

# DELIVERING EXCELLENT PALLIATIVE CARE: THE END-OF-LIFE NURSING EDUCATION CONSORTIUM (ELNEC) PROGRAM

## May 24, 2016 or October 19, 2016

### **Description:**

The one-day ELNEC course is designed to provide comprehensive basic information to all healthcare professionals who are involved in direct or indirect care of patients and families with palliative care needs, or facing end-of-life. All healthcare disciplines are welcome to attend.

### **Agenda:**

- 7:00 - 8:00 a.m. Registration
- 8:00 - 8:30 a.m. Welcome and Introduction to ELNEC Course  
Maria Fox, DNP, APRN-CNS, ACHPN, CCRN, Advanced Practice Nurse, Palliative Care Team
- 8:30 - 9:45 a.m. Introduction to Palliative Care  
Amy Velasquez, BSN, RN, Palliative Care Nurse Navigator, Outpatient Cancer Services
- 9:45 - 10:00 a.m. Break
- 10:00 - 11:00 a.m. Pain Management at End-of-Life  
Carol Mulvenon
- 11:00 - 12:15 p.m. Symptoms  
Maria Fox, DNP, APRN-CNS, ACHPN, CCRN, Advanced Practice Nurse, Palliative Care Team
- 12:15 - 1:00 p.m. Lunch
- 1:00 - 2:15 p.m. Communication  
Kim Clarke
- 2:15 - 3:15 p.m. Loss, Grief, and Bereavement  
Ashley Huber
- 3:15 - 3:30 p.m. Break
- 3:30 - 4:45 p.m. Final Hours  
Karin Porter-Williamson, M.D., FAAHPM
- 4:45 - 5:00 p.m. Q&A and Evaluation  
Maria Fox, DNP, APRN-CNS, ACHPN, CCRN and Karin Porter-Williamson, M.D., FAAHPM

### **Program Location:**

KU School of Nursing, Room G013, 3901 Rainbow Blvd., Kansas City, Kan.

**For non KU Medical Center or University of Kansas Hospital attendees:** Public parking (\$6.00) is available in Cambridge Garage, across from the hospital's main entrance, or in the Olathe II Garage, at Cambridge and Olathe. Campus maps are available at the Information Desk in the main lobby of the hospital.

### **Webinar Option:**

This program will be broadcast via webinar for those unable to attend in person. If you wish to attend via webinar, please check the appropriate box on the registration form. Webinar participants will receive log on information prior to the event.

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## May 24, 2016 or October 19, 2016

### **CE Contact Hours:**

9 for CNE, SW and Certificates of Attendance. Details below.

### **Course Fee:**

\$60.00 per person (Fee waived for University of Kansas Hospital and KU Medical Center employees)

Pre-registration is required for all participants.

Registration deadline for May 24 program is noon Wednesday May 18, 2016.

Registration deadline for October 19 program is noon Wednesday, October 12, 2016.

### **For more information or to register, contact:**

KU Medical Center Area Health Education Center  
(620) 235-4040

### **Continuing Education Credit:**

**APRNs:** The University of Kansas Medical Center Area Health Education Center East, as an approved provider of continuing education by the Kansas State Board of Nursing, presents this offering for a maximum of 9 contact hours credit applicable for relicensure of APRNs. Kansas Provider Number LT0056-0749

**Nurses:** The University of Kansas Medical Center Area Health Education Center East, as an approved provider of continuing education by the Kansas State Board of Nursing, presents this offering for a maximum of 9 contact hours credit applicable for relicensure of RNs and LPNs. Kansas Provider Number LT0056-0749

**Social Workers:** The University of Kansas Medical Center Area Health Education Center-East, as an approved provider of continuing education by the State of Kansas Behavioral Sciences Regulatory Board present this offering for a maximum of 9 hours of credit applicable for relicensure of LASWs, LBSWs, LMSWs, and LSCSWs. Kansas Provider Number 12-002.

If a participant misses more than 10% of an offering, a certificate of continuing education will not be issued. Partial credit is NOT given.

All other attendees will receive a certificate of attendance.

### **Cancellation and Refund Policy:**

A registrant may cancel no later than three business days prior to the program to receive a refund minus a \$15.00 administrative fee. After that time, no refunds are made. The registration fee will not be transferred to future offerings. Refunds are made by mail.

KU Medical Center AHEC reserves the right to cancel the program and return all fees in the event of insufficient registration. KU Medical Center AHEC will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.

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May 24, 2016 or October 19, 2016

## Registration & Fees

Registration Fee: \$60

Pre-registration is required. Program fee is due at the time of registration.

Fee is waived for employees of the University of Kansas Hospital and KU Medical Center if required employment information is provided below.

## Fax or Mail Registration Form To:

KU Medical Center Area Health Education Center  
1501 S. Joplin  
Shirk Hall, 4th Floor  
Pittsburg, KS 66762

Phone: (620) 235-4040

Fax for Registrations: (620) 235-4041

## Personal Information

Name (print): \_\_\_\_\_

Are you a KU Hospital or KU Medical Center employee? ☐ No ☐ Yes.

If yes, include the department and location where you work on the "Employer" line below.

Employer: \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Title: ☐ APRN ☐ RN ☐ LPN ☐ SW ☐ Other, specify: \_\_\_\_\_

Professional License or Certificate #: \_\_\_\_\_ State: \_\_\_\_\_

## Date Attending

☐ May 24, 2016      Registration deadline: noon Wednesday May 18, 2016.

☐ Attending on site    ☐ Attending via webinar

☐ October 19, 2016    Registration deadline: noon Wednesday, October 12, 2016.

☐ Attending on site    ☐ Attending via webinar

## Payment Information (Prepayment required)

☐ Check (payable to KU Medical Center Area Health Education Center)

☐ Purchase Order

☐ Credit Card (☐ Visa ☐ MasterCard ☐ Discover)

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Receipt emailed to: \_\_\_\_\_

☐ I am a KU Hospital or KU Medical Center employee and have provided employment information above so no payment is required.