

**TOOL 2-9**

**MOLST Training Plan Template**



Site, Unit or Department <i>E.g.</i>	Site, Unit or Department Contact name, phone, email	Participants (how many, disciplines, roles, etc.)	Trainer(s) name, phone, email	Training location, venue or address	Training materials, handouts	Method to invite participants	Training date(s) and time(s)
<i>Clinical: Faculty Fellows Residents Students</i>							
<i>Key staff by departments</i>							
<i>Emergency medicine</i>							
<i>Nursing: Educators, Leaders, Advanced Practice, Staff/Floor</i>							
<i>Care Coordination</i>							
<i>Social Work</i>							
<i>Admissions</i>							
<i>Discharge</i>							
<i>Pastoral Care</i>							
<i>Medical Interpreters</i>							
<i>Medical Records</i>							
<i>Patient Care</i>							
<i>Legal/lawyers</i>							
<i>Patient &amp; Family Advisory Council</i>							
<i>Others...</i>							