

GERIATRIC PEARLS FROM THE OCEAN STATE



A Full Day of CE offering 7 CEU's

**Saturday April 11, 2015
7:15 AM to 5:00 PM**

**Radisson Hotel Providence Airport
2081 Post Road Warwick RI 02886**

NE GAPNA GIVES BACK

As part of a community outreach to elders, we will be collecting items for a therapeutic activity kit. Therapeutic activity kits help to improve care to elders with dementia. Suggested donations: Peg Board, Art Supplies, Puzzles, Playing Cards, CD/Video's. Please bring your item to the conference. Collected items will be donated to a local SNF.

Agenda

7:15-7:45 am Registration, Breakfast & Exhibit Hall open

7:45 am Welcome, Opening Remarks, Acknowledge Poster Presenters

8:00-9:00 am

Keynote: Smooth Transitions

Alice Bonner, PhD, GNP, FAANP, FGSA, FAAN

9:00-10:00 am

Comparison of NP and Physician Practice Models in Nursing Homes

Karen Devereaux Melillo, PhD, ANP-C, FAANP, FGSA

Ruth Remington, PhD.

10:00-10:15 am Break, Exhibit Hall open

10:15-11:15 am

Warfarin: Innovative Models of Prescribing an Old Drug

Beth Rowlands, DNP, GNP-BC

Kate Chadwick, GNP-BC

11:15-12:15 pm

The Development of a Clinical Decision Tool to Improve the Utilization of Hypodermoclysis in Long-Term Care Elders

Anne Marie Caron, ANP-BC

12:15 pm - 1:30 Lunch, Business Meeting, Exhibit Hall open

1:30-2:30 pm

A Glimpse Into the African American View of Hospice

Linda Barnard, AGPCNP-BC, DNP(c)

2:30-3:30 pm

“Can’t We Just Test Their Urine?” Urinary Tract Infections in Long Term Care

Sarah Collins, APRN-BC

3:30-3:45 pm Break, Exhibit Hall open

3:45-4:45 pm

Mental Health in the Elderly: Medication Choices in Community Settings, ALFs and Long Term Care

Sheryl LaCoursiere, PhD, FNP-BC, PMHNP-BC

4:45-5:00 pm Evaluations, CEU certificates



New England Gerontologic Advanced Practice Nurses Association

Registration

Space is limited so please register early!

For questions email: bethesstman@hotmail.com

Registration: <https://negapna.enpnetwork.com>

NE GAPNA members	\$80
Non-members	\$90
Students	\$50

Name: _____ Title: _____
Email: _____ Mailing Address: _____
Phone number: _____
License or NPI #: _____
Primary subspecialty/area of clinical focus: _____

Method of payment:

VISA MC AMEX DISC CHECK

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