



2019 Geriatric Oncology: Educating Nurses to Improve Quality Care

Institution/Program Information

Thank you for your interest in participating in the NIH funded program, Geriatric Oncology: Educating Nurses to Improve Quality Care. We request that each institution interested in participating in the program commits to sending a 3-person nursing team from different roles in the organizational structure, ideally, a nurse manager (who manages other nurses at the organization), a nurse educator (nurse with a primary role of education at the organization), and a direct patient care nurse (RN or NP). These nurses will work as a team before, during and after the conference to assimilate the new information and determine how to best integrate this information into their own work setting.

A team of three as outlined above will be the preferred attendee model; however, incomplete teams will be reviewed and considered on a case-by-case basis as space allows.

Conference Dates: February 25th-27th, 2019

Conference Location: The Hilton Hotel, Pasadena, California

For Frequently Asked Questions (FAQs) and to preview the application questions please link to: www.mycarg.org/r25

You can also contact Carolina Uranga (CUranga@coh.org or 626-218-5667) or Elsa Roberts (elroberts@coh.org or 626 218-0756) for questions regarding application.

Please complete the following information for your organization and for each team member.

*** 1. Institution Information**

Name of institution

Street address

City

State

Zip

Business phone

Fax

Email

*** 2. Type of Institution**

*** 3. Type of Cancer Center**

*** 4. Type of Practice**

*** 5. Ethnicity of your patient population (to equal 100%)**

% Hispanic

% Non-Hispanic

* 6. Race of your patient population (to equal 100%)

% Asian/Pacific Islander

% African-American/Black

% Caucasian/White

% American
Indian/Alaskan Native

% Other/Unknown

% More than one race

* 7. Age distribution of your patient population

% of 65 and older



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Applicant Information

* 8. Team Member #1 (Primary contact)

Name

Credentials

Current Position/Title

* 9. Position

* 10. Gender

* 11. Contact Information

Street address

City

State

Zip

Phone

Fax

Email

* 12. Years of Oncology Experience

* 13. Ethnicity

* 14. Race

Asian

African-American/Black

Caucasian/White

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

Other (please specify)

15. Do you have a disability?

Yes

No

* 16. Are you applying with a team?

Yes

No



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Applicant Information 2

* 17. Team member #2

Name

Credentials

Current Position/Title

* 18. Position

* 19. Gender

* 20. Contact Information

Street address

City

State

Zip

Phone

Fax

Email

* 21. Years of Oncology Experience

* 22. Ethnicity

* 23. Race

- Asian
- African-American/Black
- Caucasian/White
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Other (please specify)

24. Do you have a disability?

- Yes
- No



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Applicant Information 3

* 25. Team member #3

Name

Credentials

Current Position/Title

* 26. Position

* 27. Gender

* 28. Contact Information

Street address

City

State

Zip

Phone

Fax

Email

* 29. Years of Oncology Experience

* 30. Ethnicity

* 31. Race

Asian

African-American/Black

Caucasian/White

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

Other (please specify)

32. Do you have a disability?

Yes

No



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Statement of Interest

* 33. Statement of Interest

(Please provide a 1-2 paragraph statement describing your interest in this course)

34. Letter of Support

To complete the application, a letter of support from an administrator at your institution (Chief Nursing Officer or equivalent) to verify their support for your participation in this program must be received. Please ask your administrator to include their email and work phone number within the letter for our reference. Incomplete applications will not be considered for inclusion in the program.

Choose File

No file chosen



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Goals

*** 35. Goals for Implementation**

Please outline 3 preliminary goals (one goal focused on education and two goals focused on policy or practice change) on how you would implement knowledge learned at the conference into your home institution or setting after completion of the course. Goals should be specific/strategic, measurable, attainable, relevant/realistic and time-bound (SMART). Goals will be finalized at the conference.

Examples of goals:

- 1) We will implement geriatric nursing rounds on the oncology floor once a week within 3 months.
- 2) We will implement a process to assess older patient's functional status on admission within 6 months.
- 3) We will develop an interdisciplinary team to review geriatric oncology cases on a bi-weekly basis within 12 months.

1)

2)

3)

*** 36. How did you hear about the program?**

- ONS
- NICHE
- ELNEC
- CARG
- Conference
- Previous participant
- Other (please specify)

*** 37. Agreements**

- My team will commit to develop an implementation plan in my practice setting post conference.
- Our team understands that we will be asked to complete a goal analysis evaluation and survey in 6, 12, and 18 months post-conference and we agree to comply with this follow-up and to attend at least 50% of the monthly post conference phone calls.
- None of our team members have attended this course in the past.

*** 38. Primary Participant Signature (typed name is sufficient)**

39. Date Application Completed

Date