

**2019 MNHPC Annual Conference**

**Sunday, April 14**

	Title	Presenter	Session Description	Learning Objectives
<b>Pre-Conference</b>	The Autumn Leaf, the Human Heart, and the Great Truth: The Art of Bearing Witness	Billy Rosa, MS, AGPCNP-BC, ACPHN, FCCM	Hospice and palliative care nurses have the distinct privilege of bearing witness to another's journey throughout serious illness and at the end of life. This presentation will explore the meaning of compassion, identify the implications of compassionate care delivery, and discuss how to make it an actionable virtue in everyday practice. Learning to engage intense emotions and support the grieving process while providing self-care are essential aspects of a sustainable practice. Using a Conscious Dying philosophy, attendees will be invited to use self-reflection techniques to promote growth and development in both their personal and professional lives. Integrative modalities, including relaxation, mindfulness, and aromatherapy, will be described and experienced through an afternoon of reflective practice approaches.	<ol style="list-style-type: none"> <li>1. Identify opportunities to create caring-healing environments through bearing witness with compassion.</li> <li>2. Use a Conscious Dying philosophy in the context of serious illness and at the end of life.</li> <li>3. Employ an array of integrative modalities for managing pain, strengthening the mind-body connection, and promoting an overall sense of wellbeing.</li> </ol>

**Monday, April 15**

**Keynote Address: 8:30am to 10:00am**

<b>Keynote</b>	Inviting the Wisdom of Death into Life	Frank Ostaseski	Death is not waiting for us at the end of a long road. Death is always with us, in the marrow of every passing moment. She is the secret teacher hiding in plain sight. She helps us to discover what matters most. And the good news is we don't have to wait until the end of our lives to realize the wisdom that death has to offer. Clinicians and caregivers can harness the awareness of death, stepping beyond roles and duties to appreciate the fact that we are alive, to encourage self-exploration, to clarify our values, to find meaning, and to generate positive action. In this keynote talk, Frank will offer mindful and compassionate approaches that address the practical, emotional, psychological and universal needs inherent in the time of dying. He will introduce his The Five Invitations, mutually supportive principles, that are both reliable guides for being with dying, and wise companions on the road to living fully and forging a life of integrity and purpose that is free of regret.	<ol style="list-style-type: none"> <li>1. Describe how an awareness of death can be a valuable companion on the road to living well</li> <li>2. Identify best practices for navigating a life transition, coping with loss or serious illness and how they guide us toward appreciating life's preciousness</li> <li>3. Outline five guidelines for being with dying and living fully</li> </ol>
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**Breakout Session 1: 10:45am to 12:00pm**

<b>1A</b>	The Heart of the Service Relationship	Frank Ostaseski	<p>At its core, good medicine is built on the practice of wise relationship. Patients want more than expertise -- they need a human face on the medical care they receive. Continuity, trust, and communication matter.</p> <p>Clinicians and caregivers are always operating in the context of relationships - with patients, colleagues, and families -it is essential to know how to navigate that territory with skill, clarity and compassion.</p> <p>While service is natural, even instinctual the service relationship isn't always easy. We encounter the roadblocks of self-protection, fear of suffering, identification with our well-defined roles, our treasured views and the illusion of our sense of separation. In this workshop we explore how service is a curriculum, an endless series of questions, puzzling, insistent an illuminating.</p>	<ol style="list-style-type: none"> <li>1. Help participants renew their connection with their initial intention in professional service</li> <li>2. Explore the distinguishing characteristics between helping fixing and service</li> <li>3. Outline the traps of roles and the primary obstacles in the service relationship including perfectionism, isolation, distancing from suffering.</li> </ol>
<b>1B</b>	Unlocking the Secret Code: What your Coder Wants you to Know!	Sharon Seaton, RN, BSN, CHPN, HCS-D, HCS-0	CMS has changed and increased which diagnoses hospices are to report year by year. While CMS has stated the hospices are to report all current active diagnoses on the hospice claim whether related or unrelated most hospice agencies still submit claims with 1-3 diagnoses listed. Claims can be returned to provider for incorrect, incomplete or prohibited diagnoses delaying reimbursement. Incomplete or unspecified assessment data and diagnosis information is an obstacle to submitting a compliant claim. This is not a "Coding course!" This is a presentation for Medical Directors and Nurses, designed to assist in obtaining the detailed and specific diagnosis information needed to submit a compliant Notice of Election and Medicare Hospice Claim. The presentation may also be beneficial for anyone who is tasked with obtaining initial referral information such as Admission Coordinators and Hospice Liaison's. Diagnosis coding is how your agency tells Medicare what diagnoses are addressed on your Plan of Care. As clinicians, we are tasked with identifying through assessment and thorough review of the Medical Records, the primary terminal diagnosis and all secondary diagnoses and submit these on the Hospice Claim. Hospice is required to submit all the current active diagnoses on the Hospice Claim whether related or unrelated. Through use of scenarios, critical thinking and interactive discussion the participant will learn to ask the right questions, review the medical record for detailed diagnosis and assessment data needed to submit a compliant claim.	<ol style="list-style-type: none"> <li>1. State common ICD-10 diagnosis coding guidelines and conventions that affect the sequencing of the primary terminal and secondary diagnoses</li> <li>2. Obtain the needed assessment details required by ICD-10 coding guidelines related to Dementia, CVA's and wounds</li> <li>3. Use the comprehensive assessment and medical record review obtained for correct diagnosis coding to tailor an individualized Plan of Care and submitting a compliant complete Hospice claim.</li> </ol>
<b>1C</b>	Management of Delirium: 2019 Update	Glen Varns, MD, HMD-C	This session will help team members learn to recognize and manage delirium according to the best available and most current evidence from the palliative care literature.	<ol style="list-style-type: none"> <li>1. Recognize and describe the various forms of delirium</li> <li>2. Understand the evidentiary basis for nonpharmacologic and pharmacologic delirium management</li> <li>3. Educate families and caregivers on the importance of delirium recognition.</li> </ol>
<b>1D</b>	Developmental Grief - How to support children and teens during the school years	Nicole Barnes, MA, LICSW; Sarah Kroenke, BSW	Park Nicolle Foundation Growing Through Grief has over 21 years of experience with supporting child and teen grief needs in a school based setting. This presentation would provide education around development grief, interventions that support growth and healing and how partners such as hospice programs, schools and community based organizations play a role in sustaining and finding success with implementing school based grief programs. The data presented is based off the experiential expertise related to extensive years of work in Minnesota schools. It will include case scenarios related to student support and community collaborations.	<ol style="list-style-type: none"> <li>1. Participants will be able to understand concepts around developmental grief and how it looks differently with elementary, middle and high school aged youth.</li> <li>2. Embrace the benefits of hospice programs partnering with community to reach and support more people</li> <li>3. Participants will be able to apply ways to support children and teens in the grieving process.</li> </ol>
<b>1E</b>	Hand in Hand: Music Therapy and Grief Theory as Companion Tools for Bereavement Support	Dee Dee Haines; Julia Lopez-Kaley, MA	Bereavement support groups can remind us that we are not alone on the journey. The introduction of music therapy as a co-companion with other grief group methods can provide education and compassionate support to those whose life journey has been impacted by the heartache of loss.	<ol style="list-style-type: none"> <li>1. Integrate the use of music therapy with grief theory for the formation of bereavement groups that will provide education and support to those who are grieving.</li> <li>2. Recall 3-4 demonstrated examples of music that can be used for inviting those who grieve to explore feelings, express emotions and find meaning in their grief journey.</li> <li>3. Utilize multiple practical preparation, presentation and evaluation tips and techniques for grief group facilitators to better ensure a group's ability to be a positive and healing experience for those who attend.</li> </ol>

1F	"Spiritual Care is Everyone's Business"	Deb Lane, RN, BSN, CHPN; Eileen O'Shaughnessy, MD; Amy Cotter, BA, MA; David Hottinger, Mdiv	We will provide an overview of the Interprofessional Spiritual Care Education Curriculum. Facilitate a discussion of the definition of spirituality. Identify how every member of the IDT can screen, assess and treat the patient and family's spiritual distress by providing tools and demonstrations/role playing.	<ol style="list-style-type: none"> <li>1. Define Spirituality and the role of the Spiritual Care Generalist</li> <li>2. Identify screening tools to elicit spiritual distress in patients and their families</li> <li>3. Discuss the ethics of spiritual care.</li> </ol>
1G	Interdisciplinary Care of Veterans with Post Traumatic Stress Disorder (PTSD)	Caroline Schauer, RN, MSN, CHPN; Kristopher Hartwig, MD	This session is for chaplains, social workers, nurse aides, nurses, physicians, psychologists, Nurse Practitioners, and Physician Assistants and will provide updated research about PTSD, and particularly its interface with Dementia. Strategies for an effective plan of care will be offered.	<ol style="list-style-type: none"> <li>1. Describe Post Traumatic Stress Disorder (PTSD) and the population that is at risk</li> <li>2. Correlate the prevalence of PTSD and the symptoms of dementia</li> <li>3. Identify strategies that each member of the Interdisciplinary Team can use to care for those at end of life with PTSD</li> </ol>
1H	The Use of Humor in Hospice Caregiving	Dale Swan, Mdiv	To explore the use of humor as a valid therapy/ relational tool in hospice caregiving. Explain inappropriate uses, how to incorporate it in interactions with pts and families, and by presentation and participation, show it's value for all disciplines as an effective intervention promoting healing.	<ol style="list-style-type: none"> <li>1. Describe appropriate and inappropriate uses of humor therapy</li> <li>2. Define the concept of "meaning fatigue" and Therapeutic humor (as differentiated from "laughter therapy")</li> <li>3. Realize the intrinsic value of humor as a comforting, relationship building tool, and be more prepared to utilize it in caregiving</li> </ol>
1I	Clinical Pearls: Healing Touch Techniques to Incorporate into your Practice Tomorrow for Patients, Families, and Yourself	Amy Greminger, MD; Stacey Quade, COTA/L, CHTP/I, Herbalist	This session will provide experiential learning of Healing Touch techniques and theory that can be put into immediate use. These techniques will be able to be used by the provider to facilitate their own well being, as well as be employed to help patients and families.	<ol style="list-style-type: none"> <li>1. Use Healing Touch to ground themselves</li> <li>2. Assist patients and families with connecting with their own healing energy</li> </ol>
1J	Hospice and Skilled Nursing Facility Partnerships: Balancing Quality and Regulation	Lisa Abicht-Swensen, MHA, LNHA	Partnerships between skilled nursing facilities and hospice providers represent a powerful presence in post-acute care. This session explores the benefits of SNF/Hospice partnerships, explains interface necessary between SNF/Hospice teams, and provides guidance toward regulatory compliance.	<ol style="list-style-type: none"> <li>1. Understand recent changes and increased scrutiny in the regulations governing the interface between hospice and nursing facility providers</li> <li>2. Hear operational guidance and best practices in meeting regulatory requirements.</li> <li>3. Explore strategies for strengthening hospice and nursing facility partnerships so that appropriate end of life care and services are consistent with the individual's needs, wishes, current standards of practice and state and federal requirements for quality end-of-life care</li> </ol>
1K	End of Life Care Strategies to Support LGBT Older Adults	Marsha Berry, MA	Like other groups of disadvantaged older adults, LGBT elders are often afraid to access services because of fear of discriminatory treatment. Using case studies and stories participants will learn strategies to support LGBT clients and their families.	<ol style="list-style-type: none"> <li>1. Describe events from the 1930's to the present that have impacted LGBT older adults</li> <li>2. Commit to at least one personal strategy to welcome LGBT older adults to care</li> </ol>
<b>Networking Lunch: 12:00pm to 1:00pm</b>				
<b>Breakout Session 2: 1:15pm to 2:15pm</b>				
2A	How Families Make Sense of Death	Janice Nadeau, PhD, LP, LMFT, RN	Both ancient wisdom and recent clinical studies emphasize the critical role that meaning plays in all of human experience. Few human experiences are as impactful as the death of a family member. In this session we will explore the interactive patterns by which family members attempt to make sense of a death in the family. Using Dr. Nadeau's original research and subsequent clinical case examples we will explore the strategies that families use, the nature of meanings they make and the impact that particular meanings can have on the course of dying, death and bereavement.	<ol style="list-style-type: none"> <li>1. Appreciate the advantages of looking at grief through a family lens.</li> <li>2. Identify the interactive strategies family members use in the meaning-making.</li> <li>3. Discuss how paying attention to the meanings that family members attach to the death of a family member can aid in assessment and intervention.</li> </ol>
2B	Code Trip: Diagnosis Coding for a Compliance Claim	Sharon Seaton, RN, BSN, CHPN, HCS-D, HCS-0	CMS has made many changes and clarification that affect hospice coding which have led to changes in interpretation and guidance. Hospice agencies face uncertainty about how best to code or sequence hospice situations. Further, challenges are the changes to regulatory guidance and increased Medicare scrutiny. These changes make it challenging for Hospice agencies to stay on top of CMS expectations. Diagnosis coding is how your agency tells Medicare what diagnoses affect your Plan of Care. This presentation will cover current coding guidelines and rules for coding hospice patients. How many diagnoses should be assigned and sequencing requirements. We will address challenging diagnoses such as Dementia, CVA, Diabetes and manifestations and other coding assumptions as they pertain to hospice. This course is appropriate for those with a basic understanding of coding guidelines and conventions and seeking to learn more about applying these to hospice cases. Through use of scenarios, critical thinking and interactive discussion the participant will learn to ask the right questions, review the medical record and assessment data and glean all the needed information to submit a compliant claim	<ol style="list-style-type: none"> <li>1. State common ICD-10 diagnosis coding guidelines and conventions that affect the sequencing of the primary terminal and secondary diagnoses</li> <li>2. When to query the provider for more information.</li> <li>3. When and how to assign unspecified dementia, Adult failure to thrive and debility and other diagnosis specific Hospice coding challenges</li> </ol>
2C	What's Going to Happen to Me? How to Talk with Patients about Disease Progression.	Terrence Maag, MD	Patients want to know what their disease will look like over time. As health care providers in hospice and palliative care, we need to be proficient in discussing disease course with patients. In this workshop, we will go over a framework and share ideas on how to best have that conversation.	<ol style="list-style-type: none"> <li>1. Utilize a framework for discussing disease progression with patients</li> <li>2. Discuss some specifics of disease progression with patients and families</li> </ol>
2D	Expanding Choices for End-of Life at Home: PC Teams and Compassionate Extubation	Kris Catrine, MD, FAAP, HMDC; Andrea Postier, PhD, MPH; Stacy Remke, MSW, ACHP-SW	Pediatric palliative care (PPC) programs can play a key role in bringing together hospital and community resources for home compassionate extubation (HCE), allowing families the choice their child's end of life at home. When parents must face the devastating prospect of their child's terminal illness, research has shown that being able to plan and make decisions about end of life care is most important to them. For children being maintained by artificial ventilation in the hospital setting, the option to die at home when life-sustaining support is no longer in their best interest is not commonly offered due to logistical and resource barriers. However, HCE is usually an achievable goal with careful collaboration between intensive care teams, hospital-based pediatric palliative care teams, community-based palliative care, and hospice teams when cure is no longer possible and being home is a priority for the family. This presentation will discuss two cases that highlight the ways in which involving PPC can help to make the option available, ensure continuity of family-centered care between hospital and home, and promote the availability of psychosocial support for the child, their entire family, health care team members, and community. Though challenges to realizing the option of home compassionate extubation (HCE) exist, they are not insurmountable. The cases presented here demonstrate how families' wishes about how and where their child died were realized, even in the face of challenges. We will discuss how PPC teams can coordinate hospital and community resources to enable families to care for their child at home, where it matters most.	<ol style="list-style-type: none"> <li>1. Design a plan to allow home extubations for patients using different community resources</li> <li>2. Anticipate common challenges to creating a home extubation plan and common solutions</li> </ol>

2E	More Than Bones and Biscuites: Building an Effective Hospice Therapy Dog Program	Molly Johnson	Dogs on a hospice team? Absolutely! Participants will gain knowledge and insight into the psychosocial and palliative benefits therapy dogs provide, become familiar with therapy dog training and testing, and learn what is involved in establishing a safe, effective therapy dog program. Fitzgerald William and Murphy James, registered therapy dogs (basets hounds) and Molly will offer a dynamic, entertaining, and informative presentation suitable for anyone wishing to add a new dimension to their existing program.	<ol style="list-style-type: none"> <li>1. Distinguish the difference between assistance, service, emotional support, and therapy dogs</li> <li>2. Discuss the psychosocial and palliative benefits of therapy dog visits</li> <li>3. Discuss therapy dog testing, training, and health requirements.</li> <li>4. Describe the steps necessary for the implementation of a high-quality, safe, and effective hospice therapy dog program</li> </ol>
2F	Claiming Purpose and Value: Honoring the Lives of Patients through Spiritual Legacy	Kellie Tracz, Mdiv, BC Chaplain	This workshop will introduce the concept of spiritual legacy and its importance for patients and their loved ones, provide clinical examples, including three case studies from a research project, and encourage participants to apply spiritual legacy work to their own practice.	<ol style="list-style-type: none"> <li>1. Describe the importance of spiritual legacy work</li> <li>2. Cite examples from their own clinical practice</li> <li>3. Identify and begin to implement spiritual legacy work with Hospice and Palliative Care patients</li> </ol>
2G	Personal Disclosure: Conversation on Professional Boundaries	Shuji Moriichi, MA, MDiv; Beth Turbak, MSW, LGSW; Michelle Nettesheim, RN, CHPN	Interactive workshop where the team of presenters and the audience collaborate to identify where and when boundaries are blurred and how to save us from potential pitfalls, using scenarios commonly found in our day-to-day interactions with patients and families.	<ol style="list-style-type: none"> <li>1. Appreciate personal disclosure as a dynamic aspect of professional relationship on clinical encounters</li> <li>2. Understand personal disclosure as a tool that potentially promotes or hinders healthy therapeutic relationship</li> <li>3. Develop discerning ability in personal disclosure in simulated learning environment through group discussion and personal reflection.</li> </ol>
2H	The Case for Death Doulas	Jane Whitlock	I believe end of life doulas fill the gaps in the hospice experience that are there today due to the constraints put on workers at all levels in the hospice model. As a caregiver for my husband there were pivotal points where I could have used a doula to prepare me and provide some peace.	<ol style="list-style-type: none"> <li>1. Understand the role of the doula as part of a team of people to support individuals and families at end of life.</li> <li>2. Understand how to utilize doulas in their own lives</li> <li>3. Understand how accepting their inevitable deaths can enrich their lives.</li> </ol>
2I	Mindfulness, Hypnosis and Breathing... Oh my! Integrative Interventions for Patients, Caregivers and Staff	Florence Wright, MSW, LICSW, CAPSW; Brooke Kaney, MSW, LICSW; Rachael Ryan Sarto, MSW, LICSW	This presentation will include a review of non-pharmacological treatment options for symptom relief followed by an outline of the application of integrative behavioral skills within clinical practice. Clinical case examples centered on the use of mindfulness, hypnosis, and other integrative techniques with patients and caregivers will be highlighted. The incorporation of integrative techniques into staff/team health practices will be reviewed, including a description of the evolution of a mindfulness practice with inpatient palliative care team, and the use of mindfulness techniques with oncology staff in an outpatient setting.	<ol style="list-style-type: none"> <li>1. Participants will be able to recall literature review themes to support integration of mindfulness, hypnosis and/or other integrative techniques into clinical practice</li> <li>2. Participants will be able to identify at least two integrative techniques that can be used with patients, family and staff.</li> <li>3. Participants will be able to assess the appropriateness of integrative techniques for use with patients in clinical practice.</li> </ol>
2J	Volunteers and the Dementia Patient	Sonya Parks, AA; Barbara Larsen, RN, ADN	No one ever gave us lessons on how to relate to someone with memory loss. This session will provide volunteers with strategies and tools to effectively interact with the dementia patient.	<ol style="list-style-type: none"> <li>1. Confidently communicate and interact with the dementia patient.</li> <li>2. Identify the various facets of agitated behavior.</li> <li>3. Provide calming touch and breathing techniques to sooth the patient.</li> </ol>
2K	Minnesota Palliative Care Advisory Council: 2019 Update	Joy Liu, BA	This session will provide an update on the work of the Minnesota Palliative Care Advisory Council. Results from the council's legislative report will be shared and draft recommendations will be discussed.	<ol style="list-style-type: none"> <li>1. Describe the work of the Palliative Care Advisory Council</li> <li>2. Describe key findings from assessment work</li> <li>3. Recommend future direction for PCAC</li> </ol>
Networking and Refresment Break: 2:15pm to 3:45pm				
Breakout Session 3: 2:45pm to 3:45pm				
3A	Clinical Implications of working with the bereaved from a meaning-making perspective.	Janice Nadeau, PhD, LP, LMFT, RN	Working with grief from a meaning-making perspective is an approach that is gaining more and more attention within our field. In this session we will briefly review what family meaning-making is as it pertains to the bereaved and then explore some approaches, methods and techniques that can be used to help families construct meanings that promote healthy grief. The material for the session will be drawn from Dr. Nadeau's research and decades of experience as a family grief therapist. The format of the session will be lecture and ongoing discussion.	<ol style="list-style-type: none"> <li>1. Understand the nature of meanings as they apply to the death of a family member.</li> <li>2. Identify the process of meaning-making as it occurs in the internal worlds of families experiencing the loss of a family member.</li> <li>3. Become familiar with a variety of methods that lend themselves well to working with the bereaved from a meaning-making perspective.</li> </ol>
3B	Emergency Preparedness - What We have Learned and What you Need to Know.	Pete Cole, RN, BA	This session will explore some of the more challenging requirements of the emergency preparedness CoP and present innovative solutions to meeting those requirements. The presentation will look at survey results since the CoP was started and look at solutions to those issues.	<ol style="list-style-type: none"> <li>1. Respond to the more challenging aspects of this new CoP</li> <li>2. Gain knowledge on emergency preparedness survey trends and how to adapt their programs for compliance.</li> <li>3. Identify how to network their plans with both internal and external resources.</li> </ol>
3C	Denial: A Physician's View	Maggie O'Connor, MD, BCPC	"He's in denial." "She doesn't hear what I'm saying." Often made comments when one professional hands care over to another. What is denial? How does it happen? What is the meaning? How can we respond? These questions will provide a framework for a presentation and conversation about denial.	<ol style="list-style-type: none"> <li>1. Gain understanding of the experience of denial</li> <li>2. Name at least one pitfall and one benefit of denial</li> </ol>

<b>3D</b>	A Team Approach to Ventilator Withdrawal in the Home	Emily Black, APRN, CNP; Maureen Bigelow, RN, BSN	The integration of palliative care into the home that would otherwise typically be performed in the hospital empowers patients and families by allowing for more choices when facing difficult end of life decisions. Compassionate extubation, also known as palliative extubation, is the withdrawal of mechanical ventilation. This is performed to alleviate suffering while avoiding the prolongation of death. Compassionate extubation in a non-ICU setting requires seamless collaboration amongst the interdisciplinary team. The logistics of such a process generally requires an inpatient setting. This presentation will highlight two cases recently completed by the Mayo Clinic Hospice team. In the case of a 27 year old patient with cerebral palsy, multiple medical complications resulted in ventilator dependence and a subsequent decline in quality of life, ultimately prompting hospice enrollment. Additionally, in the case of a 62 year old patient with ALS, severe debility resulting in poor quality of life led him and his family to chose to withdraw ventilatory support. Discussion surrounding end-of-life issues, particularly involving the withdrawal of mechanical ventilation, can be especially difficult if the patient's family are in unfamiliar surroundings. In an effort to meet goals for care to remain at home, the Mayo Clinic Hospice team formulated a procedural guideline to facilitate the process of ventilator withdrawal in the home, including detailed plan in anticipation of symptom management. Through collaboration with physicians, nurse practitioners, nurses, pharmacists, respiratory therapists, social workers and home infusion specialists, both patients were removed from mechanical ventilation and died peacefully at home surrounded by loved ones. This outcome resulted in an high level of satisfaction for the families and helped bring peace as they began the journey through grieving the loss of their loved one. Team debriefing after the cases contributed to further refinement of the process.	1. Identify the interdisciplinary team members necessary to complete withdrawal of ventilator support in the home 2. Describe a sample protocol for withdrawal of ventilator support 3. Describe key components for symptom management immediately following ventilator withdrawal.
<b>3E</b>	Approaching the Limits of Advanced Directives: Refusing Offers of Food and Water When Demented	Don Postema, MTS, MPhil, PhD; Terrence Maag, MD	The use of Advanced Directives is well-established, but does this exercise of "precedent autonomy" include the right to instruct that no food or water be offered to the patient when in a future demented condition?	1. Explain the role of Advanced Directives in Advanced Care Planning 2. Articulate the ethical arguments regarding refusing offers of food and water when demented. 3. Explore their own position on these ethical issues
<b>3F</b>	"The Making of a Hospice Ambassador"	Deb VanBuren, BA	In today's marketplace, word of mouth is becoming increasingly influential in consumer decision making. This session will identify ways to strengthen volunteer recruitment & retention efforts by empowering staff/volunteers to serve as hospice "Ambassadors" within their circles of influence.	1. Value the role of empowering volunteers to serve as "Ambassadors," or spokespeople authorized to share the Hospice story with those in their circle of influence. 2. Upon completion, participants will have the tools necessary to cultivate a community of followers whose needs, desires, and interests align with your program's missions and values. 3. Upon completion, participants will receive the tools needed to expand your current volunteer program (recruitment); while simultaneously empowering your seasoned volunteers (retention).
<b>3G</b>	"I think I'm going to be sick": Nausea Management	Aaron Goldish, DO	I will work through case based management of differential for nausea explaining a brief overview of pathophysiology and how to use targeted therapies to help with nausea.	1. Demonstrate causes for nausea with a well thought differential diagnosis, including treatment recommendations.
<b>3H</b>	Circle in the Field: a New Tool to Support Families at the End of Life.	Marisha Chamberlain, MFA	In a highly participatory session, I'll present our new, short hospice film, show how the piece, given free to patients at terminal diagnosis, can be used to educate families, offering the embrace of peer support from others who have benefitted from hospice services, and I'll lead a discussion.	1. Grasp the importance of emotional support from peers right at the time of a terminal diagnosis. 2. Use this peer support video as a tool, for free, as a part of the information a patient and family receive at the time of a terminal diagnosis; or in a group setting or grief group. 3. Answer questions the video may raise for patients and their families looking for further peer support.
<b>3I</b>	Healing Touch: A Non-Pharmacological, Integrative Pain Management Modality	Deborah Laxson; Bridget Klein, BSN, RN, RN-BC, CHTP; Ginny Green, RN, BSN	Introduce Healing Touch (HT) as a non-pharmacological, integrative pain management modality. HT is evidence-based, can be used when traditional massage is not tolerated, and meets the revised requirements of The Joint Commission's standards for accredited hospitals.	1. Explain Healing Touch to staff and patients 2. determine when Healing Touch is an appropriate non-pharmacological pain management modality. 3. Discuss the evidence-based research outcomes for Healing Touch.
<b>3J</b>	Used to Care: Palliative Care Burnout- An Intervention	Michael Finch, APRN, NP, ACPN; Paul Galchutt, Mdiv	The shadows of stress, without individual coping skills, peer support and leadership drive for team sustainability, can steer any clinician away from a sense of positive engagement toward burnout. Our work emphasizes a low cost, easily implemented 2 phase approach to this endemic problem	1. Identify and demonstrate narrative practice group work and reoccurring, workplace engagement sessions as low cost easily reproduced interventions to address burnout in palliative and hospice care.
<b>3K</b>	Cultural Competency and Humility: A Prep Course to Palliative and Hospice Professionals	Shuji Morichi, MA, MDiv	An introductory look at some of the challenges surrounding our professional fields resulting from our society's increasing demographic (racial/ethnic composition) shifts.	1. Increase awareness of healthcare professionals' own cultural norms and standpoints 2. Examine issues of disparities of patient access and provision in palliative and hospice care 3. Gain knowledge of contemporary trends and shifts of patient population
<b>Closing Plenary: 4:00pm to 5:00pm</b>				
<b>Closing Plenary</b>	TBA	Speaker(s): Miguel Ruiz, MD	TBA	TBA
<b>Tuesday, April 10</b>				
<b>Keynote Address: 8:30am to 10:00am</b>				
<b>Keynote</b>		Speaker(s): Jessica Zitter, MD	TBA	TBA
<b>Breakout Session 4: 10:45am to 12:00pm</b>				
<b>4A</b>	Critical Documentation Tips for the Entire IDT!	Lores Vlamincq, MA, BSN, RN, CHPN	Heightened scrutiny by CMS of the IDT's documentation upon hospice admission, changes in levels of care, discharge and throughout the provision of care requires a change in the culture of detailed documentation. Every IDT member contributes the "painting the picture" of hospice care	1. Describe the elements of documentation by each IDT member to support decline, response to interventions and to the hospice level of care 2. Define the risk of inaccurate, incomplete, untimely entries

4B	Planning, Strategizing and Surviving a Medicare Audit	Corrinne Ball, RN, CPC, CAC	During this 75 minute session, Corrinne Ball from National Government Services will provide detailed information regarding the targeted probe and educate process. This session will include information on the TPE process, preparing and submitting documentation in response to an additional documentation request. We will discuss top medical review denials and how to avoid these denials.	<ol style="list-style-type: none"> <li>1. Attendee will understand the Targeted Probe and Educate process</li> <li>2. Gain knowledge of timeframes for submitting documentation</li> <li>3. Gain knowledge in preparing documentation for a Medicare audit</li> </ol>
4C	Providing Quality Interdisciplinary Support for Families Facing Complex Problems and Decision-making Issues at the End of Life	Jocelyn Wong, MD; Callie Schnitker, MD; Rena Singleton, MD	Using three case studies, we will explore examples of interdisciplinary team use to address complex family dynamics, balance ethical principles and support patients and families confronted by profound existential suffering.	<ol style="list-style-type: none"> <li>1. Recognize existential suffering in terminally ill patients and describe an interdisciplinary strategy to address this</li> <li>2. Implement ethical principles in navigating decision making within complex care systems, and in situations of complicated family dynamics.</li> <li>3. Identify issues of particular concern for GLBTQ+ patients in complex ethical and medical situations.</li> </ol>
4D	The End of Life Doula Movement: Supportive Healing Care and Education for Systems and Families*	Tarron Estes, BA	<p>The end of life doula movement holds great potential to support hospice and palliative care teams –to support them in their heart-centered work, increase their true purpose and calling, and to increase life-fulfilling, healing care people want and need as they traverse the vulnerable and chaotic moments nearing, during and after death.</p> <p>Learning more about the role of the End of Life Doula, how they serve, scope of practice, and how to incorporate this valuable ancient and new role into a variety of care settings and existing clinical education programs is imperative for the health of our systems and families.</p> <p>The End of Life Doula movement may support everyone involved in the dying time to reconnect with Death as a transformative sacred passage and powerful portal in the natural circle of life. It may change primary care practice at end of life.</p>	<ol style="list-style-type: none"> <li>1. Learn about "End of Life Doula Movement" Increase understanding of: "What is and End of Life Doula?" "Who becomes an End of Life Doula?"</li> <li>2. Define the role of the End of Life (EOL) Doula</li> <li>3. Describe how hospices may utilize doulas. Share practice settings for EOL doulas</li> </ol>
4E	End of Life Nutrition and Hydration: Optimal Communication and Guidance for Patients and Families.	Vic Sandler, MD	TBA	<ol style="list-style-type: none"> <li>1- Describe "anorexia of dying"</li> <li>2- Understand and describe what is meant by "comfort feeding"</li> <li>3- Understand the legal and ethical framework for decision making regarding end of life nutrition and hydration</li> </ol>
4F	Spiritual Panel	Rabbi Marcia Zimmerman, Rev. Kathy Nelson, Drupa Rinpoche (Lobsang Yeshe), Dr. Hamdy El-Sawaf, Ted Bowman	"Compassion is the ability to vitally imagine what it is like to be an other, the force that makes a bridge from the island of the one individuality to the island of the other. It is an ability to step outside your own perspective, limitations and ego, and become attentive in a vulnerable, encouraging, critical, and creative way with the hidden world of another person." John O'Donohue, Author. This session will be a panel discussion on the importance of intentional compassion and being fully present when working with people experiencing serious illness or end-of-life and their families. Each of the spiritual leaders participating on the panel will discuss the importance of compassion within their spiritual practice; what it means and how it is practiced within their tradition, and how this can be applied in health care. This will include time for questions from the audience.	<ol style="list-style-type: none"> <li>1- Participants will be able to identify the importance of intentional compassion within end of life and serious illness health care.</li> <li>2- Participants will take away practical methods of applying compassion with intentionality back to their workplaces.</li> <li>3- Participants will learn how to step outside their own perspective and become attentive to working with compassion intentionally and fully, so they are better able to serve their patients and their families</li> </ol>
4G	Standardizing The Surprise Question in Your Healthcare System and Changing the Game for Advancing Illness and End-of-Life Care	Laurel Jackson, MDiv	"Would I be surprised if this patient died in the next 12 months?" Imagine that your town physicians asked themselves that question before every patient visit. It would lead the physician to broaden patient focus, excel in advance care planning, and other elements. We're doing it. You can, too.	<ol style="list-style-type: none"> <li>1. Create a plan for starting an Advance Care Planning Team for your community</li> <li>2. Identify what has worked/not worked with The Surprise Question in one community in order to succeed in your community</li> <li>3. Choose one area to begin The Surprise Question in</li> </ol>
4H	The Littlest Grievers: Supporting Children and Empowering Families in Hospice and Palliative Care	Stacy S. Remke, MSW, LICSW, ACHP-SW; Susan O'Conner-Von, RN, PhD; Sarah L. Wiebler, MS, CCLS	Families worry about how to take care of children who are affected by loss. This session will share current understandings of childhood grief, address persisting myths and offer practical strategies for supporting childhood grief in the context of hospice and palliative care.	<ol style="list-style-type: none"> <li>1. Describe childhood concepts of life and death across different ages/developmental stages</li> <li>2. Review theories, myths, evidence for understanding childhood grief processes</li> <li>3. Describe developmentally appropriate support strategies for grieving children in the context of the whole family</li> </ol>
4I	HEALING TOUCH: CARE FOR THE DYING AND SELF-CARE	Ann Schulman, HTCP, CNA	What is Healing Touch? How does it compliment palliative and hospice care? How can caregivers use Healing Touch as a manner of self-care? During the course of this workshop attendees will hear a short power point presentation, learn to Ground, Center, and Attune, and do a self-chakra connection.	<ol style="list-style-type: none"> <li>1. Give hospice caregivers (social workers, nurses, doctors, aides, pastoral staff, etc.) a conceptual map of what Healing Touch is and how it compliments other forms of palliative and/or hospice care.</li> <li>2. Give hospice caregivers an experiential/body experience of grounding energy, centering energy in the heart, and attuning through touch with another person. Grounding, centering, and attuning is good energy hygiene and a process non Healing Touch Practitioners may want to integrate into their work-life, as standard preparation before entering a client/patient's room. Upon completion they will have the ability to do so.</li> <li>3. Teach hospice caregivers a Self-Chakra Connection, a full body balancing method which facilitates connecting, opening and balancing the energy system. It can be done sitting in a chair in ten or fifteen minutes as regular self-care. Upon completion I will give attendees a reminder handout of a Self-Chakra Connection that they can take with them, and do daily as a manner of self-care.</li> </ol>
4J	Cultivating Resiliency--The Practice of the Arts in Palliative Care	Andrea Wichhart Tatety, Mdiv; Joan Golden, RN, BSN, CHPN; Sharon Chung, LICSW	Hospice and palliative providers experience compassion fatigue and are at risk for burnout. As a community of "providers" we will have the opportunity to pause and experience the arts through creative exercises. At Allina, we have found this to improve individual resiliency & team health	<ol style="list-style-type: none"> <li>1. Identify signs of burn out</li> <li>2. Integrate the experience of the arts to promote resiliency.</li> <li>3. Bring this tool to their workplace to promote team health.</li> </ol>
4K	Addressing the LGBTQ Community with Dignity and Respect: A Holistic Approach for Caregivers	Heather Thonvold, Mdiv; Aubrey Thonvold, MA	Attendees will learn how to approach caring for the LGBTQ community with dignity and respect. We will cover barriers the LGBTQ community faces when accessing care, inclusive language, and provide an in-depth explanation of the SOGIE tool and how providers can incorporate that into their care plans.	<ol style="list-style-type: none"> <li>1. Identify barriers to care unique to the LBGTQ population</li> <li>2. Identify the different parts of the SOGIE tool (sexual orientation, gender identity and expression) and how they relate to the whole person</li> <li>3. Incorporate respectful and inclusive language into patient care plans</li> </ol>

**Lunch 12:00pm to 1:00pm**

**Breakout Session 5: 1:30pm to 2:30pm**

<b>5A</b>	Mental Health at End-of-Life: The Social Worker's Role	Intisar Hussein, MSW	This session will explore barriers to hospice created by mental health. Attendees will explore how mental health creates barriers to quality end of life care, and will provide suggestions for how to advocate for patients and families needing services related to mental health.	<ol style="list-style-type: none"> <li>1. Identify barriers to hospice care related to mental health</li> <li>2. Describe the social worker's role in advocating for the patient and family</li> </ol>
<b>5B</b>	Medicare Billing Updates	Corrinne Ball, RN, CPC, CAC	During this 60 minute session, Corrinne Ball from National Government Services will provide billing updates to include new information on the hospice redesign and new instructions that impact billing. This session will provide information regarding hospice transfers. Updates will be provided to discuss upcoming changes as identified by the Centers for Medicare & Medicaid Services.	<ol style="list-style-type: none"> <li>1. Gain knowledge regarding the purpose for the hospice redesign and the impacts of the changes</li> <li>2. gain knowledge regarding the process for submitting a type of bill 8XC in transfer situations</li> </ol>
<b>5C</b>	Deactivating a Pacemaker in Homecare Hospice: The Experiences of Family and Relatives of a Terminally Ill patient	Gregory Kutcher, MD; Jacek Soroka, PhD, BCC, STL	Although the experiences of family members who care for their relatives at the end of life have been researched extensively, there is little research regarding the needs and the experiences of families involved in caring for hospice patients with a pacemaker.	<ol style="list-style-type: none"> <li>1. Gain in-depth knowledge of one family's experience when discontinuing a life sustaining cardiac device</li> <li>2. Understand interpersonal dynamics when discontinuing life sustaining cardiac devices</li> <li>3. Understand how families perceive interactions with the health care system within the context of life sustaining cardiac devices   Learn about using a patterned interview process to better understand how our patients and families perceive end of life care   Gain understanding of the value and process of utilizing a clinician and non-clinical in researching patient experience and perception</li> </ol>
<b>5D</b>	The Dying Teach us How to Live or Grief as a Continued Bond	Kelly Grosklags, LICSW, BCCSW	I would Love to talk with people about my experiences of working with the dying and the lessons and themes that have emerged for the close to approx 400 deaths i have witnessed — and many more conversations with terminally ill people. Or talk about ways to see grief as a continued bond.	<ol style="list-style-type: none"> <li>1. Identify ways to engage dying patients, listen for themes and reflect back.</li> <li>2. Learn about the various ways we grieve and how eventually grief can be seen as a bond</li> <li>3. Articulate discussions with terminally ill that will help them feel empowered</li> </ol>
<b>5E</b>	How to be Culturally Respectful in a Non- Prescriptive Way	Brenda Hartman, MSW, LICSW	Health care providers understand the importance of being aware of cultural, religious and spiritual differences among their patients. This workshop will share tools and exercises for all participants to expand their skills when working with individuals who do not share a similar belief system.	<ol style="list-style-type: none"> <li>1. Recognize their own belief system has the potential to influence interactions with others</li> <li>2. Participants will feel comfortable working with patients from most, if not all, belief systems</li> </ol>
<b>5F</b>	TBA	Torie Fields, MPH	TBA	TBA
<b>5G</b>	Company for the Journey: A Mind-Body Approach to Helping Anxious and Cognitively Impaired Patients Find Calm	Amy Samson-Burke, MPT, PYT	Helping anxious or cognitively impaired patients find a sense of ease is a challenge. Using simple props, we'll discuss and practice activities appropriate for those with dementia, PTSD, and under the influence of pain medication who may not, or cannot, respond to verbal cues.	<ol style="list-style-type: none"> <li>1. Describe how the concepts of Grounding and Boundary can be used to diffuse tension in patients with anxiety or cognitive impairment</li> <li>2. Demonstrate at least two mind-body practices to help a patient with dementia find ease</li> <li>3. Practice two techniques caregivers can use to nurture themselves in tense situations</li> </ol>
<b>5H</b>	The Special Showing: Deathbed Visions & Dreams	Sheila Duddy, RN, MED	The end of life process involves an instinctive need for connection, reconnection, & meaning. This occurs in various modalities such as visions, dreams & symbolic language. My presentation will focus on the experience of nearing death awareness with strategies for education & support of pt/family.	<ol style="list-style-type: none"> <li>1. Identify deathbed visions &amp; dreams as a normal aspect of the dying process</li> <li>2. Compare &amp; contrast the differences between a near death experience &amp; a nearing death awareness, and delirium</li> <li>3. Implement strategies that normalize, educate, &amp; support caregivers, patients &amp; families when nearing death awareness, deathbed visions &amp; dreams occur</li> </ol>
<b>5I</b>	Healthcare Delivery and Legislative Issues	Dan Berman, PhD	This seminar will deliberate where the predictive future for healthcare delivery is going for the next 5-7 years. A review of economic trends facing healthcare and how healthcare legislation is created. How it impacts healthcare delivery at State and Federal levels and how it factors into present	<ol style="list-style-type: none"> <li>1. Learn how to track healthcare trends</li> <li>2. Understand how healthcare legislation is created</li> <li>3. Track healthcare legislation at state and/or federal levels</li> </ol>
<b>5J</b>	Building Resilience: The 55 Word Story: An Innovative Reflective Writing Method for Clinicians in Palliative Care and Hospice	Ellen Wild, RN, CHPN; Cory Ingram, MD, FAAHPM	In this interactive workshop session, participants will be introduced to pertinent research and content on narrative medicine, and will participate in writing a 55 word story and sharing stories in dyads. Group discussion will provide an opportunity for feedback and reflection on this process	<ol style="list-style-type: none"> <li>1. Describe a novel, effective yet brief framework for the use of medical narrative as a reflective exercise for increasing resilience within the larger literature of narrative medicine methods.</li> <li>2. Demonstrate and experience the 55 word medical narrative as a brief but effective reflective exercise.</li> <li>3. Demonstrate and experience the 55 word medical narrative as a brief but effective reflective exercise.</li> </ol>
<b>5K</b>	Children - Not Just Little Adults But the Similarities Are More Than You Think: Peds for the Adult Clinician	Kristin Elliott, RN, BSN; Naomi Goloff, MD, FAAP; Amie Brandtjen, MSW	This session highlights key differences between adult and pediatric hospice and palliative medicine (HPM) and empowers the adult-focused HPM clinician to use prior skills and knowledge to care for pediatric patients.	<ol style="list-style-type: none"> <li>1. Compare and contrast the regulations for pediatric and adult hospice</li> <li>2. Integrate the unique assessment techniques and symptom management tools utilized in the pediatric population with those routinely used in adult management</li> <li>3. Recall 2 tools/ resources for supporting adult-focused hospice and palliative care clinicians in working with children</li> </ol>

**Breakout Session 6: 2:45pm to 3:45pm**

<b>6A</b>	My Soul and Role Aligned- "Dancing in Sync"	Lores Vlaminc, MA, BSN, RN, CHPN	Honoring autonomy, respecting choices of the patient/family while dancing to the music of excellence, best practice and complex situations may challenge each member of the IDT. Explore the struggle between perfectionism, control, guilt, and negative self-talk in an effort to find joy in the journey.	<ol style="list-style-type: none"> <li>1. Explore the balance between professional excellence and patient autonomy</li> <li>2. Define ways to find joy in clinical practice through shared responsibility</li> </ol>
<b>6B</b>	TBA	Torie Fields, MPH	TBA	TBA
<b>6C</b>	Cancer-Anorexia Cachexia Syndrome: Foundational Information for Nurses	Dr. Susan McClement, RN, PhD	Cancer anorexia-cachexia-syndrome (CACS) is a prevalent clinical problem affecting upwards of 80% of individuals with advanced disease. This session will provide nurses with the foundational knowledge they need in order to care for individuals experiencing CACS, and their families.	<ol style="list-style-type: none"> <li>1. Identify the prevalence of cancer-anorexia-cachexia syndrome in advanced cancer patients and describe the mechanisms giving rise to it</li> <li>2. Articulate the scientific evidence regarding the appropriateness of total parenteral nutrition and tube feeding in the care of patients with CACS</li> <li>3. Identify approaches to communicating effectively with family members regarding the nutritional care of patients with CACS.</li> </ol>
<b>6D</b>	Should physicians be empowered to write DNR/DNI orders over the objections of surrogate decision makers?	Vic Sandler, MD	TBA	<ol style="list-style-type: none"> <li>1. Understand the basic principles of ethical decision making</li> <li>2. Describe why surrogates sometimes make poor decisions (from the provider's standpoint)</li> <li>3. List the key elements of a policy that enables this course of action</li> </ol>

6E	Saying The Right Thing: Tools for Hospice and Palliative Care Experts in Coping with Self-Loss and Working with Teams and Patients in Their Loss	Laurel Jackson, MDiv	We learn to work with patients and families preparing for loss, but when loss falls on us, we don't always cope well. Learn what to say and not say, and gain tools to lean in on truly helping colleagues, patients, and yourself in times of loss.	<ol style="list-style-type: none"> <li>1. Identify authentic phrases to say and not say to the griever in front of them</li> <li>2. Retain tools for helping those struggling with loss</li> <li>3. Increase staff engagement by working through issues of grief and loss before they infect the team</li> </ol>
6F	Spiritual Care at the End-of-Life. Does an Educational Intervention Focused on a Broad Definition of Spirituality Increase Utilization of Chaplain Spiritual Support in Hospice?	Jacek Soroka, PhD, BCC, STL; Brianna Petzel, LGSW	Despite the benefits of spiritual care, evidence shows that a significant number of patients/caregivers refuse it when offered by hospice teams, resulting in unnecessary suffering. This presentation aims to better understand what contributes to the spiritual support acceptance rate in hospice care.	<ol style="list-style-type: none"> <li>1. Better understand what contributes to the hospice chaplain acceptance rate at the time of admission to hospice care</li> <li>2. Know whether specific intervention can contribute to greater acceptance rates of spiritual service</li> </ol>
6G	Aromatherapy Program Development for Symptom Management in Hospice and Palliative Care	Anna Roberts, MT-BC; Erin Fox, MMT, MA, MT-BC; Julie Streeter, BSN, RN, HNB-BC, BCTMB	This presentation will include an overview of aromatherapy use for symptom management. Discussion and examples will center around aromatherapy program development, including safety and regulatory issues, training, team collaboration and implementation, logistics of supply management and documentation	<ol style="list-style-type: none"> <li>1. Understand regulations related to aromatherapy usage in the hospice setting</li> <li>2. Understand the interdisciplinary collaboration and implementation of aromatherapy use</li> <li>3. Identify safety issues around using aromatherapy in the home care setting</li> </ol>
6H	Hospice: A Vision for Better Care at the End-of-Life	Lisa Abicht-Swensen, MHA, LNHA	Despite the best in medical science and technology, many people with advanced, life-limiting illnesses suffer needlessly in the final stages of their lives -- and die in ways that leave their families with legacies of pain. This session explores strategies for improving End-of-Life Care.	<ol style="list-style-type: none"> <li>1. Describe the current status of dying in America</li> <li>2. Describe the elements of good end-of-life care</li> <li>3. Discuss the urgency of developing better strategies to provide high quality care during the waning phases of life.</li> </ol>
6I	Safe Opioid Prescribing in the Palliative Care Clinic	Drew Rosielle, MD, FAAHPM; Emily Schafhauser, MD	We will present our clinic practice's experience in the last several years as we have worked to define what constitutes safe and effective opioid prescribing in the context of contemporary palliative care, and implement a package of opioid safety practices and policies into our clinical practice.	<ol style="list-style-type: none"> <li>1. Describe current best safety practices for prescribing opioids to patients with serious illness in light of the US opioid epidemic and shifting standards of opioid prescribing.</li> <li>2. Identify opioid safety gaps in their clinical practice.</li> </ol>
6J	Circles of Care...or Tension: Family Dynamics at End-of-Life	Ted Bowman, Mdiv	Some presume that a "good death" includes minimal pain for the dying, cooperation and conviviality in the family circle, and, most egregiously, without complex grieving by one and all. A "good death, rather, can include minimal pain for the dying, conflicts faced and handled well, and wide ranges of grief expression. "Rage, rage, against the dying of the light" is more likely common than uncommon. In this experiential session, participants will be presented with, discuss, and practice honest facing of whatever occurs at end-of-life and the immediate bereavement care. The emphasis will be on practices of respect for differences, presuming conflicts, wide ranges of grief, and in aiding families in tough choices.	TBA
6K	Providing Culturally Appropriate Care at End-of-Life to Somali Muslim Patients	Intisar Hussein, MSW	1-2 steps in the process of cleaning the body of the dead; identify when the funeral prayer takes place; identify the time frame in which the body MUST be buried	<ol style="list-style-type: none"> <li>1. Define the definition of death in Islam</li> <li>2. Identify the grieving period in Islam</li> <li>3. List 1-2 things that can be done for a patient who is actively dying.</li> </ol>
<b>Closing Plenary: 4:00pm to 5:00pm</b>				
	Closing Plenary	Speaker(s): Kevin Kling	<p>Profound life experience asks us to reflect deeply and the healing arts play some of the most important roles in helping us to find our way to meaningful response. We give our lives value through our struggle and we give our struggle voice through story.</p> <p>Al Baker, an Anishinaabe healer, once said, "One can survive anything with a sense of humor and sense of self." Stories give us both of these. When we laugh at something it can't control us. When we know where we're from, we have a sense of our direction. Truly hearing the stories of others opens new possibilities and insights for yourself, loved ones and patients. In this presentation, Kevin Kling reflects on his personal experience with traumatic disability, sharing his own gratitude for the healing power of story.</p>	<ol style="list-style-type: none"> <li>1. Observe a sense of personal well-being and gratitude for the power of humor and storytelling</li> <li>2. Appreciate the wisdom of storyteller Mary Oliver who said, "In the wide circles of timelessness, everything material and temporal will fail, including the manifestation of the beloved. In this universe we are given two gifts: the ability to love and the ability to ask questions. Which are, at the same time, the fires that warm us and the fires that scorch us."</li> </ol>