

Conference Evaluation Tool

Facility _____		
Date of conference _____		
Patient's initials _____		
Patient previously completed an Advance Healthcare Directive Y <input type="checkbox"/> N <input type="checkbox"/>		
PC team participants: (circle) Physician APN RN SW Chaplain Other _____		
Patient present Y <input type="checkbox"/> N <input type="checkbox"/>		
Number of family/others present _____		
	YES	NO
1. Preparatory visit with patient/family prior to conference preferably in-person, by phone if necessary. If yes, by who: (circle) Physician APN RN SW Chaplain Other _____		
2. Team spiritual grounding reflection/meditation prior to conference?		
3. Introductions to build relationships?		
4. Dignity Question asked: What do we need to know about you as a person to give you the best care possible?		
5. Patient/family invited to articulate personal/social/cultural strengths/resources?		
6. Patient/family invited to articulate spiritual strengths/resources?		
7. Patient/family asked about fears/distress?		
8. Patient/family asked what they know about medical condition?		
9. Patient/family asked if they were told what to expect?		
10. PC clinician provided medical review and prognosis?		
11. Patient's goals/preferences addressed?		
12. Patient/family invited to explore what they hope for?		
13. PC clinician provided summary of conversation and outlined next steps?		
14. Team expressed gratitude to patient/family?		
15. PC team debriefed following meeting with patient/family?		
16. How satisfied were you that the team listened intently for patient/family's spiritual concerns/beliefs/values and integrated these into the goals of care and treatment discussions? (Circle)		
5-Very satisfied 4- Somewhat satisfied 3- Neutral 2- Somewhat unsatisfied 1- Very unsatisfied		
Comments:		