



# The ACE Project Newsletter

- Advocating for Clinical Excellence: Transdisciplinary Palliative Care Education -



## Reunion Conference October 24 - 26, 2010

We are busy creating a dynamic learning experience for the ACE Reunion Conference at the Westin Pasadena Hotel (191 N. Los Robles Ave., Pasadena, CA 91101) on October 24-26, 2010. In addition to what each of you bring to the Reunion, we will have a variety of plenary sessions planned for you on topics such as leadership, mentorship, and publication skills. On the following pages, we have provided suggestions and tips to help you make the most of our time together.

The ACE website ([www.cityofhope.org/aceproject](http://www.cityofhope.org/aceproject)) has been revamped with more information on the Reunion Conference including alternative hotels in Pasadena, transportation, and things to do in the area. Online registration for the Reunion Conference will begin on June 15<sup>th</sup> and end on August 15<sup>th</sup>.

ACE participants should arrange their own travel arrangements to Pasadena. Those who plan to stay at the Westin during the Reunion Conference can obtain the discounted group room rate of \$135 a night (exclusive of taxes/fees) for reservations made by August 15, 2010. This discounted rate can be extended from October 21 - 28, 2010 to allow participants an opportunity to leisurely explore Southern California. [Click here to make room reservations with the Westin Pasadena.](#)

Whether you attended Course 1 or Course 4, we want you to join us at the Reunion Conference. The Conference will begin at 4:30pm on October 24th and end early in the afternoon on October 26th. We have arranged for an optional tour of City of Hope following the Conference. Transportation will be provided to City of Hope and back to the Westin, returning by 5:00pm, Tuesday, October 26<sup>th</sup>.

Thank you to everyone who participated in the survey. We appreciate your helpful feedback and have used it in the planning process. Congratulations to Maryanne Tierney (Course 1) and Stacy Terashita (Course 2) the winners of the drawing for travel stipends (worth \$300 each).

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### ACE Project Team

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*Robert Twillman, PhD*



Comments,  
Questions,  
Suggestions:  
Please contact  
Eunice Yang at  
[eyang@coh.org](mailto:eyang@coh.org)

# ACE Reunion Conference Abstract & Poster Guidelines

As you all recall, we have encouraged you to develop your “elevator talk,” so that you will always be ready to portray your work in a succinct and compelling manner. The Reunion Conference provides you with an opportunity to put this skill into practice as you share lessons learned with one another.

To aid in this process, we are requesting that you provide an abstract of your ACE Project to be included in the Reunion Syllabus. This allows you to broadly disseminate your work as well as give you an opportunity to use practical skills that are helpful in your leadership development. Your **one-page** abstract (submitted in Times New Roman font size 12 with 1 inch margins all around) will include:

- **Biographical Sketch** that highlights your work and career accomplishments; include your name, credentials, institution, and preferred contact information (email and phone number);
- **Background** need for your planned project activity (be sure to cite your references). Include vision statement;
- **Objectives** of what you hoped to accomplish; utilize your S.M.A.R.T. goals (**S**trategic/**S**pecific, **M**easurable, **A**chievable/**A**ttainable, **R**elevant, and **T**ime-framed). How have these changed or evolved?
- **Methods** that you used to attempt change and reach your goals;
- **Results** of your actions. (How did you measure these outcomes?)
- **Discussion** regarding the lessons that you learned and the clinical implications of your work (how does your project ultimately influence the delivery of care?). What is the significance of your results? What is the impact of your efforts upon your setting?

We encourage you to be part of the optional interactive poster sessions that will take place at the Reunion Conference by submitting a poster about your project. The poster session will give you an opportunity to share what you have accomplished. In addition, the session will stimulate a rich, in-depth discussion with those who have a particular interest in your work.

All who attend the Reunion Conference and submit an abstract by the August 15<sup>th</sup> deadline will receive a pin, Continuing Education Units, and the distinction of **Palliative Care Advocate** in recognition of your successful completion of the ACE Project requirements. Those who choose to participate in the optional poster session will also be eligible for consideration of additional honors. Twenty participants will receive **Awards of Merit** (\$500) and ten will be recognized with **Advocacy Honors** (\$1,000) in acknowledgment of their outstanding abstract and poster submissions. Awards will be determined by demonstration of your leadership and advocacy skills as highlighted through your abstract and poster submissions.

If you are developing a poster, please bring handouts to accompany it. We want your poster to present a pleasing and compelling message that your audience eager to learn more. Be creative! Include data, quotes, pictures, etc. in your poster. Please plan to either hand carry your poster to the Reunion Conference or make arrangements to ship it to your hotel prior to your arrival. We understand that some of you may have limited resources to create your poster; therefore, **participants are not required to present a poster at the Reunion Conference, nor are posters required to be professionally printed.**

# ACE Reunion Conference Abstract & Poster Guidelines Continued

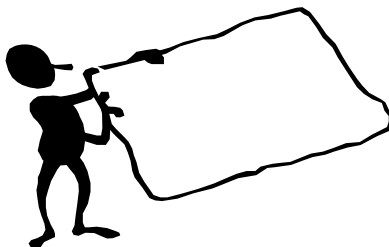
Below are tips to assist you in constructing your poster:

- We will provide a 4-ft. (height) by 8-ft. (width) bulletin board to post your presentation.
- Prepare a title banner at the top of your poster that indicates your project's title, the names of the authors involved, your ACE Course number and your institutional affiliation.
- Similar to the abstract, the posters should include: background, objectives, methods, results and discussion.
- Use large font size, graphs and charts that can be easily read at a distance of 4 feet.
- We will provide pushpins for your use to mount the poster.
- Each figure or table should have a heading of one or two lines in large type stating the point of its message. Detailed information can be provided in a legend in smaller font below the figure. These legends should be brief, yet informative.
- Be thoughtful about your use of color and graphics for the background and headings.
- Check with your institution regarding their ability to assist you with poster production. Possible outside vendors you may consider are listed below:
  - [www.makesigns.com](http://www.makesigns.com)
  - [www.fedex.com/us/office/](http://www.fedex.com/us/office/)
  - [www.posterpresentations.com/](http://www.posterpresentations.com/)

Keep in mind that there needs to be a consistency between your abstract and poster, the abstract is a narrative and the poster is a creative representation of your work. We are happy to give you guidance in the planning process and creation of your abstract and poster. **Email Eunice Yang ([eyang@coh.org](mailto:eyang@coh.org)) an electronic copy of your finished abstract, when you register online for the Conference on June 15 - August 15, 2010, to allow time for syllabus creation.**

The following pages include abstract and poster examples. For more examples of posters and abstracts, check out:

- *Journal of Pain and Symptom Management*, volume 39, number 2, February 2010 issue.
- [The International Student Congress of Medical Sciences Guidelines Poster Presentation](#)
- [The University of Groningen Poster Instructions](#)
- [The University of Groningen Abstract Instructions](#)



# Sample ACE Project Abstract

(Adapted from a call for abstracts for a professional conference)

## ***Measuring Program Impact:***

### ***ACE Project - Advocating for Clinical Excellence: Transdisciplinary Palliative Care Education***

**Biographical Sketch** – Shirley Otis-Green, MSW, LCSW, ACSW, OSW-C is a licensed clinical social worker and Senior Research Specialist in Nursing Research and Education at the City of Hope in Duarte, CA. She is the Principal Investigator for the ACE Project, and is a Project on Death in America Social Work Scholar with nearly 20 years of experience in palliative care research, education and practice. Shirley can be reached at [sotis-green@coh.org](mailto:sotis-green@coh.org) or 626-256-4673.

**Background** – Excellence in palliative care requires skillful collaboration among professionals to address the multidimensional aspects of cancer care, yet evidence suggests that too few psycho-oncology professionals have been adequately trained to maximize their responsibility as advocates and change agents (Institute of Medicine, 2008). This presentation will describe the design and initial findings from a five-year, NCI-funded intensive leadership training program for 300 competitively selected psychologists, social workers and spiritual care professionals. The curriculum was developed consistent with the recommendations of the National Consensus Project for Quality Palliative Care: Clinical Practice Guidelines (2004; 2009) and the National Quality Forum (2006).

#### **Objectives** –

1. Discuss the need for innovative psychosocial-spiritual palliative care education to develop leadership and advocacy skills for psycho-oncology professionals.
2. Provide an overview of the educational design and outcome measurement strategies used in this five-year educational program.
3. Present the pre-course, post-course and six-month follow-up evaluation data from the 300 participants involved in the four courses held to date.

**Methods** – The investigative team developed an intensive program that encouraged improved inter-professional communication skills. Participants completed baseline evaluations and proposed institutional change goals. Process and outcome evaluation strategies were used to measure the effectiveness of the course and progress made by the participants toward meeting their identified goals. Application data and demographics were collected prior to each course. Participants rated the educational effectiveness of the program, as well as their confidence level regarding seven critical palliative care competencies. Follow-up evaluations examined the continued impact of the training on their confidence and the progress that they had made on their identified goals.

**Results** – This national training program had participants representing 45 of 50 states. The four courses received overwhelmingly positive ratings from the participants (Mean score of 4.77 on a scale of 1-5 with 5 being the highest evaluation possible). Participants rated their confidence in all seven palliative care competencies higher immediately following the course and importantly, their confidence was maintained six-months post-course. At six-month post-course, participants reported significant progress on meeting their goals. Thirty-two percent of the participants' goals were to provide increased palliative care education within their institutions. Twenty-nine percent of the participants' projects focused on direct strategies to improve clinical care, while 21% sought to provide organizational change.

**Discussion** – The positive pre- and post-course evaluations and the six-month follow-up results of this innovative transdisciplinary training support the program's effectiveness in improving confidence of participants in seven critical palliative care competencies. The curriculum provided psycho-oncology professionals with strategies to become more effective change agents for enhanced palliative, end-of-life and bereavement care within their institutions.

# ACE Project Abstract Example

## *Establishing a Bereavement Program for Pediatric Deaths at St. Anywhere Hospital*

**Biographical Sketch:** Jane Smith, MSW, is a senior pediatric social worker at Anywhere Hospital, Department of Palliative Medicine in Sioux Falls, SD, focusing on oncology patients. She has received the American Cancer Society Award recognizing her accomplishments in 2009...Jane can be reached at [jsmith@anywherehospital.org](mailto:jsmith@anywherehospital.org) or 000-000-0000.

**Background** – Literature reveals the value of bereavement follow up and support (cite references). Even though St. Anywhere Hospital roughly has 50 pediatric deaths per month, there was limited bereavement support for the families of pediatric deaths. Along with my colleagues, we developed and implemented a pilot bereavement program at St. Anywhere Hospital...The vision statement for my ACE project is: A bereavement program will be available for all pediatric deaths.

### **Objectives**

1. Demonstrate the need for a bereavement program at St. Anywhere Hospital's...
2. Identify successes and challenges in undertaking such a program ...
3. Evaluate the program at 6 months and...

**Methods** – An email was sent out to all health providers in the oncology wing of the hospital about a meeting regarding the creation of a pilot bereavement program for those who would like to be involved... To obtain contact information, parents and families with children admitted to St. Anywhere Hospital from January 2009 to June 2009, who died, were enrolled in our program...

**Results** – After one year, 90% of all families of pediatric deaths received a bereavement mailing within one month post-death. This was measured by calling the families to confirm that they received a bereavement mailing and storing the data into an Excel spreadsheet. The staff chaplain now holds monthly bereavement support group meetings...

**Discussion** – This pediatric bereavement program can positively impact the grieving process. Families expressed how comforting the cards were to them, especially knowing that the health providers not only assisted in their child's treatment but also...Bereaved parents reported that attending the bereavement support groups were...I learned that the support of fellow medical staff is crucial in creating a bereavement program. Another important lesson I learned through this project was...



# EXAMPLE POSTER OUTLINE



## Improving Bereavement Care at St. Anywhere Hospital

Jane Smith, MSW

ACE Project- Cohort #2

St. Anywhere Hospital, Department of Palliative Medicine, Sioux Falls, SD

### 1. BACKGROUND

The need for your planned project activity. Be sure to cite your references, include vision statement.

### 2. OBJECTIVES

What you hoped to accomplish; utilize S.M.A.R.T. goals, (**S**trategic/**S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime Framed. How have these changed or evolved over time?



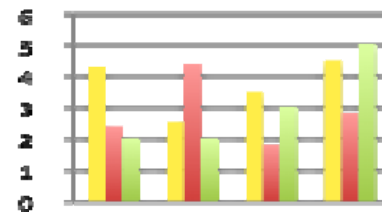
Example Bereavement Support Cards

### 3. METHODS

Strategies you used to attempt change and reach your goals?

### 4. RESULTS

What outcomes your project produced. (How did you measure this?)



Data from Bereavement Mailing

### 5. DISCUSSION

What did you identify to be your institutional strengths and challenges affecting your goal attainment? How did you adjust your plans accordingly? Discuss lessons learned and the clinical implications of your work. How does your project ultimately influence the delivery of care? What is the significance of your results? What are your next steps? What is the impact of your efforts upon your setting?



Quotes from bereavement meetings:

“It is so helpful to talk with others who have also been through a loss...”

# Participant Goals & Highlights

Linda F. Piotrowski, MTS, BCC  
Pastoral Care Coordinator/Chaplain  
Palliative Care Service  
Dartmouth Hitchcock Medical Center  
Norris Cotton Cancer Center  
Lebanon, New Hampshire  
Course 2



"Truly moral living is to say what you believe to be true, to do what you believe to be right, and then to live out the consequences." -Joseph Cardinal Bernardin

This quote is a touchstone for Linda Piotrowski. When the first full day of ACE opened with a module on the moral imperative to advocate for change she knew she was in the right place.

Linda is the chaplain for the palliative care service at Dartmouth Hitchcock Medical Center (DHMC). Her project proposes a spiritual assessment tool for palliative care service patients that could eventually be adopted by the chaplaincy department. Utilizing the concept of developing S.M.A.R.T. goals, she outlined steps for putting her plan into action. When Linda returned to New Hampshire she incurred resistance. The chaplaincy staff was not ready to embrace structured spiritual assessments. She decided to forge ahead.

Linda piloted the Missoula Vitas Quality of Life Instrument. She dusted off her own *Spiritual CAT Scan* which she originally developed in 1999. It utilizes the individual's narrative to uncover spiritual issues. The chaplain, in partnership with the patient, develops a care plan to help the patient meet his/her goals.

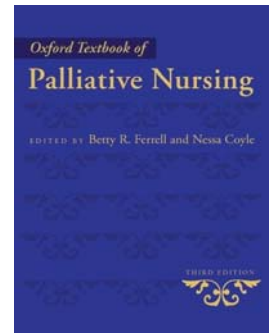
Linda seizes all opportunities to teach. She wrote for *Vision*, the publication of the National Association of Catholic Chaplains, recommending chaplains to ACE and she offered to mentor those desiring to submit an application. She presented workshops at two national conferences teaching the SMART method, ACE principles, chaplaincy's interdisciplinary role, spiritual assessment and bereavement care. Two of her articles have been published in *Plainviews*, an on-line chaplaincy publication. Linda and her social work colleague, Donna Soltura, MSW presented a workshop on "Chaplaincy and Social Work Advocating for Change" for the Spiritual Care International Summit held in Orlando, Florida in 2008. They have presented to New Hampshire Oncology Providers and to CPE students. They have also co-authored an article about collaborative multicultural ministry and a chapter for the Textbook of Palliative Social Work. Linda has teamed with others in sharing cases at Adult and Pediatric Schwartz Rounds, whose goal is fostering compassionate care. Linda teaches CPE students about spirituality, spiritual assessment and documentation. She is a faculty member of the Hematology Oncology-Mini Course and the Northern New England Geriatric Training Course. Every other month Linda offers a presentation at a palliative care educational conference.

Linda's second ACE goal was facilitating writing groups for cancer patients. She completed training in the Amherst Writers and Artists method of facilitating writing. She has facilitated seven six-week writing groups for cancer patients and survivors. To tend to her own spirit hoping to bring a new dimension to her care Linda completed the Metta Institute's seven-day course entitled: Cultivating Presence: Training Retreat in Compassionate End-of-Life Care.

Linda considers ACE a transformative experience in her chaplaincy career. She refers to the ACE binder on a continual basis. Case scenarios, definitions, core principles are put to use as she develops presentations and advocates for change in the way chaplaincy is delivered in the palliative care setting. Linda looks forward to our reunion in October to learn about what others are achieving thanks to ACE!

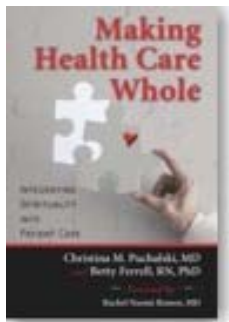
# Recommended Resources

The **Oxford Textbook of Palliative Nursing** is now in its third edition with 78 chapters edited by nursing experts Betty Ferrell and Nessa Coyle and contributions by 140 internationally known nursing and palliative medicine professionals. With 10 new chapters, including new research and emerging models of care, this textbook has become a key resource for nurses and others working in the field of palliative care. It highlight the nurse's crucial role in palliative care various care the hospital, ICU, home care, and hospice setting. The chapters center around practical parts of nursing care, including symptom assessment, patient teaching, family support, psychosocial aspects of palliation, and spiritual care. For more information, go to:



<http://www.oup.com/us/catalog/general/subject/Medicine/PalliativeMedicine/~/dmlldz11c2EmY2k9OTc4MDE5NTM5MTMOMw==#>.

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**Making Health Care Whole** by Betty Ferrell and Christina Puchalski offers clear definitions and charts on addressing spiritual care for all disciplines of medicine, nursing, social work, chaplaincy, psychology and other groups. This book contains models of spiritual care, tools for screening, assessment, care planning and interventions. In addition, it advocates a team approach to spiritual care, and identifies the responsibilities of each professional on the team. *Making Health Care Whole* is a versatile resource that can be used as a scholarly review of the field and practical resource with recommendations on how to improve spiritual care in clinical practice. Betty Ferrell and Christina Puchalski offer priceless information in this book to hospices and palliative care programs in hospitals, home care services and long-term car services. It will also be a significant addition to the curriculum at seminaries, schools of theology, and medical and nursing schools. For more information, see: [http://www.templetonpress.org/book.asp?book\\_id=148](http://www.templetonpress.org/book.asp?book_id=148).

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**The George Washington Institute for Spirituality & Health (GWISH)** is a leading organization on education and clinical issues associated with spirituality and health. Christina M. Puchalski, MD, associate professor of Medicine and Health Care Sciences is the founder and director of GWISH. GWISH is altering the face of healthcare through ground-breaking programs for physicians and other members of the interdisciplinary healthcare team, including clergy and chaplains. There are many resources for those working in palliative care. For more information, go to: <http://www.gwish.org/>.



**The Spirituality and Health Online Education and Resource Center (SOERCE)** is an online site for educational and clinical resources in the fields of spirituality, religion, and health. GWISH created SOERCE to build the online infrastructure to support medical educators and other health professionals in their mission to teach about spirituality and health by providing educational materials and resources, and ultimately recognition of scholarship in the field. Everyone working on spirituality and health issues is invited to contribute to SOERCE by sharing your educational and clinical materials with others. For more information, see: <http://www.gwumc.edu/gwish/soerce/about.cfm>



# Upcoming Educational Opportunities:

## **End-of-Life Nursing Education Consortium (ELNEC) Trainings**

ELNEC provides nurses and other health professionals with essential training in end-of-life/palliative care as well as equipping participants with knowledge and resources to share with colleagues. To date, over 10,000 professionals representing all 50 states have received training through these national Train-Trainer programs and are passing along this new expertise in educational and clinical settings. Don't miss the opportunity in 2010 to join with our nursing colleagues in improving palliative and end-of-life care across the nation! ELNEC training courses are offered throughout the year.

Check out more information on ELNEC Trainings and scheduled events for 2010 at:

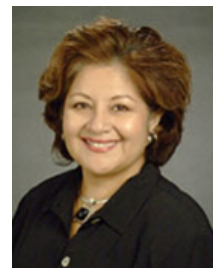
<http://www.aacn.nche.edu/elneec/2010CourseSchedule.htm>



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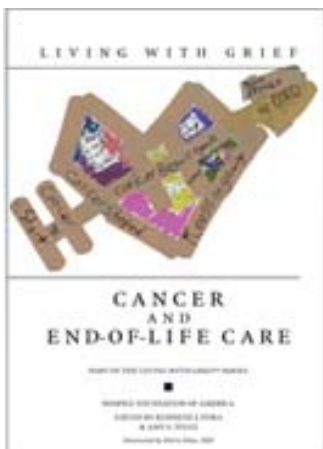
## **Promoting Excellence in Pain Management & Palliative Care for Social Workers Course**

The Southern California Cancer Pain Initiative (SCCPI) and the City of Hope Division of Nursing Research & Education invite you to join us at our Fifth Annual *Promoting Excellence in Pain Management & Palliative Care for Social Workers* course July 30, 2010 at City of Hope in Duarte, CA. The featured speaker will be Guadalupe Palos, RN, LMSW, DrPH from the University of Texas MD Anderson Cancer Center. See <http://sccpi.coh.org/SWC10.htm> for course details and reduced registration information. All are welcome; you need not be a social worker to attend!



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## **Living with Grief: Cancer and End-of-Life Care**



HFA hosted the National Bereavement Teleconference *Living with Grief: Cancer and End-of-Life Care* on March 24, 2010. This teleconference addressed care options related to cancer diagnosis as well as loss and grief reactions for patients, families and professional caregivers. The teleconference consisted of a group of expert panelist including an ACE faculty member, Kenneth J. Doka, PhD, MDiv, Professor of Gerontology at the College of New Rochelle and Senior Consultant to Hospice Foundation of America. An accompanying book, *Living with Grief: Cancer and End-of-Life Care*, is available at

<http://store.hospicefoundation.org/product.php?productid=213&cat=2>.

With 14 chapters filled with personal perspectives and case studies, this manual trains and educates professional and lay caregivers on how to assist patients and families better assess their options and understand their grief during and after loss. The 2011 National Teleconference, *Spirituality at the End of Life*, will be held on April 13, 2011.