

# Creating an Advance Care Plan

April 6, 2016 – Bridgeport Conference Center

Advance care planning refers to a process of conversation between the physician (or other advance practice provider APP) and the patient, preferably with the patient's trusted family member or friend, about the patient's wishes for future medical treatment. In the process, the physician/APP learns the patient's values and preferences for treatment in illness states when the patient has lost decision-making capacity and facilitates documentation of the patient's wishes in advance directives and medical orders. This program will provide 1) a sequence of steps for physicians and other health care providers to follow for advance care planning, 2) video demonstrations of advance care planning conversations with patients in good health and those with advanced illness, and 3) multiple role-plays throughout the day to reinforce in participants the skills to create advance care plans.

## Learning Objectives

1. Apply a step-by-step process for advance care planning with patients and trusted family members or friends
2. Create an advance care plan to ensure patients' wishes are respected including advance directives and medical orders (e.g., POST) as appropriate
3. Explain why Medicare has begun to pay physicians/other health care providers for advance care planning conversations with patients.

Faculty – **Juanita D. Bishop, BSW, LSW** – UMWA Health and Retirement Funds; **Jacqueline N. Cole, MD** – Hospice of Huntington; **Ed Horvat, MA, BCC** – Monongalia Health Systems; **David A. Kaufman, MSSA** – Camden Clark Medical Center  
**James Keresztury, MSW, MBA** – Mary Babb Randolph Cancer Center; **Mary Ellen Langford, MSN, CRNP** – Genesis Healthcare  
**Alvin H. Moss, MD** – WV Center for End-of-Life Care; **M. Marie Newcomb-Lewis, MSW, LPC** – Beckley ARH  
**Vickie Powell, RN, CHPCA** – Kanawha Hospice Care; **Valerie Satkoske, MSW, PhD** – Wheeling Hospital  
**Hanna Thurman, MSW, LGSW, MPA** – WV Geriatric Education Center

Target Audience: This course is appropriate for all physicians, nurses, social workers, chaplains, and attorneys who assist patients and family members with difficult end-of-life care decisions and completion of advance directives and POST forms.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the WVU School of Medicine and the WV Center for End-of-Life Care. The WVU School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The WVU Office of CME designates this live activity for a maximum of 6 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This continuing education activity has been provided by the West Virginia University School of Nursing for 7.2 contact hours. The West Virginia University School of Nursing is an approved provider of continuing education by the State of West Virginia Board of Examiners for Registered Professional Nurses, Legislative Rule § 19CSR11-4 under provider number WV1996-0120RN.

This course is sponsored by the Center for Health Ethics and Law, Provider Number 490095, which is a Certified Provider of continuing education credits for social workers. This program has been awarded up to 6 hours of continuing education credit.

This educational offering has been reviewed and approved by the Division of Continuing and Professional Education of West Virginia University for .6 CEUs.

Approval for Gerontology Practitioner Certificate hours is pending, please contact the number on the registration form for more information.

**Disclosure:** It has been determined that the content of this activity is not related to any products or services of any commercial interests, therefore, no evidence was gathered related to faculty/authors/planners' relationships with commercial interests.

**A block of rooms for the night of April 5, 2016 has been reserved at the Wingate by Wyndam adjacent to the Bridgeport Conference Center for participants for \$89/night with 2 queen beds. Use code CGWVEL when making your reservations. To make reservations, contact the hotel directly at 304-808-1000. Room reservations must be made by March 5, 2016.**

# Agenda

8:00 a.m.	<i>Registration and Continental Breakfast</i>
9:00 a.m.	<b>Introductions and Overview</b>
9:10 a.m.	<b>Indications for Advance Directives: The Good, the Bad and the Ugly</b>
9:30 a.m.	<b>Review of Advance Care Planning Facilitation Skills including video demonstrations</b>
10:00 a.m.	<b>Practice Role-play Exercises #1A &amp; B: Completion of Advance Directive (groups of two)</b>
10:30 a.m.	Debriefing
10:40 a.m.	<i>Break</i>
11:00 a.m.	<b>Advance Directives and the Law</b>
11:15 a.m.	<b>Why POST is Needed in End-of-Life Care</b>
11:45 a.m.	<i>Lunch</i>
12:30 p.m.	<b>Discussing Section A of the POST Form</b>
12:50 p.m.	<b>Practice Role-play Exercises #2A, B, C, &amp; D: Section A (groups of four)</b>
1:50 p.m.	<b>Discussing Sections B &amp; C of the POST Form</b>
2:20 p.m.	<b>Practice Role-play Exercises #3A, B, C, &amp; D: Section B &amp; C (groups of four)</b>
3:20 p.m.	<i>Break</i>
3:35 p.m.	Debriefing
3:45 p.m.	<b>Final Skills Review &amp; Pearls for Experienced Advance Care Planners</b>
4:05 p.m.	<b>Summary and Evaluation of Program</b>
4:20 p.m.	<i>Adjourn</i>

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## Registration Form – Creating an Advance Care Plan

**Registration Deadline is March 25, 2016**

Payment is required in advance. There will be no registration at the door. Your registration will be confirmed in writing. Cancellation policy: Written cancellations must be received prior to March 25, 2016 to obtain a refund. Substitutions are welcome. Please notify us of the change. Course fee includes all conference materials, continental breakfast, lunch, breaks, and continuing education credits.

Name: .....

Profession: .....

Facility/Organization: .....

Address: .....

City/State/Zip:.....

Phone: .....

E-mail: .....

Registration Fee **\$99** Total Amount Enclosed: \$ \_\_\_\_\_

*Due to the funding source for this training, only checks can be accepted for registration payment. If a check will be coming from your facility, please submit this registration form to hold your seat.*

Please return this form with your check made payable to:  
**West Virginia University, 1195 Health Sciences North, Morgantown, WV 26506-9022**  
For questions: Phone 1-877-209-8086 FAX 304-293-7442 Email: cfjamison@hsc.wvu.edu