

Virtual In-Service Training for Health Care Professionals

August 9, 2023

Please complete the information below to reserve your spot for the virtual In-Service Training on August 9, 2023. Return the completed registration form to info@tragecancer.org.

First Name: _____ Last Name: _____

Email Address: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip _____

Company/Organization (if applicable) _____

Title (if applicable) _____

How did you hear of this program? _____

What types of cancer do your patients have? _____

Are you planning on requesting free continuing education credits?

- | | | |
|---|--|---|
| <input type="checkbox"/> Yes, from the American Nurses Credentialing Center's Commission on Accreditation | <input type="checkbox"/> Yes, from the New York State Education Department State Board for Social Work | <input type="checkbox"/> Yes, a general certificate of attendance |
| <input type="checkbox"/> Yes, from the National Association of Social Workers | <input type="checkbox"/> Yes, from the State California Board of Registered Nursing | <input type="checkbox"/> No |

License number required for CEUs: _____

Do you need an accommodation (e.g., closed captioning, etc.)?

- Yes No

If you need an accommodation, please describe: _____

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Needs Assessment – Employment

1. What is the average age of the patients you serve?

- | | | | |
|-----------------------------------|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 26-40 | <input type="checkbox"/> 51-60 | <input type="checkbox"/> 71-80 |
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 41-50 | <input type="checkbox"/> 61-70 | <input type="checkbox"/> Over 80 |

2. How many of your patients work through treatment or return to work soon?

- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> All | <input type="checkbox"/> Some |
| <input type="checkbox"/> Most | <input type="checkbox"/> None |
| <input type="checkbox"/> Half | <input type="checkbox"/> N/A |

3. Do your patients ask you to help them determine if they are ready to return to work?

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> No | |

4. If yes, do you have a process in place to help you make that assessment?

- | | |
|--|--|
| <input type="checkbox"/> Yes, it works very well. | <input type="checkbox"/> No, one size wouldn't fit all. |
| <input type="checkbox"/> Yes, but there is some room for improvement | <input type="checkbox"/> No, but that would really help. |
| | <input type="checkbox"/> N/A |

5. Do your patients ask for guidance on how they can continue to work though treatment?

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> No | |

6. If yes, what do you generally suggest? _____

7. Have your patients ever expressed concern about sharing their diagnosis at work?

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> No | |

8. Do your patients complain of chemo brain and its impact on their ability to focus at work?

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> No | |

9. Do you patients ever talk to you about how to overcome the side effects of treatment at work?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> N/A | |

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10. In order to help your patients prepare for the job search process, have you ever done mock interviews with them?

- Yes
 N/A

No

11. Has a patient ever asked you to fill out a medical certification form?

- Yes
 N/A

No

12. Are you familiar with the protections provided under the Americans with Disabilities Act?

- Yes
 N/A

No

13. Are you familiar with the protections provided under the Family and Medical Leave Act?

- Yes
 N/A

No

14. Have your patients ever mentioned possible discrimination they were feeling at work either during or post treatment?

- Yes
 N/A

No

15. Have you ever advised a patient to seek legal advice for a workplace-related issue?

- Yes
 N/A

No

16. Do you feel confident that you know where to refer patients seeking legal advice for workplace-related issues?

- Yes
 N/A

No

17. What is the biggest concern your patients have about returning to work? _____

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18. Which of the following programs or services would be most valuable to your patients? (Please check all that apply.)

- Financial planning assistance
- Pro bono legal services
- Cover letter review
- Resume writing service
- One-on-one career coaching sessions
- One-on-one support to create plans for disclosure conversations with employers/coworkers
- One-on-one support to create plans for working through treatment
- One-on-one support to create plans for returning to your job after time off
- Health Insurance navigation tools