

Quality Training Program Application (Summer 2024)

Start of Block: Application Introduction

Q2 Welcome to the Quality Training Program (QTP) Summer 2024 Application

The Quality Training Program (QTP) is a transformative 6-month journey that combines in-person and hands-on learning to enhance healthcare quality. Over five days split across three sessions, participants will engage in seminars, case studies, and small group exercises, culminating in hands-on projects at their practices. Successful completion also earns participants FASCO points.

This Session's Thematic Focus: Health Equity in Cancer Care

This QTP session will serve as a kick-off to a two-year Learning Collaborative, dedicated to projects that elevate Equity, Diversity, and Inclusion (EDI) within healthcare settings. As part of your participation, you will be introduced to ASCO's new tool: the Equity Quality Improvement Practice (EQuIP) self-assessment. This tool is designed for your teams to evaluate and enhance practices around EDI, providing a unique opportunity to contribute to the evolution of equitable healthcare delivery.

Tuition Waiver: A Commitment to EDI

We are waiving all tuition fees for participants in this session as an encouragement for your commitment to using the EQuIP tool and participation in the Learning Collaborative beyond the completion of the six-month QTP course.

Preparation for Application

Before beginning your application, please ensure you are prepared with the following: The resumes/CVs of all team members. A statement of support from your leadership. Name, email address, and phone number for all team members. This application cannot be saved and must be completed in one sitting. For a comprehensive list of requirements and to prepare adequately, please visit our main site asco.org/qtp.

In-depth: The EQuIP Self-Assessment Tool

Your teams will engage with the EQuIP self-assessment tool prior to the start of QTP, marking the first use of this innovative evaluation framework. Your feedback will be instrumental in

assessing the tool's utility and effectiveness, contributing to its development for diverse oncology care centers.

Application Steps

Team Lead and Member Information: Start by entering details for the Team Lead (Applicant 1) and subsequent team members. This includes personal information, credentials, job title/position, and CV/resume upload. Indicate whether any team members are fellows and if you have additional members (up to 4). **Practice/Institution Information:** Provide comprehensive details about your practice/institution, including name, address, contact details, and a brief description of your patient population and organizational structure. Highlight any existing engagement with ASCO's Quality Oncology Practice Initiative (QOPI®) and quality improvement training programs. **Learning Sessions and EQUiP Agreement:** Confirm your team's availability for the learning sessions and agree to the EQUiP participation requirements. This includes using the EQUiP tool, providing feedback, and sharing data on its impact.

Project Proposal: Outline what your team hopes to learn through the QTP and describe how you hope to address equity of care delivery with your project. **Support and**

Commitment: Upload a statement of support from your institution's leadership, reaffirming commitment to the quality improvement project and the time necessary for participation in QTP, as well as participation in the longer-term Learning Collaborative. **Program Fees,**

Policies, and Application Submission: Review and agree to the program's terms, including responsibilities for travel and lodging. Confirm how you learned about the QTP and express your willingness to share project information on the QTP webpage.

Final Notes and Submission

After reviewing the program fees and policies and indicating your agreement, you're ready to submit your application. We appreciate the effort and commitment you're bringing to this application process. Should you have questions or need assistance, please contact us at qualitytraining@asco.org.

Thank you for your interest in advancing the quality of care through the Quality Training Program. We eagerly anticipate the opportunity to collaborate with you in making significant strides in healthcare quality.

End of Block: Application Introduction

Start of Block: Applicant 1 Information Part 1

Q6 Applicant 1 (Team Lead) Information

First Name _____

Last Name _____

Credentials (MD, RN, MSN, etc.)

Email Address _____

Phone Number _____

End of Block: Applicant 1 Information Part 1

Start of Block: Applicant 1 Information Part 2

Q9 Applicant 1 (Team Lead) Job Title/Position

Q11 Is Applicant 1 (Team Lead) a Fellow?

Yes

No

Q12 Applicant 1 (Team Lead) CV/Resume Upload

End of Block: Applicant 1 Information Part 2

Start of Block: Applicant 2 Information

Q22 Applicant 2 Information

First Name _____

Last Name _____

Credentials (MD, RN, MSN, etc.)

Email Address _____

Phone Number _____

Q16 Applicant 2 Job Title/Position

Q19 Is Applicant 2 a Fellow?

Yes

No

Q20 Applicant 2 CV/Resume Upload

Q34 Do you have additional team members to include in your application (teams may have up to 5 members)?

Yes

No

End of Block: Applicant 2 Information

Start of Block: Applicant 3 Information

Q23 Applicant 3 Information

First Name _____

Last Name _____

Credentials (MD, RN, MSN, etc.)

Email Address _____

Phone Number _____

Q24 Applicant 3 Job Title/Position

Q25 Is Applicant 3 a Fellow?

Yes

No

Q26 Applicant 3 CV/Resume Upload

Q32 Do you have additional team members to include in your application (teams may have up to 5 members)?

Yes

No

End of Block: Applicant 3 Information

Start of Block: Applicant 4 Information

Q29 Applicant 4 Information

First Name _____

Last Name _____

Credentials (MD, RN, MSN, etc.)

Email Address _____

Phone Number _____

Q30 Applicant 4 Job Title/Position

Q31 Is Applicant 4 a Fellow?

Yes

No

Q32 Applicant 4 CV/Resume Upload

Q35 Do you have additional team members to include in your application (teams may have up to 5 members)?

Yes

No

End of Block: Applicant 4 Information

Start of Block: Applicant 5 Information

Q37 Applicant 5 Information

First Name _____

Last Name _____

Credentials (MD, RN, MSN, etc.) _____

Email Address _____

Phone Number _____

Q38 Applicant 5 Job Title/Position

Q39 Is Applicant 5 a Fellow?

Yes

No

Q40 Applicant 5 CV/Resume Upload

End of Block: Applicant 5 Information

Start of Block: Practice/Institution Information

Q27 Practice/Institution Information

Company/Organization Name

Address _____

Address 2 _____

City/Town _____

State/Province _____

ZIP/Postal Code _____

Country _____

Q45 Organization/Application Admin Contact

Name _____

Company/Organization _____

Position _____

Email Address _____

Phone Number _____

Q47 Briefly describe your practice/institution and patient population.

Q48 What is the organizational structure of your practice/institution?

- Private community practice
- Private integrated group practice
- Institutional, nonacademic
- Academic practice (with teaching, research)
- Academic community-based practice

Q49 Indicate the medical specialties in the practice/institution. (Check all that apply)

- Hematology/Oncology
- Surgical Oncology
- Radiation Oncology
- Gyn Oncology
- Pediatric Hematology/Oncology

Page Break

Q51 How many oncology physicians/professionals are in the practice/institution?

- 1-5
- 6-10
- 11-15
- 16+

Q52 Is the practice/institution currently registered to participate in ASCO's Quality Oncology Practice Initiative (QOPI®)?

- Yes
- No

Q53 Does your practice/institution provide any quality improvement training to clinical and/or administrative employees?

- Yes
- No

Q54 QTP Summer 2024 will be on the following dates at ASCO HQ:

Learning Session 0: June 26, 2024 (Virtual) Learning Session 1: Thursday, July 11 – Friday, July 12, 2024 Learning Session 2: Thursday, September 19 – Friday, September 20, 2024 Learning Session 3: Friday, December 13, 2024

I acknowledge that all paid members of my team will attend these sessions in-person. (Participants are responsible for their own flights and lodging and tuition. In-person trainings include breakfast and lunch).

- Yes
- No

SAMPLE

Q67 EQulP Description & Agreement

This iteration of QTP emphasizes equity, diversity, and inclusion (EDI) in healthcare. Integral to this session, participants will engage with ASCO's Equity Quality Improvement Practice (EQulP) Evaluation Site Assessment Tool, aimed at fostering advancements in EDI practices within healthcare settings.

For Detailed EQulP Information and Participation Requirements: Please visit: [EQulP Requirements](#)

Q68 Commitment to Utilize EQulP:

I understand to participate in and receive free tuition for QTP Summer 2024, I must utilize EQulP to evaluate the current state of equity in care delivery at my practice site and execute a QTP project aimed at advancing performance in at least one construct within the four domains of the EQulP site assessment.

I understand and agree to use EQulP

Q69 Feedback Contribution:

As part of utilizing EQulP, I commit to offering feedback to the development team regarding the tool's utility and effectiveness. This includes participating in an hour-long interview, aimed at gathering comprehensive insights to support further refinements. Such feedback is vital for ensuring EQulP's broad applicability across diverse oncology care centers.

I Agree

Q70 Ongoing Impact Assessment:

To assess the impact of the EQulP tool over the year following the completion of the program, I agree to complete two surveys, distributed every six months, to provide insights on the tool's effectiveness and influence on my practice.

I Agree

Q71 Participation in a Learning Collaborative:

To enable continued learning and collaboration regarding challenges and opportunities to address equity of cancer care delivery, I agree to participate in quarterly storyboard sessions, an online community and other learning opportunities that may be available to QTP participants.

I Agree

Page Break

SAMPLE

Q55 What does your team hope to learn from participating in the ASCO Quality Training Program

Q56 In a brief narrative, please outline the issue your team aims to tackle through your project. Elaborate on what your team aspires to learn through the Quality Training Program (QTP) and describe how you plan to address equity in care delivery within your project.

End of Block: Practice/Institution Information

Start of Block: Explanation for Planned Absence From Learning Session(s)

Q57 If you replied no, that your entire team will not be able to attend ALL of the learning sessions, please explain why.

End of Block: Explanation for Planned Absence From Learning Session(s)

Start of Block: Statement of Support

Q58 Please upload a statement of support, written and signed by the leadership of your practice/institution. The statement of support should indicate: Willingness to protect time for applicants' travel to/from and participation in the three in-person learning sessions, the virtual coaching sessions and project work during the Quality Training Program. Commitment to a quality improvement project at the practice/institution. How quality improvement training for the proposed team will contribute to the practice/institution in the long term.



Q59 Please upload a PDF of your signed Statement of Support

End of Block: Statement of Support

Start of Block: Terms and Conditions

Q60 Program Fees and Policies

If selected to participate, the accepted applicant practice/institution team must notify and confirm with ASCO of the intent to participate within 10 calendar days of receiving email notification of being selected.

The applicant practice/institution selected to participate is responsible for travel, lodging and incidentals for the three in-person sessions at ASCO Headquarters in Alexandria, Virginia.

Tuition for this session is completely waived due to willingness to use EQUIP.

Accepted applicants are expected to fully participate in all aspects of the Quality Training Program. No substitutes will be allowed to participate in the in-person trainings in place of accepted applicants.

Q61 Confirmation of Understanding of Terms and Conditions:

Program Fees and Policies Before proceeding, please carefully read and confirm your understanding of the following key points regarding your participation in the Quality Training Program:

Notification of Participation: If selected, you must confirm your intent to participate with ASCO within 10 calendar days of receiving the selection email. Responsibility for Fees: Your

practice/institution is responsible for costs for travel, lodging, and incidentals incurred during the three in-person sessions at ASCO Headquarters in Alexandria, Virginia. Participation Expectations: Accepted applicants are expected to fully engage in all aspects of the Quality Training Program without substitution for any in-person trainings.

Please confirm your understanding and agreement with the above statements:

- I have read and understand the program fees, payment obligations, and policies as outlined. I acknowledge that my practice/institution is responsible for adhering to these terms upon acceptance into the Quality Training Program.

End of Block: Terms and Conditions

Start of Block: Referral Questions

Q62 Where did you first learn of ASCO's Quality Training Program?

- Email direct from ASCO
- Ad in Journal of Oncology Practice
- Ad in Journal of Clinical Oncology
- ASCO Quality Care Symposium
- Meeting at ASCO Headquarters
- From a colleague
- Other _____

Q63 If you were referred, who referred you?

Q64 If accepted to the Quality Training Program, do you give permission for ASCO to share information about your project on the QTP Web page?

Yes

No

Q65 I have read and understand the terms and conditions and wish to submit my team's application. (Quality Training Program [FAQs](#))

I Agree

Q66 Please select one of the following options to indicate your preference for receiving email updates about ASCO QTP (you may opt out at any time):

Yes, I would like to receive email updates.

No, I do not wish to receive email updates.

Q72 Please note: You are now at the conclusion of your application. By clicking the next arrow, you will submit your application. Be aware that after submission, it will not be possible to return to this page or make any amendments to your application. Ensure you have reviewed all your information thoroughly before proceeding.

End of Block: Referral Questions
