**Together, Equitable, Accessible, Meaningful (TEAM) Training**

***for Health Care Professionals***

**Application**

To apply for the TEAM Training, please complete the Application Form and Letter of Support.

The Application Form and Letter of Support must be sent via email to cancercenter@gwu.edu with the subject line “TEAM Training Application” by **Wednesday,** **January 9, 2019.** Applications will be accepted on a rolling basis.

**Decision notifications will be sent to all applicants via email the week of February 4, 2019**.

**OVERVIEW**

The Institute for Patient-Centered Initiatives and Health Equity at The George Washington University (GW) Cancer Center is offering a free, comprehensive training on culturally affirming care to organizations that provide cancer-related services, including but not limited to: hospitals, clinics, non-profit organizations and departments of health. *This training is made possible through generous support from the Pfizer Foundation*.

The Together, Equitable, Accessible, Meaningful (TEAM)Training aims to support equitable, accessible and patient-centered cancer care. The training will provide guidance, tools and resources to help organizations implement quality improvements to improve equitable, patient-centered, culturally affirming care.

The GW Cancer Center will select up to 15 organizations[[1]](#footnote-1) that provide cancer care services or address cancer disparities through interventions at a community/population level. Organizations must be located in the United States, tribes or territories to participate in the training from March 11-June 21, 2019. Over this period, teams will receive sustained instruction and guidance in support of their efforts to improve cancer-related services to be more culturally sensitive and equitable.

The following page provides an overview of the training and activities by week.

**TEAM TRAINING SYLLABUS**

# **Methods of Instruction:**

* Online, self-paced course with required readings included
* Webinars (3) before the in-person workshop to review training purpose, assessment tools and check-in on progress and trouble shoot. Each webinar will last for one hour and each team member is expected to participate.
* Organizational Assessment conducted as a team
* 2.5 day in-person workshop in Washington, D.C. (required readings sent before meeting)
* Virtual technical assistance sessions (3) after in-person workshop involving group discussion, reporting out and troubleshooting. Each session will last for one hour and each team member is expected to participate. There will also be three brief homework assignments as part of the technical assistance sessions to foster reflection and discussion.

**Workload:** *Over the course of 15 weeks each participant is expected to spend approximately 50 hours in independent learning which can include the online course, group work and preparing for discussions (in-person or virtual). There will be approximately 30 hours spent in direct instruction.*

**Attendance/Engaged Participation:** There is a relationship between attendance/engaged participation and what you and your team members (thereby your organization) get out of the training. It is expected that each person will **actively participate** in the entire training and submit all assignments on time. This is critical for everyone’s benefit.

**Timeline**

*March 4-8: Individual Pre-Assessment*

**Week 1 (March 11-15). Welcome, Introductions and Organizational Change**

* 3/12: Webinar: Welcome and Kick-off (1 hour)
* 3/12: Individual, self-paced online course opens
* 3/13: Webinar: Organizational Change and Completing Your Organizational Assessment (1 hour)

**Week 2 (March 18-22). Team and Individual Work I**

* + Teams work on organizational assessment
	+ Individuals participate in online, self-paced course

**Week 3 (March 25-29). Team and Individual Work II**

* + Teams work on organizational assessment
	+ Individuals participate in online, self-paced course

**Week 4 (April 1-5). Updates and Check-In with Cohort**

* 4/3:Webinar: Updates and Check-In Webinar Regarding Your Organizational Assessment
	+ Teams work on organizational assessment
	+ Individuals participate in online, self-paced course

**Week 5 (April 8-12). Organizational Assessments Complete**

* 4/12: Organizational assessment submitted
* Individuals participate in online, self-paced course

**Week 6 (April 15-19). Online Course Complete**

* 4/16: All individuals complete, self-paced, online course

**Week 7 (April 22-26). In-Person Workshop**

* 2.5 day in-person workshop in Washington, DC

**Week 8 (April 29-May 3). Reflect and Re-Group**

* 5/2: Homework Assignment #1 Available

**Week 9 (May 6-10). Report Out to Organizational Leaders**

* Report out of draft action plan to leaders at organization for review and feedback
* Revise action plan as needed
* 5/9: Homework Assignment #1 Due

**Week 10 (May 13-17). Virtual Technical Assistance Session 1**

* + 5/14: Virtual Technical Assistance Session
	+ 5/14: Homework Assignment #2 Available

**Week 11 (May 20-24). Start Action Plan Implementation**

**Week 12 (May 27-31). Continue with Action Plan Implementation**

* 5/30: Homework Assignment #2 Due

**Week 13 (June 3-7). Virtual Technical Assistance Session 2**

* + 6/4: Virtual Technical Assistance Session
	+ 6/4: Homework Assignment #3 Available

**Week 14 (June 10-14). Continue with Action Plan Implementation**

* + 6/11: Homework Assignment #3 Due

**Week 15 (June 17-21). Virtual Technical Assistance Session 3**

* + 6/18 Virtual Technical Assistance Session

*December 2-13: Individual Post-Assessment and Organizational Progress Report*

**TRAVEL FOR IN-PERSON WORKSHOP**

The GW Cancer Center will cover air or train fare, lodging, and refreshments associated with the in-person workshop in Washington, DC for all participants. Each organization is responsible for covering ground transportation and meals outside of the in-person workshop time in Washington, DC for all team members.

**BENEFITS OF PARTICIPATION**

* Access to a free, interactive online course and related resources developed by a leading technical assistance provider in patient-centered cancer care and health equity. Health care professionals may be eligible to claim 5 continuing education credits for their completion of the online course.
* Mentorship from leading clinicians, researchers, thought leaders and patient advocates.
* Skills application through individual and small-group sessions.
* Sustained support in the creation and implementation of quality improvement plans. Teams will create plans with guidance from training staff and faculty through preliminary planning, technical assistance at the workshop and follow-up consultation.
* Opportunities to engage with other health care organizations in the TEAM Training cohort. This network of colleagues will share current challenges and lessons learned in striving to make their organizations more patient-centered, culturally sensitive and equitable.

**WHO CAN APPLY**

The TEAM Training is for organizations that provide cancer care services or address cancer disparities. Services can include: community/population health interventions with a cancer-related focus, navigation, education, screening, diagnostic testing, treatment, psychosocial support and survivorship care.

Organizations may range in size (e.g., specific oncology department, entire practice or hospital) and care setting (e.g., community-based clinic, in-patient facility).

We are committed to convening a cohort of diverse health professionals. Organizations are strongly encouraged to engage a diverse team, including individuals diverse in race, ethnicity, age, sexual orientation, gender, gender identity, ability/disability, and professional role. Organizations must:

* Provide direct cancer care services or address cancer disparities through interventions at a community/population level.
* Assemble a multidisciplinary team of four to complete the TEAM Training. This team must include one administrator who has budgetary authority and decision-making power.
* Ensure employees complete **all** training activities and requirements during paid work hours
* Participate in an organizational assessment and evaluation of training.

**SELECTION CRITERIA**

The GW Cancer Center wishes to provide technical assistance to individuals and organizations committed to championing significant culture change toward supportive, affirming, inclusive cancer care services. Please demonstrate this commitment through the completion of the application and attach a letter of commitment drafted and signed by a senior-level administrator. (See Section IV of the application for instructions.)

***Please go to the next page to complete the application.***

**TEAM TRAINING APPLICATION FORM**

**COHORT II**

**I. Profile**

Background:

Name of organization: Click or tap here to enter text.

Name of specific department, division, center or clinic (if applicable): Click or tap here to enter text.

Address of organization:

 Click or tap here to enter text.

Organization mission statement: Click or tap here to enter text.

Services:

Which of the following services across the cancer care continuum does your organization provide? Please select all that apply.

[ ]  Screening/preventive services

[ ]  Diagnostic testing

[ ]  Medical treatment

[ ]  Radiation treatment

[ ]  Surgical treatment

[ ]  Post-treatment surveillance/survivorship care

[ ]  Palliative/end-of-life care

[ ]  Other: Click or tap here to enter text.

**II. Narrative**

Please respond to the following questions, within the word limit provided:

1. Describe the demographics of your clients. Indicate if your description is based on estimation, registry data or another data source. This description may include patient volume; payer mix; and mix of race/ethnicity, minority sexual orientation/gender identity, socioeconomic status, educational attainment, English proficiency, religion, rural/urban residence or other sociodemographic indicators. (150 words)

Click or tap here to enter text.

1. Describe what you most want to improve at the systems level to support equitable, patient-centered, and culturally affirming cancer services for your clients (300 words)

Click or tap here to enter text.

1. How was the area for improvement identified? (Select all that apply):

[ ]  Review and analysis of available data, which indicated gap/need for improvement

[ ]  Qualitative data (such as patient focus groups or key informant interviews with
 patients)

[ ]  Recommendation from a board (such as governing board, patient/family advisory
 board or other group that provides suggestions regarding direction of organization)

[ ]  Organizational need to meet accreditation standards

[ ]  Market competition

[ ]  Internal workgroup/committee recommendation

[ ]  Directive from senior leadership

[ ]  Other: Click or tap here to enter text.

1. How will your organization benefit from the TEAM Training? (300 words)

Click or tap here to enter text.

1. How do the following characteristics below relate to your quality improvement project? (For example, do you have leadership support but limited resources, or do you have resources but lack the skills to implement your change?)
* alignment of organizational values
* vision
* top management support
* leadership
* incentives
* time
* skills
* organizational resources
* access to organizational information

Please describe in 300-350 words.

Click or tap here to enter text.

1. How did your organization hear about the TEAM Training (Select all that apply):

 [ ]  E-mail from the GW Cancer Center

 [ ]  E-mail from an association, professional organization or coalition

 [ ]  Social Media (Facebook, Twitter, LinkedIn)

 [ ]  Word of mouth (for example e-mail forward from colleague)

 [ ]  Other: Click or tap here to enter text.

**III. Team Information and Personal Statements**

Please provide the requested information below for each team member.

Each team member must write their own brief personal statement (300-350 words) regarding professional background, interest in participating in TEAM Training and what skills/expertise/perspectives they would contribute to the team. Specifically, how are you instrumental to implementation of your systems change goal?

**Team Leader** (The Team Leader will serve as the primary point of contact throughout the training)

 Name: Click or tap here to enter text.

 Credentials: Click or tap here to enter text.

 Title: Click or tap here to enter text.

 Email: Click or tap here to enter text.

 Phone number: Click or tap here to enter text.

Team Leader Personal Statement (300-350 words):

Click or tap here to enter text.

**Team Member #2**

 Name: Click or tap here to enter text.

 Credentials: Click or tap here to enter text.

 Title: Click or tap here to enter text.

 Email: Click or tap here to enter text.

 Phone number: Click or tap here to enter text.

Team Member #2 Personal Statement (300-350 words):

Click or tap here to enter text.

**Team Member #3**

 Name: Click or tap here to enter text.

 Credentials: Click or tap here to enter text.

 Title: Click or tap here to enter text.

 Email: Click or tap here to enter text.

 Phone number: Click or tap here to enter text.

Team Member #3 Personal Statement (300-350 words):

Click or tap here to enter text.

**Team Member #4**

 Name: Click or tap here to enter text.

 Credentials: Click or tap here to enter text.

 Title: Click or tap here to enter text.

 Email: Click or tap here to enter text.

 Phone number: Click or tap here to enter text.

Team Member #4 Personal Statement (300-350 words):

Click or tap here to enter text.

**IV. Letter of Support**

Please include a letter of support as an email attachment when submitting the application. The letter must be:

* Signed letter from a senior administrator: 1) committing to staff participation in all aspects of the TEAM Training during paid work hours (e.g., online course, in-person workshop, group calls, organizational assessment and action planning); and 2) approving non-covered expenses for the in-person workshop, such as ground transportation and meals outside of in-person workshop time for participants.

The administrator signing this letter must be at least one level of seniority higher than the most senior individual completing the TEAM Training. Ideally, this individual will be a C-suite professional.

The letter may not be signed by an individual completing the TEAM Training, unless that individual is a senior-level administrator.

Please see the next page for a template letter. ***We strongly recommend that administrators adapt this template to reflect the commitment of their specific organization. However, the letter must include the content from this template at a minimum.***

(date)

Mandi Pratt-Chapman

Associate Center Director, Patient-Centered Initiatives & Health Equity

The GW Cancer Center

2600 Virginia Ave. NW, Suite 300

Washington, DC 20037

**Subject: Organizational Participation in Together, Equitable, Accessible, Meaningful (TEAM) Training**

Dear Ms. Pratt-Chapman:

The purpose of this letter is to confirm (*organization name*)’s commitment to participate in the Together, Equitable, Accessible, Meaningful (TEAM) Training for health care professionals offered by the Institute for Patient-Centered Initiatives and Health Equity at The George Washington University (GW) Cancer Center.

*(Organization name)* is committed to the mission of the training, which is to improve patient-provider interactions to promote equitable, accessible and patient-centered care that results in better health outcomes for those impacted by cancer. *(Organization name)* recognizes that the goal of the training is to help organizations implement quality improvements to support patient engagement, enhance patient-provider communication and engage in culturally sensitive practices.

**I acknowledge that I have read the TEAM Training Syllabus and the four members of (*organization name*) listed as potential participants of the TEAM Training will complete all aspects of the training as outlined in the syllabus**. The organization will reimburse ground transportation and meals outside of the in-person workshop time in Washington, DC for all participants from our organization.

Participation in the TEAM Training will also include ongoing work by members listed on this application (in consultation and collaboration with other staff members) to design and implement an organization action plan to enhance the cultural sensitivity of care and services provided. I guarantee that employees will be permitted to complete TEAM Training responsibilities during paid work hours and accommodations will be made to protect time to complete responsibilities.

(*Organization name*) looks forward to participating actively in the TEAM Training.

Sincerely,

(Signature)

Name

Title

1. In this application, we use the term “organization” loosely to describe an entity of any size providing cancer-related services/programs. This term does not refer solely to entire health system (e.g., hospital), and it is instead meant to encompass units like departments, divisions, centers, etc. [↑](#footnote-ref-1)