

Hospice & Palliative Care for Dialysis Patients

WEBINAR SERIES

Presented by WVU School of Medicine, WV Center for End-of-Life Care and
Mid-Atlantic Renal Coalition

Course Description

Among all the prevalent non-cancer chronic diseases, end-stage renal disease (ESRD) presents the most complicated set of systemic barriers to accessing palliative and hospice care. Even as the US dialysis patient population continues to grow, with nearly 370,000 patients and an average life expectancy of three to four years, utilization of hospice remains low. This series will explain the case for increasing hospice use amongst ESRD patients, present advances in palliative care for dialysis patients and explore new ways to maintain quality of life for dialysis patients at the end of life.

Target Audience

These courses are appropriate for physicians, nurses, social workers and palliative care clinicians in both the renal and hospice communities who wish to expand their knowledge of end-of-life care for dialysis patients.

Course Schedule

January 20, 2010 - 12:00 - 1:00 p.m. EST

Relevance of Palliative Care and Hospice for Dialysis Patients

Alvin H. Moss, MD, West Virginia University School of Medicine

February 17, 2010 - 12:00 - 1:00 p.m. EST

Pain Assessment and Management

Sara Davison, MD, University of Alberta

March 24, 2010 - 12:00 - 1:00 p.m. EST

Symptom Assessment and Management

Steven Weisbord, MD, VA Pittsburgh Healthcare System

April 28, 2010 - 12:00 - 1:00 p.m. EST

Incorporating Palliative Care into the Dialysis Unit

Michael Germain, MD, Baystate Medical Center

Course Credits (1 CME credit for physicians, 1 CE credit social workers or 1.2 CEU credits for nurses, per course)

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, the WV Center for End-of-Life Care, and the Mid-Atlantic Renal Coalition. The WVU School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The WVU Office of CME designates this educational activity for a maximum of 1 AMA PRA Category 1 credit(s)™. 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 1.2 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, Legislative 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 West Virginia Certified Provider of continuing education credits for social workers. This program has been awarded up to 1 hour of continuing education credit. Please consult your state licensing board for limits on CE hours for other than "face-to-face" programs.

SEE REVERSE SIDE FOR REGISTRATION INFORMATION

Registration Form

Each course is open to all who are interested. Please complete the form below and fax or mail it with payment to the Mid-Atlantic Renal Coalition by 5:00 p.m. on the registration deadline. **Detailed call instructions, workshop information, evaluations and CE request forms will be sent via e-mail or fax after the registration and payment have both been processed.**

Cancellations: Registrations may be canceled on or before the registration deadline for a full refund. Fees are non-refundable after the deadline, however a substitute may attend if the registrant is unable.

Payment: Registrations will not be accepted without full payment. Group or corporate checks sent under separate cover should arrive with a copy of this registration form.

Questions? Contact Samantha Dorr at 804.794.3757 or sdorr@nw5.esrd.net.

Limit 1 phone line per facility. The registration fee is \$25 per person, per course.

Registration Information (please PRINT clearly)

Please indicate which course date(s) you plan to attend (*registration deadline*):

January 20 (*Jan. 13*) February 17 (*Feb. 10*) March 24 (*Mar. 17*) April 28 (*Apr. 21*)

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Registrant Name*: _____ Degree: _____

**This person will receive call instructions, workshop information, evaluations and CE request forms for the entire group.*

Professional License #: _____ State of Licensure: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

How would you like to receive the call instructions, workshop information, evaluations and CE request forms (if applicable)? Fax E-mail

Would you like CE credit? Yes No

If registering for a group, please attach a roster listing each participant's name and credentials and the course date(s) they will be attending.

Payment Information

Total number of participants for all course dates: _____ x \$25 = _____ TOTAL ENCLOSED

Payment Method: Check (payable to "MARC") Visa Mastercard Discover AMEX

Card No.: _____ Exp. Date: _____

Cardholder Name (print): _____ Security Code: _____

Billing Address (no P.O. Box): _____

City: _____ State: _____ Zip: _____

By signing below, the cardholder authorizes the Mid-Atlantic Renal Coalition ("MARC") to charge his/her credit card for the amount indicated above. The cardholder agrees to reimburse MARC for any fees associated with challenged/disputed transactions that are resolved in favor of the merchant (MARC).

SIGNATURE: _____

MAIL or FAX this form with payment to the Mid-Atlantic Renal Coalition office

MAIL: 1527 Huguenot Road, Midlothian, VA 23113

FAX: 804.794.3793