

Comprehensive Advance Palliative Care Education (CAPCE) Application Form

The Palliative Care Education and Palliative Pain and Symptom Management Consultation Services with the South East Local Health Integration Network are pleased to announce that we will be providing a **newly revised** version of the Comprehensive Advanced Palliative Care Education (CAPCE) Program for

There are three **Mandatory In-Class Case-based Learning Sessions**:

There are also four **Mandatory Coaching** sessions. You must choose one each from:

Thank you for expressing an interest in the enhanced CAPCE program. The program is open to Nurse Practitioners, Registered Nurses and Registered Practical Nurses.

The prerequisite for registration in CAPCE is the Fundamentals of Hospice Palliative Care Enhanced Program, *or* the previous offering of Level 1 Palliative Care Education. Proof of completion is required.

CAPCE was redesigned in 2013 and again in 2017, to be reflective of best practice, evidence-based hospice palliative care and knowledge translation strategies in order to effectively meet the needs of the learners. This six-month redesign process was facilitated by experts in education design and knowledge translation, and informed by participant feedback, as well as local, regional and provincial clinical experts in hospice palliative care. The revised CAPCE has been developed as part of a blended learning strategy that includes independent study and self-directed activities facilitated over approximately 20 weeks. Please refer to the program brochure for a more detailed explanation of the course.

This application form will take approximately 20 minutes to complete.

Once you have completed all the questions on the following pages, please save the document (**Save as: your name**) and submit to our Support Assistant via email at cyndi.crowder@lhins.on.ca

Applications will be accepted until
by .

and candidates will be notified of acceptance

Comprehensive Advance Palliative Care Education (CAPCE) Application Form

Candidate Information

First/Last Name:

Home Address:

City/Town:

Postal Code:

Work Phone:

Home Phone:

Email Address:

What is your professional designation?

RN

RPN

NP

In a few sentences, explain why you want to attend this education:

Please describe the anticipated outcomes and changes in practice that you hope to achieve following completion of this course:

How did you find out about CAPCE?

Department head/manager/supervisor

from a peer

Palliative Care Educator

PPSMC

PC Education Website

other: please specify

Did someone ask you to apply for this course?

Yes

No, I requested to participate

If yes, who asked you and why?

Which of the following best describes your practice (choose all that apply)?

Geriatrics

Internal Medicine

Oncology

Palliative Care Chronic Care

Pediatrics

ICU/Critical Care

Other (please specify):

Which of the following best describes your practice area (choose all that apply)?

Community

Office: FHT, FHO, CHC, etc

Oncology, Cancer Care Centre

Palliative Care

Hospital

Residential Hospice

Other (please specify):

How many years of on-the-job experience do you have working in hospice palliative care?

0-2 years

3-5 years

6-10 years

Over ten years

How many hours of your time is currently spent providing hospice palliative care per week?

1-5 hr/wk

6-10 hr/wk

11-15 hr/wk

16-20 hr/wk

Most of the time

Your Manager

First/Last Name:

Title:

Email Address:

Phone:

Organization Information

Name:

Phone Number:

Address:

City/Town:

Postal Code:

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You position (title) within the organization?

How is your employer supporting you to take this course?

Not at all

2

3

4

Fully

Paid time away from work:

Staff coverage while attending:

Financial (e.g. travel costs):

Other: (please specify below):

What is your comfort level on a score of 1 to 10 with

Self-directed studies:

Independent research:

Resource identification:

Online surveys:

The required commitment to the course:

Thank you for your interest in Palliative Care Education!