CLINICAL ISSUES IN THE CARE OF OLDER ADULTS - PALLIATIVE CARE

Thank you to our 2017 U-M Continuing Medical Education (CME) Sponsor

Thursday, September 28, 2017
The Kensington Hotel on State Street, Ann Arbor, MI
PROGRAM SCHEDULE
Thursday, September 28, 2017
7:45 am   Registration and Continental Breakfast
8:15   Welcome and Announcements
   Marcos Montagnini, MD
8:20   Communication with Patients and Family at the End of Life
   Shaida Talebreza, MD
9:20   Update on Pain Management
   Michael Smith, PharmD., BCPS
10:10  Break
10:30  Stress, Burnout and Self Care
   Thomas O’Neil, MD
11:20  Cancer Care for the Elderly
   Charles Nock, MD
12:15 pm  Lunch
1:15  Introduction to Breakout Sessions
1:20  Breakout Session #1 (see below)
2:15  Breakout Session #2 (see below)
3:10  Interdisciplinary Teamwork in Palliative Care
   Kathie Supiano, PhD, LCSW, FT

BREAKOUT SESSION FORMAT
Participants will have the opportunity to attend two breakout sessions in the afternoon (refer to the three available session topics below). On the registration form, please indicate the two topics you are most interested in attending. We will make every effort to accommodate your choices.

BREAKOUT SESSION TOPIC OPTIONS
- Improving Communication Skills with Patients - Adam Marks, MD
- Strategies for Dealing with Grief and Loss - Janice Firn, PhD, LMSW; Kathie Supiano, PhD, LCSW, FT
- Nuts and Bolts of Using Opioids - Michael Smith, PharmD., BCPS

COURSE OBJECTIVES
At the conclusion of this course, participants will be able to implement:
- effective strategies to improve communication around goals of care and advanced care planning with patients and family.
- strategies to control pain and symptom management at the end-of-life.
- measures to protect against provider burnout.
- cancer care principles for geriatric patients.
- improved communication skills.
- the care of persons experiencing grief and loss
- basics of opioid use in geriatric patients.
- techniques in building a functional interdisciplinary team for palliative care.

TARGET AUDIENCE
This conference is intended for physicians, nurse practitioners, physician assistants, nurses, social workers, pharmacists, visiting nurses, home health aides, and other practitioners taking care of older adults in the community, hospitals, and nursing homes.

ABOUT THE VA ANN ARBOR HEALTHCARE SYSTEM
Since 1953, VA Ann Arbor Healthcare System (VAAAHS) has provided state-of-the-art healthcare services to the men and women who have so proudly served our nation. We consider it our privilege to serve your healthcare needs in any way we can. More than 65,000 Veterans living in a 15-county area of Michigan and Northwest Ohio utilized the VAAAHS in fiscal year 2014.

The main hospital campus located in Ann Arbor serves as a referral center for specialty care and operates 105 acute care beds and 40 Community Living Center (extended care) beds. In addition to this location, we offer services in 3 community-based outpatient clinics. These clinics are located in Jackson and Flint, Michigan as well as Toledo, Ohio.

MISSION
Honor America’s Veterans by providing exceptional healthcare that improves their health and well-being.

VISION
VA Ann Arbor Healthcare System will continue to be the benchmark of excellence and value in healthcare and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

It will emphasize prevention and population health and contribute to the nation’s well-being through education, research and service in national emergencies.
DATE & TIME
Thursday, September 28, 2017, 7:45 am - 4:00 pm

VENUE
The Kensington Hotel on State Street
3500 S. State Street, Ann Arbor, Michigan 48108
Toll Free: (800) 344-7829
www.kcourtaa.com

REGISTRATION
You are encouraged to register as soon as you are certain of attending. Payment must accompany registration. Checks should be made payable to the University of Michigan in U.S. currency. Payments by American Express, Discover, MasterCard or Visa are also accepted. The registration fee includes continental breakfast, coffee service, lunch, and electronic syllabus for participants. On-site registration will also be available.

CONFIRMATION
Course registrations will be confirmed by email. If you have any questions, please call (734) 232-3469 or email intmedcme@umich.edu.

CANCELLATION POLICY
An administrative fee of $50 will be deducted from your registration payment. Refund requests must be received in writing, no later than Wednesday, September 20, 2017. No refunds will be made thereafter. Please email intmedcme@umich.edu.

ACCREDITATION
The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Michigan Medical School designates this live activity for a maximum of 6 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Applications have been submitted to the American Osteopathic Association and the American Academy of Family Physicians for credits. An application has also been submitted for CEs with the Michigan Social Work Continuing Education Collaborative. Determination of credit is pending. Other credits by specialty may apply.

COURSE SYLLABUS
An electronic syllabus will be available to download during and a week after the course. The URL will be provided at the course. A printed syllabus can be purchased for an additional fee of $15 no later than Wednesday, September 20, 2017.

DRIVING DIRECTIONS
From the North
Take US 23 South to Interstate 94 West. Proceed on I-94 West to State Street (Exit 177). Turn right off the exit onto State Street and then left at the first available left turn (Briarwood Mall).

From the South
Take US 23 North to Interstate 94 West. Proceed on I-94 West to State Street (Exit 177). Turn right off the exit onto State Street and then left at the first available left turn (Briarwood Mall).

From the East
Take Interstate 94 West. Proceed on I-94 West to State Street (Exit 177). Turn right off the exit onto State Street and then left at the first available left turn (Briarwood Mall).

CONTACT US
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KEYNOTE SPEAKER
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Medical Director,
Inspiration Hospice

PLANNING COMMITTEE
Hae Mi Choe, PharmD
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Clinical Practices
Clinical Associate Professor, College of Pharmacy
Director, Ambulatory Pharmacy Care Transformation
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Associate Director for Education, APM Program

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Michigan Medicine

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Department of Medicine
Case Western Reserve University

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Department of Internal Medicine
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Michigan Medicine

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Michigan Medicine

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Clinical Assistant Professor,
Department of Clinical Pharmacy
University of Michigan College of Pharmacy

Kathie Supiano, PhD, LCSW, FT
Associate Professor,
College of Nursing,
Director, Caring Connections: A Hope in Comfort and Grief
The University of Utah
COURSE REGISTRATION FORM
CLINICAL ISSUES IN THE CARE OF OLDER ADULTS
PALLIATIVE CARE
Thursday, September 28, 2017

REGISTRATION OPTIONS
Mail this form to:
University of Michigan
Department of Internal Medicine CME
24 Frank Lloyd Wright Dr.
Lobby J, Suite 1200
Ann Arbor, MI 48106-5750

Online: medicine.umich.edu/dept/intmed
Fax: (734) 998-0085

CONTACT INFORMATION

REGISTRANT NAME (first, middle initial, last)
(as you would like it to appear on your name tag)

DEGREE - select all that apply

☐ MD   ☐ DO   ☐ PhD   ☐ PA
☐ NP   ☐ RN   ☐ Other:

SPECIALTY:
☐ HOME   ☐ BUSINESS

ADDRESS

CITY
STATE
ZIP OR POSTAL CODE
COUNTRY

CONTACT PHONE NUMBER(S):
☐ CELL / HOME
☐ WORK

EMAIL ADDRESS
(Receipts and confirmations are sent via email. Please print clearly.)

SPECIAL ACCOMMODATIONS

BREAKOUT SESSION TOPIC OPTIONS
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☐ Improving Communication Skills
☐ Strategies for Dealing with Grief and Loss
☐ Nuts and Bolts of Using Opioids

RATE & PAYMENT INFORMATION

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Please enclose a check (U.S. currency) payable to the University of Michigan or pay by credit card below. Payment must accompany registration.

CREDIT CARD:
☐ AmEx
☐ Discover
☐ MasterCard
☐ Visa

CARD #
EXP. DATE
SECURITY CODE

NAME ON CARD (Please print)

SIGNATURE (Not valid without signature)