

## ALABAMA STATE NURSES ASSOCIATION ACTIVITY TEMPLATE

### General Information

Alabama State Nurses Association (ASNA) is an accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).


ASNA adheres to the standards and guidelines set forth by ANCC. Sponsors who choose to participate in the ASNA Continuing Education Approval Process will be expected to comply with all ASNA/ANCC Operational Requirements as outlined in this document.

Approval time period is two (2) years.

Processing Fee: Applications received 25 days or more prior to the activity will be \$50 (up to 4 contact hours), \$100 (5-8 contact hours), \$150 (9-12 contact hours), and \$200 (13 and over contact hours). An expedited review is available for applications received 12-24 days before activity for an additional \$75 fee (prior authorization is required). No applications will be accepted less than 12 days prior to the activity. Applications will not be reviewed until payment is received. [Click here to pay online](#)

Application must contain all information before review and approval may be granted. Should you need assistance contact the ASNA Continuing Education Department at (334) 262-8321, (334) 262-8578 (F), or [charlenerasna@alabamannurses.org](mailto:charlenerasna@alabamannurses.org).

### PROVIDER Information:

SPONSOR (AGENCY) OF ACTIVITY: Southeast Region of the WOCN® Society™		
CONTACT PERSON: Bernhard Haberer		
ADDRESS: 36181 East Lake Road Suite 376		
CITY: Palm Harbor	STATE: FL	ZIP CODE: 34685
DAY PHONE: 727-238-5140		
EMAIL: bhe@serwocn.org		
Sponsor Authorization for release of information. As the representative of this activity, I do hereby give ASNA permission to release information contained in this activity to interested parties. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNED: 		
Upon request ASNA will publish information on the Continuing Nursing Education tab of the ASNA Website: <a href="http://alabamannurses.org">http://alabamannurses.org</a> . Publish online? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNED:		

\*Title of Activity: WOC Nurses Soaring to New Heights

Date Form Completed: 5/25/2016

Activity Type:

- Provider-directed, provider-paced: Live (in person or webinar)
  - Date of live activity: **8/25/2016 – 8/27/2016**
- Provider-directed, learner-paced: Enduring material
  - Start date of enduring material: Click here to enter a date.
  - Expiration/end date of enduring material: Click here to enter a date.
- Blended activity
  - Date(s) of enduring materials (e.g. prework): Click here to enter a date.
  - Date of live portion of activity: Click here to enter a date.

Nurse Planner contact information for this activity.

Name and credentials: Elaine Rush, BS, RN, CWOCN

Email Address: [conf.plan@serwocn.org](mailto:conf.plan@serwocn.org) / [elainewr@bellsouth.net](mailto:elainewr@bellsouth.net)

State of Licensure: South Carolina

The **Nurse Planner** must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) **AND** hold a baccalaureate degree or higher in nursing (or international equivalent) **AND** be actively involved in planning, implementing and evaluating this continuing education activity.

**Continuing Education:**

Is this continuing education? Is this learning activity intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to improve the health of the public and RNs' pursuit of their professional career goals?

Yes       No (If **no**, the activity is **not** eligible for approval.)

**Commercial Interest:**

A commercial interest, as defined by the American Nurse's Credentialing Center (ANCC), is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

Yes       No (If **yes**, activity is **not** eligible for approval.)

**A. Description of the professional practice gap (e.g. change in practice, problem in practice, opportunity for improvement)**

Describe the current state:

Many WOC nurses have much of the knowledge needed to intervene effectively for patients with wound, ostomy and continence issues. However, our practice is changing daily and requires WOC nurses, expert as well as novice, needing update on changes in wound, ostomy, continence and professional practice to stay current.

Describe the desired/achievable state:

Participants will have the knowledge and skills to provide effective primary care for their patients. Conference topics will increase the awareness, knowledge and skill to empower the WOC nurse to develop, implement and expand the WOC nurse role and practice.

Identified gap: (knowledge/skills/practice/other: describe)

There is an ongoing need for additional education for WOC nurses in all healthcare settings related to wounds, ostomy and continence practice.

**B. Evidence to validate the professional practice gap (check all methods/types of data that apply)**

X Survey data from stakeholders, target audience members, subject matter experts or similar

X Input from stakeholders such as learners, managers, or subject matter experts

Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement

X Evaluation data from previous education activities

X Trends in literature, law and health care

x Direct observation

Other—Describe: \_\_\_\_\_

Please provide a brief summary of data gathered that validates the need for this activity:

The online evaluation completed by all attendees at the annual conference serves as a core of our needs assessment for annual conference planning. Review of our conference evaluations from the 2015 SER Conference notes new trends as well as new or revised practice guidelines identified by the Education Committee, guided the overall development for the 2016 SER Conference. Content experts on the Education Committee as well as the SER Board of Directors contributed to the development of the program.

**C. Educational need that underlies the professional practice gap (e.g. knowledge, skill and/or practices)**

Other--Describe: Knowledge and Skill

**D. Description of the target audience. (You may select more than one target audience).**

1. All RNs
2. RNs in Specialty Areas (Identify specialty): Wound , Ostomy and Continence
3. Advanced Practice RNs

**E. Desired learning outcome(s) (What will the learner will be able to do as a result of participation in this activity?) Learning outcome must be observable and measurable.**

1. Discuss advances in theoretical and clinical knowledge impacting individuals affected by wound, ostomy, or continence issues.
2. Describe examples of evidence-based practice and multidisciplinary approaches to enhance outcomes in various health care settings.
3. Describe examples and evidence-based practice as it pertains to WOC nursing specialties.

**Area of impact (check all that apply):**

- Nursing Professional Development       Patient Outcome  
 Other- Describe: \_\_\_\_\_

**F. Outcome Measure(s) (A quantitative statement as to how the outcome will be measured):**

Questions and answers during presentations, the learners will be encouraged to engage in dialog with speakers and other attendees, there will be return demonstrations in some of the presentations, the attendees will complete a post conference survey (before receiving CEU) asking about the content and the speakers.

**G. Content of activity: A description of the content with supporting references or resources**

Educational Planning Table Attachment 1: Please see attached presentations for content and references. Additional speaker content and references will be provided upon request.

**Content for this educational activity was chosen from:**

X Information available from the following organization/web site organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published

or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health: \_\_\_\_\_

X Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years): \_\_\_\_\_

X Clinical guidelines (example - www.guidelines.gov): \_\_\_\_\_

X Expert resource (individual, organization, educational institution) (book, article, web site): \_\_\_\_\_

X Textbook reference: \_\_\_\_\_

xOther: See references on Ed Tables

#### H. Learner engagement strategies

See Educational Planning Table (Incorporate the following strategies on the Educational Planning Table)

X Integrating opportunities for dialogue or question/answer

Including time for self-check or reflection

Analyzing case studies

X Providing opportunities for problem-based learning

Other: \_\_\_\_\_

#### I. Criteria for Awarding Contact Hours

Criteria for awarding contact hours for live and enduring material activities include:

(Check all that apply)

Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)–Be specific: \_\_\_\_\_

Credit awarded commensurate with participation

Attendance at 1 or more sessions

Completion/submission of evaluation form

Successful completion of a post-test (e.g., attendee must score \_\_\_\_\_% or higher)

Successful completion of a return demonstration

X Other - Describe: Attendees will only evaluate the presentations attended. Contact hours only awarded for completed online evaluations

#### J. Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience was assessed

Attendees complete and evaluation for each session attended

##### Short-term evaluation options:

X Intent to change practice

X Active participation in learning activity

Post-test

X Return demonstration

Case study analysis

- Role-play
- Other – Describe: \_\_\_\_\_

**Long-term evaluation options:**(If used)

- Self-reported change in practice
- Change in quality outcome measure
- Return on Investment (ROI)
- Observation of performance
- Other – Describe: \_\_\_\_\_

**Attachment 2  
Individuals in a Position to Control Content**

Complete the table below for each person in a position to control content of the educational activity and include name, credentials, educational degree(s), role on the planning committee, and expertise that substantiates their role. There must be at least one Nurse Planner and one other planner to plan each educational activity. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered (Content Expert). **The individuals who fill the roles of Nurse Planner and Content Expert must be identified.** Nurse Planner must sign all BIO/COI forms. (If form is for the Nurse Planner, and individual other than the Nurse Planner must review and sign form).

*Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s)).*

Name of individual and credentials	Individual's role in activity	Planning committee member? (Yes/No)	Name of commercial interest	Nature of relationship
Elaine Rush, BS, RN, CWOCN	Nurse Planner	Yes	None	---
Trudy Huey, MSN, RN, CWOCN	Ed. Committee Chair	Yes	None	---
Laurie McNichol	Content Expert / Presenter	Yes	None	
Karen Sanders	Content Expert / Presenter	Yes	None	
Stephanie Yates	Content Expert / Presenter	Yes	None	
Amanda Eltz	Content Expert	Yes	None	
Joanna Burgess	Content Expert	Yes	None	
Manisha Palta, M.C.	Presenter	NO	None	

Dorothy Doughty, MSN, RN, CWOCN, CFCN, FAAN	Presenter	NO	Hollister	Speakers Bureau
Janice Colwell, MS, RN, CWOCN, FAAN	Presenter	NO	Hollister Coloplast	Speakers Bureau Ostomy Forum Group
Phyllis Kupsick, MSN, RN, FNP-BC, CWOCN	Presenter	NO	None	
Mary Dunn, NP-C, RN, MSN, OCN	Presenter	NO	None	
<b>Robert T. Elliot, MD</b>	Presenter	NO	None	
<b>Jami Goldberg, MA, BA, CMC</b>	Presenter	NO	None	
<b>Hardy Singh, MD</b>	Presenter	NO	Smith & Nephew	Speakers Bureau
Mikel Gray, PhD, FNP, PNP, CUNP, CCCN, FAANP, FAAN	Presenter	NO	None	

## ATTACHMENTS

Please provide evidence of the following: **BH comments in red**

<b>Attachment 1</b>	Educational Planning Table (if activity more than three (3) hours, may include only three (3) hours, but provide agenda for entire activity). <b>Complete</b>
<b>Attachment 2 (Preceding Page)</b>	Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s)). (See example on previous page.) <b>Complete</b>
<b>Attachment 3</b>	Conflict of interest documentation from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable <b>Complete</b>
<b>Attachment 4</b>	Biographical Information for Nurse Planner(s) and Content Expert(s) <b>Complete</b>
<b>Attachment 5</b>	Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant.) If the activity is longer than 3 hours, attach the agenda for the entire activity. <b>Complete</b>
<b>Attachment 6</b>	Documentation of completion and/or certificate. <b>Sample attached – need approval statement</b>
<b>Attachment 7</b>	Commercial Support Agreement with signature and date (if applicable) <b>Blank sample being provided along with first completed / signed form received</b>
<b>Attachment 8</b>	Evidence of required information provided to learners prior to start of educational activity: <b>See copy of 2015 conference book for examples</b> <ol style="list-style-type: none"> <li>1. Accreditation (approval) statement of provider awarding contact hours: <b>Statement pending ... see 2015 statement attached</b></li> <li>2. Criteria for awarding contact hours <b>see attachment 5 above</b></li> <li>3. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers) <b>Complete – attachment 3</b></li> <li>4. Commercial support (if applicable) <b>Attachment 7 – sample and one complete</b></li> <li>5. Expiration date (enduring materials only)</li> <li>6. Joint Providership (if applicable) <b>not applicable</b> (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria)</li> </ol>
<b>Attachment 9</b>	Summative evaluation- Explain: <b>Complete attached</b>
<b>Attachment 10</b>	Copy of Marketing Materials <b>Copy of Web Page</b> <b>Copy of Attendee Brochure</b> <b>Copy of Attendee handouts with instructions</b>

Completed by: Bernhard Haberer, Manager  
Date: May 27, 2016

NOTE: Applications accepted electronically only. Scan and save as one pdf document. Send to ASNA via dropbox invitation (send to [memberasna@alabamanurses.org](mailto:memberasna@alabamanurses.org)). Visit [Dropbox.com](https://www.dropbox.com) to begin your free subscription; or use your own file sharing program.

**Title of Activity: The Aftermath of Complex Abdominal Surgery: Complex Issues for Pouching, Physical and Emotional Care of the Patient with a Challenging Ostomy or Fistula.**

**Learning Outcome (s)** 1. Demonstrate ability to pouch difficult ostomies and fistulas 2. Identify emotional issues and interventions to assist the patient and family when caring for a complex fistula or ostomy

Select all that apply:  Nursing Professional Development  Patient Outcome  Other: Describe [Click here to enter text.](#)

CONTENT (Topics)	TIME FRAME (if live)	PRESENTER/ AUTHOR	TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES
Provide an outline of the content	Approximate time required for content	List the Author	List the learner engagement strategies to be used by Faculty, Presenters, Authors
Difficult Stomas and pouching techniques	60	Karen Edwards	Lecture with photos
Fistula pouching and emotional issues	60	Karen Edwards	Lecture with photos
Hand’s on pouching activity	60	Karen Edwards	Stoma models provided

List the evidence-based references used for developing this educational activity:  
 1. Butler, D. (2009) Early Postoperative Complications Following Ostomy Surgery: A Review . Journal of Wound, Ostomy & Continence Nursing, 36, 513-519.  
 2. Stein, D., Menon, R., & Ahmad, A. (2012, March). Intestinal Fistulas. David Stein, MD March 2012 <http://emedicine.medscape.com/article/179444-overview>. medscape.com. Retrieved April 2014, from <http://emedicine.medscape.com/article/179444-overview>  
 3. Brindle, T., & Blankenship, J. (2009 July/August) Management of Complex Abdominal Wounds With Small Bowel Fistulae: Isolation Techniques and Exudate Control to Improve Outcomes. Journal of Wound, Ostomy & Continence Nursing, 36, 396-403.

**If Live:**

**Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.**

**Total Minutes 60 divided by 60 =1 contact hour(s)**

**Estimated Number of Contact Hours to be awarded: 3**

[Click here to enter text.](#)

03/29/2016

Completed By: Karen Edwards, MSS, BSN, RN CWOCN

Date

sessDate	tmStart	tmEnd	Session	spkrName	spkrCredentials	sessTitle
08/25/16	8:00:00 AM	11:00:00 AM	201601	Karen Edwards	MSS, BSN, RN, CWOCN	The Aftermath of Complex Abdominal Surgery: Complex Issues for Pouching, Physical and Emotional Care of the Patient with a Challenging Ostomy or Fistula.
08/25/16	1:00:00 PM	2:00:00 PM	201602	Laurie McNichol	MSN, RN, GNP, CWOCN, CWON-AP	Soaring to New Heights: Mapping Your Professional Flight Plan
08/25/16	2:00:00 PM	3:00:00 PM	201603	Manisha Palta	M.D.	New Trends in Radiation Therapy for Colorectal Cancer
08/25/16	3:15:00 PM	4:15:00 PM	201604	Dorothy Doughty	MSN, RN, CWOCN, CFCN, FAAN	Ostomy Panel: The Lived Experience
08/26/16	8:15:00 AM	9:15:00 AM	201605	Janice Colwell	MS, RN, CWOCN, FAAN	The Science, Art and Evidence of Pouching Systems
08/26/16	11:45:00 AM	12:45:00 PM	201606	Phyllis Kupsick	MSN, RN, FNP-BC, CWOCN	When Dressings Just Aren't Enough: Pharmaceuticals and Supplements That Can Impact Wound Healing
08/26/16	2:15:00 PM	3:15:00 PM	201607	Dorothy Doughty	MSN, RN, CWOCN, CFCN, FAAN	Current Challenges in Bowel Management
08/26/16	4:30:00 PM	5:30:00 PM	201608	Mary Dunn	NP-C, RN, MSN, OCN	Intimacy & Sexuality for the Patient With an Ostomy
08/27/16	8:15:00 AM	9:15:00 AM	201609	Mikel Gray	PhD, FNP, PNP, CUNP, CCCN, FAANP, FAAN	Caffeine and its Effect on the Bowel and Bladder: An Update for the WOC Nurse
08/27/16	9:15:00 AM	10:15:00 AM	201610	Robert T. Elliot	MD	Fecal Transplantation in the Treatment of Clostridium Difficile Colitis
08/27/16	10:30:00 AM	11:30:00 AM	201611	Jami Goldberg	MA, BA, CMC	The Art and Science of Leadership Through Influence
08/27/16	11:30:00 AM	12:30:00 PM	201612	Hardy Singh	MD	Atypical Wounds
08/27/16	2:30:00 PM	3:30:00 PM	201613	Stephanie Yates	MSN, RN, ANP-BC, CWOCN	Choosing Compression for Your Patient with Venous Disease: Using the WOCN® Venous Leg Ulcer (VLU) Algorithm
08/27/16	2:30:00 PM	3:30:00 PM	201613	Laurie McNichol	MSN, RN, GNP, CWOCN, CWON-AP	Choosing Compression for Your Patient with Venous Disease: Using the WOCN® Venous Leg Ulcer (VLU) Algorithm
08/27/16	3:30:00 PM	4:30:00 PM	201614	Mikel Gray	PhD, FNP, PNP, CUNP, CCCN, FAANP, FAAN	Soaring to New Heights: Celebration of our Past, Present and Future
08/25/16			201615	Poster Session	none	WOC Nursing Poster Session

**Attachment 2**  
**Individuals in a Position to Control Content**

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Laurie McNichol	Content Expert / Presenter	Yes	None	
Karen Sanders	Content Expert / Presenter	Yes	None	
Stephanie Yates	Content Expert / Presenter	Yes	None	
Amanda Eltz	Content Expert	Yes	None	
Joanna Burgess	Content Expert	Yes	None	
Manisha Palta, M.C.	Presenter	NO	None	
Dorothy Doughty, MSN, RN, CWOCN, CFCN, FAAN	Presenter	NO	Hollister	Speakers Bureau
Janice Colwell, MS, RN, CWOCN, FAAN	Presenter	NO	Hollister Coloplast	Speakers Bureau Ostomy Forum Group
Phyllis Kupsick, MSN, RN, FNP-BC, CWOCN	Presenter	NO	None	
Mary Dunn, NP-C, RN, MSN, OCN	Presenter	NO	None	
<b>Robert T. Elliot, MD</b>	Presenter	NO	None	

<b>Jami Goldberg, MA, BA, CMC</b>	Presenter	NO	None	
<b>Hardy Singh, MD</b>	Presenter	NO	Smith & Nephew	Speakers Bureau
Mikel Gray, PhD, FNP,PNP, CUNP, CCCN, FAANP, FAAN	Presenter	NO	None	

**Southeast Region of the WOCN® Society  
Biographical and Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights Education Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner  Content Expert  
 Faculty/Presenter/Author  
 Content Reviewer  
 Other – Describe: [Click here to enter text.](#)

**Section 1: Demographic Data**

Name with Credentials/Degrees: **Amanda Eltz, BSN RN CWOCN**

Address: **704 E. Stanley St. Four Oaks, NC 27524**

Phone Number: **919-464-7057** Email Address: **amanda.eltz@duke.edu**

Current Employer and Position/Title: **Duke Raleigh Hospital, Acute Nurse Clinician/CWOCN**

**Section 2: Expertise - Planning Committee**

If a planning committee member, select area of expertise specific to the educational activity listed above:

- Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)  
 Content Expert  Other, Education Comm Member

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

**BSN educated nurse currently enrolled in MSN program. Completed WOC education in August of 2015 and received WOC certification in Sept. 2015. Currently work as an Acute Nurse Clinician in a hospital setting completing consults for wound and ostomy patients, completing required staff education, and running a nurse-lead outpatient ostomy clinic.**

**Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer**

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

[Click here to enter text.](#)

**Section 4: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during

the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

\***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization\* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(\*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 ([www.accme.org](http://www.accme.org)) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**\*\* with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

\*\***Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.

- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes       No

**If yes,** complete the table below for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*\* All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

**Section 5: Statement of Understanding**

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Amanda J. Eltz, BSN RN CWOCN**

**04/12/2016**

**Typed or Electronic Signature: Name and Credentials (Required)      Date**

**Section 6: Conflict Resolution (to be completed by Nurse Planner)**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:  
(Check all that apply)

x Not applicable since no conflict of interest.

- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.



Other - Describe: [Click here to enter text.](#)

**Nurse Planner Signature (\* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign the form).**

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

**Elaine Rush RN BS CWOCN**

**Typed or Electronic Signature: Name and Credentials (Required)**

**4/13/2016**

**Date**

**Southeast Region of the WOCN® Society  
Biographical and Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights Education Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner  Faculty/Presenter/Author  Other – Describe: [Click here to enter text.](#)
- X Content Expert  
X Content Reviewer

**Section 1: Demographic Data**

Name with Credentials/Degrees: **JoannaJ. Burgess BSN,RN,CWOCN**

Address: **308 Chapel Valley Lane Apex, NC 27502**

Phone Number: **919-309-5987** Email Address: **joburgess@wakemed.org**

Current Employer and Position/Title: **WakeMed Healthy and Hospitals RN, CWOCN**

**Section 2: Expertise - Planning Committee**

If a planning committee member, select area of expertise specific to the educational activity listed above:

- Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)  
X Content Expert X Other

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

**I have been a CWOCN for eight years working in an acute care center as a full scope WOCN. In that period of time I have served on the WOCN national ostomy committee writing best practice guidelines including pediatric best practice ostomy guidelines and a teen chat document designed for teenagers. I also have experience in content validation for best practice publications for the WOCN society. In 2015 I assisted in writing the venous stasis and lymphedema chapter for the WOCN core curriculum textbook. While working as a WOCN for WakeMed Health and Hospitals, I was instrumental in establishing their first outpatient ostomy clinic which opened in July of 2015. I am also a local, state and national speaker on the subjects of lymphedema and ostomy patient support. In addition, I am a patient advocate and am a member of the UOAA state and national support groups, and the local BCAN (Bladder Cancer Advocacy Network) chapter support group.**

**Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer**

X An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

[Click here to enter text.](#)

**Section 4: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

\****Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization\* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(\*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 ([www.accme.org](http://www.accme.org)) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships***\*\* with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

\*\****Relevant relationships***, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.

- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes       No

**If yes**, complete the table below for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*\* All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

**Section 5: Statement of Understanding**

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Joanna J. Burgess BSN, RN, CWOCN**

**4/9/2016**

**Section 6: Conflict Resolution (to be completed by Nurse Planner)**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:  
(Check all that apply)

Not applicable since no conflict of interest.

Removed individual with conflict of interest from participating in all parts of the educational activity.

Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

Not awarding contact hours for a portion or all of the educational activity.

- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: [Click here to enter text.](#)

**Nurse Planner Signature (\* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign the form).**

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

**Elaine Rush RN BS CWOCN**

**Typed or Electronic Signature: Name and Credentials (Required)**

**4/12/2016**

**Date**

**Southeast Region of the WOCN® Society  
Biographical and Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights Education Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner  Content Expert  
 Faculty/Presenter/Author  
 Content Reviewer  
 Other – Describe: [Click here to enter text.](#)

**Section 1: Demographic Data**

Name with Credentials/Degrees: Trudy Huey, MSN, RN, CWOCN

Address: 1743 10<sup>th</sup> St Blvd NW Hickory, NC 2860

Phone Number: 828-446-9964(C) 828-326-2392 (W) Email Address: thuey@catawbavalleymc.org

Current Employer and Position/Title: CatawbaValley Medical Center: Clinical Nurse Specialist WOC Nursing Director

**Section 2: Expertise - Planning Committee**

If a planning committee member, select area of expertise specific to the educational activity listed above:

- Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)  
 Content Expert  Chair Education Committee

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

Served on the CE Committee for National WOCN for five years. Presented and developed CE programs at my facility and throughout the state of NC. Served as the Conference Chairperson for the 2010 SER WOCN Annual Conference. Have been an ongoing certified WOC nurse since 1986 after graduating from the Emory University ETNEP. Prior CE experience since 1976 when worked as a Staff Development Instructor at a tertiary care center in St. Louis and also during my four years experience in a private neurosurgical group in St. Louis. Recently completed four year term serving on the Board of Directors for SER, Director of Conference Planning with overall responsibility for the annual planning and implementation of the SER Annual Conference

**Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer**

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)  
[Click here to enter text.](#)

**Section 4: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the

presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization\* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
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- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

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All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships***\*\* with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

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- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes       No

**If yes,** complete the table below for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
x	Other	Served on Ad Hoc Committee for Acelyty for Instillation Therapy

\*\* All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 5: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Trudy Huey MSN RN CWOCN**

**04/03/16**

**Typed or Electronic Signature: Name and Credentials (Required)      Date**

### Section 6: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:  
(Check all that apply)

Not applicable since no conflict of interest.

Removed individual with conflict of interest from participating in all parts of the educational activity.

Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

Not awarding contact hours for a portion or all of the educational activity.

Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: [Click here to enter text.](#)

**Nurse Planner Signature (\* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign the form).**

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

**Elaine Rush RN BS CWOCN**

**Typed or Electronic Signature: Name and Credentials (Required)**

**4/3/2016**

**Date**

**Southeast Region of the WOCN® Society  
Biographical and Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights EducationActivity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner  Content Expert  
 Faculty/Presenter/Author  
 Content Reviewer  
 Other – Describe: [Click here to enter text.](#)

**Section 1: Demographic Data**

[Click here to enter text.](#)

Name with Credentials/Degrees: **Elaine Rush RN BS CWOCN**

Address: **246 Sheffield Rd, Greer South Carolina 29651**

Phone Number: **864-6390-3165** Email Address: **elainewr@bellsouth.net**

Current Employer and Position/Title: **Bon Secours St Francis Wound Healing Center, Quality Control and Research Manager**

**Section 2: Expertise - Planning Committee**

If a planning committee member, select area of expertise specific to the educational activity listed above:

- Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)  
 Content Expert  Other

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

**Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer**

X An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)  
**I have been a CWOCN for 23 years working in acute, home care and out-patient areas. I have provided educational tools for staff and professional association in leg ulcer disease, continence, pressure ulcer and ostomy. I have served as a mentor and preceptor for WOCN students as well as University BSN students. I have served on the WOCNCB PGP program board, the SER WOCN Board as Special projects Director as well as currently as Director of Conference Planning. I have been SER Conference Chairperson for the South Carolina Conference and served on the planning committee for South Carolina. I have published an article for use of integrated disciplines in the care of wounds patients and currently am part of a research program involving bio-engineered skin substitutes. I have started two out -patient wound centers in the state of South Carolina.**

**Section 4: Conflict of Interest**

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- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
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- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(\*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 ([www.accme.org](http://www.accme.org)) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**\*\* with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

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Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes       No

**If yes**, complete the table below for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*\* All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

**Section 5: Statement of Understanding**

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Typed or Electronic Signature: Name and Credentials (Required) Elaine Rush RN BS CWOCN      Date 4/3/2016**

**Section 6: Conflict Resolution (to be completed by Nurse Planner)**

- A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:  
(Check all that apply)
- Not applicable since no conflict of interest.
  - Removed individual with conflict of interest from participating in all parts of the educational activity.
  - Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
  - Not awarding contact hours for a portion or all of the educational activity.

- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: [Click here to enter text.](#)

**Nurse Planner Signature (\* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign the form).**

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

**Trudy Huey MSN, RN, CWOCN Chair, Education Committee SER**  
Typed or Electronic Signature: Name and Credentials (Required)

**04/04/2016**  
Date

**Southeast Region of the WOCN® Society**  
**Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner       Content Expert     Faculty/Presenter/Author       Content Reviewer  
 Other – Describe: [Click here to enter text.](#)

**Section 1: Demographic Data**

Name with Credentials/Degrees: **Karen A Sanders BSN RN CWON**

If RN, Nursing Degree(s):  AD     Diploma     BSN     Masters     Doctorate

Address: **1781 Winchester Heights Dr Asheboro NC 27205**

Phone Number: **336-953-1889** Email Address: **Karen.sanders@conehealth.com**

Current Employer and Position/Title: **Cone Health**

**Section 2: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships\*\*** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

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- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

- Yes     No **If yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Karen A Sanders BSN RN CWON**

**04/08/16**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Elaine Rush RN BS CWOCN**

**4/12/2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

## Southeast Region of the WOCN® Society Conflict of Interest Form

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer  
 Other – Describe: SER of the WOCN® Board of Director responsible for approval of SER Annual Conference

### Section 1: Demographic Data

Name with Credentials/Degrees: **Jennifer Anderson MBA, MSN, RN, CWCN, CFCN**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: 1299 County Road 69 Prattville, AL 36067

Phone Number: **334-224-9846** Email Address: bama1296@gmail.com

Current Employer and Position/Title: American Medical Technologies – Regional Manager of Business Development

### Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

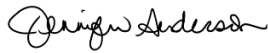
Yes  **No** lf yes, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.



Jennifer Anderson MBA, MSN, RN, CWCN, CFCN

April 11, 2016

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

- A. Procedures used to resolve conflict of interest if applicable for this activity:
- Not applicable since no conflict of interest.
  - Removed individual with conflict of interest from participating in all parts of the educational activity.
  - Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
  - Not awarding contact hours for a portion or all of the educational activity.
  - Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
  - Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
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  - Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
  - Other - Describe:

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

4/12/2016

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

# Southeast Region of the WOCN® Society

## Conflict of Interest Form

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer

Other – Describe: SER Board of Director responsible for approval of SER Annual Conference

### Section 1: Demographic Data

Name with Credentials/Degrees: **Martha Davidson**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: 1608 Tyne Blvd Nashville TN 37215

Phone Number: **(615)665-1058** Email Address: Martha.w.davidson@vanderbilt.edu

Current Employer and Position/Title: Vanderbilt University Medical Center, CWOCN

### Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

\***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships\*\*** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

\*\***Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  **Nolf yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Martha Davidson MN, BSN, CWOCN

April 7, 2016

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
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- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
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- Other - Describe: [Click or tap here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

4/12/2016

**Typed or Electronic Signature: Name and Credentials (Required)**

**Date**

**Southeast Region of the WOCN® Society**  
**Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer  
 Other – Describe: SER Board of Director responsible for approval of SER Annual Conference

**Section 1: Demographic Data**

Name with Credentials/Degrees: **Renee' Epting, MN, RN, CWOCN**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: 1719 Parr Road, Little Mountain, SC 29075

Phone Number: **803-331-1273** Email Address: [alma.epting@palmettohealth.org](mailto:alma.epting@palmettohealth.org) or Rep3024648@aol.com

Current Employer and Position/Title: Palmetto Health/Nurse Manager and Clinical Practice Specialist for WOC Nursing

**Section 2: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships\*\*** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

\*\***Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

- Yes  No **If yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Renee' Epting, MN, RN, CWOCN

April 5, 2016

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
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- Other - Describe: [Click or tap here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

4/12/2016

**Typed or Electronic Signature: Name and Credentials (Required)**

**Date**

**Southeast Region of the WOCN® Society**  
**Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer  
 Other – Describe: SER Board of Director responsible for approval of SER Annual Conference

**Section 1: Demographic Data**

Name with Credentials/Degrees: **Angela Graham BSN RN CWOCN**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: 310 West Main Street Stevenson, Alabama 35772

Phone Number: **256-218-0217** Email Address: [agraham@alacare.com](mailto:agraham@alacare.com)

Current Employer and Position/Title: Alacare Home Health; Manager of Education Support Services, CWOCN

**Section 2: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

- Yes  **Nolf yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Angela Graham, BSN RN CWOCN

4/8/2016

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
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- Other - Describe: [Click or tap here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS COCN

4/12/2016

**Typed or Electronic Signature: Name and Credentials (Required)**

**Date**

## Southeast Region of the WOCN® Society Conflict of Interest Form

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer  
 Other – Describe: SER Board of Director responsible for approval of SER Annual Conference

### Section 1: Demographic Data

Name with Credentials/Degrees: **N. Nancy Scott BSN, RN ,CWOCN**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: **1809 Cattleman drive, Brandon ,FL 33511**

Phone Number: **813 495-0075** Email Address: [nancy.scott@moffitt.org](mailto:nancy.scott@moffitt.org)

Current Employer and Position/Title: **Moffitt Cancer Center 12902 Magnolia drive ,Tampa, FL 33612 position RN, CWOCN**

### Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

- Yes  No **If yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

N. Nancy Scott BSN, RN, CWOCN

April 5, 2016

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
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- Other - Describe: [Click or tap here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

4/12/2016

**Typed or Electronic Signature: Name and Credentials (Required)**

**Date**

# Southeast Region of the WOCN® Society Conflict of Interest Form

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer  
 Other – Describe: SER Board of Director responsible for approval of SER Annual Conference

## Section 1: Demographic Data

Name with Credentials/Degrees: **Colleen Spiller MA BSN RN CWOCN**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: 1723 Alex Cockman Road Pittsboro NC 27312

Phone Number: **(336)416-7292** Email Address: colleen.spiller@molnlycke.com

Current Employer and Position/Title: Molnlycke Health Care, Region Clinical Specialist

## Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

- Yes  **Nolf yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Colleen L. Spiller

04/11/2016

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
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### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

4/12/2016

**Typed or Electronic Signature: Name and Credentials (Required)**

**Date**

**Southeast Region of the WOCN® Society**  
**Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner     Content Expert     Faculty/Presenter/Author     Content Reviewer  
 Other – Describe: SER Board of Director responsible for approval of SER Annual Conference

**Section 1: Demographic Data**

Name with Credentials/Degrees: **Pamela S. Whitley FNP-BC, CWOCN**

If RN, Nursing Degree(s):  AD     Diploma     BSN     Masters     Doctorate

Address: 300 Billingsley Road, Suite 105, Charlotte, NC 28211

Phone Number: **704-384-4098** Email Address: [pswhitley@novanthealth.org](mailto:pswhitley@novanthealth.org)

Current Employer and Position/Title: Novant Health/Family Nurse Practitioner/Certified Wound Ostomy Continence Nurse

**Section 2: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships\*\*** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

\*\***Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

- Yes     **Nolf yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Pamela S. Whitley FNP-BC, CWOCN

4-8-16

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: [Click or tap here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

4/12/2016

**Typed or Electronic Signature: Name and Credentials (Required)**

**Date**

## Southeast Region of the WOCN® Society Conflict of Interest Form

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer

Other – Describe: [Click here to enter text.](#)

### Section 1: Demographic Data

Name with Credentials/Degrees: **Karen Edwards, MSS, BSN, RN, CWOCN**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: 4424 6th Ave South , Birmingham, AL 35222

Phone Number: 205-934-6903      Email Address: kedwards@uabmc.edu

Current Employer and Position/Title: UAB Birmingham, CWOCN

### Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

\***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

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- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  No **If yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
x	Speakers Bureau	KOL for Hollister Wound Care, Inc. My presentation is on ostomy/fistula issues.
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Karen Edwards, MSS, BSN, RN, CWOCN**

**3/29/2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Elaine Rush RN BS CWOCN**

**April 4, 2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

**Southeast Region of the WOCN® Society**  
**Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer

Other – Describe: [Click here to enter text.](#)

**Section 1: Demographic Data**

Name with Credentials/Degrees: **Laurie McNichol, MSN, RN, GNP, CWOCN, CWON-AP**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: **11 Bluff Ridge Court, Greensboro, NC 27455**

Phone Number: **(336) 832-0263** Email Address: **laurie.mcnichol@conehealth.com**

Current Employer and Position/Title: **Cone Health CNS/WOC Nurse**

**Section 2: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  **Nof yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Laurie McNichol**

**4/22/16**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

**Or document separately**

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
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- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Elaine Rush RN BS CWOCN**

**4/25/2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

**Southeast Region of the WOCN® Society**  
**Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer

Other – Describe: [Click here to enter text.](#)

**Section 1: Demographic Data**

Name with Credentials/Degrees: **Manisha Palta, M.D.**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: **DUMC 3085, Durham, NC 27710**

Phone Number: **919-668-5640** Email Address: **Manisha.palta@duke.edu**

Current Employer and Position/Title: **Duke University**

**Section 2: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  No **If yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Manisha Palta, M.D.**

**4/11/2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

**Or document separately**

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Elaine Rush RN BS CWOCN**

**4/14/2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

**Southeast Region of the WOCN® Society**  
**Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights

Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner     Content Expert     X Faculty/Presenter/Author     Content Reviewer  
 Other – Describe: [Click here to enter text.](#)

**Section 1: Demographic Data**

Name with Credentials/Degrees: **Dorothy Doughty, MSN RN CWOCN CFCN FAAN**

If RN, Nursing Degree(s):  AD     Diploma     BSN     XMasters     Doctorate

Address: **5160 Patriot Drive, Stone Mountain, GA 30087**

Phone Number: **770-723-1649** Email Address: **ddought@emory.edu**

Current Employer and Position/Title: **Emory WOC Nurse Clinician**

**Section 2: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity and has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and Xother activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

X Yes     No    **If yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
X	Speakers Bureau	Hollister; peristomal skin conditions. Honorarium.
	Consultant	
	Other	

\* \*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

[Click here to enter text.](#)

*Dorothy B. Dampier*

04-17-2016

Typed or Electronic Signature: Name and Credentials (Required)

Date

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
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- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

[Click here to enter text.](#)

[Click here to enter text.](#)

Typed or Electronic Signature: Name and Credentials (Required)

Date

*Eileen Rose PWSA*

4/18/16

## Southeast Region of the WOCN® Society Conflict of Interest Form

Title of Educational Activity: WOC Nurses Soaring to New Heights

Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer

Other – Describe: [Click here to enter text.](#)

### Section 1: Demographic Data

Name with Credentials/Degrees: **Janice Colwell, MS, RN, CWOCN, FAAN**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: **1335 S. Prairie Avenue, #1507; Chicago, IL 60605**

Phone Number: **773-702-9371** Email Address: **jcolwell22@sbcglobal.net**

Current Employer and Position/Title: University of Chicago Medicine /Advanced Practice Nurse

### Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  No **If yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
Hollister	Speakers Bureau	Have spoken for Hollister 3 times this year and received an honorarium
Coloplast	Consultant	Am on the Coloplast Ostomy Forum consultants group and have attended a meet year for the purposes of consulting.
	Stock	
	Speakers Bureau	
	Consultant	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Janice Colwell**

**3-30-16**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Elaine Rush RN BS CWOCN**

**April 4, 2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

**Southeast Region of the WOCN® Society**  
**Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer

Other – Describe: [Click here to enter text.](#)

### Section 1: Demographic Data

Name with Credentials/Degrees: **Phyllis Kupsick, MSN, RN, FNP-BC, CWOCN**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: **PO Box 595 Norwood, NC 28128**

Phone Number: 704-984-4388 Email Address: phylliskupsick@gmail.com

Current Employer and Position/Title: **Center for Wound Care and Hyperbaric Medicine – Relief Provider (FNP-BC, CWOCN)**

### Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

\***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships\*\*** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

\*\***Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  **No** lf yes, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Phyllis T. Kupsick, MSN, RN, FNP-BC, CWOCN**

**April 3, 2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

#### Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
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- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Elaine Rush RN BS CWOCN**

**April 4, 2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

# Southeast Region of the WOCN® Society

## Conflict of Interest Form

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer

Other – Describe: [Click here to enter text.](#)

### Section 1: Demographic Data

Name with Credentials/Degrees: **Mary Dunn, NP-C, RN, MSN, OCN**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: **1 Enzo Court, Durham, NC, 27713**

Phone Number: **804-840-2785** Email Address: **mwdunn@med.unc.edu**

Current Employer and Position/Title: **UNC-Chapel Hill / Nurse Practitioner**

### Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  **No** **If yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Mary W. Dunn, NP-C, MSN, RN, OCN**

**April 22, 2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
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- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Elaine Rush RN BS CWOCN**

**April 23, 2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

## Southeast Region of the WOCN® Society Conflict of Interest Form

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer

Other – Describe: [Click here to enter text.](#)

### Section 1: Demographic Data

Name with Credentials/Degrees: Mikel L. Gray, PhD, CUNP, CCCN, FAANP, FAAN

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: **1214 Fox Horn Court, Charlottesville VA 22902**

Phone Number: **434-985-2602** Email Address: **mg5k@virginia.edu**

Current Employer and Position/Title: **Professor and Nurse Practitioner, Department of Urology, University of Virginia**

### Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  **Nof yes**, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Mikel L. Gray, PhD, CUNP, CCCN, FAANP, FAAN

5/9/2016

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
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- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

ElaineRush RN BS CWOCN

May 10, 2016

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

**Southeast Region of the WOCN® Society  
Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights

Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner
- Content Expert
- Faculty/Presenter/Author
- Content Reviewer
- Other – Describe: Click here to enter text.

**Section 1: Demographic Data**

Name with Credentials/Degrees: **Robert T. Elliott, MD**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: **1234 Huffman Mill Rd. Burlington, NC 27215**

Phone Number: **336-538-2355** Email Address: **dr.rte Elliott@gmail.com**

Current Employer and Position/Title: **Alamance Regional Medical Center, Division of Cone Health / Director of Endoscopy Unit**

**Section 2: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity and has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  No **If yes,** please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

**Section 3: Statement of Understanding**

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Click here to enter text.

Click here to enter text.

Typed or Electronic Signature: Name and Credentials (Required)

Date

*Robert L. Elliott*

4/27/16

**Section 4: Conflict Resolution (to be completed by Nurse Planner)**

Or document separately

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
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- Other - Describe: Click here to enter text.

**Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).**

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

*Elaine Rose RBS-CWA*  
Click here to enter text.

4-28-16  
Click here to enter text.

Typed or Electronic Signature: Name and Credentials (Required)

Date

## Southeast Region of the WOCN® Society Conflict of Interest Form

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer

Other – Describe: [Click here to enter text.](#)

### Section 1: Demographic Data

Name with Credentials/Degrees: **Jami Goldberg, MA, BA, CMC**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: **3404 Farm Lake Street, Jamestown, NC 27282**

Phone Number: **336-832-0143** Email Address: **jami.goldberg@conehealth.com**

Current Employer and Position/Title: **Cone Healthcare / Director of Performance Consulting, Organizational Effectiveness**

### Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  **No** Yes, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

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### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Jami Ryan Goldberg**

**3/29/16**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

**Or document separately**

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
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- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Elaine Rush RN BS CWOCN**

**April 4, 2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

**Southeast Region of the WOCN® Society**  
**Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer

Other – Describe: [Click here to enter text.](#)

**Section 1: Demographic Data**

Name with Credentials/Degrees: **Hardy Singh, MD**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: **3320 Wake Forest Rd. Suite 100, Raleigh NC, 27690**

Phone Number: **919-862-5573** Email Address: **singhardy@yahoo.com**

Current Employer and Position/Title: **Duke Raleigh Hospital Wound Healing Center / Medical Director**

**Section 2: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

\***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships\*\*** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

\*\***Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  **No** if yes, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
X	Speakers Bureau	Smith and Nephew
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Hardy Singh**

**04/22/2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

**Or document separately**

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Elaine Rush RN BS CWOCN**

**April 24, 2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

## Southeast Region of the WOCN® Society Conflict of Interest Form

Title of Educational Activity: WOC Nurses Soaring to New Heights  
Educational Activity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

Nurse Planner  Content Expert  Faculty/Presenter/Author  Content Reviewer

Other – Describe: [Click here to enter text.](#)

### Section 1: Demographic Data

Name with Credentials/Degrees: **Stephanie Yates, MSN, RN, ANP-BC, CWOCN**

If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Address: **106 Glen Abbey Drive; Cary, NC 27513**

Phone Number: **919-613-2035** Email Address: **Stephanie.yates@duke.edu**

Current Employer and Position/Title: **Duke University / Oncology WOC Nurse Practitioner**

### Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

\***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships\*\*** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

\*\***Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes  **No** lf yes, please complete the table on the next page for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

### Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Stephanie S. Yates, MSN, RN, ANP-BC, CWOCN**

**4/22/16**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

### Section 4: Conflict Resolution (to be completed by Nurse Planner)

**Or document separately**

A. Procedures used to resolve conflict of interest if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: [Click here to enter text.](#)

### Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Elaine Rush RN BS CWOCN**

**April 23, 2016**

*Typed or Electronic Signature: Name and Credentials (Required)*

*Date*

**Southeast Region of the WOCN® Society  
Biographical and Conflict of Interest Form**

Title of Educational Activity: WOC Nurses Soaring to New Heights EducationActivity Date: August 25 – 27, 2016

Role in Educational Activity: (Check all that apply)

- Nurse Planner  Content Expert  
 Faculty/Presenter/Author  
 Content Reviewer  
 Other – Describe: [Click here to enter text.](#)

**Section 1: Demographic Data**

[Click here to enter text.](#)

Name with Credentials/Degrees: **Elaine Rush RN BS CWOCN**

Address: **246 Sheffield Rd, Greer South Carolina 29651**

Phone Number: **864-6390-3165** Email Address: **elainewr@bellsouth.net**

Current Employer and Position/Title: **Bon Secours St Francis Wound Healing Center, Quality Control and Research Manager**

**Section 2: Expertise - Planning Committee**

If a planning committee member, select area of expertise specific to the educational activity listed above:

- Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)  
 Content Expert  Other

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

**Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer**

X An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)  
**I have been a CWOCN for 23 years working in acute, home care and out-patient areas. I have provided educational tools for staff and professional association in leg ulcer disease, continence, pressure ulcer and ostomy. I have served as a mentor and preceptor for WOCN students as well as University BSN students. I have served on the WOCNCB PGP program board, the SER WOCN Board as Special projects Director as well as currently as Director of Conference Planning. I have been SER Conference Chairperson for the South Carolina Conference and served on the planning committee for South Carolina. I have published an article for use of integrated disciplines in the care of wounds patients and currently am part of a research program involving bio-engineered skin substitutes. I have started two out -patient wound centers in the state of South Carolina.**

**Section 4: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

\****Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization\* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(\*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 ([www.accme.org](http://www.accme.org)) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships***\*\* with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

\*\****Relevant relationships***, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.

- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes       No

**If yes,** complete the table below for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*\* All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

**Section 5: Statement of Understanding**

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Typed or Electronic Signature: Name and Credentials (Required) Elaine Rush RN BS CWOCN      Date 4/3/2016**

**Section 6: Conflict Resolution (to be completed by Nurse Planner)**

- A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:  
(Check all that apply)
- Not applicable since no conflict of interest.
  - Removed individual with conflict of interest from participating in all parts of the educational activity.
  - Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
  - Not awarding contact hours for a portion or all of the educational activity.

- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: [Click here to enter text.](#)

**Nurse Planner Signature (\* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign the form).**

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

**Trudy Huey MSN, RN, CWOCN Chair, Education Committee SER**  
Typed or Electronic Signature: Name and Credentials (Required)

**04/04/2016**  
Date

# Southeast Region



*of the*  
Wound, Ostomy and  
Continence Nurses Society®

36181 East Lake Road, Ste. 376  
Palm Harbor, FL 34685  
Phone: 727-238-5140  
Fax: 727-269-5760  
[bhe@serwocn.org](mailto:bhe@serwocn.org)

## 2015 ASNA Accreditation Application

### Attachment 5 – Contact hours

Total Contact Hours Available: 17

- Pre-Conference: 3
- Educational Sessions: 13
- Poster Session: 1

Each attendee will be required to submit an evaluation for each session attended. Contact hours are awarded per session evaluation received. SER maintains a database with all evaluations received, and generates certificates of attendance with contact hours based on this data.

Complete Agenda: (see next page)

# Southeast Region



of the  
Wound, Ostomy and  
Continence Nurses Society®

36181 East Lake Road, Ste. 376  
Palm Harbor, FL 34685  
Phone: 727-238-5140  
Fax: 727-269-5760  
[bhe@serwocn.org](mailto:bhe@serwocn.org)

Session	spkrName	sessTitle	CEtype
201601	Karen Edwards	The Aftermath of Complex Abdominal Surgery: Complex Issues for Pouching, Physical and Emotional Care of the Patient with a Challenging Ostomy or Fistula.	(O, W) <b>3 hrs</b>
201602	Laurie McNichol	Soaring to New Heights: Mapping Your Professional Flight Plan	(PP)
201603	Manisha Palta	New Trends in Radiation Therapy for Colorectal Cancer	(O)
201604	Dorothy Doughty	Ostomy Panel: The Lived Experience	(O)
201605	Janice Colwell	The Science, Art and Evidence of Pouching Systems	(O)
201606	Phyllis Kupsick	When Dressings Just Aren't Enough: Pharmaceuticals and Supplements That Can Impact Wound Healing	(W)
201607	Dorothy Doughty	Current Challenges in Bowel Management	(C)
201608	Mary Dunn	Intimacy & Sexuality for the Patient With an Ostomy	(O)
201609	Mikel Gray	Caffeine and its Effect on the Bowel and Bladder: An Update for the WOC Nurse	(C)
201610	Robert T. Elliot	Fecal Transplantation in the Treatment of Clostridium Difficile Colitis	(C)
201611	Jami Goldberg	The Art and Science of Leadership Through Influence	(PP)
201612	Hardy Singh	Atypical Wounds	(W)
201613	Stephanie Yates	Choosing Compression for Your Patient with Venous Disease: Using the WOCN® Venous Leg Ulcer (VLU) Algorithm	(W)
201613	Laurie McNichol	Choosing Compression for Your Patient with Venous Disease: Using the WOCN® Venous Leg Ulcer (VLU) Algorithm	(W)
201614	Mikel Gray	Soaring to New Heights: Celebration of our Past, Present and Future	(PP)
201615	Poster Session	WOC Nursing Poster Session	(W,O,C)

# SER of the WOCN® Society 2016 Annual Conference Certificate of Completion

WOC Nurses Soaring to New Heights

08/25/16 - 08/27/16 - Greensboro, NC

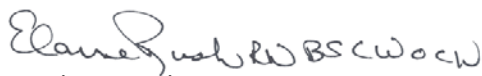
This continuing nursing education activity was approved by the Alabama State Nurses Association (ASNA), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).

This activity has been approved by ASNA for up to 17 contact hours of continuing education, Course # xxxxxxxx, and is valid through mmm dd, yyyy.

Date	Session	Hrs. Earned
08/25/2016	201602 Soaring to New Heights: Mapping Your Professional Flight Plan (PP)	1
08/25/2016	201603 New Trends in Radiation Therapy for Colorectal Cancer (O)	1
08/25/2016	201604 Ostomy Panel: The Lived Experience (O)	1
08/26/2016	201605 The Science, Art and Evidence of Pouching Systems (O)	1
08/26/2016	201606 When Dressings Just Aren't Enough: Pharmaceuticals and Supplements That Can Impact Wound Healing (W)	1
08/26/2016	201607 Current Challenges in Bowel Management (C)	1
<b>Total Contact Hours Earned:</b>		<b>6</b>

This is to certify that **BERNHARD HABERER** has completed the Educational Activity titled: **WOC Nurses Soaring to New Heights on 8/27/2016.**

Nursing License No. / State \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

  
Elaine Rush, RN, BS, CWOCN



## Southeast Region of the WOCN® Society

### Commercial Support Agreement – Attachment 7

A commercial interest, as defined by the American Nurse's Credentialing Center (ANCC), is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

**Commercial support** is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.

**Note: Organizations providing commercial support may not provide or joint provide an educational activity.**

<b>Title of Educational Activity: WOC Nurses Soaring to New Heights</b>	
Activity Location: <b>Greensboro, NC (Sheraton Greensboro / Koury Convention Center)</b>	Activity Date: <b>August 25 – 27, 2016</b>
<b>Name of Commercial Interest Organization:</b>	
<b>Name of Accredited Provider: Southeast Region of the WOCN® Society</b>	
<b>Total \$ amount of Commercial Support:</b>	
Area(s) of activity Commercial Interest organization would like to support:	
Unrestricted Restricted* Speaker honoraria Speaker expenses Meal Other (please list):	

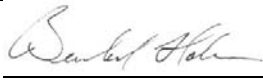
*\* Commercial interest may request that funds be used to support a specific part of an educational activity. The Accredited Provider may choose to accept the restriction or not accept the commercial support. The Accredited Provider maintains responsibility for all decisions related to the activity as described below.*

Terms and Conditions	
1.	All organizations must comply with the <i>ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities</i> which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of Commercial Interest organization providing financial or in-kind support.
3.	The Accredited Provider is responsible for all decisions related to the educational activity. The Commercial Interest organization providing financial or in-kind support may <b>not</b> participate in any component of the planning process of an educational activity, including: <ul style="list-style-type: none"> <li>▪ Assessment of learning needs</li> <li>▪ Determination of objectives</li> <li>▪ Selection or development of content</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Selection of planners, presenters, faculty, authors and/or content reviewers</li> <li>▪ Selection of teaching/learning strategies</li> <li>▪ Evaluation methods</li> </ul>
4.	The Accredited Provider will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria.
5.	All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to any individuals involved with the supported educational activity.
6.	Commercial support will be disclosed to the participants of the educational activity.
7.	Commercial Interest Organizations may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity.

## Statement of Understanding

An "X" in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Commercial Support Agreement above.

<b>Accredited Provider Name:</b>	<b>Southeast Region of the WOCN® Society</b>	
<b>Address:</b>	36181 East Lake Road, Ste. 376 Palm Harbor, FL 34685	
<b>Name of Representative:</b>	Bernie Haberer, Association Manager	
<b>Email Address:</b>	<a href="mailto:bhe@serwocn.org">bhe@serwocn.org</a>	
<b>Phone Number:</b>	727-238-5140	
<b>Fax Number:</b>	727-269-5760	
 <b>Electronic Signature (Required)</b> <b>Date:</b>		
<b>Completed By: (Name and Credentials)</b>	Bernhard Haberer, Association Manager	

<b>Commercial Interest Name:</b>	
<b>Address:</b>	
<b>Name of Representative:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	
<b>Check here to indicate your agreement and electronic signature (Required)</b> <b>Date:</b>	
<b>Completed By: (Name and Credentials)</b>	

## Southeast Region of the WOCN® Society Commercial Support Agreement – Attachment 7

A commercial interest, as defined by the American Nurse's Credentialing Center (ANCC), is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

**Commercial support** is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.

**Note: Organizations providing commercial support may not provide or joint provide an educational activity.**

<b>Title of Educational Activity: WOC Nurses Soaring to New Heights</b>	
Activity Location (if live): <b>Greensboro, NC (Sheraton Greensboro / Koury Convention Center)</b>	Activity Date: <b>August 25 – 27, 2016</b>
<b>Name of Commercial Interest Organization: B Braun Medical</b>	
<b>Name of Accredited Provider: Southeast Region of the WOCN® Society</b>	
Total amount of Commercial Support: <b>\$3500</b>	
Area(s) of activity Commercial Interest organization would like to support:	
<input type="checkbox"/> Unrestricted <input checked="" type="checkbox"/> Restricted* <ul style="list-style-type: none"> <li><input type="checkbox"/> Speaker honoraria</li> <li><input type="checkbox"/> Speaker expenses</li> <li><input checked="" type="checkbox"/> Meal</li> <li><input checked="" type="checkbox"/> Other (please list): <b>Pre-Conference Breakfast plus booth</b></li> </ul>	


*\* Commercial interest may request that funds be used to support a specific part of an educational activity. The Accredited Provider may choose to accept the restriction or not accept the commercial support. The Accredited Provider maintains responsibility for all decisions related to the activity as described below.*

Terms and Conditions	
1.	All organizations must comply with the <i>ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities</i> which is available on the ANCC Accreditation web page.
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	<ul style="list-style-type: none"> <li>▪ Selection of planners, presenters, faculty, authors and/or content reviewers</li> <li>▪ Selection of teaching/learning strategies</li> <li>▪ Evaluation methods</li> </ul>
4.	The Accredited Provider will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria.
5.	All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to any individuals involved with the supported educational activity.
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## Statement of Understanding

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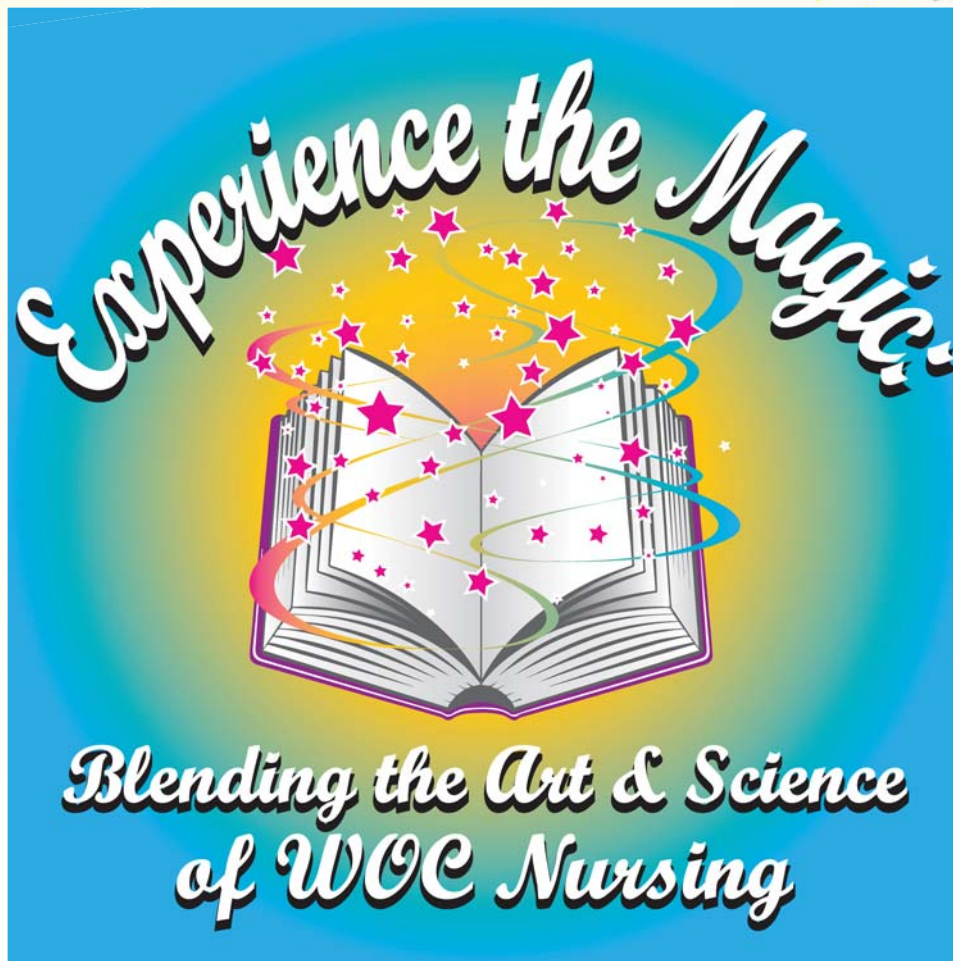
<b>Accredited Provider Name:</b>	<b>Southeast Region of the WOCN® Society</b>	
<b>Address:</b>	36181 East Lake Road, Ste. 376 Palm Harbor, FL 34685	
<b>Name of Representative:</b>	Bernie Haberer, Association Manager	
<b>Email Address:</b>	<a href="mailto:bhe@serwocn.org">bhe@serwocn.org</a>	
<b>Phone Number:</b>	727-238-5140	
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		<b>Date: April 18, 2016</b>
<b>Completed By: (Name and Credentials)</b>	Bernhard Haberer, Association Manager	

<b>Commercial Interest Name:</b>	<b>B Braun Medical</b>	
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<input checked="" type="checkbox"/> <b>Julie Bauer RN BSN</b>		
		<b>Date: April 18, 2016</b>
<b>Completed By: (Name and Credentials)</b>	Julie Bauer RN BSN	

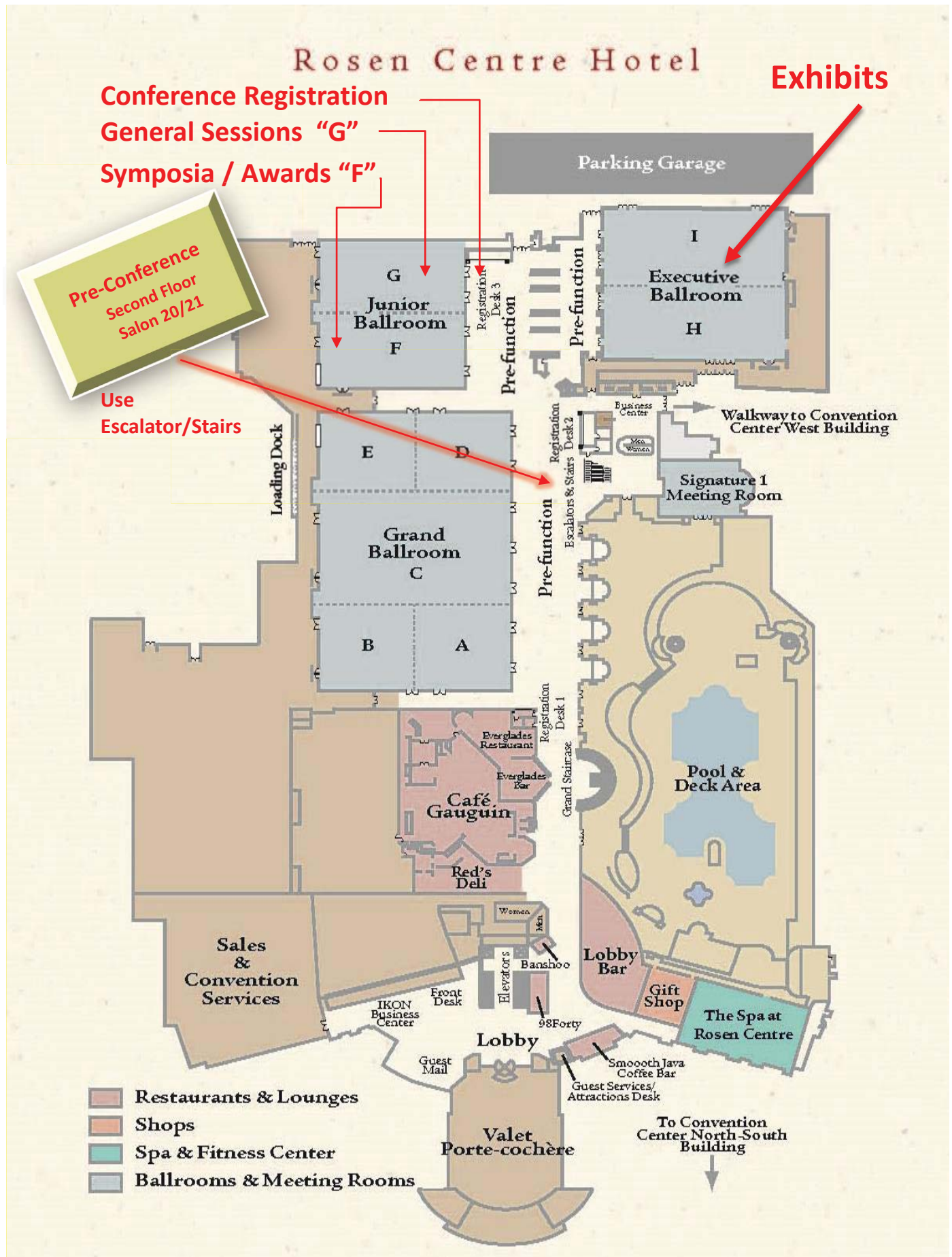
**Southeast Region of the WOCN® Society  
Annual Conference  
September 10 - 12, 2015**



**Southeast Region**  
Wound Ostomy & Continence  
Nurses Society



**ROSEN CENTRE HOTEL - ORLANDO, FL**



2- Experience the Magic: Blending the Art & Science of WOC Nursing

# Table of Contents

WELCOME LETTERS .....	4-7
SOUTHEAST REGION BOARD OF DIRECTORS .....	8
SOUTHEAST REGION CONFERENCE COMMITTEES.....	9
CONTINUING EDUCATION INFORMATION .....	10
SILENT AUCTION.....	11
CONFERENCE SPONSORS.....	12-13
PRESENTATIONS (chronological order)	
Pre-Conference: The Aftermath of GI Surgery - The Magic and Science of Pouching .....	14
Keynote Address: What's New in the Science of Pressure Ulcers: The 2014 International Pressure Ulcer Guidelines....	16
Sphincter Preservation Surgery - No More Ostomies? .....	18
Battling Biofilms: Winning the War in Wounds .....	20
The Role of Physical Therapy in Wound Healing .....	22
Telemedicine .....	24
Establishing and Running an Outpatient Ostomy Service .....	26
Prudence as a Defense: Legal Aspects of WOC Nursing Practice .....	28
Motility Disorders .....	30
Understanding Urinary Catheters: Keep the Flow Going .....	32
Use of Probiotics in the Prevention & Treatment of C-Diff .....	34
Skin Cancer and Sun Damage in Elderly Patients .....	36
Magical Experiences for Nurses and Ostomates at Youth Rally .....	38
The Magic of WOC Nursing .....	40
Poster Viewing Sessions .....	42
 <u>SYMPOSIUM SPONSORS</u>	
LUNCH SYMPOSIUM: Sponsored by Sage Products .....	44
GREAT COMEBACKS® REGIONAL AWARD DINNER: Sponsored by ConvaTec.....	45
MÖLNLYCKE HEALTH CARE LUNCH SYMPOSIUM: Sponsored by Mölnlycke.....	46
BREAKFAST SYMPOSIUM: Sponsored by Tissue Regenix .....	47
POSTER ABSTRACTS .....	48-54
EXHIBITORS .....	55-58
2016 CONFERENCE INFORMATION .....	59

## Southeast Region of the WOCN® Society Disclosure

*Registrants for this program understand that medical and scientific knowledge are constantly evolving. The views and treatment modalities of the instructors are their own and may reflect innovations (including off-label or investigational use of medical products) and opinions not universally shared. Every effort has been made to assure the accuracy of the data presented at this program in the context of accepted medical and nursing practice. Prior to clinical application, practitioners should check specific details such as drug doses and contraindications, off-label uses, or other details in standard sources. The views and treatment modalities of the instructors are not those of the Southeast Region Wound, Ostomy, Continence Nurses Society™, but are presented in this forum to advance scientific and nursing education. Registrants waive any claim against SER of the WOCN Society arising from information presented at this program.*



**RICK SCOTT**  
GOVERNOR

September 12, 2015

Dear Friends:

It is a pleasure to welcome you to the Wound Ostomy Continence Society Southeast Region annual conference in Orlando, Florida.

The Wound Ostomy Continence Society is a professional nursing society which supports its members by promoting educational, clinical and research opportunities to advance the practice and guide the delivery of expert health care to individuals with wounds, ostomies and incontinence. Thank you for your contributions to excellence in health care.

Our state is proud to host this event, and we look forward to showcasing the hospitality that makes Florida the world's destination of choice. Enjoy the beauty of our state parks, world-class attractions, and our miles of beaches. Florida offers an endless variety of activities and remains one of the most dynamic and diverse destinations you can experience. Thank you for being our guests.

Best wishes for a successful conference.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Scott".

Rick Scott  
Governor

Wound Ostomy Continence Society



ORANGE COUNTY MAYOR  
**TERESA JACOBS**

P.O. Box 1393, 201 SOUTH ROSALIND AVENUE, ORLANDO, FL 32802-1393  
PHONE: 407-836-7370 • FAX: 407-836-7360 • Mayor@ocfl.net

September 2015

Greetings!

As Mayor of Orange County, it is my pleasure to welcome the Wound Ostomy Continence Society Southeast Region 2015 annual conference! We are honored that you the beautiful Rosen Centre Hotel to host your event.

Orange County has much to offer to help make your event memorable. Most significantly, last year we hosted more than 62 million visitors. In addition to the beautiful Florida weather, Central Florida is home to numerous attractions and theme parks, several world-renowned golf courses, a vast array of sporting events and cultural activities, great shopping and dining options, and many unique natural wonders.

Furthermore, our region is home to top rated higher education institutions, the second largest convention center in the nation, and a burgeoning community of biotech, life sciences and research facilities, which have been recognized around the world for its forward thinking success. We are very proud of being a major international destination.

I hope you enjoy your time here and wish you much success for your annual conference!

Sincerely,

A handwritten signature in black ink, appearing to read "Teresa Jacobs".

Teresa Jacobs

# Welcome Everyone!

On behalf of the Southeast Region of the Wound, Ostomy and Continence Society® board of directors, it is my great pleasure to welcome you to the Rosen Centre Hotel in sunny Orlando, Florida, for our 39th Annual SER WOCN Conference.



Our organization, the Southeast Region, continues to grow and prosper. We now have over 660 members who call our region home. Our region consists of Florida, Georgia, North Carolina, South Carolina, Tennessee and Alabama, but we have members from Louisiana, Mississippi, Missouri, Montana, New Jersey, New York and Virginia. Attending conference allows us to network with other members and to come away energized about our profession.

This year's conference, "Experience the Magic: Blending the Art & Science of WOC Nursing" has been designed to present thought provoking overview of the latest developments in wound, ostomy and continence nursing. The Pre-Conference workshop, "The Aftermath of GI Surgery: The Magic and Science of Pouching" unprecedentedly and quickly filled to our maximum of 50 participants. The educational sessions will provide us a wonderful magical opportunity to enhance our knowledge, strengthen our skills and celebrate WOC nursing. Charlene Demers, Conference Chair has done an outstanding job leading her Florida conference team.

Our exhibit hall will be a hub of discussion. With 5.75 hours of dedicated exhibit time, you'll have an opportunity to talk one-on-one with our industry partners and even have breakfast with the Exhibitors on Friday morning. We would like to express our sincere thanks to our industry partners for their generous support and time. Their continued support enables us to offer an economical conference for our members.

Enjoy your visit to the very beautiful and magical city of Orlando. Have a great conference experience.

*Martha Davidson*

Martha Davidson, MN, BSN, RN, CWOCN  
Southeast Region of the WOCN® Society, President

**Welcome to the 2015 SER WOCN Conference!** The Florida WOC nurses are pleased to provide a stimulating and enjoyable educational experience for you. We hope you Experience the Magic of Blending the Art & Science of WOC Nursing. We have a diversified panel of expert speakers who can share with us the scientific base to our practice, as well as, the art of our specialty.



**Welcome Southeast Region members, visitors, and industry sponsors and exhibitors!** It is a collaborative effort to produce high quality conferences as is the tradition of Southeast Region. Many thanks to Trudy Huey, Director of Conference Planning, for her guidance and contributions. Our sincere appreciation to our industry supporters. Much gratitude to the Florida WOC Conference Committee members who along with their busy schedules and patient loads have labored in love to bring you this conference.

**Welcome to Orlando, a magical destination!** We have a multitude of experiences for your enjoyment while you are here. There are the theme parks, including but not limited to: Disney World Magic Kingdom, Epcot World Showcase, Universal Studios Wizarding World of Harry Potter, and an opportunity to swim with dolphins at Sea World's Discovery Cove. Right here on International Drive are many unique establishments including the Orlando Eye, a 400 foot tall observation Ferris wheel similar to only two others in the world – the London Eye and the Dubai Eye. Artegon on International Drive is an indoor eclectic shopping and dining experience featuring artisan and craft shops, as well as, family entertainment. For a minimal charge the I Ride Trolley will transport you throughout the International Drive resort area from Orlando Premium Outlets to Sea World and everywhere in between. If you choose to venture away from the resort area, upscale shopping is available at the Mall of Millennia and Park Avenue in Winter Park. Park Avenue in Winter Park is also home to the Morse Museum, the world's most comprehensive collection of works by Louis Comfort Tiffany. If you are looking for an experience other than shopping and restaurants and you want to see the real Florida you can take an airboat ride through the St. Johns River marshland.

We are glad you have joined us. Enjoy the conference and networking with colleagues. Hope you have a magical experience.

A handwritten signature in cursive script that reads "Charlene Demers".

Charlene Demers, MS, GNP-BC, CWOCN  
Southeast Region of the WOCN® Society, 2015 Conference Chair

***Southeast Region  
Wound, Ostomy & Continence  
Nurses Society™  
Board of Directors***

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Nurses Society™  
Conference Committees***

**2015 Conference Chair  
Charlene Demers**

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Chair – Lea Crestodina  
Patti Haberer  
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Chair – Shawna Philbin  
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**Exhibitor Committee**

Chair – Terry Barton

**Silent Auction Committee**

Chair – Teri Robinson  
Nancy Scott  
Laura Shafer  
Colleen Spiller

**Hospitality Committee**

Chair – Cindy Fernandez

**Speaker Hostess**

Linda Ravenhorst

# ***Continuing Education Information***

## **Target Audience**

Professionals involved in the care of patients with wound, ostomy, and continence issues.

## **Objectives of the Conference**

*Upon completion of this conference, participants should be able to:*

1. Discuss advances in theoretical and clinical knowledge impacting individuals affected by wound, ostomy, or continence issues.
2. Describe examples of evidence-based practice and multidisciplinary approaches to enhance outcomes in various health care settings.
3. Describe examples of evidence-based practice as it pertains to WOC nursing specialties.

*Please review the information regarding completion of evaluations found in your attendee packet. You will also need to keep your attendee ID number handy, as it will be required on all evaluations.*

## **ANCC-Approved Contact Hours for Nurses & Nurse Practitioners**

This continuing nursing education activity was approved by the Alabama State Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This program has been approved for **3.0** (Preconference) and **14.0** (Conference) contact hours, and is valid through September 12, 2017.

Attendees are responsible to self-report their earned contact hours to each individual state of licensure as required.

# Silent Auction

Be sure to visit the Silent Auction located in the Exhibit Hall.

**Funds raised are used to support various scholarship opportunities - so please participate!**

Partial listing of items donated:

- One complimentary three (3) day, two (2) night gift certificate for a future stay at the Rosen Centre  
*(not valid during this 2015 conference)*
- Silver earrings, black onyx necklaces and other jewelry items
- Two (2) 8 x 10 Color Photograph with overlay of the poem: *"There is a Difference"* by Phyllis Bonham, PhD, MSN, RN, CWOCN, DPNAP, FAAN
- Signed copy of the new *WOCN® Core Curriculum: Ostomy Management* book.



- Anatomical Apron from Aprons by Joy
- Gift basket from Starbucks
- Gift cards from retailers and restaurants
- Tampa Bay Buccaneers Poster

**We thank all our fabulous donors for their wonderful auction items!**

The auction will be open during Exhibit Hall times and will close on Friday at 3:30 PM

Auction items must be claimed and paid for by the highest bidder on:

**Saturday, September 12, 11:30 - 12:00 Noon**

*Cash, check or credit card payments accepted.*

Teri Robinson, BSN, RN, CWON  
Silent Auction Chair

**Can YOU be this year's winning bidder?**

## CONFERENCE SPONSORS

We gratefully acknowledge our generous partners for assisting the Southeast Region of the WOCN® Society in our conference.

**DIAMOND SPONSORS: \$10,000 or greater**



**GOLD SPONSORS: \$6,000-\$9,999**



**SILVER SPONSORS: \$3,000-\$5,999**



**ADDITIONAL SUPPORT RECEIVED**

**MEDLINE - Grant**

**Coloplast - Pre-Conference Ostomy and Fistula Pouches**

**ConvaTec - Pre-Conference Ostomy and Fistula Pouches**

**Hollister - Pre-Conference Ostomy and Fistula Pouches**

















# ***The Role of Physical Therapy in Wound Healing***

**Jamie Birmingham, PT, CWS, CLT**

JVB Enterprises, Inc. / Owner

**jmvb1@aol.com**

## LEARNING OBJECTIVES

**At the conclusion of this program, attendees should be able to:**

1. Identify various advanced Physical Therapy modalities and how they apply to wound care.
2. Identify various traditional Physical Therapy modalities and how they apply to wound care.

## **Notes**

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# Thursday

September 10, 2015

## 11:30 AM

Lunch Symposium  
(Non CE)

Sage Products is very excited to welcome **Dr. Elizabeth Ayello** to the SER WOCN conference to present "The Magic is in the Offloading: Evidence Based Strategies for Preventing Sacral and Heel Pressure Ulcers" giving you tools and strategies to reduce PU's.

*Dr. Ayello, PhD, RN ACNS-BC, CWON, ETN, APWCA, FAAN is a board certified wound and ostomy nurse with over 40 years' experience in clinical practice, education and research.*

.....

**Space is limited!**

To register, please email George Murrow at:  
**[gmurrow@sageproducts.com](mailto:gmurrow@sageproducts.com)**

Make sure to visit the Sage booth for clinical outcomes and product demonstrations.

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PRODUCTS



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*You are cordially invited to the Great Comebacks®  
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Please join us as we recognize the  
**2015 Great Comebacks® Regional Award recipient**

at this year's SER WOCN® Annual Conference

Thursday, September 10, 2015 at 6:45 p.m.  
Rosen Centre Hotel, Junior F Ballroom

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WOUND OSTOMY AND CONTINENCE NURSES (WOCN®) SOCIETY™  
THE AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS (ASCRS )

Certain states, such as the Commonwealth of Massachusetts and Vermont, impose restrictions on meals and/or refreshments offered to healthcare practitioners. By accepting the meal and/or refreshments offered with this program, you represent that neither the state(s) in which you are licensed nor your employer(s) prevent you from accepting these items. If you are licensed in the Commonwealth of Massachusetts or actively licensed in Vermont and would like to attend the Great Comebacks® Program, your state requires that you reimburse ConvaTec for the fair market value for your meal. In adherence with AdvaMed guidelines, this medical education program is for healthcare professionals only. Inclusion of a healthcare professional's spouse or other guests is prohibited.

US Physicians Only: In adherence with the Patient Protection and Affordable Care Act of 2010 (Federal Sunshine) your name and the cost of the meal issued at this event will be subject to Federal reporting and disclosure. If you prefer to "opt out" and decline the meal associated with this event, you must indicate in your RSVP email to ConvaTec. US Physicians will be required to provide ConvaTec with their NPI or state license number before admittance to this event.

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# Mölnlycke Health Care

Lunch Symposium

Featuring

Dr. Rhonda Sullivan PhD, RN, CWON, LNCC

September 11, 2015

From 12:45 to 1:45 pm

Sign up at:

<http://mhc-ser-lunch-syposium.eventbrite.com>



Mölnlycke Health Care would like to welcome Dr. Rhonda Sullivan to the SER Conference. It is our honor to have Dr. Sullivan

present on The 2014 NPUAP/EPUAP/PPIA Guidelines: "Proof into Practice".

Dr. Sullivan is a national speaker and published author on wound care and pressure ulcer prevention/management. And now, she has joined Mölnlycke Health Care as a member of the Pressure Ulcer Prevention team. She has over 20 years' experience and is a Board Certified Wound, Ostomy Nurse and Legal Nurse Consultant.

Sponsored by Mölnlycke Health Care US, LLC

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# ***Poster Abstracts***

## **POSTER SESSION SCHEDULE**

**Posters will be available to view outside the General Session Room.**

**Thursday, September 10 at 4:30 PM through**

**Friday, September 11 at 4:00 PM.**

**Posters are also available on our website at  
[www.serwocn.org/AnnualPosters/2015/](http://www.serwocn.org/AnnualPosters/2015/).**

**See instructions in your Attendee Packet on how to obtain one CE for viewing the posters.**

The Conference Planning Committee thanks this year's presenters for their posters:

### **1. Initiation of Larvae Debridement in Rehabilitation at the VA**

**Author:** Christine Bennett, MSN, ARNP-C, CWOCN

**Affiliation:** James Haley VAMC, Tampa, Florida

**Abstract:** This poster will review the implementation of larvae debridement in selected patients at a VA medical center beginning with identification of the need, obtaining approval to initiate MDT, comparison of loose versus bagged maggots and outcomes.

### **2. Kennedy Terminal Ulcer: A Case Study**

**Author:** Charles Buscemi, PhD, ARNP, FNP-BC, CWCN

**Affiliation:** Florida International University & Wound Technology Network, Miami, Florida

**Abstract:** A 91-year-old Hispanic female presented with a Stage 3 sacral ulcer in the home setting. She was referred for advanced wound assessment and management. The patient's history was significant for Alzheimer's disease, HTN, Type 2 Diabetes, and a fractured pelvis. At time of referral the patient was receiving home health care nursing and the ulcer was treated with silver sulfadiazine. Treatment was changed to honey-based gel due to presence of slough tissue. Pressure ulcers can be difficult to manage in the home setting with patients who are bedbound and incontinent of stool and urine. The patient had home health aide care for hygiene and ADLs, home health RN for wound care on the days not visited by advanced wound specialist and was offloaded with a low air loss mattress. Patient was responding positively to wound treatments for a brief period. Despite use of advanced wound care products, strict adherence to skin care and offloading, and daily wound care the patient declined. It was reported to the advanced wound specialist by the home health RN that there was a sudden, dramatic change in the ulcer appearance. The ulcer had turned black in color practically overnight. When assessed by the advanced specialist it was determined that the patient had developed a Kennedy Terminal Ulcer (KTU). The patient was referred to hospice care and expired 6 days later. KTUs were first described over 30 years ago and were associated with the dying process. Although the exact etiology is not known, it is thought to be the shunting of blood away from the skin as it dies (skin failure). It is similar to other types of organ failures seen in the dying process. KTUs appear as a sudden discoloration of the skin usually on the sacral area in a butterfly or pear shape and are usually purple or black. Properly diagnosing KTUs affords the clinician an opportunity to help family with providing terminal care. In this case, referring the patient to hospice care and speaking openly with the family about eminent, death provided an opportunity to bond with the patient in the last days.

### **3. Joining Forces to Provide Continuity of Care for Ostomy Patients**

**Authors:** <sup>1</sup>Michael Byars, BSN, RN, CWOCN, <sup>2</sup>Terry Treadwell, MD, <sup>3</sup>Ramona Reed-Chism, <sup>4</sup>Kay Raxter, and <sup>5</sup>Saralyn McDade

**Affiliation:** <sup>1</sup>Baptist Health, Montgomery AL; <sup>2</sup>University of Texas, Dallas, TX; <sup>3</sup>Auburn University, Montgomery, AL; <sup>4</sup>University of North Carolina, Chapel Hill, NC; <sup>5</sup>Auburn University, Montgomery, AL

**Abstract:** Each year in the United States an estimated 100,000 ostomies are created for a wide number of medical conditions. We found that a large number of patients with ostomies in our 700 bed hospital service system needed comprehensive ostomy follow-up services, but no such service was available. The help available to ostomy patients historically has been provided by our WOC nurses when patients walk into the Emergency Department of our hospitals requesting such service or when they are able to find a qualified WOC nurse by telephone. These patients and their caregivers need help concerning supply resources, stoma changes, leaking pouches, peristomal skin breakdown, and other stoma related problems. A 15 year review by our hospital showed that large numbers of local patients and those from as far away as 100 miles were seeking such care. Our hospital and wound center personnel felt there was a need for a centralized, professional, reliable, accessible source where ostomy patients could be helped. In July, 2014, a dedicated Ostomy Clinic was opened in conjunction with our outpatient wound care center to see ostomy patients by appointment to assess and manage their needs in an outpatient setting. In addition to enabling ostomy patients access to the healthcare services, this facility provides a means of tracking and documenting the needs and treatments of these overlooked patients. Outcomes have been overwhelmingly positive. All patients treated in our clinic for skin breakdown have regained healthy skin integrity. Equally as important, we continue to receive gratitude from patients for providing emotional support. Our goals are being met to have a positive impact on the health-related quality of life of ostomates by providing needed postoperative care as well as physical and emotional stability.

### **4. When ITD Hits Home: Best Practices Tips for Using a Moisture Wicking Textile with Silver for Intertriginous Dermatitis**

**Author:** Patti Haberer, MA, BSN, RN, CWOCN

**Affiliation:** Coloplast, Palm Harbor, FL

**Abstract:** Intertriginous Dermatitis (ITD) also known as Intertrigo is one of the four most common forms of Moisture-Associated Skin Damage. ITD is defined as inflammation resulting from moisture trapped in skin folds subjected to friction. Symptoms include erythema, inflammation, maceration, erosion/denudation, odor and pain of the skin inside and adjacent to skin folds. The most common fungal organisms in ITD are Candida. However, a recent study found Candida is not the most prevalent organism found in skin folds. An 80-year old, obese (BMI 30.5), ambulatory family member with a history of bilateral mastectomy, uncontrolled diabetes and dementia travelled with me by car from the ALF she had been residing at in Texas to her new home in Florida. After her morning shower, I noticed a mild case of ITD (erythema and pain) within her right axilla. Under her large pannus revealed a severe case of ITD (erythema, maceration, satellite lesions, denuded skin at the base of the fold, odor and pain). A moisture-wicking textile with silver was applied to both areas to manage the complications associated with skin folds: moisture, friction and fungal / bacterial organisms. RESULTS: Axilla, Day 2 - erythema and pain had resolved. Pannus, Day 3 - erythema, maceration, satellite lesions and odor had resolved. Denuded area partially resolved. Day 5 - 100% resolved. BEST PRACTICE TIPS: clean under the pannus without causing trauma to the painful denuded area, apply the moisture-wicking textile under a large pannus without becoming dislodged during routine activities of daily living and secure the moisture-wicking textile without causing further trauma to the skin. CONCLUSION: The moisture-wicking textile with silver was effective in resolving a mild case of ITD in 2 days and a severe case of ITD in 5 days.

## **5. An Ounce of Prevention: The Use of Soft Silicone Five-Layer Bordered Foam Heel Dressing to Decrease the Incidence of Hospital-Acquired Heel Pressure Ulcers in an Acute Care Setting**

**Authors:** Jamie Wallace, BSN, RN, Valarie Haisley, BSN, RN, CWCN, and Kelli Potter, BSN, RN, CWON, CFCN

**Affiliation:** AnMed Health, Anderson, SC

**Abstract:** In 2013, eighty-one hospital acquired (HA) pressure ulcers occurred at this 533-bed teaching hospital located in the southeastern United States. Thirty-three (41%) were heel pressure ulcers. Heels are the second most common location for pressure ulcers. During the first quarter of 2014, the Wound Care Team observed a spike in the incidence of HA pressure ulcers in the coronary care/cardiovascular intensive care unit (CCU/CVICU). All of the hospital-acquired pressure ulcers during this three month period were located on the heel. The Wound Care Team began to evaluate interventions to decrease the number of HA heel pressure ulcers. A literature review was conducted to determine evidence based practices for the prevention of heel pressure ulcers. Previous studies suggested that the use of a soft silicone five layer foam dressing aids in the prevention of pressure ulcer development through the management of the skin's microclimate and reduction of friction and shearing. Previously, the facility had experienced success in the implementation of this foam dressing to reduce the occurrence of HA sacral pressure ulcers. Based on this, the Wound Care Team chose to conduct a pilot project with the foam heel dressing in CCU/CVICU. This project was conducted August 1 through October 31, 2014. The dressings were placed on patients that met the project criteria of being high risk for heel pressure ulcer development. Thirty-one patients were assessed to be at high risk during this period and had the foam heel dressings applied. No heel pressure ulcers developed on these patients. Due to the success of this project, the facility will incorporate the use of the foam heel dressings into its Skin Care/Wound Care Protocol. The heel dressing now will be used throughout the facility for patients deemed high risk for heel pressure ulcer development.

## **6. The Use of a Foam Dressing as an Alternative Central Venous Catheter/Peripherally Inserted Central Line Dressing**

**Authors:** <sup>1</sup>Valerie Haisley, BSN, RN, CWCN, <sup>2</sup>Karen Johnson, MSN, MBA, RN, CRNI, VA-BC, <sup>3</sup>Jamie Wallace, BSN, RN, and <sup>4</sup>Robin George, BSN, RN

**Affiliation:** <sup>1</sup>AnMed Health, Anderson, SC; <sup>2</sup>Mobilex USA, Columbus, OH; <sup>3</sup>AnMed, Anderson, SC; <sup>4</sup>AnMed, Anderson, SC

**Abstract:** Transparent film adhesive dressings are unable to adhere over central venous catheters (CVCs) and peripherally inserted central line catheters (PICCs) when moisture from diaphoresis, skin erosion, or bleeding is present. According to the Centers for Disease Control (CDC) 2011 Guidelines for the Prevention of Intravascular Catheter-Related Infections, catheter site dressings should be replaced if the dressing becomes damp, loosened, or visibly soiled. The 2011 Infusion Nursing Standards of Practice state that dressing changes should be performed immediately if the dressing integrity becomes compromised or if moisture, drainage, or blood is present. A non-adherent dressing leads to increased infection risk, increased skin erosion, increased pain, and increased costs. These guidelines and standards translate to unscheduled and, often frequent, dressing changes. The application of a dressing, that is capable of adhering in the presence of moisture and also capable of absorbing the moisture, is an attractive alternative. With a direct cost of \$98.00 per PICC line dressing change, significant savings could be realized by providing a dressing that is able to adhere for its intended wear time. In addition, patients would benefit from a lowered infection risk, healed skin, and decreased pain. A review of the literature revealed one article and one poster abstract that detailed the use of foam dressings as a dressing for PICC lines. Four case studies revealed the effectiveness of foam dressings as an alternative to transparent

film adhesive dressings. The frequency of dressing changes decreased because of the ability of the foam dressings to absorb moisture and therefore adhere to the skin. Infection risk decreased, patients experienced less pain, patient satisfaction increased, and cost savings were realized.

## **7. Case Study Wound Management**

**Author:** Amy Evans, MSN, ARNP, CWOCN

**Affiliation:** Tampa General Hospital, Tampa, FL

**Abstract:** Case study of 64 year old individual with squamous cell carcinoma of the head and neck, having undergone multiple surgeries for recurrent disease, including excision and radical dissection of neck mass followed by failed free flap. **PROBLEM:** Significant pain and intermittent bleeding prior to readmission to the hospital. Prior to admission daily dressing changes with moist Normal Saline dressings had been ordered and this was the initial order on admission. Patient described his pain level at a "10" during dressing changes. Also noted was adherence of the gauze to the wound bed on removal. **GOAL:** To reduce the frequency and pain associated with dressing changes and containment of wound drainage. **METHOD:** Hydrofiber with silver placed into wound bed with silicone dressing placed over the hydrofiber to hold in place. Tape was ruled out as removal was too painful. Topical lidocaine was applied into wound bed prior to dressing change to help with local pain control. Additional gauze and burn net used over the silicone dressing to hold in place and provide additional cushioning to the wound. **RESULTS:** Dressing changes were reduced from twice daily to twice weekly. Patient noted immediate improvement of pain in wound bed during dressing changes and pain was able to be better controlled between dressing changes. Patient required less systemic pain medication, thus allowing him improved mental alertness to visit with his friends and family. Since the dressing was not adherent to the wound bed, no bleeding occurred during dressing changes. **DISCUSSION:** The patient status was terminal. He was transferred to Hospice. WOC nurse was able to transition him between hospital and Hospice with continuity of dressing changes.

## **8. Use of a Collagen ECM Dressing for the Treatment of a Recurrent Venous Ulcer in a 52-year-old Patient**

**Author:** Arturo Gonzalez, DNP, ARNP, ANP-BC, CWCN

**Affiliation:** Florida International University, Miami, FL

**Abstract:** **INTRODUCTION:** In hard-to-heal or recurrent wounds, breakdown of the extracellular matrix at the wound site has been noted to contribute to slow healing. Collagen ECM dressings have been shown to bolster the body's natural defenses enabling wound healing to occur. **PURPOSE/SIGNIFICANCE:** The purpose of this case study is to evaluate and review the use of a collagen ECM dressing for the treatment of a recurrent venous ulcer (left, medial ankle) in a 52-year-old patient. The significance of the study is to demonstrate the process of wound healing using the collagen ECM matrix in a complex case for a patient with recurrent venous ulcer and vascular comorbidities. **METHODOLOGY:** The method used is a single subject case design. The approach provides a detailed review of treatment for the patient to overview efficacy of the collagen ECM dressing in promoting wound healing. **OUTCOMES AND CONCLUSION:** Recurrent venous ulcers take on average 117 days to heal. In the current patient the use of the collagen ECM dressing resulted in wound healing in 49 days. The results demonstrate the benefits of using a collagen ECM dressing in the treatment of recurrent venous ulcers in patients with significant comorbidities.

## **9. Pilot Test of Extended Wear Carrier (EWC) for Liquid Deodorants in an Ostomy Pouch**

**Authors:** <sup>1</sup>Aileen Ankrom, BSN, RN, CWOCN, <sup>2</sup>Susan Shapiro, PhD, RN, FAAN, <sup>3</sup>Lorna Buntichai, BSN, RN, CWON, <sup>4</sup>Lauren Flook Brown, BSN, RN, CWOCN, <sup>5</sup>Melinda Higgins, PhD, Senior Biostatistician and Associate Professor, and <sup>6</sup>Cynthia Timms, BSN, RN, CWOCN

**Affiliation:** Emory Healthcare, Stone Mountain, GA

**Abstract:** PURPOSE: To determine the ability of an Extended Wear Carrier (EWC) for liquid deodorants to enhance and prolong the effectiveness of liquid deodorizing agents in fecal ostomy pouches.

METHODOLOGY/STUDY DESIGN: Exploratory, modified “n of 1” design, with each participant serving as his/her control. Recruitment through local ostomy associations and selected outpatient medical practices. Participants were solicited by flyers and presentations at ostomy support groups and internet solicitations (WOCN® website and Meet an Ostomate). DATA COLLECTION: We enrolled 32 subjects and obtained complete data at all three time points from 28 participants. Issues surveyed: Embarrassment, stress, social life, best odor control, satisfaction of odor control during the day, night, and during any situation; convenience of travel, applications per day. STATISTICS: (1) Baseline Survey (T1) - Participants completed a survey prior to using the Extended Wear Carrier (EWC) to calculate a base line measurement of their satisfaction with their current odor control product. (2) Post Test Survey (T2) - Participants were surveyed after using EWC along with their preferred liquid deodorizer for two weeks. (3) Final Survey (T3) - Participants resumed using their original method of odor control. Two weeks after resumption, participants retook the survey. RESULTS: Decreased embarrassment and stress: Across all five items surveyed, participants reported less embarrassment and stress using the EWC (T2) compared to T1 and T3. Fewer Applications: Use of deodorizer decreased from 3 or more times per day to only 1-2 times. These positive findings were most significant for embarrassment and stress caused by (1) emptying the pouch at a friend or family member’s home and (2) other people’s reaction to the odor. The findings indicate that the use of the EWC improves quality of life and odor control for ostomates.

## **10. Sacral Pressure Ulcer Prevention in Trauma Patients**

**Authors:** Jackie Thul, MA, BS, RN, CWOCN and Esli Valero, BSN, RN

**Affiliation:** Erlanger Health Services, Chattanooga, TN

**Abstract:** Pressure Ulcer Prevention has been a significant focus at our Southeast regional level one trauma hospital since 2012. Several hospital wide prevalence audits revealed the Trauma ICU hospital acquired pressure ulcer rate was close to 50%. Investigation revealed many of these patients were transfers from the Emergency Department. Some were transported via helicopter on long boards and many lay on stretchers for a number of hours after being triaged in the trauma bays of the emergency department. Still others went directly to emergency surgery where they were supine for many hours. An IRB approved study placed bordered silicone sacral dressings on all level one and two trauma patients coming in to the hospital through the emergency department. These patients were followed in their respective Intensive Care Unit for the duration of their ICU stay by the wound care team. The dressings were changed and the sacral skin assessed three times weekly. The study was conducted over an eight month period. The process involved placing foam on a rotating cycle of one week on and then one week off to create both an experimental and a control group. Due to the nature of some of the traumas involved, not all patients who should have received foam did. Those who received foam went directly to the floor or home and were not followed by the wound care nurses. As a result, 39 patients received the dressing. Only one of these developed a pressure ulcer on the sacrum. The control group consisted of 83 patients, 19 of which developed a sacral pressure ulcer. The use of silicone bordered sacral foam is effective in the prevention of sacral pressure ulcers in trauma patients. As a result, bordered sacral and heel foam have been implemented as part of the ICU bundle for all patients.

## **11. Surgical Staff Nurses' Self-Confidence in Ostomy Care and Management**

**Author:** Jamie Parker, MSN, RN, CWOCN, CFCN

**Affiliation:** Cartersville Medical Center, Cartersville, GA

**Abstract:** Surgical Staff Nurses' Self-Confidence in Ostomy Care and Management The number of patients on 3 North (surgical unit) with ostomies has increased, and the nurses are not confident in meeting the needs of these patients. The department director for this nursing unit also expressed a need for increasing the knowledge and skills of the nurses providing care for these patients. Therefore, the purpose of this study was to examine the effect of an educational in-service class on surgical staff nurses' self-confidence in providing ostomy care and management to a patient. The research question was: Following an educational in-service class about ostomy care and management, are 3 North surgical nurses more self-confident in their ability to provide care as measured by mean pre-and-post survey scores of self-confidence? Thirty-five registered nurses participated in the pre-survey (used with permission); 32 participated in the post-survey. The nurses were staff members of a surgical inpatient unit at a community hospital located in north central Georgia. A 7 question pre- and post- survey was given to participating nurses at the beginning of the in-service. The pre/post-survey included questions of confidence in changing a wafer, emptying a pouch, and stoma assessment using a 6-point Likert Scale (1-Strongly Disagree to 6-Strongly Agree). The pre-survey determined the confidence level prior to education. The post-survey was given after the education, in the same format as pre-survey, to determine confidence level after education. Nurses' scores of confidence increased from pre-test to post-test. Pre-education survey scores demonstrated a mean of 3.79 out of a possible score of 6.0. Post-education confidence scores increased to a mean of 4.83 out of 6.0. The change in mean scores was statistically significant at the 0.01 level (two-tailed t value = 3.033776 p=0.010). Findings from the study support the conclusion that 3 North surgical nurses had increased confidence in delivering ostomy care and management following in-service education. Post survey scores indicated room for improvement in confidence thereby suggesting that continuing education opportunities, such as new hire education and yearly education updates, should be ongoing.

## **12. Illicit Intravenous Drug Cutaneous Outcomes - What the WOC Nurse Needs to**

### **Know**

**Authors:** Cynthia A. Walker, MSN, APRN-CNS, RN, CWON and Rachel N. Moseley, BSN, CWCN, COCN

**Affiliation:** Johns Hopkins Bayview Medical Center, Baltimore, MD

**Abstract:** **PROBLEM:** Intravenous drug users commonly experience cutaneous acute or chronic wounds ranging from puffy hand syndrome, cellulitis, deep abscesses to necrotizing fasciitis. Recently, rising numbers of atypical skin lesions in known or unknown cocaine drug users are presenting to health care providers, emergency rooms, and hospital centers. Wound management recommendations and care collaboration are often sought by Wound Ostomy Continence nurses as first line responder regarding skin and soft tissue involvement associated with this atypical presentation. It is estimated that over 70% of street cocaine is cut with levamisole, a veterinarian antiparasitic agent. Levamisole as an adulterant agent is inexpensive and widely available. It has similar characteristics such as look, taste, and melting point as well as supporting mood enhancement and antidepressant effects. Levamisole was withdrawn for treatment in humans in 1999 due to neutropenia, agranulocytosis and vasculitis. Wound Ostomy Continence Nurses early identification of levamisole's toxic cutaneous effects and presentation of catastrophic, necrotic skin lesions due to thrombotic vasculitis is paramount to timely tissue viability, skin/wound care management, and community related drug awareness interventions. **DEMOGRAPHICS:** A 43 year-old female with past medical history significant for polychondritis, rheumatoid arthritis, asthma, and hepatitis C presents to the hospital with onset of an acute, excruciatingly painful hemorrhagic rash. The patient endorses daily tobacco and marijuana smoking and remote past cocaine inhalation. **PATIENT PRESENTATION:** Patient presented with large, well

demarcated purpuric/hemorrhagic plaques on legs, hands, nose, and ears. A timely wound care nurse specialist consult was initiated by the medical team. Recommendations included imaging, toxicology screen and Dermatology consult. Patient tested positive for cocaine, which along with pathology report, suggested diagnosis of cocaine/Levamisole-induced cutaneous vasculitis. TREATMENT PLAN: Surgical team collaborated and agreed with the WOC nurses recommendations of a conservative approach, with topical care with foam dressings. Extensive escharotic wounds evolved over the next months requiring robust surgical debridement, grafting with negative pressure wound therapy under the Burn/Plastics surgical team. OUTCOMES: Initial grafting failed and patient continued to require advanced wound care with home health nursing. Subsequent grafting was successful and wounds healed after eight months. CONCLUSIONS: This case required the intradisciplinary collaboration of certified wound ostomy continence nursing as a first wound responder, Surgery, Infectious Disease, and Dermatology. Whereas, there are case studies and reports in the literature, little is known about the optimal management and treatment of levamisole-induced cutaneous lesions. Next steps include escalated public awareness and education for illegal substance users and health care personnel.

### **13. Breaking the Mold: How to Make Homemade Ostomy Models**

**Author:** Jamie Parker, MSN, RN, CWOCN, CFCN

**Affiliation:** Cartersville Medical Center, Cartersville, GA

**Abstract:** Wound, ostomy and continence (WOC) nurses strive to provide education to new ostomy patients and to staff nurses to gain the necessary knowledge and skills of ostomy care and management. Anatomical models are highly effective in the development of psychomotor skills by the use of return demonstration. These models allow the nurse and ostomy patient to practice applying a wafer, cutting the wafer to fit properly, and troubleshooting issues, such as leakage. However, manufactured models can be very expensive, particularly in a specialized area. Upon inquiry to purchase manufactured ostomy models, the prices were from \$250 to \$2,500. Many healthcare facilities have financial constraints and WOC nurses already battle job justification, the purchase of manufactured ostomy models would be unreasonable. The total cost to create homemade ostomy models, three abdomens and five stomas, was \$50. PURPOSE: To create cost-effective, realistic, durable homemade ostomy models for use in educational in-services with staff nurses and new ostomy patients. OBJECTIVES: To create cost-effective, realistic, durable homemade ostomy models; Various stoma sizes and colors; durability, especially to be disinfected; Abdomens that allow wafers to adhere and peel off easily for reuse. OUTCOMES/EVALUATION: The “abdomen” models allow wafers to adhere, but peel off easily. “Stomas” were realistic in size, painted for color assessment, and fit wafers well. The staff nurses that utilized the models for ostomy care and management education were verbally delighted to successfully return demonstrate the in-service knowledge and skills. Additionally, nurses were able to verbalize their comprehension of scientific rationale behind each step. Several patients with new ostomies have also been educated using the ostomy models. The patients have verbalized how much the models significantly enhanced their comprehension of ostomy care and management. The patients stated that they were less anxious by using the molds for “practice” before providing care for their own ostomy.

**\* Posters as of July 15, 2015**

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# SCHEDULE OF EVENTS

## THURSDAY SEPTEMBER 10

6:30 AM - 5:00 PM	Registration and Information .....	Registration Booth #3
7:00 AM - 8:00 AM	Pre-Conference Breakfast sponsored by Cardinal Healthcare .....	2nd Floor Salon 20/21 Foyer
8:00 AM - 11:00 AM	Pre-Conference: The Aftermath of GI Surgery - The Magic and Science of Pouching .....	2nd Floor Salon 20/21
	<i>Karen Edwards, MSS, BSN, RN, CWOCN (W or O, 3 Contact Hours)</i>	
11:30 AM - 12:30 PM	Sage Products Lunch Symposium (Non-CE) .....	Jr. Ballroom F
12:45 PM - 1:00 PM	Welcome & Introductions: <i>Charlene Demers, Conference Chair</i> and <i>Martha Davidson, President</i> .....	Jr. Ballroom G
1:00 PM - 2:00 PM	Keynote Address: What's New in the Science of Pressure Ulcers: The 2014 International Pressure Ulcer Guidelines .....	Jr. Ballroom G
	<i>Margaret Goldberg, MSN, RN, CWOCN (W)</i>	
2:00 PM - 3:00 PM	Sphincter Preservation Surgery - No More Ostomies? .....	Jr. Ballroom G
	<i>George Joseph Nassif, DO (O)</i>	
3:00 PM - 3:15 PM	Break	
3:15 PM - 4:15 PM	Battling Biofilms: Winning the War in Wounds .....	Jr. Ballroom G
	<i>Gregory Schultz, PhD (W)</i>	
4:30 PM - 6:30 PM	Grand Opening Reception with Exhibits .....	Executive Ballroom H
4:30 PM - 6:30 PM	Silent Auction and Poster Viewing Opens	
6:45 PM - 9:00 PM	Great Comebacks® Reception & Dinner (Non-CE) Sponsored by ConvaTec .....	Jr. Ballroom F

## FRIDAY SEPTEMBER 11

6:30 AM - 5:00 PM	Registration and Information .....	Registration Booth #3
7:00 AM - 9:00 AM	Breakfast with Exhibitors .....	Executive Ballroom H
9:15 AM - 10:15 AM	The Role of Physical Therapy in Wound Healing .....	Jr. Ballroom G
	<i>Jamie Birmingham, PT, CWS, CLT (W)</i>	
10:15 AM - 11:15 AM	Telemedicine .....	Jr. Ballroom G
	<i>Ben Peirce, BA, RN, CWOCN (W)</i>	
11:15 AM - 11:30 AM	Break	
11:30 AM - 12:30 PM	Establishing and Running an Outpatient Ostomy Service .....	Jr. Ballroom G
	<i>Brenda Rutland, BSN, RN, CWON (O)</i>	
12:45 PM - 1:45 PM	Mölnlycke Health Care Lunch Symposium (Non-CE) .....	Jr. Ballroom F
1:45 PM - 3:30 PM	Exhibits (Last chance to meet with Exhibitors) .....	Executive Ballroom H
3:30 PM	Silent Auction Ends (Final Bids) / Poster Viewing Ends (Authors - Remove posters for safekeeping)	
4:00 PM - 5:00 PM	Prudence as a Defense: Legal Aspects of WOC Nursing Practice .....	Jr. Ballroom G
	<i>Rhonda Sullivan, PhD, RN, CWON, LNCC (PP)</i>	
5:00 PM - 6:00 PM	Motility Disorders .....	Jr. Ballroom G
	<i>Susan Steele, PhD, RN, CWOCN (C)</i>	

FREE EVENING

## SATURDAY SEPTEMBER 12

6:30 AM - 12:00 PM	Registration and Information .....	Registration Booth #3
7:00 AM - 8:00 AM	Tissue Regenix Breakfast Symposium (Non-CE) .....	Jr. Ballroom F
8:15 AM - 9:15 AM	Understanding Urinary Catheters: Keep the Flow Going .....	Jr. Ballroom G
	<i>Judy Dattilo, BSN, RN, CURN, CWOCN (C)</i>	
9:15 AM - 10:15 AM	Use of Probiotics in the Prevention & Treatment of C-Diff .....	Jr. Ballroom G
	<i>Jason Sniffen, DO, FACOI, FACP, FIDSA (C)</i>	
10:15 AM - 10:30 AM	Break	
10:30 AM - 11:30 AM	Skin Cancer and Sun Damage in Elderly Patients .....	Jr. Ballroom G
	<i>Robert Norman, DO, MPH, MBA (W)</i>	
11:30 AM - 12:00 PM	Pick up Silent Auction Items	
12:15 PM - 1:45 PM	Southeast Region General Business Meeting & Luncheon .....	Jr. Ballroom F
	Southeast Region Awards Presentation	
2:00 PM - 3:00 PM	Magical Experiences for Nurses and Ostomates at Youth Rally .....	Jr. Ballroom G
	<i>Stephanie Crane, Youth Rally Counselor (O)</i>	
3:00 PM - 4:00 PM	The Magic of WOC Nursing .....	Jr. Ballroom G
	<i>Carolyn Watts, MSN, RN, CWON (PP)</i>	
4:00 PM - 4:15 PM	Closing Remarks: <i>Charlene Demers, Conference Chair</i> and <i>Martha Davidson, President</i>	

(W) – WOUND (O) – OSTOMY (C) – CONTINENCE (PP) – PROFESSIONAL PRACTICE  
*All topics are for one contact hour unless otherwise stated.*



## 2015 ASNA Accreditation Application

### Attachment 9

1. Between 3-6 months after the conference all attendees will receive an evaluation relating to the information they obtained at the conference and ability to integrate the information in their practice.
2. They will be asked four questions which will be applied to the conference presentations:
  - a. Have you been able to apply the information you have learned in these presentations?
  - b. Did the information relate to your practice of WOC nursing in your current clinical setting.
  - c. Where you able to apply the new information into your current practice?
  - d. If not, what were the obstacles?

# Southeast Region of the WOCN® Society Annual Conference

**WOC NURSES**

**SOARING TO NEW HEIGHTS**



**Southeast Region**

*of the*



Wound, Ostomy and  
Continence Nurses Society®

**Greensboro, NC**

**August 25 - 27, 2016**

**Sheraton Greensboro Hotel  
Koury Convention Center**

# 2016 CONFERENCE AGENDA

## ON-SITE REGISTRATION HOURS

### Thursday August 25

6:30 AM - 7:45 AM • Pre-Conference only  
8:30 AM - 5:00 PM • General Registration

### Friday August 26

6:30 AM - 5:00 PM • General Registration

### Saturday August 27

6:30 AM - 12:00 PM • General Registration



Meeting rooms can  
be cool, so layers are  
recommended!

## CONTINUING NURSING EDUCATION

This activity has been submitted to Alabama State Nurses Association for approval to award contact hours. Alabama State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information regarding contact hours, please call Bernie Haberer, Association Manager, at 727-238-5140. Email: bhe@serwocn.org

Contact Hours Available: 17  
Pre-Conference: 3  
Educational Sessions: 13  
Poster Session: 1

(W) – Wound  
(O) – Ostomy  
(C) – Continence  
(PP) – Professional Practice  
All topics are for one contact hour unless otherwise stated.

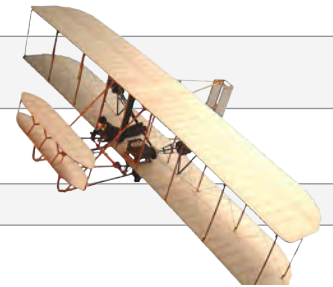
## THURSDAY, AUGUST 25

7:00 AM - 8:00 AM	<b>PRE-CONFERENCE BREAKFAST</b> <i>Sponsored Event</i>
8:00 AM - 11:00 AM	<b>PRE-CONFERENCE WORKSHOP (3 HOURS)</b> <b>THE AFTERMATH OF COMPLEX ABDOMINAL SURGERY: COMPLEX ISSUES FOR POUCHING, PHYSICAL AND EMOTIONAL CARE OF THE PATIENT WITH A CHALLENGING OSTOMY OR FISTULA (O, W)</b> <i>Karen Edwards, MSS, BSN, RN, CWOCN</i>
11:30 AM - 12:30 PM	<b>LUNCH SYMPOSIA (NON CE)</b> <i>Sponsored by Tissue Regenix Wound Care Inc.</i>
12:45 PM - 1:00 PM	<b>WELCOME &amp; INTRODUCTIONS</b> <i>Karen Sanders, BSN, RN, CWON, Conference Chair</i> <i>Martha Davidson, MN, BSN, RN, CWOCN, President Southeast Region of the WOCN® Society</i>
1:00 PM - 2:00 PM	<b>KEYNOTE ADDRESS</b> <b>SOARING TO NEW HEIGHTS: MAPPING YOUR PROFESSIONAL FLIGHT PLAN (PP)</b> <i>Laurie McNichol, MSN, RN, GNP, CWOCN, CWON-AP</i>
2:00 PM - 3:00 PM	<b>NEW TRENDS IN RADIATION THERAPY FOR COLORECTAL CANCER (O)</b> <i>Manisha Patta, MD</i>
3:00 PM - 3:15 PM	BREAK
3:15 PM - 4:15 PM	<b>OSTOMY PANEL: THE LIVED EXPERIENCE (O)</b> <i>Moderator: Dorothy Doughty, MN, RN, CWOCN, CFCN, FAAN</i> <i>Panelists: Joanna Burgess, Stephanie Hughes &amp; Daniel McKearney</i>
4:30 PM - 6:30 PM	<b>GRAND OPENING RECEPTION WITH EXHIBITS</b> HORS D'OEUVRES AND CASH BAR SILENT AUCTION AND POSTER VIEWING BEGINS
6:45 PM - 9:00 PM	<b>DINNER SYMPOSIUM (NON CE)</b> <i>Sponsored by ConvaTec</i>

# 2016 CONFERENCE AGENDA

## FRIDAY, AUGUST 26

7:00 AM - 8:00 AM	<b>BREAKFAST SYMPOSIA</b> (NON CE) <i>Sponsored by Acelity / KCI</i>
8:15 AM - 9:15 AM	<b>THE SCIENCE, ART AND EVIDENCE OF POUCHING SYSTEMS (O)</b> <i>Janice C. Colwell, MS, RN, CWOCN, FAAN</i>
9:15 AM - 9:30 AM	BREAK
9:30 AM - 11:30 AM	<b>EXHIBITS</b> SILENT AUCTION AND POSTER VIEWING
11:45 AM - 12:45 PM	<b>WHEN DRESSINGS JUST AREN'T ENOUGH: PHARMACEUTICALS AND SUPPLEMENTS THAT CAN IMPACT WOUND HEALING (W)</b> <i>Phyllis T. Kupsick, MSN, RN, FNP-BC, CWOCN</i>
1:00 PM - 2:00 PM	<b>LUNCH SYMPOSIA</b> (NON CE) <i>Sponsored by Mölnlycke Health Care</i>
2:15 PM - 3:15 PM	<b>CURRENT CHALLENGES IN BOWEL MANAGEMENT (C)</b> <i>Dorothy Doughty, MN, RN, CWOCN, CFCN, FAAN</i>
3:15 PM - 4:15 PM	<b>EXHIBITS</b> (LAST CHANCE TO VIEW AND MEET EXHIBITORS) SILENT AUCTION AND POSTER VIEWING
4:15 PM - 4:30 PM	BREAK
4:30 PM - 5:30 PM	<b>INTIMACY &amp; SEXUALITY FOR THE PATIENT WITH AN OSTOMY (O)</b> <i>Mary Dunn, MSN, RN, OCN, NP-C</i>
5:30 PM - 6:30 PM	SILENT AUCTION - FINAL BIDS, PAY AND PICK UP AND POSTERS PICK UP
	<b>FREE NIGHT</b>



## SATURDAY, AUGUST 27

7:00 AM - 8:00 AM	<b>BREAKFAST SYMPOSIA</b> (NON CE) <i>Sponsored by BSN Medical</i>
8:15 AM - 9:15 AM	<b>CAFFEINE AND ITS EFFECT ON THE BOWEL AND BLADDER: AN UPDATE FOR THE WOC NURSE (C)</b> <i>Mikel Gray, PhD, PNP, FNP, CUNP, CCCN, FAANP, FAAN</i>
9:15 AM - 10:15 AM	<b>FECAL TRANSPLANTATION IN THE TREATMENT OF CLOSTRIDIUM DIFFICILE COLITIS (C)</b> <i>Robert Elliott, MD</i>
10:15 AM - 10:30 AM	BREAK
10:30 AM - 11:30 AM	<b>THE ART AND SCIENCE OF LEADERSHIP THROUGH INFLUENCE (PP)</b> <i>Jami Goldberg, MA, BA, CMC</i>
11:30 AM - 12:30 PM	<b>ATYPICAL WOUNDS (W)</b> <i>Hardy Singh, MD</i>
12:45 PM - 2:15 PM	<b>SOUTHEAST REGION GENERAL BUSINESS MEETING &amp; LUNCHEON</b> <b>SOUTHEAST REGION AWARD PRESENTATIONS</b>
2:30 PM - 3:30 PM	<b>CHOOSING COMPRESSION FOR YOUR PATIENT WITH VENOUS DISEASE: USING THE WOCN® VENOUS LEG ULCER (VLU) ALGORITHM (W)</b> <i>Laurie McNichol, MSN, RN, GNP, CWOCN, CWON-AP</i> <i>Stephanie Yates, MSN, RN, ANP, CWOCN, ANP-BC</i>
3:30 PM - 4:30 PM	<b>SOARING TO NEW HEIGHTS: CELEBRATION OF OUR PAST, PRESENT AND FUTURE (PP)</b> <i>Mikel Gray, PhD, PNP, FNP, CUNP, CCCN, FAANP, FAAN</i>
4:00 PM - 4:15 PM	<b>CLOSING REMARKS</b> <i>Karen Sanders, BSN, RN, CWON, Conference Chair</i> <i>Martha Davidson, MN, BSN, RN, CWOCN, President Southeast Region of the WOCN® Society</i>

# 2016 CONFERENCE INFORMATION

## EXHIBIT HOURS

### Thursday August 25

4:30 PM - 6:30 PM • Grand Opening Reception

### Friday August 26

9:30 AM - 11:30 AM • Exhibits      3:15 PM - 4:15 PM • Exhibits



## POSTER SESSION HOURS

### Thursday August 25

11:00 AM - 4:00 PM • Poster Set Up  
4:15 PM • Poster Viewing Begins

Posters will be available for viewing until 5:30 PM Friday, as well as on our website during and after the conference.

### Friday August 26

5:30 PM - 6:30 PM • Pick up Posters



## CALL FOR POSTERS

Share your innovative programs, projects, and research with your colleagues by submitting a poster. Poster winners will receive:

- 1st Place      \$1000.00
- 2nd Place      \$500.00
- 3rd Place      \$250.00

Visit our website [www.serwocn.org](http://www.serwocn.org) for information and to access the electronic poster submission form, or contact the Poster Committee Chair, Jan Johnson at [posters@serwocn.org](mailto:posters@serwocn.org).

Support your Southeast Region by donating purchased or craft items and bringing them with you to the Silent Auction! Funds raised are used to fund our various scholarship opportunities. Contact Cordelia Lucas at: [auction@serwocn.org](mailto:auction@serwocn.org) for additional information.

## SILENT AUCTION HOURS

### Thursday August 25

4:30 PM- 6:30 PM • Silent Auction Opens

### Friday August 26

9:30 AM - 11:30 AM • Silent Auction Open  
3:15 PM - 4:15 PM • Silent Auction / Final Bids  
5:30 PM - 6:30 PM • Auction Payment / Pick-up



# 2016 HOTEL & REGISTRATION INFORMATION

## HOTEL ACCOMODATIONS

The Sheraton Greensboro Hotel has reserved a block of rooms available for our attendees and exhibitors from August 24<sup>th</sup> through the 27<sup>th</sup>, 2016 at the discounted rate of \$132/night (single). Reservations must be made by July 24, 2016, after which the normal rates apply.

Reservations may be made directly through the hotel by calling: 1-800-242-6556 (you must mention you are with the SER WOCN® Conference to receive this rate), or by using the link provided on our website: [www.serwocn.org](http://www.serwocn.org).

## AIRPORT TRANSPORTATION

Complimentary hourly airport shuttle to and from the hotel is available. Call the hotel upon arrival at (336) 292-9161.

## CONFERENCE REGISTRATION

Online registration with credit card payment is fast and easy! Visit our website at: [www.serwocn.org/Registration/](http://www.serwocn.org/Registration/). If you prefer to send payment by check, fill out the paper registration form (download from our website) and send it in with your payment. You will not be considered registered until your payment is processed.



*Image courtesy of Greensboro CVB*

**For additional information contact:**

**Bernie Haberer**

**727-238-5140 (phone)**

**727-269-5760 (fax)**

**bhe@serwocn.org**

**www.serwocn.org**

## SEND PAYMENTS TO:

SER of the WOCN® Society

c/o BHe Management

36181 East Lake Road Ste. 376

Palm Harbor, FL 34685

## SHERATON GREENSBORO HOTEL / KOURY CONVENTION CENTER

**3121 W GATE CITY BLVD. • GREENSBORO, NC**

**336-292-9161**

## REGISTRATION FEES

Registration Type	Early Bird Pricing*	Starting June 13th
<b>Member - with Pre-Conference</b> (includes Awards Luncheon)	<b>\$ 300</b>	<b>\$ 375</b>
<b>Member - Conference Only</b> (includes Awards Luncheon)	<b>\$ 225</b>	<b>\$ 275</b>
<b>Member - Pre-Conference Only</b>	<b>\$ 75</b>	<b>\$ 100</b>
<b>YOU MUST BE A MEMBER OF THE SOUTHEAST REGION OF THE WOCN® SOCIETY TO OBTAIN MEMBER PRICING</b>		
<b>Non-Member - with Pre-Conference</b> (includes Awards Luncheon)	<b>\$ 375</b>	<b>\$ 450</b>
<b>Non-Member - Conference Only</b> (includes Awards Luncheon)	<b>\$ 275</b>	<b>\$ 325</b>
<b>Non-Member - Pre-Conference Only</b>	<b>\$ 100</b>	<b>\$ 125</b>
<b>*TO QUALIFY FOR EARLY BIRD PRICING, PAYMENT MUST BE RECEIVED BY JUNE 12, 2016</b>		
<b>Single Day Option</b>		
<b>1 Day attendance</b>	<b>\$ 125</b>	<b>\$ 125</b>

# Southeast Region

of the



Wound, Ostomy and  
Continence Nurses Society®

c/o BHe Management  
36181 East Lake Road Ste. 376  
Palm Harbor, FL 34685



*Target Audience: Professionals involved in the care of patients with wound, ostomy, and continence issues.*

## OBJECTIVES OF THE CONFERENCE

**Upon completion of this conference, participants should be able to:**

1. Discuss advances in theoretical and clinical knowledge impacting individuals affected by wound, ostomy, or continence issues.
2. Describe examples of evidence-based practice and multidisciplinary approaches to enhance outcomes in various health care settings.
3. Describe examples of evidence-based practice as it pertains to WOC nursing specialties.

# Southeast Region of the WOCN® Society Annual Conference • August 25-27, 2016

WOCN® Society is a not-for-profit corporation. Its tax ID number is 25-1251887. W-9 form provided upon request.

## Southeast Region



of the  
Wound, Ostomy and  
Continence Nurses Society®

## 2016 Conference Information

### Conference Links

#### Attendee Info

- [Agenda](#)
- [Sign Up / Register](#)
- [Attendee Brochure](#)
- [Roommate/Rideshare](#)

#### Hotel Info

- [Reservations](#)
- [Shuttle](#)

#### Poster Information

#### Exhibitor Info

#### Questions

#### Past Conferences

#### Future Conferences

#### SER Home Page



## SER of the WOCN® Society Annual Conference

## WOC Nurses Soaring to New Heights

August 25 - 27, 2016 • Greensboro, NC

#### Hotel Information



### Sheraton Greensboro Hotel Koury Convention Center

3121 W Gate City Blvd. • Greensboro, NC  
336-292-9161

**Reservations** The Sheraton Greensboro Hotel has reserved a block of rooms to be available for our attendees and exhibitors from August 24th through the 27th, 2016 at the discounted rate of \$132 /night (single). **Reservations must be made by July 24, 2016, after which the normal rates apply.**

[Click Here](#) to make your reservation and enter code: **SE2016**, or by calling 1-800-242-6556 (you must mention you are with the SER of the WOCN® Society Conference to receive this rate).

**Hotel Shuttle** Hourly shuttle to the hotel available from airport by calling the hotel upon arrival. (336-292-9161)

#### Attendee Information

#### Sessions: *(subject to change)* [Download the Attendee Brochure](#)

Time	CE	Title
<b>Thursday, August 25, 2016</b>		
<b>Pre-Conference</b>		
8:00 AM - 11:00 AM	(O,W)	The Aftermath of Complex Abdominal Surgery: Complex Issues for Pouching, Physical and Emotional Care of the Patient with a Challenging Ostomy or Fistula.
1:00 PM - 2:00 PM	(PP)	Soaring to New Heights: Mapping Your Professional Flight Plan
2:00 PM - 3:00 PM	(O)	New Trends in Radiation Therapy for Colorectal Cancer
3:15 PM - 4:15 PM	(O)	Ostomy Panel: The Lived Experience
<b>Friday, August 26, 2016</b>		
8:15 AM - 9:15 AM	(O)	The Science, Art and Evidence of Pouching Systems
11:45 AM - 12:45 PM	(W)	When Dressings Just Aren't Enough: Pharmaceuticals and Supplements That Can Impact Wound Healing
2:15 PM - 3:15 PM	(C)	Current Challenges in Bowel Management
4:30 PM - 5:30 PM	(O)	Intimacy & Sexuality for the Patient With an Ostomy
<b>Saturday August 27, 2016</b>		
8:15 AM - 9:15 AM	(C)	Caffeine and its Effect on the Bowel and Bladder: An Update for the WOC Nurse
9:15 AM - 10:15 AM	(C)	Fecal Transplantation in the Treatment of Clostridium Difficile Colitis
10:30 AM - 11:30 AM	(PP)	The Art and Science of Leadership Through Influence
11:30 AM - 12:30 PM	(W)	Atypical Wounds
2:30 PM - 3:30 PM	(W)	Choosing Compression for Your Patient with Venous Disease: Using the WOCN® Venous Leg Ulcer (VLU) Algorithm
3:30 PM - 4:30 PM	(PP)	Soaring to New Heights: Celebration of our Past, Present and Future
Thursday, Friday and Online	(W,O,C)	WOC Nursing Poster Session

#### Contact Hours

Total Contact Hours Available: 17

- Pre-Conference: 3
- Educational Sessions: 13
- Poster Session: 1

#### Accreditation

This activity is being submitted to Alabama State Nurses Association for approval to award contact hours.

Alabama State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**Objectives:** Upon completion of this conference, participants should be able to:

1. Discuss advances in theoretical and clinical knowledge impacting individuals affected by wound, ostomy, or continence

issues.

2. Describe examples of evidence-based practice and multidisciplinary approaches to enhance outcomes in various health care settings.

3. Describe examples of evidence-based practice as it pertains to WOC nursing specialties.

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**Non CE Symposia** In addition, there will be 2 Breakfast (Friday and Saturday), 2 Luncheon (Thursday and Friday) and 1 Dinner (Thursday) non CE Symposia hosted by exhibitors. Complete information and registration links will be posted when available.

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**Registration**

**[REGISTER NOW](#)**

**[Attendee Brochure](#)**

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**Registration Types**

	<b>Early Bird*</b>	<b>After June 12</b>
Member - with Pre-Conference (includes Awards Luncheon)	\$300	\$375
Member - Conference Only (includes Awards Luncheon)	\$225	\$275
Member - Pre-Conference Only	\$75	\$100

**You must be a member of the SOUTHEAST REGION of the WOCN® Society to obtain Member Pricing**

Non-Member - with Pre-Conference (includes Awards Luncheon)	\$375	\$450
Non-Member - Conference Only (includes Awards Luncheon)	\$275	\$325
Non-Member - Pre-Conference Only	\$100	\$125

Single Day Option (**Does not include Pre-conference**)

1 Day: Thursday, Friday or Saturday	\$125	\$125
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**\*To Qualify for EARLY BIRD Pricing, payment must be received by JUNE 12, 2016**

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**Roommate and/or Ride Share**

If you are looking for someone to share rooms / rides, please complete [this request form](#). The Region hopes that suitable matches will be found, however, we cannot promise your request will be honored. Deadline for submission is **July 31, 2016**.

The Southeast Region will only share contact information among people making this request, but **WILL NOT** take any role in making arrangements. The sole responsibility lies with the attendees themselves, and all liability remains with the attendees.

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**Exhibitor Information**

**[Download the Exhibitor Brochure](#)**

*complete with Symposia and Sponsorship Opportunities and booth registration form*

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**Questions ?**

Please direct questions to our Association Manager:  
Bernie Haberer • [bhe@serwocn.org](mailto:bhe@serwocn.org) • 727-238-5140

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**Southeast Region of the WOCN® Society**  
**2016 Annual Conference**  
**WOC Nurses – Soaring to New Heights**

**NOTE: *It's been our experience many hospital systems block this type of activity - therefore we strongly suggest you complete this from your own personal computer or tablet.***

## **Tracking Sessions Summary**

Welcome to SER of the WOCN® Society's online conference evaluation. Tracking your sessions, comments and contact hours is all online! Use the attached blue Session Tracking Worksheet to keep a record of your comments during the sessions. Submit one evaluation for each session attended. At the end of the conference, also complete the online conference evaluation.

It is important for you to fill out your evaluation as soon as possible, as the evaluation website will only be available for a limited time. ***The deadline is September 17th.*** You are welcome to complete the evaluation here in the hotel on your laptop/tablet after each session or on your computer once you return home.

To begin the evaluation process, go to our website and use the link on the conference information page. When prompted, enter User name and Password, and then click ok. This User name and password are the same as those used to download the conference handouts.

Link: [www.serwocn.org/2016Conference/](http://www.serwocn.org/2016Conference/)  
Click on: Pre-Conference LOGIN  
User name: PRECON (one word, uppercase)  
Password: 2016

### **Click on 'Session Evaluations'**

For each session attended, you'll be required to enter your last name and **your unique attendee id**. (Most attendees use the first letter of their first and last name followed by the last four digits of their social security number) We've conveniently placed your unique attendee id **on your conference name badge**. Session evaluations will become active after each session is complete. Please remember you earn one nursing contact hour for every hour of educational time.

After evaluating the sessions you attended, it will be necessary to complete the Conference Evaluation. This evaluation will become active on Saturday at the conclusion of the conference. **Click on 'Conference Evaluation'** at the bottom of the Conference Session Evaluation page. To evaluate the conference, enter your first and last name (as you would like it to appear on your certificate), unique attendee id, and email address. **Your personalized certificate will then be emailed to you within approximately 10 days of submission.**

**NOTE: You may only submit evaluations for sessions actually attended.**

Questions? During conference go to the Registration Desk or ask any SER WOCN staff member. After conference contact Bernie Haberer at 727-238-5140 or email [bhe@serwocn.com](mailto:bhe@serwocn.com).

Name: \_\_\_\_\_

Unique ID #: \_\_\_\_\_  
(Your ID # is on your name badge)

**THURSDAY, August 25, 2016**

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**Pre-conference (For pre-conference attendees only)**

**Pre-conference: 8:00 - 11:00 am**

***The Aftermath of Complex Abdominal Surgery:***

***Complex Issues for Pouching, Physical and Emotional Care of the Patient with a Challenging Ostomy or Fistula. (O,W)*** **Contact Hours = 3**

Speaker: Karen Edwards, MSS, BSN, RN, CWOCN

Comments:

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**WOC Nursing Poster Session**

**Contact Hour = 1**

***Thursday, August 25 at 4:30 pm through Friday, August 26 at 6:30 pm***

*Posters may also be viewed online at [www.serwocon.org/AnnualPosters/](http://www.serwocon.org/AnnualPosters/)*

**View a minimum of 10 posters to receive one contact hour (W / O / C)**

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**Main Conference**

**1:00 - 2:00 pm**

***Soaring to New Heights: Mapping Your Professional Flight Plan (PP)***

Speaker: Laurie McNichol, MSN, RN, GNP, CWOCN, CWON-AP

Comments:

**2:00 - 3:00 pm**

***New Trends in Radiation Therapy for Colorectal Cancer (O)*** **Contact Hour = 1**

Speaker: Manisha Palta, MD

Comments:

**3:15 - 4:15 pm**

***Ostomy Panel: The Lived Experience (O)*** **Contact Hour = 1**

Moderator: Dorothy Doughty, MSN, RN, CWOCN, CFCN, FAAN

Comments:

**FRIDAY, August 26, 2016**

**8:15 - 9:15 am**

***The Science, Art and Evidence of Pouching Systems (O)***

**Contact Hour = 1**

Speaker: Janice Colwell, MS, RN, CWOCN, FAAN

Comments:

**11:45 am - 12:45 pm**

***When Dressings Just Aren't Enough: Pharmaceuticals and Supplements That Can Impact Wound Healing (W)***

**Contact Hour = 1**

Speaker: Phyllis Kupsick, MSN, RN, FNP-BC, CWOCN

Comments:

**2:15 pm – 3:15 pm**

***Current Challenges in Bowel Management (C)***

**Contact Hour = 1**

Speaker: Dorothy Doughty, MSN, RN, CWOCN, CFCN, FAAN

Comments:

**4:30 - 5:30 pm**

***Intimacy & Sexuality for the Patient With an Ostomy (O):***

**Contact Hour = 1**

***Legal Aspects of WOC Nursing Practice (PP)***

Speaker: Mary Dunn, NP-C, RN, MSN, OCN

Comments:

**SATURDAY, August 27, 2016**

**8:15 - 9:15 am**

***Caffeine and its Effect on the Bowel and Bladder:***

***An Update for the WOC Nurse (C)***

**Contact Hour = 1**

Speaker: Mikel Gray, PhD, FNP, PNP, CUNP, CCCN, FAANP, FAAN

Comments:

**9:15 - 10:15 am**

***Fecal Transplantation in the Treatment of Clostridium Difficile Colitis (C)***

Speaker: Robert T. Elliot, MD

**Contact Hour = 1**

Comments:

**10:30 - 11:30 am**

***The Art and Science of Leadership Through Influence (PP)***

**Contact Hour = 1**

Speaker: Jami Goldberg, MA, BA, CMC

Comments:

**11:30 am - 12:30 pm**

***Atypical Wounds (W)***

**Contact Hour = 1**

Speaker: Hardy Singh, MD

Comments:

**2:30 - 3:30 pm**

***Choosing Compression for Your Patient with Venous Disease: Using the WOCN®  
Venous Leg Ulcer (VLU) Algorithm (W)*** **Contact Hour = 1**

Speakers: Stephanie Yates, MSN, RN, ANP-BC, CWOCN

Laurie McNichol, MSN, RN, GNP, CWOCN, CWON-AP

Comments:

**3:30 - 4:30 pm**

***Soaring to New Heights: Celebration of our Past, Present and Future (PP)*** **Contact Hour = 1**

Speaker: Mikel Gray, PhD, FNP, PNP, CUNP, CCCN, FAANP, FAAN

Comments: