

University Medical Center
Continuing Health Professional Education
2500 North State Street
Jackson, Mississippi 39216-4505



2008 RENAL CARE NURSING UPDATE: RECENT DEVELOPMENTS IN TRANSPLANTATION MAY 30, 2008

UMC CONFERENCE CENTER AT THE
JACKSON MEDICAL MALL
JACKSON, MISSISSIPPI

Target Audience:
Nurses, Nurse Practitioners,
Social Workers, Dietitians,
and other interested
Healthcare professionals

Continuing Education in Nursing Sponsored by
the University of Mississippi School of Nursing,
University Hospitals and Health System
Department of Nursing Service, the University of
Mississippi Medical Center Division of
Continuing Health Professional Education

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GENERAL INFORMATION CONTINUING EDUCATION CREDIT

Nurses

MNF The University Of Mississippi School Of Nursing Continuing Education Program is an approved provider of continuing nursing education by the Mississippi Nurses Foundation Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

As an approved provider, the University of Mississippi School of Nursing designates this offering as meeting the criteria for 6.25 contact hours. Participation in and successful completion of this activity will be determined by the participant signing in, attending the sessions for which credit is desired, and returning the completed evaluation tool. Each participant should claim only those hours of credit that he or she actually spends in the educational activity.

Accredited status refers only to continuing nursing education activities and does not imply ANCC Commission on Accreditation approval or endorsement of any commercial products.

CEU

This activity is approved by the University of Mississippi Medical Center Division of Continuing Health Professional Education for a maximum of 0.6 (6 hours) continuing education units.

DIETITIANS

Contact the UMC Division of Continuing Health Professional Education at (601) 984-1300 after May 1, 2008 to inquire about credit.

SOCIAL WORK

NASW The University of Mississippi Medical Center is approved as a provider of Social Work Units by the National Association of Social Workers, Mississippi Chapter, for the period of 1/31/07 to 1/15/10. .75 Social Work Units are granted for participating in this course.

EASY WAYS TO REGISTER

This program is open to all interested health professionals. Refer to the registration form for a list of the fees. The registration fee includes tuition, break refreshments, lunch, and program materials. Advance registration is recommended to ensure available space, food, and course materials. On-site registrations will be accepted on a space available basis only. Register by one of the following methods.

Mail: Registration may be mailed along with payment or purchase order number to: UMC Continuing Education, 2500 North State Street, Jackson, MS 39216-4505

Fax: 601-984-1309. You must include VISA® or MASTERCARD® information, or purchase order number.

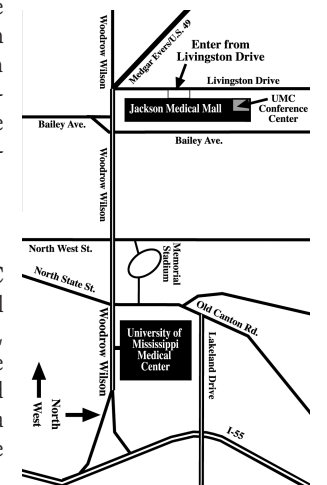
All registrations will be confirmed in writing if received by May 23, 2008. After that date, call the UMC Division of Continuing Health Professional Education at (601) 984-1300 to verify receipt of registration.

CANCELLATION POLICY

Full refunds will be granted if written cancellation is received no later than 4:30 p.m. on May 23, 2008. After that date, no refunds will be issued. A pre-paid registrant who is unable to attend may send a substitute. The University of Mississippi Medical Center Division of Continuing Health Professional Education reserves the right to cancel this program if sufficient pre-registrations are not received. If the sponsor cancels this program, all prepaid registration fees will be refunded in full.

LOCATION

This program will be presented at the UMMC Conference Center at the Jackson Medical Mall Thad Cochran Center, 350 Woodrow Wilson Drive, Jackson, Mississippi. Registrants are responsible for lodging and meals other than the scheduled luncheon and breaks. For a list of Jackson area lodging accommodations call (601) 984-1300. Free parking is available at the conference center.



OVERVIEW

This program has been designed to enhance the knowledge and skills of health care providers specializing in the care of patients with renal disease to promote better health care and quality of life for their patients. This year's theme is on transplantation care with topics on: Kidney Transplant Update, Multi-disciplinary Pre-Transplant Evaluation Process, Acute Renal Failure (ARF): Diagnosis and Treatment, ARF: Nursing Implications, and Improving Patient/Staff Relationships and Implications for Clinical Management. Concurrent Sessions will include a Clinical Session, Psychosocial Session, and a Dietary Session.

AGENDA

7:35 am	Registration & Continental Breakfast
8:05	Welcome and Opening Remarks P. Renée Williams, PhD, RN, ICCE
8:15	Kidney Transplant Update Alan Hawxby, MD Discuss current trends in transplantation, and the evolution and current status of UMC's kidney transplant program.
9:00	The Multi-disciplinary Pre-Transplant Evaluation Process Describe the pre-transplant evaluation process and delineate roles of the multi-disciplinary team. Ashley Seawright, ACNP Anita Dottes, MSW, LCSW Debi Poole, MS, RD Jessica Bell, BA
9:45	Break
10:00	Acute Renal Failure (ARF): Diagnosis and Treatment Luis Juncos, MD Describe the clinical presentation, diagnosis, and treatment for the patient diagnosed with acute renal failure.
11:15	ARF: Nursing Implications Catherine Wells, MSN, RN, ACNP Review the advanced nursing management of the patient with acute renal failure.
11:45	Lunch

Concurrent Sessions

CLINICAL SESSION

12:45 p.m.	Post Care of the Patient with Transplantation Ashley Seawright, ACNP Discuss the current nursing assessment, planning, intervention and follow-up care for patients after transplantation.
1:45	Break
2:00	Primary Care for the Patient with End Stage Renal Disease Catherine Wells, MSN, RN, ACNP Summarize the advanced nursing care of patients diagnosed with end stage renal disease. or Access Care Best Practices David Carroll, MD Review the various types of accesses and implications of care.

PSYCHOSOCIAL SESSION

12:45 p.m.	Promoting Independence and Enhancing Quality of Life in the ESRD Patient Lynda Richards, BBA Explore strategies to increase employment, and improve emotional well-being in the ESRD patient population.
1:45	Break
2:00	Nephrology Social Work in the 21st Century: Challenges, Strategies, for Professional Growth and Personal Fulfillment Lee Parrot, LMSW Discuss work related challenges, and identify strategies to minimize stress, maximize productivity and increase job satisfaction.

DIETARY SESSION

12:45 p.m.	Transplant Nutrition Debi Poole, MS, RD Discuss the role of the dialysis dietitian in helping patients prepare for transplantation. Identify the nutritional needs/challenges of the transplanted patient.
1:45	Break
2:00	Do Fat Dialysis Patients Live Longer? Darren Schmidt, MD Describe the impact of weight on morbidity and mortality in the ESRD population.

3:00	Improving Patient/Staff Relationships and Implications for Clinical Management Brenda Dyson, BS Explore strategies the health care professional can use to ensure a positive patient/staff relationship.
3:45	Summary and Evaluation
4:00	Adjourn

GENERAL CLOSING SESSION

PROGRAM FACULTY

Jessica Bell, BA, Transplant Financial Counselor, Department of Kidney Transplant, UMMC
David Carroll, MD, Clinical Assistant Professor, School of Medicine, Department of Surgery, UMC, and Surgeon, Private Practice
Anita Dottes, MSW, LCSW, Social Worker, Mississippi Renal Transplant Program, Department of Kidney Transplant, UMMC
Brenda Dyson, BS, Patient Services Coordinator, Network 8
Alan Hawxby, MD, Assistant Professor of Surgery, Division of Transplant Surgery, UMMC
Luis Juncos, MD, Professor of Medicine, UMMC
Lee Parrott, LMSW, Fresenius Medical Care Central Dialysis
Deborah Poole, MS, RD, Registered Dietitian, Renal/Transplant Programs, UMMC
Lynda Richards, BBA, Director of Patient Services, Mississippi Kidney Foundation
Ashley Seawright, ACNP, Instructor, Clinical Nurse Practitioner, Department of Surgery, Division of Transplantation, UMMC
Darren Schmidt, MD, Assistant Professor of Medicine, UMMC
Catherine Wells, MSN, RN, ACNP, Instructor, Clinical Nurse Practitioner, Department of Medicine, Division of Nephrology, UMMC

PLANNING COMMITTEE

Patricia Brunson, RN, CNN, CDFS, Nurse Manager, Department of Home Dialysis, UMMC
Anita Dottes, MSW, LCSW, Social Worker, Mississippi Renal Transplant Program, Department of Kidney Transplant, UMMC
Rowena Elliott, PhD, RN, CNN, BC, CLNC, Community Outreach Coordinator, Network 8, Inc.
Lynn Haynes, BSN, RN, RN I, University of Mississippi School of Nursing
Claudia Jenkins, BSN, RN, ESRD Coordinator, UMMC
Bobbie Ollie, MSN, RN-C, Educator - RN I, UMMC
Deborah Poole, MS, RD, Registered Dietitian, Renal/Transplant Programs, UMMC
Catherine Wells, MSN, RN, ACNP, Instructor, Clinical Nurse Practitioner, Department of Medicine, Division of Nephrology, UMMC
Margaret White, RD, LD, Registered Dietitian, Inpatient Dialysis, UMMC
P. Renée Williams, PhD, RN, ICCE, Assistant Professor of Nursing, and Director of Continuing Education, University of Mississippi School of Nursing

Visit our web site at
conted.umc.edu

Americans with Disabilities Act (ADA)

The University of Mississippi Medical Center complies with the American with Disabilities Act (ADA). Any persons who need accommodation under the ADA should check the box on the registration form or call (601) 984-1300.

The University of Mississippi Medical Center offers equal opportunity in education and employment, M/F/D/V.

Registration Form RENAL UPDATE 2008 May 30, 2008

UMC Employee? Yes Employee I.D. Number _____ No
Please type or print clearly.

Name _____
Last First Middle Initial

Preferred Mailing Address Home Business

Street/P.O. Box _____ Apt. No. _____

City _____ State _____ Zip _____

Last 4 digits of your Social Security Number (required for credit) _____

Daytime Telephone(____) _____ Fax Number(____) _____

E-mail address (for registration confirmation) _____

Employer _____

Your area of practice (example-geriatrics) _____

Mark the appropriate box:

- Dietitian
 Nurse (Check: RN LPN)
 Nurse Practitioner
 Social Worker-social worker must provide license no. _____
 Other (Please Specify) _____

Registration Fee \$85, Full Fee
 \$75, UMC Personnel

Enclosed is my check for \$ _____ made payable to UMC Continuing Health Professional Education.

Please charge \$ _____ to my: VISA® MASTERCARD®

Card No. _____

Expiration Date _____

3 digit security code on back of card (example: 0000000 000) _____

Printed name of Cardholder _____

Authorized Signature _____

UMC Employee Payroll Deduction: I authorize UMC payroll deduction for the total registration fee of \$ _____ from my next payroll period. I understand that I am responsible for this amount should I terminate from UMC employment or have insufficient future net pay to cover this outstanding balance. UMC Employee Number _____

Employee Signature _____

Printed Full Name of Employee _____

MAIL complete form, or a photocopy, along with check, money order, credit card number, or purchase order number to: UMC Continuing Education, 2500 North State Street, Jackson, MS 39216-4505
FAX credit card payment or purchase order number and completed form to (601) 984-1309.

QUESTIONS? Please call UMC Continuing Education (601) 984-1300.

Check here if you require special accommodations.
Someone from our office will contact you.

FOR OFFICE USE ONLY:

Ref. No.: _____ Approval No.: _____