**Team CAPACITI Session and Challenge Reflection Form**

*To be completed by the Lead of each team in cooperation with their Team Members (one form per team)*

Note for physicians: \* represents the corresponding question to the linking learning step for additional MainPro credits. We highlighted in yellow what we pre-populated but please edit and expand as necessary.

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| Session Title: **How to Identify Patients: Early and Transitional Stage (S3)** |
| **Date:** Tuesday March 3, 2020 **Format:** Self-Learning activity/program: Webinar, 30 day challenge, and Facilitation (\*LL Step 1) |
| **Specific question and/or learning put forth in session:** (\*LL Step 1)How can we build a stronger team to increase our capacity to provide a palliative care approach to our patients? Initial steps taken include:* Be aware of best evidence and tools to identify patients who are in early or transitional stage and could benefit from a Pall Care approach
* Be aware of strategies to identify these patients at early stages of serious illness
* Be aware of earlier identification and tracking in your practice
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| **Summary of session activities to facilitate learning and implementation process**: (\*LL Step 2)* Information provided by third party: One hour webinar including advice from 2 experts in palliative care experts, Peer-reviewed literature.
* Expert in palliative care and CAPACITI primary care network available for questions.
* Palliative care specialist mentor support
* Completion of 30 day challenges: For this activity we looked to identify patients within our practice that could benefit from a Pall care approach. We considered:
* EMR strategies
* Non-EMR strategies

We also created a registry to track these patients and develop a plan for on-going identification  |
| **Did you review any other materials to help you with this session (e.g. to meet learning objectives)?** If yes, please elaborate (\*LL Step 2) |
| Describe the quality of the information presented in this webinar, supplementary materials reviewed, and expert advice, e.g. validity and relevance: (\*LL Step 3).  |
| **How is this session applicable to your practice? (\*LL Step 3)****How is this session applicable to your patients? (\*LL Step 3)** |

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| **Please indicate the extent to which you agree or disagree that this month’s 30 day challenge demonstrated the following attributes:** |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Was relevant to my team’s practice |  |  |  |  |  |
| Could be realistically met |  |  |  |  |  |
| Was helpful towards operationalizing the Session objective in my team’s practice, i.e., to build a stronger team |  |  |  |  |  |

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| Briefly describe the waysin which your team changed or will change its practice as a result of attending this session and doing the 30 day challenge (\*LL Step 4) |
| 1.  |
| 2. |
| Provide concrete examples of the things your team did or will do to implement these changes into its practice and/or work: (\*LL Step 4) |

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| What supports **provided by CAPACITI** (e.g., FAQs, mentorship, facilitation, etc.), if any, helped you to achieve any changes in practice this month?  |
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| Describe any **barriers** your team encountered in implementing these changes into practice and how these were overcome: (\*LL Step 4) |
| 1.  |
| 2.  |

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| Please describe your **reflections** on the impact this session has had on your team’s practice and/or work (e.g., general impact, degree of success, impact on your confidence, further changes planned to improve process.) (\*Step 5) |
| What kind of feedback have you received from your **patients/caregivers** related to the changes you team has implemented in its practice? |
| What kind of feedback has your team received from other **staff or colleagues** related to the changes your team implemented in its practice? |
| What further areas of practice change, reassessment, and/or intervention has your team identified? What plans does your team have to address these? |

***For Physicians \* same question as linking learning form***