

Life Care Planning Summit 2004

The Progress Continues

Debbie Berens, CRC, CCM, CLCP

Introduction

The Life Care Planning Summit 2004 was held April 24-25, 2004 in Atlanta, Georgia with nearly 100 professionals in attendance. Although this year marked the third Summit for life care planning professionals, for the first time the Summit was held over a two day period, allowing for more dialogue and in-depth discussion of pertinent issues, with less need to hustle through the roundtable groups. With the overriding theme of "Competence," the Summit focused on five (5) topics:

- Certification Process
- CLCP Examination and CEUs
- Future Research in life care planning
- CLCP Mentoring Program
- Standards of Practice for life care planners

Chaired by Dr. Paul Deutsch and sponsored by MediPro Seminars, LLC and the University of Florida, the Summit again drew support and participation from key professional organizations in life care planning including the International Academy of Life Care Planners (IALCP), International Association of Rehabilitation Professionals (IARP), Care Planner Network, Foundation for Life Care Planning Research, American Association of Legal Nurse Consultants (AALNC) and Commission on Health Care Certification (CHCC). Other highly qualified and experienced life care planners donated their time and dedication to the Summit as organizers, speakers, facilitators and recorders for the roundtable discussions.

Process

Following the structure of the previous two Summits, this year's Summit also utilized a modified nominal group technique in which a roundtable discussion group was held on each of the five topics listed above and attendees rotated through each of the roundtable discussions to provide input in the topic area. A group facilitator and recorder were assigned to each of the five discussion groups to assist the group through the process and record the comments and salient discussion points, with the goal of achieving consensus among the topics. Dr. Deutsch opened the session and Dr. Roger Weed provided an explanation of the modified nominal group technique to the entire audience. Introductory sessions were presented to the entire group to include a presentation by Dr. Weed and Susan Riddick-Grisham on Positive

Outcomes from Summits 1 & 2, an Update on the CHCC from CEO Bob May and executive director Linda McKinley, overview of the Development of Standards of Practice by Karen Preston, and Life Care Planning Mentoring Program by Patti McCollom. The large group, having previously been assigned into five smaller groups that provided a cross-representation within each group of the various backgrounds, education, training, experience and knowledge of the life care planning professionals who were present, was ready to begin the process.

Following a lunch break, participants separated into the five smaller groups and rotated through roundtable discussions on each of the five (5) topic areas over the remainder of the day on Saturday and throughout the morning on Sunday. Every participant rotated through the five roundtables and each roundtable, with the exception of the first roundtable, provided approximately one hour 15 minutes for participants to discuss the specific topic and generate comments and consensus areas. (The first roundtable was scheduled for one and one half hours to allow sufficient time to become familiar with the process). With approximately 15 participants assigned to each of the small groups, the size enabled individual participation from each member. At the beginning of each roundtable discussion, 3x5 index cards were given to the group members and participants were asked to write 3-5 suggestions in order of priority relevant to the particular topic of that roundtable. The facilitator then went around the room and asked each participant to state his/her suggestions, while writing the suggestions/comments on a flip chart, combining suggestions when possible. After the suggestions were recorded from each participant, the participants were asked to "vote" on the top 3-5 suggestions and prioritize the most important issues pertaining to the topic area. Consensus among the roundtables was then determined based on the priority order of the issues. At the completion of all roundtable discussions (5 total), over the 2 day period, the facilitator and recorder within each topic area culled the data and determined those areas in which consensus was reached or a high level of agreement was obtained among the participants within the particular topic. This information was then presented back to the entire large group in the afternoon session on Sunday so that participants could learn of the consensus or priority areas which grew out of the roundtable discussions, as well as areas in which no consensus was reached. Unedited raw data from the five roundtable discussions were made available to the participants via PowerPoint presentation during the concluding session on Sunday and also via email shortly following completion of the Summit 2004.

Summary

Although full proceedings and outcomes of the Life Care Planning Summit 2004, including consensus areas, will be published in the next few months, as well as presented at the International Conference on Life Care Planning on October 9 & 10, 2004 in New Orleans, Louisiana, some of the general consensus items identified by the participants and discussed in the large group session on Sunday, April 26, 2004, are summarized below:

- Terminology, including definition of "client," needs to be defined in the Standards of Practice and Standards of Practice should continue to delineate the qualifications to be a life care planner (endorsement of existing Statement 1.d), delineate educational requirements for entry into life care planning, and state the role and accountability of the life care planner.
 - Urge CHCC to pursue certification by a respected and nationally recognized
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independent certifying agency that certifies certification bodies.

- Extend CLCP re-certification cycle to every 5 years consistent with many other certification renewals.
- Increase availability of advanced practice training in specialty areas.
- Ensure close monitoring of attendance at training programs that offer CLCP CEUs.
- The exam test body should be autonomous and separated from the training/educational group.
- Determine/verify need for mentoring program and agree on definition of mentoring program as applied to life care planning.
- Determine qualifications of a mentor and standardize the mentoring process and relationship before implementation of mentoring program.

Select common areas of concern or no consensus expressed by the group include:

- Key ethical issues in the Standards of Practice.
- Legitimacy/general acceptance for the Standards of Practice and what recourse should be taken when life care planners do not follow the Standards.
- Definition and meaning/purpose of a mentoring program for life care planners.

Full proceedings from the Summit 2004 will be published and a copy provided to each of the registered participants. Additional copies of the proceedings will be made available for sale to the general public.

Conclusion

True to the specialty practice of life care planning, participants at the Life Care Planning Summit 2004 were intellectually and philosophically “charged up” for the task and fully participated in the modified nominal group process. The Summit 2004 consisted of practitioners from a wide variety of life care planning practices both within the US and Canada who hold an incredible amount of knowledge and experience. Mixed in with the “seasoned” life care planners were newer life care planning practitioners and, for the first time, the Summit welcomed some students from the Kaplan College distance learning certificate program in life care planning. From an historical perspective, it is obvious that much has been accomplished as a result of the previous Life Care Planning Summits 1 & 2 and life care planning professionals who have participated in any or all of the Summits can be proud of the contributions they have made. The life care planners and their contributions, in turn, have helped shape our practice and determine the direction for our industry based on the collective input. Consistent throughout all the Summits is the apparent general consensus for collaboration among professionals and organizations that represent life care planners. The

Summits have offered and been successful in providing a proactive approach by life care planners to establish consistency and collaboration among and within the practice of life care planning.

If the Summit 2004 sounds like a monumental task to accomplish in one weekend, it was. Similar to the previous Summits, life care planning pioneers Paul Deutsch and Roger Weed were found discussing, strategizing, planning, and shaping for the future of life care planning with movers and shakers and future leaders in the industry. The “electricity” and intellectual discussion generated by all participants and facilitated by the roundtable facilitators was outstanding! Please also read the Editorial at the beginning of this issue for further commentary on the “flavor” of the Life Care Planning Summit 2004.

About the Author

Debbie Berens, MS, CRC, CCM, CLCP, has attended each of the Life Care Planning Summits in the role of participant, organizer, and/or facilitator. She has been active in the life care planning community for the past 15 years and has conducted various training seminars and presented at conferences as well as contributed over the years to writings and publications in the field of rehabilitation and life care planning. She currently serves as Associate Editor of the *Journal of Life Care Planning* in addition to her nationwide life care planning practice based in Atlanta, Georgia.
