CPE Unit 3 Syllabus

Unit: ICPT CPE Unit 3
Prerequisites: ICPT CPE Unit 1, ICPT CPE Unit 2
Clock Hours: 400 (100 clock hours didactic study and class time and 300 clock hours clinical/applied learning)
Unit Length: 12 weeks (full-time)

Instructional Methods:

- Didactic Study and Class Time (Instructor-led Onsite and/or Interactive Distance Learning*)
- Clinical (applied learning)
- Customized Coaching
- Peer-to-Peer Projects and Assessments

***Interactive Distance Learning** course content is accessed in the ICPT Learning Center where students work through weekly modules that include readings, research and other articles, case studies, and activities in which they reflect upon and apply the information learned.

Unit Requirements:

- **100 hours of Didactic Learning:** Students are required to participate in 100 hours of didactic study and class time offered live and/or via interactive distance learning (IDL).

- **1 Orientation Paper:** Students must submit an orientation paper the first week of the unit that is no more than 2 pages that discusses their position on one of the following subjects:

    - a theology of person;
    - how do you picture and talk about illness;
    - how you picture human suffering especially among the innocent;
    - how do you picture pain and destruction; or
    - a subject of your own choosing in discussion with your supervisor.

  The orientation paper must be submitted by file upload, in the ICPT Learning Center for the CPE Supervisor(s) review and academic feedback.

- **10 Reflection Reports:** Students must submit 10 reflection reports that detail what they experienced, learned, and thought about regarding ministry during their training. Reflection reports are due each week starting the 2nd week of the unit and completing the final report in the 11th week of CPE training. Reflections should be no more than two pages in length. Topics may include but are not limited to:

    - Significant events that occurred with patients, peers or the CPE Supervisor;
    - Steps taken to meet learning contract and CPE objectives; and
    - Significant learning events in the student's personal and professional life.

  All reflection reports must be submitted by file upload, in the ICPT Learning Center for the CPE Supervisor(s) review and academic feedback.

- **6 Case Studies:** Students must submit a minimum of 6 case studies that reflect interactions with patients or clients. Case studies help students understand their strengths and weaknesses during visits with patients or clients. Case studies are written in a specific format outlined in the appendix of this handbook. Students must present at least 1 case study to their classmates in their cohort. Smaller cohorts may require students to present additional case studies.

- All case studies must be submitted by file upload, in the ICPT Learning Center for the CPE Supervisor(s) review and academic feedback.
- Students must also review and evaluate other classmates case studies and provide peer-to-peer feedback.
- Students must upload case studies 2 days in advance of the scheduled due date for peer review in the ICPT Learning Center.
    - Onsite students may provide in person peer-to-peer feedback.
    - Interactive Distance Education (IDL) students must engage in live case study discussion forums and post peer-to-peer feedback in the interactive chat-board. All IDL students must evaluate peer case studies during each unit.

- **Customized Coaching/Supervision:** Students are responsible for scheduling a weekly coaching/supervision meeting with their CPE supervisor. The weekly supervision meetings allow students to discuss, one-on-one, with their supervisor, any concerns they have, reflection reports, and how they are progressing with their learning contract. All supervisory meetings are held in the strictest confidence. Please note, sessions may be recorded or transcribed to ensure compliance with ICPT academic standards.

- **Group Discussion:** Students must participate in group discussions. Group discussions may be live or via computer mediated live conferencing such as Zoom. Note, these sessions may be recorded or transcribed to ensure compliance with ICPT academic standards.

- **Mid-Unit and Final Unit Self-Evaluations:** Students must complete mid-unit and final unit self-evaluations. The peer review portion of the evaluations may be shared with classmates. These evaluations are codified in a specific format detailed in the appendix of this manual. Students must submit evaluations by file upload, in the ICPT Learning Center for the CPE Supervisor(s) review and academic feedback.

- **Didactic Modules:** Students must complete the didactic modules denoted on the unit syllabus. There will be one test at the end of each module within each unit. Each unit includes at least two or more required modules. Participants will receive a Pass/Fail notification after completing the test in each module. Participants have a total of three attempts to pass the test at the end of each unit with a score of 80 or better. The three attempts must be made within seven days of the unit completion date denoted on the syllabus.

- **300 hours of Clinical/Applied Learning CPE Units:** Each student is responsible for completing a minimum of 300 hours of clinical ministry during the unit. Clinical hours may be completed at your current place of ministry (if you are currently employed as a Chaplain or Pastor of a church), or any number of institutions including but not limited to; hospitals, hospice houses, corporate settings, prison systems, skilled nursing facilities, nursing homes, assisted living facilities, and community services. Your hours may be paid or volunteer. Each student is responsible for keeping track of these hours on the *CPE Weekly Clinical Hours Log* provided in the appendix of the student handbook, and having this form signed by the proctor at the clinical site. The form must be submitted by file upload, in the ICPT Learning Center for the CPE Supervisor(s) weekly verification.

Unit 3 Learning Center Courses:
Unit 3 is comprised of the following required courses:

1. F10SIT– When Care is Tough: Supporting the Interdisciplinary Team

2. ST1ADC - Talking about What Matters: Advance Directives and Planning

Unit 3, Course 1 - Overview:
F10SIT– When Care is Tough: Supporting the Interdisciplinary Team
This course focuses on why chaplains and spiritual care providers should intentionally emphasize care for staff. We will look at how chaplains and spiritual care providers can create a calming and peaceful presence amidst what is often a chaotic and intense clinical environment. We will also look at some ways chaplains and spiritual care providers can seek to provide rituals that will be meaningful to staff who are of different religions, and none. We will also then be looking at the need for chaplains and spiritual care providers to provide staff care. Topics such as compassion fatigue, burnout, vicarious trauma, and moral injury will all be defined and discussed as it relates to employees working in healthcare. We will also then look at some specific programs and interventions chaplains and spiritual care providers can use when working with staff - some tools in the chaplain and spiritual care provider's belt. Finally, we will learn about other institutional resources available to staff, and how chaplains and spiritual care providers can encourage their use.

Course Competencies:

F10SIT– When Care is Tough: Supporting the Interdisciplinary Team aligns with the following Quality Indicators in What is Quality Spiritual Care in Health Care and How Do You Measure It? (HCCN. 2016).

- **Structural Indicator 1.A.** Chaplains as certified or credentialed spiritual care professional(s) are provided proportionate to the size and complexity of the unit served and officially recognized as integrated/embedded members of the clinical staff.
- **Process Indicator 2.A.** Specialist spiritual care is made available within a time frame appropriate to the nature of the referral.
- **Process Indicator 2.E.** Families are offered the opportunity to discuss spiritual issues during goals of care conferences.

Module Descriptions and Learning Objectives:
F10SIT– When Care is Tough: Supporting the Interdisciplinary Team

1. **Introduction to Staff Care**
   Most clinical healthcare workers are people helpers. They chose their profession because it allows them to cure, heal, and accompany people on a daily basis through the confusing gauntlet of healthcare. Over time, the idealism of the healthcare workers' original choice of vocation can get worn down by the everyday relentless nature of the work. Most struggle at some point in their careers with compassion fatigue, burnout, vicarious trauma, spiritual distress, and moral distress. In order to maintain a balance and be able to be their best selves, healthcare workers must seek to provide the same level of care for themselves that they provide for those they serve. "Staff support is about calling all who work within the organization to their highest purpose and meaning, to their spiritual vocation, to the divine intent for which the organization was originally formed or created" (Brown-Haithco, 2012). This course discusses how chaplains and spiritual care providers can engage staff in such a way as to reconnect them with their meaning-making that they had originally associated with their vocation.
   Module Learning Objectives:
   - Identify methods to provide calm and calming presence to the interdisciplinary health care team in the midst of crisis and stress

2. **How to be an Agent of Peace in the Midst of Chaos**
   Much of what makes chaplains and spiritual care providers effective with patients and families translates well to their care of staff. The goal of the chaplain or spiritual care providers in the midst of this daily and "routine" chaos is to seek to be the stillness in the center of the chaos.

Presencing, through intentionally being in the midst of the chaos with the staff, and embodying calm and order rather than chaos and stress, is and should be a foundational approach chaplains or spiritual care providers have with staff care.

Module Learning Objectives:

- Identify methods to provide calm and calming presence to the interdisciplinary health care team in the midst of crisis and stress

3. Meaningful Rituals for Staff

A significant part of the providing meaningful spiritual care with staff comes from chaplains or spiritual care providers initiating and offering significant rituals whether tied to a specific religious tradition or holiday or more broadly spiritual care. One of the most significant components of the rituals is to be conscientious of being pro-active and intentional in providing both types of rituals, religious one and ones that do not arise from a specific religious tradition. Chaplains or spiritual care providers are both cultural brokers within their institutions, and champions of interfaith and no-faith.

Module Learning Objectives:

- Describe a procedure for providing rituals when needed for staff using materials that are inclusive of all beliefs and non-beliefs

4. The Need for Staff Care

Hospitals and healthcare facilities are singularly focused on recruiting, equipping, maintaining, and celebrating the best staff possible. A strong staff brings about fewer medical errors, better patient satisfaction, and ultimately better medical outcomes. Chaplains or spiritual care providers can and should play an integral role in providing for the emotional and spiritual needs of the staff at their institutions. Chaplains should be familiar with and demonstrate understanding the issues of staff retention, employee engagement, staff resilience and well-being and demonstrate competency in identifying and responding to spiritual distress, compassion fatigue, vicarious trauma, and burnout.

Module Learning Objectives:

- Understand the impact of compassion fatigue, vicarious trauma, or burnout and how to facilitate supportive one-on-one and small group conversations with staff experiencing these issues

5. Resources for Staff Care

It is important for chaplains to work collaboratively with other programs available for supporting staff in order to understand and explain their contributions and to refer staff to the resources needed. Chaplains may also be trained in these specialty areas and include them into their staff care. These include organizational Employee Assistance Programs, Critical Incident Stress Debriefing, Psychological First Aid, Guided Imagery, Mindfulness Training, Values Based Reflective Practice, and Schwartz Rounds.

Module Learning Objectives:

- Understand and articulate what resources, such as employee assistance programs, are available.

Unit 3, Course 2 Overview:

ST1ADC - Talking about What Matters: Advance Directives and Planning

This course expands chaplains' understanding of the importance of health care advance directives, equips chaplains to educate patients and families about their use, and delineates best practices in conversations about health care wishes and the competent completion of health care advance directives documents.

Course Competencies:

ST1ADC - Talking about What Matters: Advance Directives and Planning aligns with the following Quality Indicators in What is Quality Spiritual Care in Health Care and How Do You Measure It? (HCCN. 2016):

- **Structural Indicator 1.C.** Information is provided about the availability of spiritual care services.
- **Process Indicator 2.B.** Clients are offered the opportunity to have a discussion of religious/spiritual concerns.
- **Process Indicator 2.C.** An assessment of religious, spiritual, and existential concerns using a structured instrument is developed and documented, and the information obtained from the assessment is integrated into the overall care plan.
- **Process Indicator 2.E.** Families are offered the opportunity to discuss spiritual issues during goals of care conferences.
- **Process Indicator 2.F.** Spiritual care is provided in a culturally and linguistically appropriate manner. Clients' values and beliefs are integrated into plans of care.
- **Process Indicator 2.G.** End of life and Bereavement Care is provided as appropriate to the population served.

Module Descriptions and Learning Objectives:
ST1ADC - Talking about What Matters: Advance Directives and Planning

1. Why Complete Advance Directives and Their History

"Advance directives are legal papers that tell your loved ones and doctors what kind of medical care you want if you can't tell them yourself. The papers let you say ahead of time how you want to be treated and to select someone who will make sure your wishes are carried out." (NIH. 2015). An important element of learning about health care advance directives is to understand the history that led to their development, which continues to evolve.

Module Learning Objectives:

- Demonstrate proficient understanding of the importance of health care advance directives

2. Health Care Advance Directives Documents

Various types of advance directives documents were referred to when describing the history of their development. It is important that chaplains, community religious, spiritual, existential, and cultural leaders, others providing spiritual care to patients, and all members of an interdisciplinary health care team understand what each document is, how each is appropriate for use, and when it is to be put into effect.

Module Learning Objectives:

- Demonstrate proficient knowledge of the different kinds of health care advance directives and their use

3. Health Care Advance Directives Values and Wishes Conversations

There are many factors that contribute to whether or not people complete an advance directive, ranging from personal beliefs and values, a fear of death that limits their willingness to have the discussion, cultural norms, religious, spiritual, or existential beliefs, or unwillingness on the part of family members to have the conversations. Barriers also exist such as the difficulty in reading and understanding the forms or the forms do not reflect the beliefs, values, and social characteristics of individuals. Having these conversations are important, and chaplains can be the facilitators who are able to engage persons with compassion and sensitivity when the context for having advance directives are present.

Module Learning Objectives:

- Discern specific contexts when health care advance directives are most useful and important

4. Communicating the "Who" and "What" of Health Care Values and Wishes

Each person makes their own health care decisions. When one is awake, alert, and aware, that person alone should give consent for health care treatment and make all of the decisions about their treatment. Yet there can come a time when, even if only temporarily, one cannot make their own decisions. They may be unconscious, under sedation, or somehow of compromised mental status when important decisions need to be made. Because of that, the key word "who" should be considered. Once that is answered, identifying "what" the person would want others to know about their values and wishes regarding health care is the next step in the conversation.

Module Learning Objectives:

- Distinguish between the importance of conducting conversations about health care values and wishes and the completion of health care advance directives

5. Communicating the "How" of Health Care Values and Wishes

The "how" question is one that the medical providers then shape with knowledge of the values one has identified and communicated. The conversation may then involve all the challenging decisions about the use of life support, attempts at resuscitation, and possibly end of life issues. Health care providers cannot properly perform the right "how" for someone's health care values without an informed understanding of the "who" and "what." That is why focusing on the person and getting to know him or her is so important in the advance care planning and advance directives process.

Module Learning Objectives

- Distinguish between the importance of conducting conversations about health care values and wishes and the completion of health care advance directives

6. Completing Health Care Advance Directives

Completion of an advance directive is important for all adults. After the conversation(s) with a person about who would make medical decisions if necessary and what values and wishes the person would want their surrogate to know and follow, the next step is filling out the documents. There are several steps to this process that chaplains need to be familiar and competent to assist with.

Module Learning Objectives

- Competently assist other people in correctly completing health care advance directives

CPE Unit 3 Schedule – Full-time Student:

Week	Topic	Assignments
1	**Group Introduction to Course 1: F10SIT– When Care is Tough:** **Supporting the Interdisciplinary Team** • Introduction	1. Introduction to course and requirements; Q&A • Getting Started • Welcome to the Course • Pre-test 2. Student Introductions 3. Review material, required articles and videos, and submit assignments. 4. Case study and/or group discussion Articles: • Predictors of Compassion Fatigue and Compassion Satisfaction in Acute Care Nurses. Kelly, et al. 2015. • Burnout and Resilience among Nurses Practicing in High-Intensity Settings. Rushton, et. al. 2015.

2	**How to be an Agent of Peace in the Midst of Chaos**	1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion Articles: • Toward a Theology of Ministry of Presence in Chaplaincy. Nolm. 2009
3	**Meaningful Rituals for Staff** • Religious Holidays • Memorial Services • Religious Life Cycle events • Blessing of the Hands • Blessing of the Space • Blessing Prayer Upon Moving Into New Workspace • Tea for the Soul	1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion Articles: • A Memorial Service to Provide Reflection on Patient Death During Residency. Schoenborn et al. 2013. • Dedication of Hands to Nursing: A Ceremony of Caring. Ball J and McGahee T. 2012.
4	**The Need for Staff Care** • Indicators for Staff Care • Factors for Staff Well-Being • Staff Retention, Prevalence, and Need; Ways to Address It • Employee Engagement, Prevalence and Need; Ways to Address It • Staff Resilience/Well-Being • Emotional Resilience	1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion Videos: • The Art of Stillness. Iyer P. TEDSalon NY2014. Articles: • Evaluation of Well-Being at Work among Nursing Professionals at a University Hospital. Alves, et al. 2012. • Interpersonal Interactions, Job Demands, and Work-Related Outcomes in Pharmacy. Gaither C and Nadkami A. 2012. • Nurse Retention: A Review of Strategies to Create and Enhance Positive Practice Environments in Clinical Settings. Twigg and McCullough. 2014. • 2018 National Health Care Retention and RN Staffing Report. Nursing Solutions, Inc. 2018. • A Critical Review of Literature on Employee Engagement Concept. Kamau and Sma. 2016. • Employee Engagement and Its Relation to Hospital Performance in a Tertiary Care Teaching Hospital. Bulkapuram, et al. 2015. • The Challenging State of Employee Engagement in HealthCare and Strategies to Improve It. Cornerstone on Demand. 2018. • Compassion in Health Care: An Empirical Model. Sinclar, S. 2016. • The Importance of Emotional Resilience for Staff and Students in the 'Helping' Professions: Developing and Educational Curriculum. Grant and Knman. University of Bedfordshire. 2013. • Resilience through the Eyes of Professional Nurses in South Africa. Koen, et al. 2011. • The Presence of Resilience is associated with a Healthier Psychological Profile in ICU Nurses: Results of a National Survey. Mealer, et al. 2012. • Feasibility and Acceptability of a Resilience Training Program for Intensive Care Nurses. Mealer, et al. 2014. • Creating a Positive Workplace Culture. Segeant and Laws-Chapman. 2012.
5	**The Need for Staff Care:** • Spiritual Distress • Compassion Fatigue • Compassion Satisfaction	1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion

	• Burnout • Moral Distress/Moral Injury	Articles • Spiritual Distress in Patients: Guidelines for Health Care Providers. Ehman J. 1998. • Screening for Spiritual Struggle. Fitchett and Risk. 2009. • Compassion Fatigue in Health Professionals. Mathieu 2007. • Interventions to Manage Compassion Fatigue in Oncology Nursing. Aycock and Boyle. 2009. • Compassion Satisfaction and Compassion Fatigue among Critical Care Nurses. Sacco, et al. 2015. • Professional Quality of Life Survey and Self-Scoring Sheet. (PROQOL). Stamm. 2009. • Life Support: Inside the Movement to Save the Mental Health of America's Doctors. Oaklander. Time Magazine. • Changes in Burnout and Satisfaction with Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. Shanafelt. 2015. • Addressing Physician Stress, Burnout, and Compassion Fatigue: The Time has Come. Rosenstein. 2013. • Understanding the Moral Distress of Nurses Witnessing Medically Futile Care. Ferrell. 2006. • Determinants of Moral Distress in Medical and Surgical Nurses at an Adult Acute Tertiary Care Hospital. Rice, et al. 2008. • Moral Distress among Healthcare Professionals: Report of an Institution-Wide Study. Whitehead, ET AL. 2014.
6	**Additional Resources:** • Institutional: Employee Assistance Programs • Community Counseling and Community Leaders • Critical Incident Stress Debriefing • Psychological First Aid • Guided Imagery • Mantram Repetition/Mindfulness • Values Based Reflective Practice • Schwartz Center Rounds • Existential Expedition **Post-Test**	1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion 3. Mid-unit self-evaluation 4. Course Post-Test. Videos: • Voices of Caregivers. Schwartz Center Rounds. 2013. 8 minutes. Articles: • Critical Incident Stress Debriefing CISD. Mitchell J. 2008. • Psychological First Aid Field Operations Guide for Community Religious Professionals. National Child Traumatic Stress Network and National Center for PTSD. 2006. • Practice Intentionality and Presence with Mantram Repetition. Bormann. 2014. • Portable, Mind-Body-Spiritual Strategies for Managing Stress: Mantram Repetition Program. Bormann. 2014. • Values Based Reflective Practice (VBRP®). National Handbook for Best Practice. NHS Education for Scotland. 2017. • Values Based Reflective Practice (VBRP®). National Handbook for Best Practice. NHS Education for Scotland. 2017. • Translating Theological Reflective Practice into Vales Based Reflection: A Report from Scotland. Kelly. 2013. • Reflective Practice: Strategy, Structures, and Significance. Kelly. 2010. • Learning How to Cope: How Far is Too Close? Wolpin, et al. 2005.
7	**Group Introduction to Course 2 ST1ADC - Talking about What Matters: Advance Directives and Planning** **Why Complete Advance Directives and Their History**	1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion Videos:

	• Why Complete Advance Directives • History of Health Care Advance Directives • Living Wills • Durable Power of Attorney for Health Care • Patient Self-Determination Act (PSDA) • Medicare of Advance Care Planning • Landmark Medical Ethics Cases	• "Don't Take Death Lying Down". Jim McDermott MD. TEDx Rainier. 2014 Articles: • Due Process of Euthanasia: The Living Will: A Proposal. Kutner. 1969. • The Need for Safeguards in Advance Care Planning. Billings JA. 2012. • No Easy Talk: A Mixed Methods Study of Doctor Reported Barriers to Conducting Effective End-of-Life Conversations with Diverse Patients. Periyakoil V, Neri E, Kraemer H. 2015 • Ethics and Advance Care Planning in a Culturally Diverse Society. Johnstone and Kanitsaki. 2009. • Ethical Issues Surrounding End-of-Life Care: A Narrative Review. Karnik and Kanekar. 2016.
8	**Health Care Advance Directives Documents** • Living Will • Durable Power of Attorney for Health Care • Five Wishes • Physician Orders for Life Sustaining Treatment (POLST) • Prehospital Medical Care Directive	1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion Articles: • Readability of State-Sponsored Advance Directive Forms in the United-States: A Cross-Sectional Study. Mueller, Reid, Mueller. 2010. • Toward Evidence-Based End-of-Life Care. Halpern. 2015. • POST Forms More than Advance Directives Associated with Out-of-Hospital Death: Insights from a State Registry. Pedraza et al. 2016.
9	**Health Care Advance Directives Values and Wishes Conversations** • Reluctance and Barriers to Conversations • Importance of Having the Conversation	1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion Video: • Prepare for a Good End of Life. Judy MacDonald Johnston. TED. 2013 Articles: • Lost in Translation: The Unintended Consequences of Advance Directive Law on Clinical Care. Castillo L. Williams B, et al, 2011. • Pathways from Religion to Advance Care Planning: Beliefs about Control over Length of Life and End-of-Life Values. Garrido M, Idler, E. et al. 2012. • Completion of Advance Directives among U.S. Consumers. (Rao, et al. 2014) • Conversation Game Effectively Engages Groups of Individuals in Discussions about Death and Dying. Van Scoy L, Reading J, et al. 2016.
10	**Communicating the "Who" and "What" of Health Care Values and Wishes** • The "Who" of Health Care Values and Wishes • The "What" of Health Care Values and Wishes	1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion Articles: • Identifying Family Members who may Struggle in the Role of Surrogate Decision Maker. Majesko, et al. 2012. • Surviving Surrogate Decision-Making: What Helps and Hampers the Experience of Making Medical Decisions for Others. Vig, et.al. 2007. • Systematic Review: Individuals' Goals for Surrogate Decision-Making. Kelly, et al. 2012.

		• Shifting the Focus of Advance Care Planning: Using an In-Depth Interview to Build and Strengthen Relationships. Briggs. 2004. • Redefining the "Planning" in Advance Care Planning: Preparing for End-of-Life Decision Making. Sudore and Fried. 2010. • Advance Care Planning Beyond Advance Directives: Perspectives from Patients and Surrogates. McMahan, Knight, et al. 2013.
11	**Communicating the "How" of Health Care Values and Wishes** • Communicating the "How" • Tips on When and How to Conduct Health Care Values and Wishes Conversations • A Model Health Care Values and Wishes Family Conversation	1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion Video: • Let's Talk about Dying. Dr. Peter Saul. Ted-Ed. 2013. Articles: • Just Ask Discussing Goals of Care with Patients in Hospital with Serious Illness. You, et.al 2014. • Cultural Diversity at the End of Life. Searight HR, Gafford J. 2005. • Frequency and Correlates of Advance Planning Among Cognitively Impaired Older Adults. Hirschman K, Garand L. et al. 2008.
12	**Completing Health Care Advance Directives** • The Necessary Elements and Fields of Documents • Copying and Storage of Documents • A Model Advance Directives Conversation **Post-Test**	1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion 3. Course post-test 4. Final Unit Self-Evaluation Video: • Loving Conversations Series. American Health Lawyers Association. 2009.

This unit schedule is subject to change at the discretion of the CPE Supervisor.