



Staff Development

Facilitated Group Learning, Webinar or Workshop

The Quest for Quality Care Communication + Coordination + Collaboration = Continuity

Continuity of care requires excellent communication, coordination of care, and collaboration between team members and service providers. Through appraisal of current practices, staff will explore ways to enhance these important components of service delivery in their quest to provide the best care possible.

Reframing Pain & Symptoms: *How Serious Illness Affects the Whole Person*

Diagnosis of a serious illness affects a person's entire life. The hospice philosophy uses a holistic approach to assessment, recognizing any affliction of discomfort, *be-it emotional, psychological, physical, spiritual or existential* as a symptom and that which can be addressed by a member of the team. Taking a detailed look at tools that aid in differentiating symptoms, staff will be better able to identify if one form of suffering is impacting another *and* to what extent.

Expanding Caregiver Confidence... to...EMPOWERMENT of Family & Caregivers

Caregiving is any act of care or comfort given to another. Family caregivers can be encouraged to transcend their fear and minister to their loved one to the extent they are able to and are comfortable with. Empowerment practices can be embedded in every intervention and utilized by every hospice team member *to help family do the important work of caring for their loved one.*

Daytime Team Inventions to Reduce Nighttime Call

This topic goes hand-in-hand with using a strength-based approach to assessment and a commitment to empower caregivers. There is a direct correlation between what we put in place during work-day hours and the after-hour calls received from family, facilities and caregivers.

Revisiting the Purpose of IDG: Making it Efficient and Meaningful

The Hospice Conditions of Participation spell out the purpose of the interdisciplinary group meeting. By revisiting the guidelines and collecting input from team members, a new and better team meeting can be developed that meets regulations and the needs of team members.

What does *Patient-Centered Care* really mean? Is it different from *Patient-Focused Family-Centered Care* that originated with hospice care decades ago?

We often hear the phrase “patient-centered care” in today’s marketing of health services. They seem like buzz words and there is no universal definition. This session explores what these phrases mean, what patient-focused family-centered care looks like, and how it is actualized in practice.

Whose Need Is It?

Think about all the things we must do to provide care while first considering the needs of those we are serving. Does staff, *with the best of intentions*, seek to get their own needs met through the care they are offering? Are there agency policies that are incongruent with allowing those we serve to direct their own care? Do the actions of other service providers impinge on the autonomy and decision making of those we are trying to help? Asking ourselves “*whose need is being met?*” helps us consider best interests of the individual and family first and automatically identifies an avenue for advocacy and positive change in practice.

Setting Professional Boundaries to Mitigate Risk and Decrease Staff Burn Out

The intimate nature of providing end of life care services demands of us to be clear about our role as a professional helper from the beginning of service. Challenges to boundary setting, ways to mitigate risk to the agency and decrease staff burnout will be addressed.

Family Dynamics of Terminal Illness

A life-limiting illness throws an individual and their family into chaos. Using system’s theory and a *hanging mobile* to illustrate the effects of terminal illness on the individual and family, participants will: 1) develop a deeper understanding of common responses to life threatening illness and 2) learn why it is best to *guide* individuals and their families while allowing them to sort through their own chaos, identify their needs and engage in their own problem-solving.

Best Practices for Care-Planning to Meet Needs & Regulations

Care-plans are the road map for determining how the individual and family needs are met by the hospice team. Using strength-based assessment to elicit the individual and their family’s priorities, staff will learn how to transfer the identified problems, issues, needs, concerns and/or requests directly into a care-plan and document to comply with the CoP regulations.

The Value of Case Review for Practice Improvement & Enhancement

Each patient and family care situation is an opportunity for staff to learn and consider both what worked as well as what alternatives might have been enlisted to better serve the individual and their family. Case review is used to demonstrate a quality check or a continuous improvement exercise.

Supporting Momentous Decision Making & Triggers to Transition: *How to Know When to Counsel Cure to Comfort*

How often do we encounter patients and their families who are struggling with momentous and profound decision-making between choosing active treatment or comfort care? Each situation must be carefully considered, skillfully assessed and compassionately addressed.

Team Optimization to Save Money and Provide Quality Care

The Medicare Hospice Benefit was designed as a team based operational model and was revolutionary to insure comprehensive assessment and a holistic approach to care. The federal CoP regulations call for four disciplines as core components to make up a hospice team. This session explores ways team members collaborate to save money *and* provide quality service.

Exploring the Value of Family Meetings: *To Guide Decision Making*

Family meetings assist individuals and their families to clarify treatment and care options, sort out priorities, and develop a unified plan of care. Tips for offering family meetings, triggers for identifying when a family meeting would be helpful and ways to structure a meeting will be covered.

The Fine Art of Communication

Communication is more than an exchange of information but rather how, when, and in what way we use our words and body language. This session covers communication strategies and invites participants to do a self-assessment to confirm, enhance or learn new skills.

Breaking the Cycle of a Revolving Door: How to identify a winner employee and then keep them!

How much time, which equals money, is spent on a new employee? How often are new employees gone within three months? For the majority of those who have left your employment, the reason they left is not most important. What could be done to stop the revolving door? Is it having access to better screening techniques to determine employee “fit” or assessment of potential competence in the position? Is it the need for better orientation as to the expectations of the job, or lack of support to carry out the important work of caregiving at the end of life?

This facilitated discussion will cover tools and suggestions for interviewing as well as orientation ideas that work!

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