

# Advanced Steps ACP Certification

## POLST Program

Wednesday-October 20, 2021

8:00am-4:30pm

501 Place-501 4<sup>th</sup> St N, Fargo, ND

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

**Purpose:** The learner will be able to translate patient 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 and POLST
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
4. Become certified as an Advanced Steps ACP Facilitator

### Pre-course Requirements

1. Complete Advanced Steps ACP Facilitator Online Core Curriculum prior to class. Modules 1-5
2. Review the POLST document appropriate for your organization

\*Online pre-course modules are intended to learn ACP concepts and prepare for the classroom experience

\*Contact hours for the online pre-course modules are granted through Respecting Choices®

\*Sanford Health awards 7.25 ANCC and 7.0 SW contact hours for the course

### Non-refundable Registration Fee:

- **Early Bird** \$125 if registration received before **September 29, 2021**
- After September 29, 2021 registration fee is \$150

\*Includes the cost of Online Modules and lunch

\*Payment must be received before online module access codes can be distributed

### Registration Deadline: October 6, 2021

**Instructors:** Chelle Lyons Hanson, Chaplain and Marsha Nygaard, RN, Sanford Health Fargo  
Contact us at **701-234--3757** or [marsha.nygaard@sanfordhealth.org](mailto:marsha.nygaard@sanfordhealth.org) with questions

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### Advanced Steps ACP 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](mailto:tara.decock@sanfordhealth.org) or mail to:

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