



Featured Speaker:
April M. Willett, MSN, BS, ANP-BC, ACHPN

Achieving Excellence in End of Life Care

Tuesday - Wednesday
February 20 -21, 2018

(8:30 a.m. Registration on both days)

Day 1: 9 a.m. - 3:45 p.m.; **Day 2:** 9 a.m. - 12:45 p.m.

Location:

Southern Regional AHEC
1601 Owen Drive, Classroom B
Fayetteville, NC 28304

Target Audience

Nurses, Nurse Practitioners, Case Managers, Social Workers or any other health care workers interested in end of life care.

Program Description

End of Life Care is a unique and rewarding aspect of health care! Join us as we discuss myths, learn effective communication skills, support mechanisms and other tools to provide excellence in the care we provide for patients and their families during this challenging time.

Outcome

Participants will be able to articulate best practices for caring for hospice patients and their families.

Speaker

April M. Willett, MSN, BS, ANP-BC, ACHPN

Agenda

February 20, 2018

8:30 a.m.	Registration
9 a.m.	Historical Perspective, pinnacles of care; philosophy, eligibility
10 a.m.	Break
10:15 a.m.	Nursing Presence, Communication (delivering bad news) via practice interactive role-playing in small and large groups
11:45 a.m.	Lunch (provided)
12:30 p.m.	Myths vs Truths concerning opioids at end of life via lecture and active discussion.
2 p.m.	Break
2:15 p.m.	Signs and symptoms, stages of dying

February 21, 2018

8:30 a.m.	Registration
9 a.m.	Symptom and pain management at end of life, including deathbed phenomena, delirium both causes, treatment and how to recognize delirium and deathbed phenomena.
10:30 a.m.	Break
10:45 a.m.	Effective Communication with patients' providers via role playing/ discussion, Support for families at end of life, Practice EOL patient/ family case studies; issues discussed and plan of care resolutions via small and large group.

Fee

Early Bird Rate: \$180 when registration and payment received by January 31, 2018. Late Fee: \$190.00 when registration and payment received February 1, 2018 or later. \$162.00 per person for groups of 3 or more registering at the same time with one form of payment by January 31, 2018; \$172.00 per person thereafter.

SR-AHEC requires full payment for all registrations prior to the program date. We no longer accept purchase orders or supervisor's approval signatures in lieu of payment. Access to workshop materials and handouts cannot be released until payment is received. Early and regular rates will be determined by the date of receipt.

Credit

Contact Hours: 9.0

CEU: 0.9

CNE: 9.0

Contact Hours will be awarded to participants who attend 90% of this activity.

Southern Regional AHEC is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Any conflict of interest from the speaker will be announced at the beginning of the event.

Substitutes/Refunds/Transfers

Participants who register for the program and are not able to attend, may:

- Send a substitute;
- Cancel two (2) business days (Monday-Friday), before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel two business days (Monday-Friday) before the program and obtain a refund for 70% of the registration fee.

Cancellations less than two business days (Monday-Friday) before the program are non-refundable. Participants who register for a program and do not attend will forfeit the full amount of the program registration fee.

Contact

Sherri Eubanks BSN, RN
Director of Nursing CE/RN Refresher Coordinator, SR-AHEC
910-678-7246 / sherri.eubanks@sr-ahec.org

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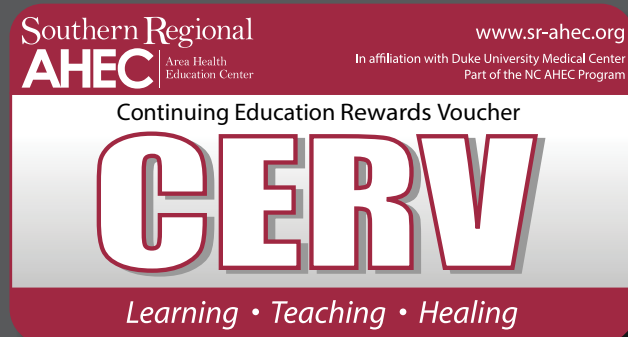
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**Not redeemable for CME series or contract programs and must be initialed by SR-AHEC personnel at current program.*

Registration Form

Form may be duplicated.

**Achieving Excellence in
End of Life Care**
CASCE #53959 / NU180220

Phone: 910-678-7226 **Fax:** 910-323-0674

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=53959>

Mail: SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

Circle one: Dr. Mr. Mrs. Ms.

Name		Last 4 digits of SS#	
Certifications/Degrees	Specialty Area	Are you an NCC?	
Employer	Job Title		
Work Address	City	State	Zip Code
Home Address	City	State	Zip Code
Phone (work)	(home)		

A valid email address is needed for program communications. The secondary email will only be used if your primary email replies as "undeliverable."

Email (primary)	(secondary)
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☐ Do not send email announcements of upcoming SR-AHEC programs. ☐ Do not share my information with participants and/or exhibitors.

Special Needs / Food Allergies

Payment Information

☐ Check (Make payable to SR-AHEC)

<input type="checkbox"/> Mastercard / Visa #	Expiration Date (mm/yy)
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Name on Card	Signature
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The handouts for the program will be provided online through MyAHEC located on the SR-AHEC website:

<https://www.aheconnect.com/ncahec/myce.aspx?a=8>.

Early registration is encouraged, as full access instructions will be sent with registration confirmation via e-mail.

For Continuing Education References concerning inclement weather, tobacco-free campus and ADA requirements, please go to:

https://www.southernregionalahec.org/?page_id=6196

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SR-AHEC.org
1601 Owen Drive • Fayetteville, NC 28304
(910) 678-7226

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