

Dina shares that for her the kind touch and a smile from the people who will assist her, are essential gestures that convey care. She is a person who loves to laugh, for example watching funny TV shows is support for her right now.

She is a religious person, of the Catholic faith who benefits from this spiritual dimension. For example, listening to sacred music supports her and transmits serenity.

She shares the suffering associated with his father's death a week ago. Thinking of his assistance, she reports that she wants to be treated with dignity and to be informed of things, even if she cannot do something for the loss of autonomy; she still wants things to be asked and shared with her. The family, her husband, and their three children are very supportive of her care. Children, in particular, transmit joy to her and for this reason, she loves being with them

Day 1

Webpage Description:

This workshop is for providers at any level who want to focus on the human side of healthcare and build a dignity conserving repertoire of practice. The fundamental nature of patienthood will be discussed and the key elements of dignity conserving care will be described. Tangible communication and assessment tools will be provided with the opportunity to practice new skills and connect with like-minded clinicians from around the globe.

Learning Objectives:

- Define and describe the ABCDs of Dignity Conserving Care
- Discuss the key elements of patienthood
- Analyze the model of optimal therapeutic communication
- Examine the use of the Patient Dignity Question for assessment in clinical practice
- Assess one's own role in the promotion of dignity conserving care

9:00am-1:00pm CST DAY 1 Agenda

**A day or two before: send them the ABCD article, Platinum Rule, URL for PDI*

9:00 – 9:15

Introductions (5 mins each: who we are, where we are, connection with Dignity, how we met)
Introductions of which disciplines are represented in the audience (e.g., physicians, nurses) – pull it from the registration (which countries are represented)
Daily agenda (what we plan on doing) – put it in the chat

Play the *Rent* video

9:15 – 10:45

“Lecture” – Harvey

How we came upon Dignity as an important issue, model, dignity-conserving care, tools to use

- ABCDs
- PDQ – share some of the finished examples so people can see what the paragraphs look like (will need to have seen examples for later practice in their dyads)
- Model of optimal therapeutic effectiveness
- PDI
- Issues related to personhood
- Platinum Rule

10:45- 11:00

Q&A

10:00-11:10

Break

11:10-11:30

“A Story About Care” video

11:30-11:50

Analysis of “A Story About Care” video from the following vantage points:

- Platinum Rule
- Model of Optimal Therapeutic Effectiveness
- ABCDs
- PDQ

DAY 1 Agenda --- Continued

11:50 -12:05

Harvey: provide a PDQ demo/simulation

{Work with an actual patient? Maybe a psycho-oncology social worker?}

Have the simulated patient debrief what that was like for them

12:05-12:35

Breakout rooms – have audience members practice the PDQ in dyads (15 mins per person)

Lori setup

12:35-12:50

Reconvene in the full group and debrief what the PDQ was like for them in their breakout rooms (they can write in the chat and/or share their experience with the large group)

12:50 - 1:00

Provide a Synopsis of the day; give a snapshot of what will be covered in Day 2 as a “teaser”

Assign Homework – write up the PDQ they just completed (the title of their PDQ should include their partner’s initials and date of birth)

* Create a virtual repository – they could see each other’s PDQ, could identify which ones were theirs

Invite people to ask questions outside of the workshop – can send an email to Harvey or me; we will review and respond before the next session – we will then address some of those questions at the beginning of the next session

{Facebook page as a way to have a discussion group?; follow Harvey on Twitter and LinkedIn}

Day 2

Webpage Description:

This workshop is for providers interested in learning the clinical practice of Dignity Therapy. First, the important role of dignity as described by patients will be discussed and the related empirical model of dignity will be presented. Using this evidence base, the key elements of Dignity Therapy will be described and demonstrated via case examples. Finally, attendees will have the opportunity to practice the fundamental aspects of Dignity Therapy during the session and gain further support through applied homework.

Learning Objectives:

- Evaluate the empirical model of dignity among the terminally ill
- Define and describe the key elements of Dignity Therapy in practice
- Discuss case examples of Dignity Therapy
- Engage in the experiential practice of Dignity Therapy techniques

9:00am-1:00pm CST DAY 2 Agenda

**A day or two before: could send them a digital version of the laminated card, one of the systematic reviews*

Video to start the day (Xbox the “Life is Short” one)?

9:00 – 9:10

Welcome back, new people joining, share some of the representation of the audience (disciplines, country represented)
Introduce Harvey and Lori as professionals
Daily agenda overview

9:10-9:40

PDQ written example – Harvey’s one from the grant application - a First Nation’s woman’s story)
Q&A
Touch on some of the questions that were submitted via email from the end of last session
- Plant one question that asks how PDQ is different than DT to use as a segue

9:40-10:40

Dignity Therapy Lecture Didactic - Harvey

10:40-10:50

Q&A

10:50-11:00

Break

11:00- 11:25

Show a condensed version of Joan’s video

11:25-11:35

Debrief Joan’s video

DAY 2 Agenda --- Continued

11:35-12:05

{The nuances of DT}

What DT is and is not

Good/Sad/Ugly Stories

Not psychoanalysis – not about “unmasking” dark secrets

Pseudo-meaningful conversations are not DT

Be willing to impose structure

Not about the creation of a full historical record

12:05-12:35

* put the laminated card in the chat

Role play DT in dyads

Suggestion: Don't go into the biographical elements and questions

-To really get a feel for the poignancy of the process; prioritize these questions:

“When did you feel most alive?”

“What lessons have you learned about life that you might wish to pass along?”

“What are some of the things you feel need to be said to your loved ones?”

“What are some of the hopes and dreams you have for your loved ones?”

12:35-12:45

Debrief the roleplay

Because of time – we're inviting people to share your reflections on the {Facebook page}, also happy to take questions via email offline

12:45 – 1:00

Bruno's story (7 mins)

Assign Homework: interview a friend/relative/loved one (especially an older adult); try going through the full DT protocol

- Then in the {Facebook group} share your thoughts/impressions/reflections

Provide a “teaser” of what will be covered in Day 3

Invite people to email us with questions; we'll review those questions before next session

Day 3

Description:

This workshop provides the advanced application of Dignity Therapy in clinical practice. Utilizing the applied homework from the previous session, the common strengths and challenges of providing Dignity Therapy will be analyzed and key questions regarding how to launch Dignity Therapy in various settings will be addressed. A synopsis of all three workshop sessions will be provided to solidify each element of the dignity conserving repertoire, and a future-facing community of care will be created.

Learning Objectives:

- Assess the personal strengths and challenges of providing Dignity Therapy
- Conceptualize ways to launch Dignity Therapy in one's own clinical practice
- Summarize all dignity conserving practices discussed during the workshop
- Build a community of care for on-going support

9:00am-1:00pm CST DAY 3 Agenda

* *Video to start Day 3?*

9:00-9:15

Brief re-introductions of Harvey and me
Brief synopsis of the past 2 days
Daily agenda/overview

9:15-9:30

Summarize reflections about providing DT as their homework as people shared on {Facebook}
Common themes, barriers/ outcomes of the process, etc.

- Plant a question regarding the issues of editing as a segue to the next section

9:30-10:00

Editing Didactic

- Appropriate editing atmosphere
- Feelings you have when editing – the feelings that come back
- Skills:
 - o Eliminating the voice of the therapist
 - o Streamlining content
 - o Time sequences (putting paragraphs together to get cohesive time sequence)
 - o Creating a proper ending
 - o Taking out “ugly” content – hurtful content
 - o Ratio of how much time it takes (4:1, 2:1)

* have editing before/after samples already prepared to show on the screen

10:00-10:15

Experiential work; each attendee will now try editing on their own (no breakout rooms here)

- Give them 3 paragraphs from a raw DT transcript to edit

10:15-10:30

Harvey and Lori show how we would edit those same 3 paragraphs

10:30-10:40

Q&A about editing

10:40-10:50

Break

10:50-11:00

Lori's Lynne video clip (funny and heartwarming)

DAY 3 Agenda --- Continued

11:00-11:20

Groups of 5-6 in breakout rooms;

Where do we go from here”

Brainstorm implementation in their home setting (e.g., anticipated barriers, opportunities)

Dignity in Care

- Designate a spokesperson who will enter the primary themes from the group in the chat once we return to the full group

11:20-11:30

Respond to chat notes from the breakout room spokespeople/ Q&A

11:30-12:00

Discuss Individual challenges: cognitive challenges of the patients, family members who feel hurt by errors of omission, importance of the framing interview, taking care of yourself as the practitioner

Discuss Systemic challenges: Funding, how can DT be incorporated into the rest of my practice, generalist skill vs. specialist skill set (e.g., don't have all your palliative care staff providing DT), transcription options (e.g., software, transcription services), billing options for the services

12:00-12:30

Moving forward:

Virtual platforms – pros of cons of providing DT online

Adaptations of Dignity Therapy (Dementia/ Alz Association; Embellishments with pics, music)

Children and Adolescents (Miguel?)

Research?

12:30-12:50

Workshop Synopsis – these are the tools: ABCDs, PDQ, Model, PDI, Platinum Rule, DT

- * Lori will give personalized DT quotes in the chat while Harvey is giving the synopsis

Final Thoughts: Overall Dignity in Care – general personhood in clinical care

Continued Community of Care:

- Follow Harvey on Twitter and LinkedIn
- Canadian Virtual Hospice – URL maybe in show online via share screen
- Dignity in Care.ca (research, events, publications)
- {Facebook page – Amanda – is there a way to do this as part of the online conference?}

Evaluations to be completed afterward (offline)