





## - Application Instructions -

#### Prior to completing this application, please note the following:

This Archstone Foundation sponsored professional training provides course attendance (registration, course materials, CEU/CME hours, breakfast, lunch & snacks). Travel cost & hotel arrangements are not covered. This course requires team participation and post-course follow-up at 6 and 9 months. Post-course follow-up includes a goal update and survey completion.

Please read the instructions provided throughout the application packet carefully and provide all required information. Use the checklist provided on the following page to make sure that all required information is included in your application packet.

COURSE APPLICATION DEADLINE: SEPTEMBER 1, 2014
Incomplete applications will not be considered

#### **Application completion options:**

- Electronic This application has been formatted in such a way that you can type directly on it using Adobe reader. Just click on the appropriate box or type into the appropriate areas. When complete, please save a copy and title it by your last name, then email it to <a href="mailto:pallcarecomm@coh.org">pallcarecomm@coh.org</a> as an attachment. You must also attach or fax your formal administrative letter of support with initialed letter of support form (see pages 7-8).
- 2. **Manual -** Print a copy of the application, complete by hand (please print clearly) and scan and email or fax to 626-301-8941, Attention: Lisa Kilburn. Include your administrative letter of support and initialed letter of support form with your completed application.

All additional information about this project is available via our website: <a href="https://www.cityofhope.org/nursing-research-and-education">www.cityofhope.org/nursing-research-and-education</a> & www.cityofhope.org/health-communication

For all questions regarding assistance in completing the application or the overall project, please contact the program coordinator, Lisa Kilburn: 626-256-4673 Ext. 64715 or email us at: pallcarecomm@coh.org

Thank you,

Elaine Wittenberg-Lyles, PhD Associate Professor & Project Director City of Hope, Division of Nursing Research and Education







# - Application Checklist -

☐ Two-person team
☐ Curriculum vitae, resume, or NIH biosketch (for <u>each</u> applicant)
☐ Completed Application Form
☐ General Applicant Information (completed by <u>each</u> applicant)
☐ Institutional Information (jointly completed by the team)
☐ Statement of Interest (jointly created by the team)
☐ Institutional Goals (jointly created by the team)
☐ One Letter of Support (from one institutional administrator)
☐ Initialed Letter of Support Form - Administration
☐ Pre-Course Survey (jointly completed by the team)
☐ Institutional Survey ☐ Institutional Assessment ☐ Educational Programs

Please return this checklist with your completed application







# PALLIATIVE CARE COMMUNICATION TRAINING FOR IMPROVED QUALITY OF CARE COURSE DATES: JANUARY 28-29, 2015 LOCATION: THE CALIFORNIA ENDOWMENT 1000 N. ALAMEDA STREET

1000 N. ALAMEDA STREET LOS ANGELES, CA 90012

**COURSE APPLICATION DEADLINE: SEPTEMBER 1, 2014** 

### I. General Applicant Information

Applicant #	1:					
Last Name:				Name:		
Current Title/I	Position:					
Department 8	Work Contac	t #:				
Home Addres	ss:					
City:		State:		Zip:		
Cell Phone: _			Email:			
Gender:	■ Male	☐ Female				
*Ethnicity:	☐ Hispanic	☐ Non-Hispanic				
*Race: ☐ Afr	rican Americar	n □ Asian □ Am	erican Indian	or Alaska Nativ	е	
□ Ca	aucasian	☐ Hawaiian of (	Other Pacific Is	slander		
		*Identifying etl	hnicity and rac	e entries are o <sub>l</sub>	otional.	
Degrees/Cred	dentials:			Specialty:		
Professional I	Professional License #: State:					
What teams of	or committees	are you a membe	er of (i.e. Pallia	ative Consult To	eam, Ethics Committee, etc.)?	
How did you h	near about this	course?				
☐ Flyer ☐ F	riend/Colleagu	ie Dostcard	☐ Facebook	/Social Media	☐ E-Mail	
☐ Other (plea	ase list)					
Would you lik	e to be include	ed in our e-mail lis	st to receive in	formation abou	t upcoming courses?	
☐ Yes	☐ No					









## **General Applicant Information (cont.)**

Applicant # 2	2:	
Last Name:		First Name:
Current Title/P	osition:	
Department &	Contact #:	
Home Address	s:	
		State: Zip:
Cell Phone:		Email:
	☐ Male	□ Female □ Non-Hispanic
•	•	☐ Asian ☐ American Indian or Alaska Native
☐ Caud	casian	☐ Hawaiian of Other Pacific Islander
		*Identifying ethnicity and race entries are optional.
Degrees/Crede	entials:	Specialty:
Certifications:_		
Professional Li	icense #:	State:
What teams or committee, etc	:.)?	are you a member of in your institution (i.e. Palliative Consult Team, Ethics
☐ Other (pleas	iend/Colleagu se list) to be include	course?  e    Postcard    Facebook/Social Media    E-Mail  d in our e-mail list to receive information about upcoming courses?









II. Institutional Information (comp	lete jointly)	
Employing Institution/Program:		
Institution Address:		
City:	State:	Zip:
Work Phone:	Email:	
Work Setting: ☐ Hospital ☐ Clinic ☐Other (describe):	•	
Ethnicity of patient population (to equal 10 Race of patient population (to equal 10 African American% Asian%	00%):	· —
Caucasian% Native Hawaiian o	or Other Pacific Islander	_%
III. Statement of Interest (Complete .	Jointly)	
Please describe in the space provided you will apply the information in your in		articipating in the project as a team and how
Limit response to box provided (1400 c	characters & spaces).	









#### **IV. Institutional Goals**

The primary objective of this project is to provide your team with tools to increase your communication skills to support patients and families and to use those skills to develop patient-centered care programs and practices. Preparation for completing this objective begins with the development of specific goals.

As part of the application, we ask that you submit, as a team, three realistic and practical goals that you will achieve to improve communication support in your institution after attending the course. Goals are highly encouraged to include a measurable component, so that you can determine their impact within your institution. During the course you will have time to discuss and refine your goals but we want your ideas to begin germinating here.

Sample Goal: To establish a monthly educational session on communication for staff and to measure

#### Please limit response to box provided.

Each box limited to 400 characters & spaces.

satisfaction of the educational session.						
Goal #1						
Goal #2						
Goal #3						







#### V. Letter of Support

#### Instructions:

The successful implementation of the curriculum will depend on support and commitment from your institution. An administrator from your institution is asked to provide one letter indicating the support of and commitment to your team's effort to advocate for improved communication. Qualified institution administrators to supply these letters include the following: Director of Nursing/Patient Care Services, Chief of Staff/Medical Director, or Institution Administrative Official. Please give the form on the following page to your chosen institutional administrator. The form explains the purpose of this letter of support. Please ask your institutional administrator to read and initial the form. The initialed form and letter of support must be included with your application.







#### **Letter of Support Form – Administration**

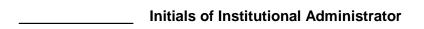
The applicants from your organization are interested in expanding their expertise in communication and are committed to being team leaders and advocates for Palliative Care Communication Training for Improved Quality of Care.

This project seeks to enhance the communication skills of professionals to support patient-centered communication practices. Twenty five teams will be competitively selected to participate in a two-day course. Participants will receive post-course mentoring from leading faculty and all participants will be followed at 6 and 9 months post-course to monitor and support their progress. Each application must include this initialed page and one letter from an institutional administrator indicating your support for:

- 1) Their course attendance on January 28-29, 2015 in Los Angeles, CA at the California Endowment.
- 2) Their efforts to advocate for improved support for communication at your institution.

Please return your letter of support to the applicants as soon as possible. The application deadline is September 1, 2014.

Following attendance at the course, the applicants will be expected to take steps to implement change with regard to communication. In your letter of support, please speak to the applicants' abilities with regard to their leadership and skills and how you will support them in their efforts to create excellence in fostering patientcentered communication.









#### VI. Institutional Assessment of Patient-Centered Communication Practices

Item	P=Present
	NP=Not Present
Vision and Management Standards	
Vision for excellence in communication is created	□P □NP
Organization annual objectives include focus on psychosocial needs of patients	□P □NP
Administrative executive staff support implementation of initiatives to improve	□P □NP
communication	
Medical staff support implementation of initiatives to improve patient home care	□P □NP
Managers objectives include focus on patient home care	□P □NP
Education resources are designated to support development of competencies and	□P □NP
practices in communication	
Examples of excellent communication practices are honored and stories are made visible	□P □NP
Practice Standards (procedures, policies, care protocol)	
Population served is defined and communicated	□P □NP
Confidentiality standards clearly communicated	□P □NP
Advance care planning support available and plan communicated	□P □NP
Cultural/religious guidelines integrated	□P □NP
Care standards implemented and include guidelines for education and support of patients	□P □NP
Interdisciplinary care consult services available	□P □NP
Complementary or integrative therapies supported	□P □NP
Visiting Standards	
Welcoming for patients and their families	□P □NP
Support for patient ADL's available	□P □NP
24 hour visiting with number, hours and age, for close friends / family as defined by ill	□P □NP
person/family with respect of other patient care needs	
Ability and support for family	□P □NP
Children welcomed with supervision	□P □NP
Spiritual, Religious, and Cultural Standards	□P □NP
Support available 24 hours a day	□P □NP
Links/communication with community spiritual care established	□P □NP
Prayer and other spiritual / religious practices overtly available	□P □NP
All staff are expected to integrate spiritual/cultural care within practice	□P □NP
Psychosocial and Emotional Standards	
Referral and support is available 24 hours	□P □NP
Crisis response teams are present for significant losses	□P □NP
Support available for professional caregivers	□P □NP
Support groups for patients available regardless of diagnosis (es)	□P □NP
Support groups offered day and evening hours	□P □NP
Support groups held at locations convenient for patients	□P □NP
Waiting time to join a support group is less than 2 weeks	□P □NP
Patients are given information about support groups and encouraged to participate	□P □NP
Quality of support group leadership is monitored and a consistent standard is maintained	□P □NP









## VI. Institutional Assessment (cont.)

Communication Standards	
Care preference, values, spiritual, emotional, and relationship needs as well as treatment	□P □NP
decisions consistently and accurately communicated between care settings and	
professional providers.	
Care preference, values, spiritual, emotional, and relationship needs as well as treatment	□P □NP
decisions consistently honored	
Standards and expectations about excellent patient support routinely communicated to	□P □NP
community	
Quality Improvement Standards	
Routine feedback from patients, family caregivers, and community partners is obtained	□P □NP
Quality priorities include response to above	□P □NP
Research to continue developing new ways to improve communication is developed or	□P □NP
findings are applied to practice change initiatives	
Annual objectives and priorities include focus on communication	□P □NP
Family Education	
Disease specific materials are free and accessible	□P □NP
Symptom management strategies and printed material are available	□P □NP
Computer access for families to use as additional resource support is available	□P □NP
Families have access to library for additional resources	□P □NP
Community Network and Partnerships	
Formal relationship established between healthcare and community faith-based ministries	□P □NP
to meet care needs of patients	
Care offered by faith based ministries and healthcare coordinated	□P □NP
Healthcare partnerships with formal and informal community organizations to meet	□P □NP
support needs for patients and families	
Home care services available and linked to other healthcare organization services	□P □NP
Services are provided that achieve continuity of care within and between community and	□P □NP
healthcare organizations	









## Please check the most appropriate answer:

A.	Are there curre	ntly patient	support se	rvices in y	our institutio	n? □Yes	□No			
	o, go to questi	_	-		elow:					
vvn	o are the core n	nembers of	this service	<del>?</del> ?						
	Art Therapist ocial Worker	□Music TI □Spiritual	herapist Care Provi		□Physical □Voluntee		□Physici	an □Ps	sychologist	
uС	ther									
В.	How effective of	lo vou belie	ve staff at	vour institu	ution is in co	mmunicati	ng with pat	ients about	psvchosocial	issues?
	effective	•	•				0 1	Very effe		
<b>1</b>	□2	<b>□</b> 3	<b>4</b>	<b>□</b> 5	<b>□</b> 6	<b>□</b> 7	□8	□9	<b>□</b> 10	
	How comfortab	le do you b	elieve your	staff is in	communica	ting with pa	atients abo	ut psychoso Very com		
<b>□</b> 1	<b>□</b> 2	<b>□</b> 3	<b>4</b>	<b>□</b> 5	□6	<b>□</b> 7	<b>□</b> 8	□9	□10	
	How receptive receptive	do you beli	eve your st	aff is in im	proving com	nmunication	n with patie	ents? Very rece	entive	
<b>□</b> 1	<b>□</b> 2	<b>□</b> 3	<b>4</b>	<b>□</b> 5	<b>□</b> 6	<b>□</b> 7	<b>□</b> 8	<b>□</b> 9	□10	
Not	How supportive	•	•		·	_		Very sup		?
<b>1</b>	□2	<b>□</b> 3	<b>4</b>	<b>□</b> 5	<b>□</b> 6	<b>□</b> 7	<b>□</b> 8	□9	<b>□</b> 10	
F.	Across the con	tinuum of c	are, please	reflect on	communica	ition with p	atients at y	our institution	on:	
	1. At time of di	agnosis								
	Not effective □1 □2	□3	□4	<b>□</b> 5	□6	<b>□</b> 7	□8	Very effe □9	ctive □10	
	2. During treat Not effective	ment						Very effe	ctive	
		□3	□4	□5	<b>□</b> 6	□7	□8		□10	
	3. Through sur Not effective	vivorship						Vory offo	otivo.	
		<b>□</b> 3	□4	□5	□6	□7	□8	Very effe <b>□</b> 9	□10	
	4. At recurrence Not effective	e						Very effe	ctive	
	<b>□</b> 1 <b>□</b> 2	<b>□</b> 3	<b>4</b>	<b>□</b> 5	<b>□</b> 6	<b>□</b> 7	□8	<b>ú</b> 9	<b>□</b> 10	
5. Facing end of life					-4:·					
	Not effective □1 □2	□3	<b>□</b> 4	<b>□</b> 5	□6	□7	□8	Very effe <b>□</b> 9	ctive □10	
	6. At time of de	eath								
	Not effective □1 □2	□3	<b>□</b> 4	<b>□</b> 5	<b>□</b> 6	<b>□</b> 7	□8	Very effe □9	ctive □10	
	7. During Bere	avement						.,		
	Not effective	<b>□3</b>	Пи	□5	□6	□7	<b>□8</b>	Very effe		