

Schedule

- 8:00-8:30 AM Registration and Coffee
- 8:30-9:45 AM Evolving Model of Palliative Care Overview
- 10:00-11:45 AM Symptoms in the EOL Room: What do I say? What do I do?
- 11:45 AM-12:45 PM LUNCH (included)
- 12:45-2:15 PM Challenging Cases in Palliative Care
- 2:30-4:00 PM Ethical Issues in End of Life Care
- 4:00-4:15 PM Evaluations and Closing

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Additional program information is available on our website:
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HOSP-PAL2019

6th Annual Hospice & Palliative Care Conference

The Evolving Palliative Care Model



Thursday, March 7, 2019

8:30 AM – 4:15 PM

Jean Student Center Complex, Saint Anselm College

Jointly provided by:



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**HOME CARE, HOSPICE
& PALLIATIVE CARE ALLIANCE**
OF NEW HAMPSHIRE

DISTINGUISHED FACULTY

JILL HUNTER, MSN, APRN, FNP-BC, Elliot Hospital Center for Palliative Care, Manchester, NH

CHARLES MILLS, MD, FACP, FAAHPM, HMDBC, Medical Director, Elliot Hospital Center for Palliative Care, Manchester, NH

KATHLEEN PERRIN, PHD, RN, CCRN, Professor Emerita, Nursing, Saint Anselm College, Manchester, NH

RENEE PLODZIK, MSN, APRN, Internal Medicine, Palliative Care, Cancer Survivorship Program, Concord Hospital Medical Group, Concord Hospital, Concord, NH

STEPHEN RUST, MD, FACP, FAAHPM, Executive Medical Director, Capital Region Palliative Care and Hospice, Concord, NH

KRISTI SAUNDERS, MS, MD, HMDC, FACOG, Hospice and Palliative Medical Director, Lake Sunapee Region VNA and Hospice, New London, NH

LISA STEPHENS, MSN, APRN, ACHPN, Lead Nurse Practitioner, Section of Palliative Medicine, Dartmouth Hitchcock Medical Center, Lebanon, NH



PLANNING COMMITTEE

AMY GUTHRIE, MS, RN, Director, Continuing Nursing Education, Saint Anselm College, Manchester, NH

RITA ANGER, MS, RN, CHPN, Faculty, St. Joseph School of Nursing, Nashua, NH

KIMBERLEY LEETS, BS, RN, CHPN, Palliative Care Nurse, Home Health & Hospice Care, Merrimack NH

JANICE MCDERMOTT, Director of Hospice and Palliative Care, Home Care, Hospice & Palliative Care Alliance of NH, Concord, NH

KATHLEEN PERRIN, PHD, RN, CCRN, Professor Emerita, Nursing, Saint Anselm College, Manchester, NH

GENERAL INFORMATION

TARGET AUDIENCE: This conference is ideal for nurses and other healthcare professionals who care for patients toward the end of life, including those who are new to palliative care concepts as well as those who are experienced in caring for end-of-life patients.

CONTACT HOURS: This conference provides 6.25 contact hours.

FEE: \$119 (includes lunch)

GROUP DISCOUNT: If five or more people from the same agency register at the same time for the same conference, you may deduct 10%. Mailed registrations must arrive in the same envelope. Faxed registrations must arrive together.

CANCELLATION/REFUND POLICY: Registrants who are not able to attend or send a substitute can obtain a refund of registration fees, minus a \$25 processing fee. A request must be received by February 14, 2019. REFUNDS WILL NOT BE ISSUED AFTER THIS DATE- NO EXCEPTIONS.

CONFIRMATIONS: Your confirmation will be emailed to you.

TAPING IS NOT ALLOWED.

PROGRAM CHANGES AND CANCELLATIONS: We reserve the right to make changes in content or speakers, or to cancel programs if enrollment criteria are not met or when conditions beyond our control prevail.

INCLEMENT WEATHER: In the event of severe inclement weather, the program may be cancelled. Call our voice mail at 603-641-7086. We will have the latest information at the number after 6:30am.

QUESTIONS: contact 603-641-7086 or anselm.edu/cne.

Accreditation

Saint Anselm College is an approved provider of continuing nursing education by the Northeast Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

WWW.ANSELM.EDU/CNE

REGISTRATION FORM

The Evolving Palliative Care Model

MAIL: Saint Anselm College
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100 Saint Anselm Drive
Manchester, NH 03102-1310

FAX: 603-641-7089
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REQUIRED FOR CONFIRMATION

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CONFERENCE FEE

- Registration Fee: \$119
Fee includes morning coffee, breaks, lunch and handouts.

METHOD OF PAYMENT

- Check enclosed made payable to Saint Anselm College
in the amount of \$ _____
- I authorize the use of my credit card: VISA MasterCard
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