

# IHC's Patient-Centered Communication Series: Treating Patients with C.A.R.E.

## WHAT

This 2.5-day training provides a conceptual model and specific techniques that guide all staff members in ways that will enhance satisfaction and encourage patient partnership. It is designed for everyone whose work can impact patients' and family members' impressions of the care organization. Participants use their own experiences in healthcare to identify staff actions that make a difference. Essential skills are organized into a four-point model: Connect, Appreciate, Respond, and Empower (C.A.R.E.).

## WHEN and WHERE and COSTS

When: Monday, October 28 to Wednesday, October 30, 2019

Where: Chapa De Indian Health, Auburn, California

Tuition: \$3,375.00; includes course materials, breakfast, and lunch

## COURSE OBJECTIVES

1. Define the four key elements of the C.A.R.E. communication model for delivering impressive healthcare service (Connect, Appreciate, Respond, Empower)
2. Demonstrate the four key elements of the C.A.R.E. communication model and describe examples from practice
3. Practice facilitation skills when presenting the Treating Patients with C.A.R.E. workshop
4. Create an action plan to deliver the Treating Patients with C.A.R.E. workshop at home organization

## WHO WE ARE

The Institute for Healthcare Communication (IHC) is a non-profit organization that has provided evidence-based communication training to over 190,000 members of healthcare teams throughout the United States, Canada and abroad since 1989.

IHC is an accredited continuing education provider (CME, CE and CNE).



*"Building Relationships...  
...Improving Outcomes"*



INSTITUTE FOR HEALTHCARE  
COMMUNICATION

Telephone: (800) 800-5907

171 Orange Street 2R, New Haven, CT 06510

[www.healthcarecomm.org](http://www.healthcarecomm.org)

E-mail: [info@healthcarecomm.org](mailto:info@healthcarecomm.org)

IHC's Patient-Centered Communication Series:  
Treating Patients with C.A.R.E.  
Train-the-Trainer Program

WHAT DOES IT INVOLVE?

1. This is a highly interactive 2.5-day course using a 1:5 trainer/learner ratio. Program is focused on learning workshop content, adult learning theory, facilitation techniques and workshop practice in a small, learning group setting. In addition, trainees practice motivational interviewing skills in contextually relevant patient simulations in small group settings.
2. Each trainer will be provided with all of the educational materials and resources to teach IHC's Treating Patients with C.A.R.E. workshop for implementation in your organization (workshop slide decks, workbook and training videos provided).

WHEN and WHERE

IHC is currently accepting applications for this Train-the-Trainer program to be held at Chapa De Indian Health, Auburn, California Monday October 28 to Wednesday, October 30, 2019. The program will end at noon on October 30. All members of the healthcare delivery team are eligible to apply. Submit your application to Teresa Durbin at [tdurbin@healthcarecomm.org](mailto:tdurbin@healthcarecomm.org).

TUITION

Tuition for the 2.5-day training is \$3,375.00 and includes all educational materials to teach the Treating Patients with C.A.R.E. workshop.



*"I am truly in awe of how you were able to engage the group, have relevant examples and make the course into something I'm excited to incorporate into my daily life/job and encourage others to use."*

- Past Attendee

*"I've used some parts of these skills in my practice. It now solidifies that I was on the right track with showing these skills to my mentees. Very well received."*

- Past Attendee

*"Thanks for this course. I was doubtful of its application to my practice. It was great. I will recommend it to others."*

- Past Attendee

IHC Educational Programs and Services

- Skill-building communication workshops
- Train-the-trainer programs (faculty training)
- Clinician coaching and feedback (to assess and improve communication performance)

Selection of IHC Workshops

Team- and Patient-Centered Communication  
The Empathy Effect: Countering Bias to Improve Health Outcomes  
Clinician-Patient Communication to Enhance Health Outcomes  
Choices and Changes: Motivating Healthy Behaviors  
"Difficult" Clinician-Patient Relationships  
Disclosing Unanticipated Medical Outcomes  
Managing Communication after Unanticipated Medical Outcomes  
Coaching Clinicians for Enhanced Performance  
Care not Cure/Conversations during Serious Illness  
Strangers in Crisis (Patient and team communication in emergency medicine)  
Connected: Communication and EMR  
Coaching for Impressive Care (supervisors)

## Institute for Healthcare Communication Participant Application for IHC Professional Development Course

NAME OF PROGRAM \_\_\_\_\_

PROGRAM LOCATION \_\_\_\_\_

DATE OF PROGRAM \_\_\_\_\_ TUITION FEE \_\_\_\_\_

*Payable in full upon acceptance of application\**

### APPLICANT CONTACT INFORMATION (PART 1 OF 5)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

NAME YOU PREFER TO BE CALLED \_\_\_\_\_  
*(name you would like on your table tent card, name tag, etc.)*

DEGREE(S) \_\_\_\_\_

*If nursing degree(s), please check all that apply:*     Associate's     Diploma     Bachelor's     Master's     Doctorate

POSITION TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EXTENSION \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

**If it is more convenient for you to use your home address and telephone number, please supply that information below:**

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EXTENSION \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

**Where did you hear about this course? (Please check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> IHC website                      | <input type="checkbox"/> Internet search           | <input type="checkbox"/> Colleague/word of mouth     |
| <input type="checkbox"/> I attended an IHC workshop       | <input type="checkbox"/> I attended an IHC webinar | <input type="checkbox"/> IHC post-workshop survey    |
| <input type="checkbox"/> Trained as an IHC faculty member | <input type="checkbox"/> Media/news                | <input type="checkbox"/> Referred by my organization |
| <input type="checkbox"/> Other: _____                     |  |  |

**SUBMIT APPLICATION TO:**

**Teresa Durbin | E-mail: [tdurbin@healthcarecomm.org](mailto:tdurbin@healthcarecomm.org) | Institute for Healthcare Communication  
171 Orange Street, 2R | New Haven, CT 06510 | Tel: (217) 621-6867 | Fax: (800) 538-6021**

*\* Trainer certification costs are not included in tuition fee. Please see Sponsoring Organization Training Agreement for details. Only IHC-trained faculty may use IHC's copyrighted curricula. Cancellation policy: 90% refund 30 days or more before the beginning of the program, 80% refund within 30 days of the program's start date.*

## APPLICANT PROFILE (PART 2 OF 5)

Faculty Applicant Name: \_\_\_\_\_

**Please respond briefly to each of the following statements. IHC will review your responses and look for completeness and thoughtfulness. Thank you, and we look forward to knowing you better and working with you!**

1. Please describe your position within your organization and how participating in IHC's course will enhance your position and your organization.

2. Please describe your plans within your home organization or healthcare community to apply your IHC training and utilize IHC copyrighted materials upon your return from the course.

3. If you have experience teaching, facilitating, making presentations related to communication skills, and/or mentoring/coaching with healthcare professionals, please describe:

## APPLICANT DISCLOSURE STATEMENT TO IHC (PART 3 OF 5)

Faculty Applicant Name: \_\_\_\_\_

As an accredited sponsor of continuing education activities, including continuing medical education activities (CME), it is the policy of the Institute for Healthcare Communication (IHC) to ensure the balance, independence, objectivity, and scientific rigor in all of its sponsored educational programs. All faculty participating in any activity designated for CME credits must disclose to the audience relevant financial relationships that present any real or apparent conflict(s) of interest that may have a direct bearing on the subject of the CME activity. In addition, you will need to provide this information to the participants in the audience when presenting IHC workshops. Please respond to the following questions.

1. In the past 12 months, have you (or your spouse or partner) had a **relevant financial relationship(s)\*** with a commercial organization which includes any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients? (Government organizations and non-profits are NOT commercial organizations, so we are not interested in those relationships.)

*\* Relevant financial relationships are financial relationships in any amount, which occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity, and which relate to the content of the educational activity, causing a conflict of interest. The ACCME considers financial relationships to create conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME—an incentive to insert commercial bias. The ACCME has not set a minimum dollar amount for relationships to be considered relevant and does not use the term significant to describe financial relationships. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.*

Yes       No

If Yes, move to #2. If No, you're done!

2. You have indicated that you (or your spouse or partner) have a **relevant financial relationship(s)** with a commercial organization which includes any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. Does the educational content—over which you have control—involve the products or services of the commercial organization?

Yes       No

If Yes, move to #3. If No, you're done!

3. You have indicated that you will have the opportunity to affect the content of CE/CME **which relates to the products or services of the commercial interest.** Please enter the name of the commercial interest and the nature of the relationship(s).

Commercial Interest	Nature of the Relationship

Thank you for taking the time to complete and sign this form.

\_\_\_\_\_  
(Signature of Faculty Applicant)

\_\_\_\_\_  
(Date)

**APPLICANT CV/RESUME (PART 4 OF 5)**

Faculty Applicant Name: \_\_\_\_\_

**Please attach a curriculum vita or resume (summarizing your educational background, professional experience, and accomplishments such as publications, awards, professional societies, etc.). You may also enter the CV text in the box below.**

**INDIVIDUAL FACULTY LETTER OF AGREEMENT (PART 5 OF 5)****The Institute for Healthcare Communication (the "Institute", "IHC")****and****(the "Faculty")**\_\_\_\_\_  
Name of Faculty**(the "Organization")**\_\_\_\_\_  
Name of Sponsoring Organization**Course** \_\_\_\_\_**Date** \_\_\_\_\_**Location** \_\_\_\_\_**Jointly referred to as the "Parties"****Preamble**

As part of the contract/agreement for a full Faculty Development course for the above referenced program, your organization has been designated as a Licensee by IHC. Applicants who successfully complete the course will be designated as Faculty by IHC. As such, your organization has assumed specific responsibilities related to the future use of the materials and delivery of the course, through the IHC Sponsoring Organization Training Agreement. As an IHC Faculty member representing the Sponsoring Organization\* it is imperative that you understand and agree to these responsibilities.

**IN CONSIDERATION OF THE FOREGOING**, the Parties agree as follows:**1. License of Educational Programs**

The Course and Materials provided to the Licensee are copyrighted by and belong to IHC. IHC hereby grants Licensee a limited, royalty free license to use the Course & Materials only as follows:

- a) Only those designated as Faculty are authorized to use the Materials and such Materials shall be used solely for facilitating the Course.
- b) The Applicant agrees that upon becoming Faculty, he/she will utilize the Course and Materials only as delivered to them or the Licensee by IHC.

**2. Copyright**

The Applicant acknowledges that IHC holds a copyright to Course Materials. As such, all rights are reserved, and Faculty are not permitted to edit, copy, or reproduce any of the educational program material in whole or in part and shall not exploit or further develop these materials without IHC's specific written consent. Course workbooks (or an annual license to print) to support subsequent workshops given by Faculty will be purchased at the current unit rate, through the IHC office.

**3. Participation Commitment Terms**

- a) Faculty member or the Licensee/authorized personnel of Licensee agree to provide/report the following to IHC at least 15 days prior to the workshop presentation:
  - **ONLINE WORKSHOP INFORMATION FORM**  
(<http://healthcarecomm.org/faculty/>)
  - **WORKBOOK ORDER FORM**, if materials are required (<http://healthcarecomm.org/faculty/>)
- b) Within 30 days following the IHC program, the Faculty member or the Licensee/authorized personnel of Licensee agree to provide/report the following to IHC:
  - The **WORKSHOP COVER SHEET** (available at <http://healthcarecomm.org/faculty/>) which includes the following information:
    - Workshop details (facilitator(s), location, length, etc.)
    - Attestation of disclosure requirements
    - Instructions to IHC staff for certificates, and

- All **EVALUATION FORMS** (original or copies) completed by attendees (as provided in the participant workbook), and
- All **PARTICIPANT INFORMATION FORMS** (original or copies) completed by attendees (as provided in the participant workbook), and
- A copy of the **WORKSHOP SIGN-IN SHEET**, with typed/printed names and signatures, and
- Any comments Faculty may have to help IHC learn how the Course and/or Materials are most useful, and
- If the event is NOT a formal workshop, requiring workbooks, then a "Non-workshop use of materials" form should be submitted to IHC.

**4. IHC Attribution**

IHC has invested substantially in developing the Course. One of the benefits IHC expects to receive as a result of presentation of the Course is acknowledgement throughout the health care community of IHC's role in furthering the effectiveness of health care communication. Faculty agree that it will prominently utilize IHC's name in announcing and promoting the Course and will utilize the materials that have been delivered by IHC. It is understood that no promotion of any product or service of the Faculty in association with the educational program will be made unless agreed to in writing by IHC.

**5. Term of Agreement**

The term of this Agreement shall be for a period of one (1) year from the course date first shown above. The Agreement will automatically be renewed thereafter unless written notice to the contrary is provided by either of the parties.

**6. Termination**

Either party shall have the right to terminate this Agreement on sixty (60) days prior written notice to the other. IHC shall have the right to cancel this Agreement at any time if Faculty fail to honor obligations hereunder, or, if in the sole opinion of IHC, Faculty fails to conduct its activities up to IHC's standards.

**7. Rights on Termination**

Upon termination of this Agreement, Licensee/Faculty shall promptly return or destroy, at IHC's option, all materials provided to it by IHC and expressly agrees not to use same or derivations thereof on its own behalf or on behalf of any third party.

**IN WITNESS WHEREOF**, the parties have executed this Agreement as of the dates set forth below.

**INSTITUTE FOR HEALTHCARE COMMUNICATION, INC.**

**FACULTY**

\_\_\_\_\_  
Signature  
  
Kathleen A. Bonvicini  
\_\_\_\_\_  
Print Name  
  
Chief Executive Officer  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Print Name  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Date

*\* If faculty leave the employ of the Sponsoring Organization, and also wish to continue to present the IHC program, an updated signed agreement will be requested from their new Sponsoring Organization.*

**SUBMIT ALL FIVE PARTS OF APPLICATION TO:**  
**Teresa Durbin | E-mail: [tdurbin@healthcarecomm.org](mailto:tdurbin@healthcarecomm.org) | Institute for Healthcare Communication**  
**171 Orange Street, 2R | New Haven, CT 06510-3153 | Tel: (217) 621-6867 | Fax: (800) 538-6021**



**NOTE: TIMES SUBJECT TO CHANGE**



# Treating Patients with C.A.R.E.

## Faculty Development Agenda

<b>DAY One</b>		
Light breakfast available at 7:30 a.m.		
8:00 a.m.	<ul style="list-style-type: none"> <li>Welcome and Introductions</li> <li>Introduction to Institute for Healthcare Communication</li> <li>Orientation to <b>Treating Patients with CARE</b> train-the-trainer course</li> </ul>	
9:30 a.m.	<b>BREAK</b>	
9:45 a.m.	Demonstration of <i>Treating Patients with C.A.R.E.</i> workshop	
12:30 p.m.	<b>LUNCH</b>	
1:15 p.m.	<ul style="list-style-type: none"> <li>Continue demonstration of <i>Treating Patients with C.A.R.E.</i> workshop</li> <li>Evaluations and paperwork re: C.A.R.E. workshop</li> </ul>	
3:00 p.m.	<b>BREAK – Distribute C.A.R.E. workshop leader materials</b>	
3:15 p.m.	<ul style="list-style-type: none"> <li>Debrief C.A.R.E. workshop</li> </ul>	Exercise
4:00	<ul style="list-style-type: none"> <li>Small Groups: Homework Assignments</li> </ul>	
4:30 p.m.	Adjourn – End of Day	
<b>**** Homework This Evening ****</b>		

## DAY Two

Light breakfast available at 7:30 a.m.

8:00 a.m.	<ul style="list-style-type: none"><li>• Pulse check and orientation to day 2</li><li>• Evaluations for day 1</li></ul>
8:15 a.m.	<ul style="list-style-type: none"><li>• C.A.R.E. Workshop Design</li><li>• Feedback Model WWW.EBY</li></ul>
9:30 a.m.	<b>BREAK</b>
9:45 a.m.	<ul style="list-style-type: none"><li>• Practice C.A.R.E. workshop and feedback</li></ul>
12:30 p.m.	<b>LUNCH – Distribute Mingle 'n Share Cards</b>
1:30 p.m.	Mingle 'n Share Exercise: Workshop Facilitation Skills
2:30 p.m.	<b>BREAK</b>
2:45 p.m.	Practice C.A.R.E Workshop and Feedback
4:30 p.m.	Adjourn – End of Day

\*\*\*\* Homework This Evening \*\*\*\*

## DAY Three

Light Breakfast available at 7:30 a.m.

8:00 a.m.	<ul style="list-style-type: none"><li>• Pulse check and orientation to day 3</li><li>• Evaluations for day 2</li></ul>
8:45 a.m.	<ul style="list-style-type: none"><li>• Final Walk-Through of Treating Patients with C.A.R.E. Workshop</li></ul>
9:45 a.m.	<b>BREAK</b>
10:00 a.m.	<ul style="list-style-type: none"><li>• Review Leader's Guide</li><li>• Orientation to C.A.R.E. Repair Module</li><li>• Discuss Implementation Plans and Reinforcement Strategies</li><li>• Review IHC Policies and Procedures</li></ul>
12:00 noon	Day 3 Final Evaluations
12:30 p.m.	Adjourn