

Appendix Table 1. Participants' job characteristics across the program

	Program 1		Program 2		Program 3		Completed 3 programs		Withdrew	
	n = 85		n = 73		n = 52		n = 52		n = 33	
Job category	n	%	n	%	n	%	n	%	n	%
Medical doctor	14	16.5	11	15.0	9	17.3	9	17.3	5	15.1
Registered nurse	54	63.5	47	64.3	33	63.4	33	63.4	21	63.6
Pharmacist	1	1.2	1	1.3	1	1.9	1	1.9	0	0
Social worker	8	9.4	7	9.5	4	7.6	4	7.6	4	12.1
Care worker	3	3.5	2	2.7	1	1.9	1	1.9	2	6.0
Other	5	5.9	5	6.8	4	7.6	4	7.6	1	3.0

Appendix Table 2. The qualitative data findings from our program evaluation

Question 1: How did you feel after the program?

Code	Category
-Need to think more about my own EOL care -Difficulty thinking about my own death -Recognise the differences between thinking as a medical professional and thinking as a patient	Understanding the values of my own EOL
-Understanding the necessity of being able to communicate about EOL care -Difficulty building relationships with patient families	Awareness of the necessary to communicate about EOL care
-Awareness of the existence of diverse values -The importance of exchanging diverse values	Understanding the importance of exchanging opinions in multidisciplinary teams
-Difficulty finding a time to start ACP -Timing difficulties concerning thinking about EOL	Uncertainty regarding the timing of ACP implementation
-Importance of establishing a relationship of trust with patients' families -It is vital to do implement ACP from an early stage -The importance of listening to and confirming the stories of patients and their families	Found tips for effective ACP implementation

Question 2: How can you more effectively implement EOL care from now on?

Code	Category
-Create opportunities for patients and patients' family to talk -Show interest in patients' life history -Discuss EOL care from preliminary stages of care -Decide to implement ACP into action	Enhanced awareness of EOL care during ACP
-Talk with own family about my own EOL care -Contemplate my own EOL care	Confirm my own way of thinking about EOL
-Discuss EOL care between patients' and patients' families -Be conscious not to act too 'medical' around patients -Think about patients' intentions	Awareness of person-centred care

-Create opportunities to talk to patients and their families -Listen to patients' and their families' stories	Communicating with patients and their families
-Cooperate within multidisciplinary teams -Promote EOL care considering effective timing with multidisciplinary team	ACP implementation with multidiscipline professionals
-Share program contents with colleagues -Talk with community care professionals about ACP implementation	Promotion of ACP education
-Create ACP implementation systems and a suitable hospital organizational climate -Discuss EOL care with my colleagues	Construction of a hospital organization that is easy for ACP implementation
