



Respecting Choices Advanced Steps® Advance Care Planning Facilitator Certification Program

Hills Bank, 1401 South Gilbert St, Iowa City, IA

Wednesday, May 22, 2019

7:45 a.m. registration

8:00 a.m. - 4:30 p.m. program

Purpose

To help participants learn the skills necessary to initiate IPOST conversations with the frail and elderly and people affected by a terminal illness or chronic critical medical condition, assist in making informed health care decisions, create written documents, and improve the effectiveness of the IPOST paradigm.

Objectives

The participants will learn to:

- Describe the goals of the Advanced Steps ACP program, a POLST paradigm program
- Identify interview skills for facilitating Advanced Steps conversations
- Identify skills to assist individuals in making informed treatment decisions, to include CPR, limitations on treatment, and comfort care
- Develop strategies to create a POLST form that accurately reflects an individual's treatment preferences
- Identify systems to honor the POLST plan
- Demonstrate beginning competency in facilitating Advanced Steps ACP conversations through role-play activities

Agenda

7:45 am	Registration
8:00	Welcome and Introductions Overview of Course
8:15	Advanced Steps ACP, a POLST Paradigm program
8:45	Review of Advanced Steps ACP Facilitation Skills
9:45	<i>Break</i>
10:00	Practice Role-Play Exercise#1 (<i>work in groups of three</i>)
10:45	Help Make Informed Treatment Decisions
11:15	Practice Role-Play Exercise #2 (<i>work in groups of three</i>)
12:00 pm	<i>Lunch</i>
12:45	Help Make Informed Treatment Decisions (<i>continued</i>)
1:45	Practice Role-Play Exercise #3 (<i>work in groups of three</i>)
2:30	<i>Break</i>
2:45	Making POLST Work: What the Facilitator Needs to Know
3:30	Final Competency Role Play (<i>work in groups of four</i>)
4:15	Summary
4:30	<i>Adjourn</i>



Faculty

Nicole Peterson, DNP, ARNP
University of Iowa College of Nursing

Jane Dohrmann, LISW, ACHP-SW
Iowa City Hospice

Credit

The session will receive 7 contact hours for full attendance by Mercy Hospital Iowa City IBN #87. No partial credit will be awarded. Eight credit hours of on-line modules are required to be completed before attending the class as a part of the certification process. Directions for the on-line modules will be sent the week of April 22.

Intended Audience: Health care professionals

Registration

Attached registration form or @ <https://honoringyourwishesipost.eventbrite.com>
Registration is limited to the first twenty registrants or by **Friday, April 19, 2019**.

Fee

\$189 by check OR by credit card or paypal @ <https://honoringyourwishesipost.eventbrite.com>;
\$89 if on-line modules have been completed with the past twelve months. The \$89 fee must be paid by check. Verification of completion of modules may be requested.

Cancellation Policy

Registration fees will be returned before Friday, April 19, 2019 if requested.

Parking

Please park in the last two rows in the main parking lot or in the parking lot to the west of the bank. Please leave the first two rows closest to the bank open to accommodate clients throughout the day. Thank you for your cooperation.

Additional Information

Beverages, muffins, and light snacks will be provided. Lunch will not be served. You may bring a lunch or visit one of the local restaurants during the mid-day break. The temperature in the room may vary. Please plan to dress in layers. If you have further questions, please contact Jane Dohrmann, Director, Honoring Your Wishes, at jane.dohrmann@iowacityhospice.org OR 319-688-4214.





Respecting Choices Last Steps® Certification Registration Form

Name _____

Job title _____ Profession _____

Employer _____

Address _____

Email _____

Phone (c) _____ Phone (h) _____ Phone (w) _____

I understand that to become a certified Respecting Choices Advanced Steps Advance Care Planning Facilitator, I will need to:

- complete the on-line curriculum (8 contact hours) by Friday, May 17, 2019
- attend the all-day workshop (7 contact hours) on Wednesday, May 22, 2019
- demonstrate competency in facilitating IPOST discussions

Log-in information for the course and other details will be sent to you one month prior to the course.

Signed _____ Date _____

Payment options (please check one):

____ By check in the amount of \$189 (or \$89 if on-line modules have been completed in the past twelve months) payable to: Iowa City Hospice with *Honoring Your Wishes* in the memo line. The \$89 fee must be paid by check. Verification of completion of online modules may be requested.

OR

____ By credit card or paypal, go to <https://honoringyourwishesipost.eventbrite.com>

Muffins, snacks and beverages will be provided. **Lunch will not be provided.** Participants are welcome to visit one of the nearby restaurants or bring their own lunch during the break.

Please send registration form to: Jane Dohrmann, Honoring Your Wishes, Iowa City Hospice, 1025 Wade St, Iowa City, IA 52240, fax to: 319-351-5729, or scan and send to: jane.dohrmann@iowacityhospice.org.