

Advanced Steps ACP Certification

POLST Program

Wednesday-March 17, 2021

8:00 a.m.-4:30 p.m. (Registration starts at 7:45)

Sanford 501 Place

501 4th St N, Fargo, ND

Advanced Steps Advance Care Planning (ACP) Certification is designed for professionals such as social workers, nurses, clergy, physicians, and others involved in assisting with end-of-life treatment decisions.

Purpose: Upon completion of this educational activity, the learner will be able to translate patient defined preferences for end of life care into an Advance Care Plan to include Physician Orders for Life-Sustaining Treatment (POLST) documents.

Learning Objectives

1. Describe the goals of the Advanced Steps ACP program: a POLST Paradigm program.
2. Identify interview skills for facilitating Advanced Steps ACP conversations.
3. Develop strategies to create a POLST form that accurately reflects an individual's treatment preferences and a system to honor the POLST plan.
4. Demonstrate beginning competency in facilitating Advanced Steps ACP conversations through role-play.

Prerequisite:

Completion of the Respecting Choices[®] Online ACP Facilitator Curriculum intended to help learn basic ACP concepts and come to course prepared for the classroom experience.

Contact hours for the online prerequisite are granted through Respecting Choices. Upon completion of the modules, you will be able to download a contact hour certificate.

Non-refundable Registration Fee:

- **Early Bird** \$125 if registration received before **February 24, 2021**.
- After February 24 registration fee \$150.

*Includes the cost of Online Modules from Respecting Choices and lunch.

*Payment must be received before Online Module access codes can be distributed.

Registration Deadline: March 3, 2021.

Instructors: Chelle Lyons Hanson, Chaplain, Sanford Health Fargo

Marsha Nygaard, RN, Sanford Health Fargo marsha.nygaard@sanfordhealth.org .

Call **701-234-8806** or **701-234-3757** with questions.

Advanced Steps Registration form:

Name: _____ Profession/Job Title: _____

Company: _____ Phone: _____

Address: _____ E-mail: _____

Required

*Payment Method: ____ Check (Made to Sanford Health) ____ Other (Interdepartmental transfer of funds) _____

*Registration to tara.decock@sanfordhealth.org or mail to:

Sanford Health
801 N. Broadway
Fargo ND 58122
Attn: Tara DeCock #1010