EMET) for measuring impacts on trainees’ confidence and competence following end of life care training
Whittaker B, Parry R et al
BMJ Supportive & Palliative Care 2018; 8: 439–446

This paper describes the development of a tool for measuring effects of end of life training. The tool was developed over four years and was tested and validated. The tool measures changes in self-assessed confidence and competence on 5 subscales: communication skills; assessment and care planning; symptom management; advance care planning; overarching values and knowledge. There are some limitations to the tool but overall the authors advocate its use in measuring self-reported confidence and competence.

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