

END-OF-LIFE CARE: THE LATEST INCLUDING PAIN MANAGEMENT

April 7 and 14, 2010 - 12 pm - 1 pm

**Robert C. Byrd Health Sciences Center Learning Center Room 1901, Morgantown, WV
and via Mountaineer Doctor Television (MDTV)**

Course Objectives

At the conclusion of this two-part course, participants should be able to:

- calculate starting dosages for opioids and use the new Pocket Pain Reference Card;
- describe approaches to evaluating and treating nociceptive and neuropathic pain;
- apply pain management principles to cases;
- explain a six-step protocol for communicating with patients and families about end-of-life decisions;
- describe the format and function of family meetings to reach consensus on goals of care; and
- discuss the role of advance directives, Do Not Resuscitate (DNR) cards, and Physician Orders for Scope of Treatment (POST) forms to identify and respect patients' end-of-life wishes.

Course Faculty

Alvin H. Moss, MD, FAAHPM, Professor of Medicine, WVU School of Medicine and Director, WV Center for End-of-Life Care

Disclosure: All those in a position to control content of this program have indicated that they have no significant interests to disclose.

Course Schedule

April 7, 2010 - 12:00-1:00 pm Update on Pain and Symptom Management

April 14, 2010 - 12:00-1:00 pm End-of-Life Care Communication and Implementing Patients' Decisions

Target Audience

The program is designed for all physician specialties, nurses, nurse practitioners, physician assistants, social workers, clergy, and other allied health professionals who wish to increase their knowledge and skills in end-of-life care including pain management.

This course is appropriate for those providers needing to meet the requirement of two hours of end-of-life care including pain management education for licensure purposes.

Course Credit

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the WVU School of Medicine Office of Continuing Medical Education and the WV Center for End-of-Life Care. The WVU Office of CME is accredited by the ACCME to provide continuing medical education for physicians. The WVU Office of CME designates this educational activity for a maximum of 2 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This continuing education activity has been provided by the West Virginia University School of Nursing for 2.4 contact hours. The West Virginia University School of Nursing is an approved provider of continuing education by the State of West Virginia Board of Examiners for Registered Professional Nurses, Legislature Rule §19CSR11-4 under provider number WV1996-0120RN.

This course is sponsored by the Center for Health Ethics and Law, Provider Number 490095, which is a Certified Provider of continuing education credits for social workers. Each program has been awarded up to 1 hours of continuing education credit per session.

Continuing education credits have been applied for from WVU Extended Learning Continuing and Professional Education.

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Registration Information

Registration fee is \$35 per person/per session. Deadlines for registrations are March 24, 2010

Payment is required in advance. Your registration will be confirmed in writing. Cancellation policy: Written cancellations must be received prior to March 24, 2010 to obtain a refund. Substitutions are welcome. Please notify us of the change. Course fee includes training manual which includes consultation tools and WV legislation.

Name

Institution

Address

City, State, Zip

Phone

E-mail

Attending in Morgantown: _____ Attending at MDTV Site: _____ Location of site: _____

If wishing to attend this program at an MDTV site, please call Cindy Barnes at 800-699-6388 to verify that the site you are requesting is participating in this program.

Payment Information

Total Amount Enclosed: \$ _____

Credit Card Payment:

Cardholder Name

Cardholder Billing Address

.....

Card Number

Exp. Date

..... CVV code

Authorized Signature

FAX 304-293-7442

Please return this form with your check made payable to:

West Virginia University
1195 Health Sciences North
Morgantown, WV 26506

For questions or additional information:

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