

## Alabama State Nurses Association Individual Activity Application

### General Information

Alabama State Nurses Association (ASNA) is accredited as an approver of continuing nursing professional development 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 \$75 (up to 4 contact hours), \$125 (5-8 contact hours), \$200 (9-12 contact hours), and \$300 (13 and over contact hours). An expedited review is available for applications received 12-24 days before activity for an additional \$125 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 [CECASNA@alabamannurses.org](mailto:CECASNA@alabamannurses.org)

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

#### Nurse Planner contact information for this activity.

Name and credentials: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Nursing License Number and State Licensed In: [Click here to enter text.](#)

NAME OF AGENCY Southeast Region of the WOCN® Society			
NAME & CREDENTIALS OF CONTACT PERSON Bernhard Haberer, Manager			
ADDRESS 36181 East Lake Road, Ste. 376			
CITY Palm Harbor		STATE FL	ZIP CODE 34685
DAY PHONE 727-238-5140 (office);		EMAIL <a href="mailto:bhe@serwoocn.org">bhe@serwoocn.org</a> or <a href="mailto:manager@serwoocn.org">manager@serwoocn.org</a>	
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.			
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? (INITIAL HERE) <i>Bernhard Haberer</i>	x	YES	NO

## Alabama State Nurses Association Individual Activity Application

**Title of Activity:** Southeast Region of the WOCN® Society 44<sup>th</sup> Annual Conference:  
20/21 Vision: See the Wonder of WOC Nursing.

**Date Form Completed:** May 28, 2021.

**Activity Type (select one and list the date(s):**

- Provider-directed, provider-paced: Live** (in person or webinar)-(EDI)
  - **Date of live activity:** August 26-28, 2021.
- Provider-directed, learner-paced:** Enduring material (EDII)
  - **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:** Sharon McCarthy, MSN, RN, CWOCN

**Email Address:** [smmcarthy@serwocn.org](mailto:smmcarthy@serwocn.org) or [sharonwhite@uabmc.edu](mailto:sharonwhite@uabmc.edu)

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.

**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 constantly changing and requires WOC nurses, expert as well as novice, needing updates on changes in wound, ostomy, continence, and professional practice to stay current.

Describe the desired 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:

There is an ongoing need for additional education for WOC nurses in all healthcare settings related to wounds, ostomy and continence practice. Provide areas of interest and learning opportunities to Advance Practice Nurses in the field of wound, ostomy and continence.

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

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

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

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- Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement
- Evaluation data from previous education activities
- Trends in literature, law and health care
- 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 2019 and prior years' SER Conference notes, new trends as well as new or revised practice guidelines identified by the Education Committee guided the overall development for the 2021 SER Conference agenda. Content experts on the Education Committee as well as the SER Board of Directors contribute to the development of the program

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

- Knowledge  Skill

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

- a. Nurses
- b. RNs in W,O,C and Foot / Nail care
- c. Advanced Practice RNs

**E. Desired learning outcome(s).** The learning outcome flows from the needs assessment addressing knowledge, skills, and/or attitudes and must be action oriented, observable, and measurable. Who, what action, and results are stated (*What will the outcome be as a result of participation in this activity? What the learner will know or be able to do? For ex: Participants will summarize in writing their feelings about cultural diversity in the workplace.*)

- Participants will be able to discuss advances in theoretical and clinical knowledge impacting individuals affected by wound, ostomy or continence issues.
- Participants will be able to give examples of evidence-based practice and multidisciplinary approaches to enhance outcomes in various health care settings.
- Participants will be able to describe and give examples of evidence-based practice as it pertains to WOC nursing specialties

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

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

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

Through 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 Certificate with Contact Hours) asking about the content and the speakers. In addition, there will be a survey sent to participants approximately 4 months after conference asking them to relate how they took the information presented in the sessions and used them in their direct clinical areas of practice.

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### H. Content of activity: A description of the content with supporting references or resources

X See Educational Planning Table (see Sample **Attachment 9**) OR

Describe content and include time calculation for content: [Click here to enter text.](#)

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

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): \_\_\_\_\_

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

X Other: [See references on Educational Tables](#)

### I. Learner engagement strategies

X See Educational Planning Table (**Attachment 9**) OR

X Integrating opportunities for dialogue or question/answer

Including time for self-check or reflection

Analyzing case studies

Providing opportunities for problem-based learning

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

### J. Criteria for Awarding Contact Hours (60 minutes = 1 contact hour)

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)

Credit awarded commensurate with participation

Attendance at 1 or more sessions

X Completion/submission of evaluation form **for each session attended**

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

Successful completion of a return demonstration

Other - Describe: \_\_\_\_\_

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**K. Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience was assessed (see Sample Evaluation form – Attachment 10)**

Click here to enter text.

**Short-term evaluation options:**

- Intent to change practice
- Active participation in learning activity
- Post-test
- Return demonstration
- Case study analysis
- Role-play
- Other – Describe:

**Long-term evaluation options:**

- Self-reported change in practice
- Change in quality outcome measure
- Return on Investment (ROI)
- Observation of performance
- Other – Describe: Post Conference Survey (approx. 4 months after)

**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 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 (complete BIO/COI form – Attachment 3). For all other planners or presenters-complete COI form – see sample Attachment 4).**

*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
<i>Example: Jane Smith, RN-BC</i>	<i>Nurse Planner</i>	<i>Yes</i>	<i>None</i>	<i>---</i>

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<i>Example: Sue Brown, RNC</i>	<i>Content Expert</i>	<i>Yes</i>	<i>None</i>	<i>---</i>
<i>Example: John Doe, PhD</i>	<i>Presenter</i>	<i>No</i>	<i>Pfizer</i>	<i>Speakers Bureau</i>
Sharon D. McCarthy, MSN RN CWOCN	Nurse Planner / Presenter	Yes	None	
Megan A. Chipman, MSN BSB BA FNP CWOCN	Conference Chair / content expert	Yes	None	
Teri Robinson, BSN RN CWON	Education: Committee Chair / content expert / presenter	Yes	None	
Brandee A. Heath, APRN FNP-C CWOCN	Education: content expert	No	None	
Laura Shafer	Education: content review	No	None	
Patricia Haberer, MA BSN RN CWOCN	Poster Committee Chair / content review	Yes	Coloplast	Clinician (retired by conference)
Amy Beightel, RN CWOCN WCC OCN	Poster: content review	No	None	
Stephanie Garcia, BSN RN CWON	Poster: content review	No	None	
Kim Kehoe, BSN RN CWOCN DAPWCA	Poster: content review	No	Medline	Clinician
N. Nancy Scott, BSN RN CWOCN	Poster: content review	No	None	
Sally Matson, MS, BSN, RN, CWOCN	Presenter	No	None	
Patricia Brennan, BSN, RN, CWOCN	Presenter	No	None	
Dr. Joyce Black, PhD, RN, FAAN	Presenter	No	Arjo, Atlas Lift Tech, Molnlycke, Medline, Sage; Urgo	Speakers Bureau
Theresa Pineda, BSN, RN, CWOCN	Presenter	No	None	
Dr. Caroline Smith, DPM	Presenter	No	None	
Alex Cuellar	Presenter	No	None	
Philip Wallace, ESQ	Presenter	No	None	
Dr. Hadar Lev-Tov	Presenter	No	Pfizer, NextScience, Molnlycke	Speakers Bureau

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Lynda Kennepp, DPT, PT, CWS, CLT-LANA, FACCWS	Presenter	No	Mölnlycke	Educator
Dr. Sarah Bradley, PhD, MPH, CPH	Presenter	No	None	
Dr. Tatiana Orozco, PhD	Presenter	No	None	
Sarah Drummer, MSN, FNP-BC, CUNP	Presenter	No	None	
Stephanie Yates, MSN, RN, ANP-BC, CWOCN	Presenter	No	None	
Dr. Daniel Galante, DO	Presenter	No	Integra	Consultant
Glenda Brunette, MSN, RN, CWON	Board Member	No	None	
Amy Armstrong, MSN, RN, CWOCN, CNL	Board Member	No	None	
Martha Davidson, MN, BSN, CWOCN	Board Member	No	None	
Angela Dye, BSN, RN, CWOCN	Board Member	No	None	
Angela Graham, RN, CWOCN	Board Member	No	None	
Cordelia Lucas-Sherrod, MSN, RN, CWON	Board Member	No	None	
Cyncere Neal, MSN, FNP-BC, CWCN	Board Member	No	None	
N. Nancy Scott, BSN, RN, CWOCN	Board Member	No	None	



COI/BIO: Nurse Planner / Content Experts

**Southeast Region of the WOCN® Society**  
**2021 Biographical and Conflict of Interest Form**



Title of Educational Activity: **20/21 Vision: See the Wonder of WOC Nursing**  
Education Activity Date: **August 26-28, 2021**

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert  
 Faculty/Presenter/Author  Content Reviewer

Other – Describe:

**Section 1: Demographic Data**

Name with Credentials/Degrees: Sharon D. McCarthy, MSN, RN, CWOCN

Address: 7760 Indian Gap Trl McCalla AL 35111

Phone Number: 205-514-1482 Email Address: sharonwhite@uabmc.edu

Current Employer UAB Hospital

Position/Title: Nursing Professional Development Specialist

**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.)

My nursing career spans for over 35 years beginning in the role of nursing assistant, licensed practical nurse, and obtaining my associate degree in nursing in 1982. I received my BSN from Tuskegee University in 1996 and Masters of Science in Nursing Education from Walden University in 2017. I completed WOC nursing training at Emory WOC Nursing Program in 1996. I worked as a WOC nurse at the UAB Hospital from 2013-2020 and currently serve in the role of Nursing Professional Development Specialist for the Gastrointestinal Surgery and the Gastrointestinal Medicine floors, providing up-to-date education related to gastrointestinal and hepatology disorders and surgical procedures. I have served as the co-chair of previous Southeast Region WOC nurse conferences and on the education committee for the regional conference.

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

A check 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.)

**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
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

\*\* All conflicts of interest, including potential ones, must be resolved by the Nurse Planner 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)**

Sharon D. McCarthy, MSN, RN, CWOCN

Date 03/31/2021

**THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:  
(to be completed by Nurse Planner) (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 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:

**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

**Typed or Electronic Signature: Name and Credentials (Required)      Date 4.28.21**

Teri Robinson, BSN, RN, CWOCN



\***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;
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- Group medical practices
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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
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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**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)**

Megan A. Chipman MSN, APRN, CWOCN

Date 4/15/21

**THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:  
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**Typed or Electronic Signature: Name and Credentials (Required)**

**Date 4/19/2021**

Sharon D. McCarthy, MSN, RN, CWOCN



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<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

\*\* All conflicts of interest, including potential ones, must be resolved by the Nurse Planner 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)**

Terisa Robinson, BSN RN CWON

Date 4/13/2021

**THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:  
(to be completed by Nurse Planner) (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 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:

**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

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

**Date 4/19/2021**

Sharon D. McCarthy, MSN, RN, CWOCN



\***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
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

\*\* All conflicts of interest, including potential ones, must be resolved by the Nurse Planner 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)**

Brandee A Heath APRN, FNP-C, CWOCN  


Date 6/3/2021

**THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:  
(to be completed by Nurse Planner) (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 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:

**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

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

**Date 6/4/2021**

Sharon D. McCarthy, MSN, RN, CWOCN





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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input checked="" type="checkbox"/>	Other	Full-time employee of Coloplast

\*\*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 this section 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.

Patricia Haberer, MA, BSN, RN, CWOCN

03-30-21

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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: **Person is reviewing posters for accuracy of submission criteria and adherence to guidelines.**

## 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/9/2021

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC

Nursing Educational Activity Date: August 26-28 2021

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert

Faculty/Presenter/Author  Content Reviewer  Other Describe: **Committee member responsible for approving content for presentations / posters.**

### Section 1: Demographic Data

Name with Credentials/Degrees: **Amy Beightel RN, CWOCN, WCC, OCN**

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

Address: **11108 Cherrywood Lane**

City: **Riverview**

ST: **FL**

Zip: **33579**

Phone primary: **813-695-0967**

Phone cell:

Email work: **amy.beightel@moffitt.org**

Email personal: **amyjo.rn90@gmail.com**

Employer: **Moffitt Cancer Center**

Title / Position: **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 having 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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.



Amy Beightel BSN, RN, CWOCN, WCC, OCN

4/1/21

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/9/2021

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC

Nursing Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)     Nurse Planner     Content Expert

Faculty/Presenter/Author     Content Reviewer     Other    Describe: **Committee member responsible for approving content for presentations / posters.**

### Section 1: Demographic Data

Name with Credentials/Degrees:    **Stephanie Garcia BSN RN CWCN**

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

Address:    **839 University Blvd. Apt 103**

City:    **Jupiter**    ST: **FL**    Zip: **33458**

Phone primary:    **207-317-9044**    Phone cell:    **207-317-9044**

Email work:    **Sgarcia@une.edu**    Email personal:    **Sgarcia@une.edu**

Employer:    **Jupiter Medical Center Wound Healing and Hyperbaric Medicine (Healogics) and Encompass Inpatient Acute Rehabilitation Center at Martin**

Title / Position:    **Wound Care RN - waiting to sit for WOCN Society Boards (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 having 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?**

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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 Garcia BSN RN CWCN

4/12/2021

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/19/2021

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC

Nursing Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)     Nurse Planner     Content Expert

Faculty/Presenter/Author     Content Reviewer     Other    Describe: **Committee member responsible for approving content for presentations / posters.**

### Section 1: Demographic Data

Name with Credentials/Degrees:    **Kim Kehoe, BSN, RN, CWOCN, DAPWCA**

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

Address:    **6385 Turtle mound Rd.**

City:    **New Smyrna Beach**    ST: **FL**    Zip: **32169**

Phone primary:    **386-314-9964**    Phone cell:  
Email work:    **kkehoe@medline.com**    Email personal:    **kimkrn84@gmail.com**

Employer:    **Medline Industries, Inc.**

Title / Position:    **Clinical Resource Manager**



### 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 having 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?**

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input checked="" type="checkbox"/>	Other	Full-time employee of Medline Industries, Inc.

\*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 this section 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.

Kim Kehoe, BSN, RN, CWOCN, DAPWCA

4/1/2021

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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: **No conflict - only reviews poster abstracts for accuracy of content and adherence to guidelines**

## 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/9/2021

Date Completed

COIs: Speaker Forms follow:

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC Nursing

Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert

Faculty/Presenter/Author  Content Reviewer  Other  
Describe:

### Section 1: Demographic Data

Name with Credentials/Degrees: **Sharon McCarthy, MSN, RN, CWOCN**

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

Address: 7760 Indian Gap Trail, McCalla, AL 35111

Phone main: 205-514-1482

Phone cell: 205-514-1482

Email Address: hughes5118@yahoo.com

Email secondary:

Current Employer: UAB Hospital



Position / Title: 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.

\***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 having 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?**

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Sharon D. McCarthy, MSN, RN, CWOCN

3/31/2021

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Teri Robinson, BSN, RN, CWOCN

Type Name and credentials

4.28.21

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC

Nursing Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert  
 Faculty/Presenter/Author  Content Reviewer  Other  
Describe:

**Section 1: Demographic Data**

Name with Credentials/Degrees: Sally Matson, MS, BSN, RN, CWOCN

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

Address: 55 West Gore St., Orlando, FL 32806

Phone main: 407-928-9140 (Cell)

Phone cell: 407-928-9140

Email Address: sally.matson@orlandohealth.com

Email secondary:

Current Employer: Orlando Health

Position / Title: Outpatient Ostomy Clinic 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.

\***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 having 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?

(You must disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it must be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

# Sally Matson MS BSN

Type Name and credentials

Date Completed

4/12/21

Sally Matson MS BSN RN CWCN

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed



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

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Patricia Brennan, BSN, RN, CWOCN

4-21-2021

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed

**Southeast Region of the WOCN® Society**  
**2021 Biographical and Conflict of Interest Form**



Title of Educational Activity: **20/21 Vision: See the Wonder of WOC Nursing**  
Education Activity Date: **August 26 - 28, 2021**

Role in Educational Activity: (Check all that apply)       Nurse Planner       Content Expert  
    Faculty/Presenter/Author       Content Reviewer

Other – Describe:      I am assisting with obtaining speakers on the planning committee.

**Section 1: Demographic Data**

**Name with Credentials/Degrees:** Teri Robinson BSN RN CWON  
**Address:** 1216 Salerno Court      Orlando      FL      32806  
**Phone Number:** 407-925-9475      **Email Address:** terip.robinson@gmail.com  
**Current Employer:** Adventhealth Orlando  
**Position/Title:** Systems Ns Mgr, Wound Care

**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.)

Presented at local and national conferences. Member of FAET (local grp) and on conference planning to bring in speakers.

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

A check 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.)

**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
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

\*\* All conflicts of interest, including potential ones, must be resolved by the Nurse Planner 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)**

Terisa Robinson, BSN RN CWON

Date 4/13/2021

**THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:  
(to be completed by Nurse Planner) (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 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:

**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

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

**Date 6/2/2021**

Sharon D. McCarthy, MSN, RN, CWOCN

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC Nursing

Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert

Faculty/Presenter/Author  Content Reviewer  Other  
Describe:

### Section 1: Demographic Data

Name with Credentials/Degrees: **Joyce Black, PhD, RN, FAAN**

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

Address: 985330 Nebraska Medical Center , Omaha, NE 68198-5330

Phone main: 402-681-5049 (Cell) Phone cell: 402-681-5049

Email Address: [jblack@unmc.edu](mailto:jblack@unmc.edu) Email secondary:

Current Employer: University of Nebraska Medical Center +

Position / Title: Professor, College of 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.

\***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 having 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?**

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input checked="" type="checkbox"/>	Speakers Bureau	Arjo, Atlas Lift Tech, Molnlycke, Medline, Sage a division of Stryker, Urgo
<input checked="" type="checkbox"/>	Consultant	Arjo, Atlas Lift Tech, Molnlycke, Medline, Sage a division of Stryker, Urgo
<input type="checkbox"/>	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 this section 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.

Joyce Black, PhD, RN, FAAN

4/26/21

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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: **Speaker is presenting about NPIAP guidelines, will not have any content regarding specific industry companies.**

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC Nursing

Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert

Faculty/Presenter/Author  Content Reviewer  Other  
Describe:

### Section 1: Demographic Data

Name with Credentials/Degrees: **Theresa Pineda, BSN, RN, CWOCN**

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

Address: 601 East Rollins St., Orlando, FL 32803

Phone main: 407-797-3717 (Cell)

Phone cell: 407-797-3717

Email Address: [theresa.pineda@adventhealth.com](mailto:theresa.pineda@adventhealth.com)

Email secondary:

Current Employer: AdventHealth



Position / Title: Ostomy Clinic 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.

\***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 having 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?**

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Theresa Pineda,BSN,RN,CWOCN

4/10/2021

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC Nursing

Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert

Faculty/Presenter/Author  Content Reviewer  Other  
Describe:

### Section 1: Demographic Data

Name with Credentials/Degrees: **Dr. Caroline Smith**

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

Address:

Phone main: (321) 397-2699

Phone cell: (321) 397-2699

Email Address: carolinesmithdpm@yahoo.com

Email secondary:

Current Employer: Family Podiatry of Central Florida



Position / Title: Surgical 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 having 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?**

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

**Caroline Smith DPM**

Type Name and credentials

April 15, 2021

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC

Nursing Educational Activity Date: August 26 - 28, 2021

Role in Educational Activity: (Check all that apply)     Nurse Planner     Content Expert

Faculty/Presenter/Author     Content Reviewer     Other  
Describe:

### Section 1: Demographic Data

Name with Credentials/Degrees: Alex Cuellar

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

Address: 39 S. Magnolia Ave.

City: Orlando

ST: FL

Zip: 32801

Phone primary: 407-927-5814

Phone cell:

Email work: alex.pla.yoga@gmail.com

Email personal:

Employer: PLA YOGA LLC

Title / Position: Owner/ Yoga Instructor

### 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 having 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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly.  
For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

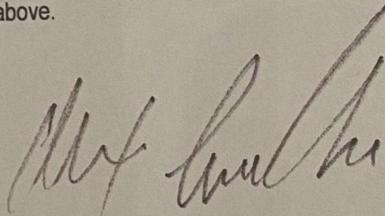
Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

\*\*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 this section 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.

Alex Cuellar



Type Name and credentials

Date Completed

4/8/2021

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC Nursing

Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert

Faculty/Presenter/Author  Content Reviewer  Other  
Describe:

**Section 1: Demographic Data**

Name with Credentials/Degrees: **Philip J. Wallace, Attorney**

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

Address: **901 N. Lake Destiny Road, Suite 450, Maitland, FL 32751**

Phone main: **407-423-9545 (Work)** Phone cell: **407-259-8094**

Email Address: **pjwallace@growerketcham.com** Email secondary: **chill@growerketcham.com**

Current Employer: **Grower, Ketcham, Eide, Telan & Meltz, PA**

Position / Title: **Shareholder/Partner**

**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 having 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?**

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

**Philip J. Wallace, Attorney**

Type Name and credentials

April 14, 2021

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC Nursing

Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert

Faculty/Presenter/Author  Content Reviewer  Other  
Describe:

### Section 1: Demographic Data

Name with Credentials/Degrees: **Hadar Lev-Tov, MD**

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

Address:

Phone main: Phone cell: **786-843-5079**

Email Address: **hlevtov@med.miami.edu** Email secondary:

Current Employer: **University of Miami**

Position / Title: **Assistant Professor**

### 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?**

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input checked="" type="checkbox"/>	Stock	Learnskin
<input type="checkbox"/>	Speakers Bureau	
<input checked="" type="checkbox"/>	Consultant	Pfizer, NextScience, Molnlyke
<input checked="" type="checkbox"/>	Other	Clinical trialist: BSN Medical Inc. Medline Inc. Molnlyke Inc. (Consultant) NextScience (Consultant) Pfizer Inc (Consultant) Tissue Tech Inc. UCB Inc.

\*\*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 this section 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.



**Hadar Lev-Tov, MD**

Type Name and credentials

April 2, 2021

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

## 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC Nursing

Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert

Faculty/Presenter/Author  Content Reviewer  Other  
Describe:

### Section 1: Demographic Data

Name with Credentials/Degrees: Lynda Kennepp, PT, DPT, CWS, CLT-LANA, FACCWS

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

Address: 5418 Olympia Fields Lane, Houston, TX 77069

Phone main: 713-253-5477 (Cell) Phone cell: 713-253-5477

Email Address: lynda.kennepp@molnlycke.com Email secondary: lkdpt15@gmail.com

Current Employer: Molnlycke



Position / Title: Area Clinical Specialist Manager - West; Senior 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.

\***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 having 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?**

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input checked="" type="checkbox"/>	Salary	Employed by Mölnlycke
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input checked="" type="checkbox"/>	Speakers Bureau	Educator
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Lynda Kennepp, PT, DPT, CWS, CLT-LANA

04/08/2021

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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: **Speaker presentation is on Lymphedema. Will not have any content regarding her employer.**

## 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed



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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Sarah Bradley Phd, MPH, CPH

5/1/21

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed



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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Tatiana Orozco, PhD

Type Name and credentials

5/4/2021

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC Nursing

Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert

Faculty/Presenter/Author  Content Reviewer  Other  
Describe:

### Section 1: Demographic Data

Name with Credentials/Degrees: **Sara Drummer, MSN, FNP-BC, CUNP**

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

Address: **435 Evening Sky Drive, Oviedo, FL 32765**

Phone main: Phone cell: **309-868-3376**

Email Address: **smdrumm@hotmail.com** Email secondary:

Current Employer: **Orlando VA Medical Center**

Position / Title: **Urology 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 having 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?**

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Sara Drummer MSN, APRN, FNP-BC, CUNP

04/20/2021

Type Name and credentials

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC

Nursing Educational Activity Date: August 26 - 28, 2021

Role in Educational Activity: (Check all that apply)     Nurse Planner     Content Expert

Faculty/Presenter/Author     Content Reviewer     Other  
Describe:

### 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

City:    Cary    ST: NC    Zip: 27513-3490

Phone primary:    919-613-2035

Phone cell:    919-417-2278

Email work:    stephanie.yates@duke.edu

Email personal:    stephanieyates@nc.rr.com

Employer:    Duke University Hospital Cancer Center



Title / Position:    Nurse Practitioner - 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.

\***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 having 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?**

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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 Yates, MSN, RN, ANP-BC, CWOCN

4/14/2021

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed

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

Title of Educational Activity: 20/21 Vision: See the Wonder of WOC Nursing

Educational Activity Date: August 26-28, 2021

Role in Educational Activity: (Check all that apply)  Nurse Planner  Content Expert

Faculty/Presenter/Author  Content Reviewer  Other  
Describe:

### Section 1: Demographic Data

Name with Credentials/Degrees: **Daniel Galante, DO**

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

Address: 1925 Mizell Ave, Suite 201, Winter Park, FL 32792

Phone main: 407-303-2615 (Work) Phone cell:

Email Address: daniel.galante.do@adventhealth.com Email secondary:

Current Employer: AdventHealth Medical Group

Position / Title: Colon and Rectal Surgeon

### 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 having 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?**

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input checked="" type="checkbox"/>	Consultant	Integra
<input type="checkbox"/>	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 this section 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.

**Daniel Galante, DO**

Type Name and credentials

4/15/21

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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: **Presentation does not contain any references to Integra.**

## 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

6/2/2021

Date Completed



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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Nellie Nancy Scott, BSN RN CWOCN

3-31-21

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/9/2021

Date Completed

COIs: All SER Board members



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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Amy Armstrong MSN,

Type Name and credentials

March 31, 2021

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/09/2021

Date Completed



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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Amy Armstrong MSN,

Type Name and credentials

March 31, 2021

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/09/2021

Date Completed



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

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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

4/4/2021

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/9/2021

Date Completed



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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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 Dye

Type Name and credentials

4/7/2021

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### 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:

### 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/09/2021

Date Completed



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

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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

3/31/2021

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### Or document separately

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

- Not applicable since no conflict of interest.
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- 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/09/2021

Date Completed



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

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Cordelia Lucas-Sherrod, MSN, RN, CWON

3/31/21

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### Or document separately

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

- Not applicable since no conflict of interest.
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- 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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/9/2021

Date Completed



\***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
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

\*\* All conflicts of interest, including potential ones, must be resolved by the Nurse Planner 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)**

Sharon D. McCarthy, MSN, RN, CWOCN

Date 03/31/2021

**THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:  
(to be completed by Nurse Planner) (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
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- Other - Describe:

**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

**Typed or Electronic Signature: Name and Credentials (Required)      Date 4.28.21**

Teri Robinson, BSN, RN, CWOCN



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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	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 this section 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.

Cyncere J. Neal

Type Name and credentials

4/7/2021

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### Or document separately

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

- Not applicable since no conflict of interest.
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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.

Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

04/09/2021

Date Completed



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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

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

Check all that apply	Category	Description
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<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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### Section 3: Statement of Understanding

Completion of this section 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.

Nellie Nancy Scott, BSN RN CWOCN

3-31-21

Type Name and credentials

Date Completed

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

*This page to be completed by Director of Conference Planning only*

### Or document separately

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Sharon D. McCarthy, MSN, RN, CWOCN

Type Name and credentials

4/9/2021

Date Completed



## 2021 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. Attendees may not claim credits for sessions/days not paid for.

### **Contact Hours Calculation:**

Pre Conference: 180 minutes = 3 hours

Sessions (up to 13): 13 x 60 minutes = 780 min = 13 hours

Posters (must review minimum of 10) 60 minutes = 1 hour

Maximum Hours available per attendee: 17

Complete Agenda: see attachment 8.

# Southeast Region



of the  
Wound, Ostomy and  
Continence Nurses Society®

(<http://www.serwocn.org>).

## Session Evaluation

### Session #2021 Pre-conference: The Landscape of Fistula Management: A Clearer Vision

Last name

Attendee ID

How well were the objectives met? *Select a value from 1 (Poor) to 5 (Excellent)*

**1. The participant will be able to recognize at least 2 surgical and 2 non-surgical treatment options for managing the patient with an ECF/EAF.**

1  2  3  4  5

**2. The participant will demonstrate the use of various pouching systems and techniques for managing patients with enterocutaneous fistula (ECF) and entero-atmospheric fistula to decrease skin breakdown**

1  2  3  4  5

**Overall Comment - (this session)**

Please type your comments here

## Speaker Evaluation

**Speaker Name: Sharon McCarthy**

*(set speaker value in hidden input)*

**Please rate this speaker: Select a value from 1 (Poor) to 5 (Excellent)**

1. Demonstrated expertise and communicated the topic effectively

1  2  3  4  5

2. Teaching methods/ability

1  2  3  4  5

3. Presentation was fair, balanced and free from commercial bias

1    2    3    4    5

Submit

Clear Form and Start Over

**Note: If the form does not submit, go up the page to make sure you've completed all required fields.**



---

**[Home \(http://www.serwocn.org\)](http://www.serwocn.org)   **[Contact Us \(http://www.serwocn.org/contact.html\)](http://www.serwocn.org/contact.html)****

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# Southeast Region



of the  
Wound, Ostomy and  
Continence Nurses Society®

(<http://www.serwocn.org>)

## 2021 Conference Evaluation

---

Complete this form only after completing all your session evaluations.

Enter your name as you wish it to be written on your certificate. Ensure spelling and capitalization is correct.

First Name:

Last Name:

Attendee ID: (on yellow card in registration packet)

Email Address:

Re-Type Email Address:

---

Answer the following questions by rating from 1 (*Disagree*) to 5 (*Strongly Agree*)

*A selection is required for each question*

---

1. The educational content, program descriptions and objectives were consistent with marketing materials

1    2    3    4    5

---

2. The conference brochure and registration form were made easy to follow

1    2    3    4    5

---

3. The length of the program was appropriate

1    2    3    4    5

---

4. My registration was handled efficiently

- 1    2    3    4    5
- 

5. My on-site registration (name badge and material pick-up) was handled efficiently

- 1    2    3    4    5
- 

6. I had ample opportunity to network with my peers

- 1    2    3    4    5
- 

7. I would recommend this conference to my peers

- 1    2    3    4    5
- 

8. The exhibits were applicable to my work setting

- 1    2    3    4    5
- 

9. There was adequate time allocated for viewing exhibits

- 1    2    3    4    5
- 

10. The program was relevant to my practice/profession, and my knowledge and skills were updated

- 1    2    3    4    5
- 

11. How did you hear about the Southeast Region Conference



---

12. What aspect of the exhibit hall program would you like to see changed?

---

13. I would like to see more Non-CE symposia

Yes  No

---

**14. Who is assuming responsibility for the REGISTRATION FEES of this conference?**

<make selection> ▼

---

**15. Who is assuming responsibility for the TRAVEL costs of this conference?**

<make selection> ▼

---

**16. Will you be attending the 2022 Conference to be held in Birmingham, AL?**

Yes  No  Not Sure

**17. If no, what is the biggest obstacle keeping you from attending?**

<make selection> ▼

---

**18. Which clinical practice setting would you like to see more sessions on?**

<make selection> ▼

---

**19. What new topics would you like to see presented in the future?**

enter 0 or type your  
comments here

---

**20. What new topics would you like to see presented in the future at Pre-Conference?**

type your comments here

---

Answer the following questions by rating from 1 (*Disagree*) to 5 (*Strongly Agree*)

---

**21. There was adequate time for viewing the posters.**

1  2  3  4  5

---

**22. The posters provided relevant information that impacts my practice/profession**

1    2    3    4    5

---

**23. I expect to apply information learned to my practice/profession**

1    2    3    4    5

---

**24. The conference could be improved by:**

type your comments here

After submission you will be re-directed to a "Thank You" message

**If this form does not submit, scroll up and complete any missing information - all questions require a response.**

Submit Evaluation

Reset Form

---

**[Home \(http://www.serwocn.org\)](http://www.serwocn.org)   **[Contact Us \(http://www.serwocn.org/contact.html\)](http://www.serwocn.org/contact.html)****

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Website design by: **[BH Enterprises of Eastlake.com \(http://www.bheofeastlake.com\)](http://www.bheofeastlake.com)** Updated 05/06/2021



# SER of the WOCN® Society 2021 Annual Conference Certificate of Completion

20/21 Vision: See the Wonder of WOC Nursing

8/26/2021 - 8/28/2021 • Orlando, FL

Sample certificate

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).

Educational activity number xxxxxx. This program has been approved for 17.0 contact hours and is valid through xxxxxx 2023.

Date	Session	Hrs. Earned
8/26/2021	2021pc1 The Landscape of Fistula Management: A Clearer Vision (W, O)	3
8/26/2021	202101 Buzz about Ostomy Clinic Wonders (O PP)	1
8/26/2021	202102 Role of the WOC Nurse in the COVID-19 Crisis (PP)	1
8/27/2021	202106 Recognizing Rheumatoid Vasculitis (W,FC)	1
8/27/2021	202108 Atypical Wounds (W, O)	1
8/28/2021	202111 Urinary Incontinence for the Male and Female (C)	1
8/28/2021	202114 WOC Nursing Poster Session (W, O, C)	1
<b>Total Contact Hours Earned:</b>		<b>9</b>

The individual certificate will show list of all sessions the attendee attended

This is to certify that (name) has completed the Educational Activity titled: 20/21 Vision: See the Wonder of WOC Nursing on August 28, 2021

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

*Sharon A. McCarthy MSN, RN, CWOCN*  
Sharon McCarthy, MSN, RN, 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: 20/21 Vision: See the Wonder of WOC Nursing</b>	
Activity Location (if live): <b>Orlando, FL (Rosen Centre Hotel)</b>	Activity Date: <b>August 26-28, 2021</b>
<b>Name of Commercial Interest Organization: ConvaTec</b>	
<b>Name of Accredited Provider: Southeast Region of the WOCN® Society</b>	
Total amount of Commercial Support: <b>\$3000</b>	
Area(s) of activity Commercial Interest organization would like to support:	
<input checked="" type="checkbox"/> Unrestricted <input 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 type="checkbox"/> Meal</li> <li><input type="checkbox"/> Other (please list): <a href="#">Click here to enter text.</a></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.
2.	This activity is for educational purposes only and will not promote any proprietary interest of a Commercial Interest organization providing financial or in-kind support.
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	<ul style="list-style-type: none"> <li>▪ Selection or development of content</li> <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.
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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>		
		<b>Date: 05/21/21</b>
<b>Completed By: (Name and Credentials)</b>	Bernhard Haberer, Association Manager	

<b>Commercial Interest Name:</b>	<b>ConvaTec</b>	
<b>Address:</b>	CenterPointe II - 1160 Route 22 East, Bridgewater, NJ 08807	
<b>Name of Representative:</b>	<b>Gregg H. Vicinanza</b>	
<b>Email Address:</b>	<a href="#">Click here to enter text.</a>	
<b>Phone Number:</b>	<a href="#">Click here to enter text.</a>	
<b>Fax Number:</b>	<a href="#">Click here to enter text.</a>	
<input checked="" type="checkbox"/>	<b>Electronic Signature (Required)</b> <i>(click checkbox in lieu of signature)</i>	<b>Date: 05/27/21</b>
<b>Completed By: (Name and Credentials)</b>	<b>See attached LOA form / DocuSigned</b>	

**20 May 2021**

**Bernie Haberer**  
**Manager, SER WOCN**  
**Southeast Region of the WOCN Society**  
**Palm Harbor, Florida, United States, 34685**  
**7272385140**  
**bhe@serwocn.org**

Re: Educational Grant: **Request ID 500**  
Educational Grant Amount: **\$3000**

Dear **Bernie Haberer**:

ConvaTec is committed to pioneering trusted medical solutions to improve lives around the world. ConvaTec would like to offer your Organization/Institution **\$3000** support for your **Medical Education Grant**.

Enclosed is a copy of the Education Grant Agreement between ConvaTec and your organization. Please carefully review, sign and return the fully executed Agreement to [clinicaloperations@convatec.com](mailto:clinicaloperations@convatec.com) with your request number or request created date in the email's subject line. Please keep a copy of the signed agreement for your own records.

Thank you for your interest in ConvaTec.

Sincerely,

*Anne Swearingen, MSN, MBA*  
*Head of Medical Operations and Effectiveness*

## EDUCATION GRANT AGREEMENT

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Organization/Institution: **Southeast Region of the WOCN Society**  
Address: **Palm Harbor, Florida, United States, 34685**

Education Grant Amount: **\$3000**

Upon execution by ConvaTec Inc. (“ConvaTec”), this Agreement sets forth the terms and conditions of ConvaTec’s offer of support and the **Southeast Region of the WOCN Society** acceptance of support, set forth above and as outlined in Exhibit A of this Agreement, attached hereto. Exhibit A sets forth a description of the program that **Southeast Region of the WOCN Society** provided through ConvaTec’s grant request portal.

The following terms and conditions outlined in **Sections A and B** of this agreement represent ConvaTec’s position on providing support to third-party Organizations/Institutions that are:

- Responsible for the coordination and management of educational programs;
- Solely seeking financial support for their medical staff to attend a third party managed educational program; or
- Solely seeking product support for medical staff or students associated with an educational program.

**A. General Terms and Conditions Related to Accreditation, Institutional Independence, and the Use of ConvaTec Support.**

1. **Statement of Purpose:** ConvaTec and **Southeast Region of the WOCN Society** agree that the Program is for scientific or educational purposes and not for the purpose of promoting any product, and that any discussion of ConvaTec’s products will be objective, balanced and scientifically rigorous.
2. **Control of Content and Selection of Presenters and Moderators:** **Southeast Region of the WOCN Society** is responsible for the conduct, quality and scientific integrity of the Program, **Southeast Region of the WOCN Society** retains and is responsible for exercising full control over the planning of the Program’s content, including the selection of presenters and moderators. **Southeast Region of the WOCN Society** is responsible for the quality, content and use of enduring materials for purposes of continuing medical education credit. ConvaTec agrees not to direct or influence the content of the Program and to play no role in the selection of presenters or moderators. In the event the symposium results in a publication, **Southeast Region of the WOCN Society** shall retain and be responsible for exercising full control over the content and selection of authors and editors of such publication.

3. **Disclosure of Financial Relationships:** **Southeast Region of the WOCN Society** agrees to ensure meaningful disclosure, at the time of the Program, to the audience of (a) ConvaTec's funding of the activity, product support and (b) any significant relationships between **Southeast Region of the WOCN Society** and ConvaTec and between individual presenters or moderators and ConvaTec, e.g., employee, consultant, grant recipient, owner of significant interest or stock.
4. **Supporting Company Assistance with Educational Materials:** ConvaTec agrees not to engage in scripting, targeting of points for emphasis, or other activities that are designed to influence the content of the Program.
5. **Logistical Support:** In response to a written request from **Southeast Region of the WOCN Society**, ConvaTec may provide logistical support for the Program (e.g., assistance with securing Program locations). ConvaTec agrees that the logistical support will not involve Program content or be designed or intended to influence the Program content.
6. **Separation of Promotional and Educational Activities:** ConvaTec agrees not to have any promotional activities, such as presentations by sales representatives or promotional exhibits, in the same room as educational activities associated with the Program; and **Southeast Region of the WOCN Society** agrees that there will be no advertisements for ConvaTec's products in any materials disseminated in the Program room, unless permitted by local law/regulations and in accordance with accreditation standards, Organization/Institution policies and procedures.
7. **Objectivity and Balance:** **Southeast Region of the WOCN Society** agrees that when a product marketed by ConvaTec or in competition with such a product is to be the subject of substantial discussion, **Southeast Region of the WOCN Society** will take steps to ensure that the data will be objectively selected and presented, that both favorable and unfavorable information about the product will be fairly represented, that the discussion will be free of commercial bias for or against any product, and that there is a balanced discussion of the prevailing body of scientific information on the product and of reasonable and relevant, alternative feeding or treatment options. **Southeast Region of the WOCN Society** will take steps to ensure that presentations reporting on the results of a commercial entity's scientific research will be scientifically objective and conform to generally accepted standards of experimental design, data collection and analysis.
8. **Limitations on Data:** **Southeast Region of the WOCN Society** agrees that there will be meaningful disclosure of any limitations on information that is presented. Such limitations or uncertainty include, but are not limited to, data that represent ongoing research, interim analyses, preliminary data or unsupported opinion.

9. **Unapproved Uses:** **Southeast Region of the WOCN Society** agrees that if unapproved uses of a product are discussed, **Southeast Region of the WOCN Society** will ensure that there is meaningful disclosure at the time of the program that the product is not approved in the country for the use under discussion.
10. **Opportunities for Discussion:** **Southeast Region of the WOCN Society** agrees that, in the case of live presentations, meaningful opportunities for scientific discussion and questioning should be provided during the Program.
11. **Audience:** Generation of audience attendance and the content of Program invitations will be the responsibility of **Southeast Region of the WOCN Society**. However, ConvaTec may provide limited assistance to facilitate attendance in response to a written request by **Southeast Region of the WOCN Society** (e.g., providing complete lists of health care professionals by specialty or sub-specialty). ConvaTec will not provide targeted invitations or distribution lists, such as lists intended to reflect sales or marketing goals.
12. **Management of Funds:** The parties agree that **Southeast Region of the WOCN Society** is responsible for ultimate decisions regarding funding arrangements for the Program. Funding provided by ConvaTec will be given with the full knowledge and approval of **Southeast Region of the WOCN Society**.
13. **Accountability for Commercial Support:** Following the Program, upon the request of and in the time and manner specified by ConvaTec, **Southeast Region of the WOCN Society** shall provide to ConvaTec documentation of Program expenditures and shall permit ConvaTec to audit, examine and copy **Southeast Region of the WOCN Society** books and records relating to the Program for the purposes of, among other things, confirming that the financial or product support was used and the Program was conducted in accordance with the Agreement, including **Exhibit A**.
14. **Compliance with Legal Requirements:** The parties agree that the Program and support purpose will be conducted in a manner consistent with state, provincial and national requirements and applicable industry standards concerning industry-supported continuing medical education, marketing practices and transfers of value to or for program attendees.
15. **Compliance with Transparency Reporting Requirements:** ConvaTec may be required to disclose the support provided if required by state, provincial or national law requirements.

## **B. Additional Support Provisions**

1. **Schedule of Activities:** ConvaTec and **Southeast Region of the WOCN Society** agree to the dates, times and locations of any presentations, events or activities listed in **Exhibit A**.
2. **Support Intent:** The parties agree that this grant is to provide financial or product support consistent with state, provincial and national laws and regulations for an educational Program; Support is not contingent on the purchase or recommendation of any ConvaTec products by **Southeast Region of the WOCN Society**, and is not intended to induce **Southeast Region of the WOCN Society** or participants to purchase or recommend ConvaTec products. Such funding is not intended for personal benefit or use of any individual.
3. **Support Restrictions:** **Southeast Region of the WOCN Society** understands that ConvaTec does not support the use of awarded grant funds for speaker and faculty honoraria, travel costs, speaker or attendee gifts, rewards or entertainment of any kind. **Southeast Region of the WOCN Society** agrees to use ConvaTec grant funds for all other budget items designated to support the **20/21 Vision: See The Wonder of WOC Nursing** consistent with local law, applicable industry code (e.g., AdvaMed, MedTech) and local accreditation guidelines.
4. **Return of Unexpended Funds or Product:** **Southeast Region of the WOCN Society** understands and agrees that any income from the Program shall be allocated to defray Program administration costs, thereby reducing the need to use grant funds for the Program. In the event that ConvaTec is the sole provider of grant funds for the Program and income from the Program exceeds expenses related thereto, following the conclusion of the Program, **Southeast Region of the WOCN Society** shall return to ConvaTec any portion of the grant not expended by the **Southeast Region of the WOCN Society** for the Program. If there are multiple providers of grant funds for the program and the income from the Program exceeds expenses related thereto, following the conclusion of the Program, **Southeast Region of the WOCN Society** shall return to ConvaTec its pro rate portion of the unexpended funds. If the **Southeast Region of the WOCN Society** Program is canceled, **Southeast Region of the WOCN Society** shall return to ConvaTec the funding it received unless ConvaTec has agreed in writing to allow Organization/Institution to apply the grant funds for a make-up date regarding the specified Program. **Southeast Region of the WOCN Society** shall ensure that any product that was provided by ConvaTec in support of the Program will be returned to or collected by ConvaTec.
  - i. Section B, 4 of this agreement does not apply to a medical institution concerning the return of funding support provided by ConvaTec for designated medical institution staff to attend an industry educational

conference, event or program, so long as the funding provided by ConvaTec was specifically used for participation at the scheduled industry program, conference or event outlined in the support request. The medical institution shall return to ConvaTec the funding it received unless ConvaTec has agreed in writing to allow the medical institution to apply the grant funds for a make-up date regarding the specified Program. Furthermore, ConvaTec will not be responsible for any additional costs or fees beyond what was agreed upon in the educational grant agreement.

5. **Grant Usage Report:** Organization/Institution understands and agrees that it will provide ConvaTec, upon request, a grant usage report confirming that the support provided by ConvaTec was used in accordance with the expectations outlined in support application and terms and conditions of this support agreement.
6. **Modifications:** This Agreement constitutes the sole, full and complete agreement by and between the parties with regard to the subject of this Agreement and no amendments, changes, additions or modifications to this Agreement shall be valid unless reduced to writing, signed by the parties and attached hereto.

ACCEPTED AND AGREED:

**Southeast Region of the WOCN Society**

**ConvaTec, Inc.**

DocuSigned by:  
*Bernie Haberer*  
\_\_\_\_\_  
Authorized Representative (Signature)  
Signer Name: Bernie Haberer  
Signing Reason: I approve this document  
Signing Time: May 21, 2021 | 4:31:50 AM PDT  
D1D42AF8F2E14876A627F93E1651A0F4  
Bernie Haberer

**Gregg H. Vicinanza**  
VP, Associate General Counsel

DocuSigned by:  
*Gregg Vicinanza*  
\_\_\_\_\_  
Signature  
Signer Name: Gregg Vicinanza  
Signing Reason: I approve this document  
Signing Time: May 27, 2021 | 2:30:30 PM BST  
May 27, 2021  
0A96C4DF4F1478B81761E91EA2E08A2

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

May 21, 2021

\_\_\_\_\_  
Date

25-1251887

\_\_\_\_\_  
Federal Tax ID Number or Country Equivalent

### Exhibit A

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**Event Title:** 20/21 Vision: See The Wonder of WOC Nursing

**Event Description:** Annual regional WOC conference for licensed clinicians, providing continuing education in the areas of advanced wound, ostomy, and continence care and professional practice. The target audience for the conference is WOC clinicians, advanced practice providers, physical therapist, registered nurses

**Event Date:** 2021-08-26

**Event Location:** Rosen Centre Hotel 9840 International Drive, Orlando, Florida, United states, 32819

## 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: 20/21 Vision: See the Wonder of WOC Nursing</b>	
Activity Location (if live): <b>Orlando, FL (Rosen Centre Hotel)</b>	Activity Date: <b>August 26-28, 2021</b>
<b>Name of Commercial Interest Organization: Calmoseptine, Inc.</b>	
<b>Name of Accredited Provider: Southeast Region of the WOCN® Society</b>	
Total amount of Commercial Support: <b>\$ 500.00</b>	
Area(s) of activity Commercial Interest organization would like to support:	
<input checked="" type="checkbox"/> Unrestricted <input 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 type="checkbox"/> Meal</li> <li><input checked="" type="checkbox"/> Other (please list): <b>Conference Tote Bag Inserts</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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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.
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## 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>		
		
<b>Electronic Signature (Required)</b>		<b>Date: 04/22/21</b>
<b>Completed By: (Name and Credentials)</b>	Bernhard Haberer, Association Manager	

<b>Commercial Interest Name:</b>	<b>Calmoseptine, Inc.</b>	
<b>Address:</b>	16602 Burke Lane Huntington Beach, CA 92647	
<b>Name of Representative:</b>	<b>Kim Saeng</b>	
<b>Email Address:</b>	<b>Kim@calmoseptine.com</b>	
<b>Phone Number:</b>	<b>714-840-3405</b>	
<b>Fax Number:</b>	<b>714-840-9810</b>	
<input checked="" type="checkbox"/> <b>Electronic Signature (Required)</b> <i>(click checkbox in lieu of signature)</i>		
		<b>Date: 04/27/21</b>
<b>Completed By: (Name and Credentials)</b>	<b>Kim Saeng</b>	

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<b>Title of Educational Activity: 20/21 Vision: See the Wonder of WOC Nursing</b>	
Activity Location (if live): <b>Orlando, FL (Rosen Centre Hotel)</b>	Activity Date: <b>August 26-28, 2021</b>
<b>Name of Commercial Interest Organization: Smith &amp; Nephew, Inc.</b>	
<b>Name of Accredited Provider: Southeast Region of the WOCN® Society</b>	
Total amount of Commercial Support: <b>\$3,000 USD, as provided under the Grant Letter Agreement Support of Medical Education</b> , dated 11 May 2021	
Area(s) of activity Commercial Interest organization would like to support:	
<input checked="" type="checkbox"/> Unrestricted <input 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 type="checkbox"/> Meal</li> <li><input type="checkbox"/> Other (please list): <a href="#">Click here to enter text.</a></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.*

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	<ul style="list-style-type: none"> <li>▪ Selection or development of content</li> <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.
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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	
<b>Fax Number:</b>		
		
	<b>Electronic Signature (Required)</b>	<b>Date: 05/05/21</b>
<b>Completed By: (Name and Credentials)</b>	Bernhard Haberer, Association Manager	

<b>Commercial Interest Name:</b>	<b>Smith &amp; Nephew, Inc.</b>	
<b>Address:</b>	1450 E. Brooks Road, Memphis, Tennessee 38116	
<b>Name of Representative:</b>	Cynthia A. Walker	
<b>Email Address:</b>	<a href="mailto:Cynthia.Walker@smith-nephew.com">Cynthia.Walker@smith-nephew.com</a>	
<b>Phone Number:</b>	763-452-4920	
<b>Fax Number:</b>	N/A	
<input checked="" type="checkbox"/>	<b>Electronic Signature (Required)</b>	
	<i>(click checkbox in lieu of signature)</i>	<b>Date: 05/13/21</b>
<b>Completed By: (Name and Credentials)</b>	Cynthia Walker, SVP Medical Education	

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

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<b>Title of Educational Activity: 20/21 Vision: See the Wonder of WOC Nursing</b>	
Activity Location (if live): <b>Orlando, FL (Rosen Centre Hotel)</b>	Activity Date: <b>August 26-28, 2021</b>
<b>Name of Commercial Interest Organization: Darco</b>	
<b>Name of Accredited Provider: Southeast Region of the WOCN® Society</b>	
Total amount of Commercial Support: <b>\$500</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 type="checkbox"/> Meal</li> <li><input checked="" type="checkbox"/> Other (please list): <b>Break beverages and snacks</b></li> </ul>	

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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>
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<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>		
		<b>Date: 05/04/21</b>
<b>Completed By: (Name and Credentials)</b>	Bernhard Haberer, Association Manager	

<b>Commercial Interest Name:</b>	<b>Darco International</b>	
<b>Address:</b>	810 Memorial Blvd Huntington, WV 25701	
<b>Name of Representative:</b>	Jon Auvil	
<b>Email Address:</b>	<a href="mailto:jauvil@darcointernational.com">jauvil@darcointernational.com</a>	
<b>Phone Number:</b>	800-999-8866	
<b>Fax Number:</b>	3045220037	
	<input checked="" type="checkbox"/> <b>Electronic Signature (Required)</b> <i>(click checkbox in lieu of signature)</i>	<b>Date: 05/04/21</b>
<b>Completed By: (Name and Credentials)</b>	Jon Auvil	

# Agenda / Schedule

			
Time	Name	Title	Speaker
<b>Thursday 8/26/21</b>			
6:00 AM	Pre-con Registration	Pre-conference attendees only	
7:00 AM	Pre-con Breakfast	Breakfast for Pre-Conference attendees	
8:00 AM - 11:00 AM	Pre-Conference	The Landscape of Fistula Management: A Clearer Vision ( <i>W, O</i> )	Sharon McCarthy, MSN, RN, CWOCN
8:30 AM	Registration	Registration for conference attendees	
11:15 AM - 12:15 PM	Symposium	Lunch Symposium: The Ostomy Skin Barrier Formula: It's What's Inside That Counts ( <i>hosted by Hollister</i> )	Sarah Strong BSN, RN, CWON
12:15 PM - 4:00 PM	Exhibitor Registration	Exhibitors sign-in and set up displays	
12:30 PM	Welcome	Conference Greeting / Welcome	Megan Chipman & Glenda Brunette
12:45 PM - 1:45 PM	2021-01	Buzz about Ostomy Clinic Wonders ( <i>O, PP</i> )	Sally Matson, MS, BSN, RN, CWOCN
2:00 PM - 3:00 PM	2021-02	Role of the WOC nurse in the COVID-19 crisis ( <i>W, PP</i> )	Patricia Brennan, BSN, RN, CWOCN and Teri Robinson, BSN, RN, CWON
3:00 PM - 3:15 PM	Break		
3:15 PM - 4:15 PM	2021-03	What's New in the 2019 NPIAP Guidelines? ( <i>W, PP</i> )	Joyce Black, PhD, RN, FAAN
4:30 PM - 7:15 PM	Exhibits	Grand Opening Exhibits with appetizers/beverages	
4:30 PM	Posters	Poster Viewing	
7:15 PM	Free evening	Offsite Dinner with Exhibitors	
<b>Friday 8/27/21</b>			
6:30 AM	Registration	Conference attendees not yet signed in	
7:00 AM	Symposium	Breakfast Symposium: Managing Difficult-to-Dress Wounds ( <i>hosted by Coloplast</i> )	Dr. Holly Kirkland-Kyhn, PhD, NP
8:15 AM - 9:15 AM	2021-04	Ostomy Challenges in an Outpatient Setting ( <i>O, PP</i> )	Theresa Pineda, BSN, RN, CWOCN
9:30 AM - 10:30 AM	2021-05	Recognizing Rheumatoid Vasculitis ( <i>W, FC</i> )	Caroline Smith, DPM
10:30 AM - 12:30 PM	Exhibits	Exhibits with snacks/beverages	
12:45 PM - 1:45 PM	Symposium	Lunch Symposium: TBD ( <i>hosted by 3M</i> )	
2:00 PM - 3:00 PM	2021-06	Chair Yoga ( <i>C</i> )	Alex Cuellar
3:15 PM - 4:15 PM	2021-07	Deep Tissue Injury - Evaluation in Legal Cases ( <i>PP</i> )	Philip Wallace, ESQ
4:30 PM - 5:30 PM	2021-08	Atypical Wounds ( <i>W</i> )	Hadar Lev-Tov, MD
5:30 PM - 6:15 PM	Posters	Poster Viewing / meet the authors	
6:30 PM	Symposium	Dinner Symposium: Origins and Innovations of NPWT ( <i>hosted by Medela</i> )	Dr. Katherine Jeter, EdD, MA, BS, ET
<b>Saturday 8/28/21</b>			
6:30 AM	Registration	Registration - Saturday only attendees	
7:00 AM - 8:30 AM	Business / Awards	Breakfast Business Meeting and Awards Ceremony	
8:45 AM - 9:45 AM	2021-09	Unraveling Lymphedema: From Start to Finish ( <i>W</i> )	Lynda Kennepp, DPT, PT, CWS, CLT-LANA, FACCWS
10:00 AM - 11:00 AM	2021-10	Understanding Incontinence In Veterans at Home ( <i>C</i> )	Sarah E. Bradley, PhD, MPH, CPH and Tatiana Orozco, PhD
11:00 AM	Break - Remove Posters	Substantial Snacks available	
11:30 AM - 12:30 PM	2021-11	Urinary Incontinence for the Male and Female ( <i>C</i> )	Sara Drummer, MSN, FNP-BC, CUNP
12:45 PM - 1:45 PM	2021-12	The WOC Nurse: emPOWERing The Leader Within ( <i>PP</i> )	Stephanie Yates, MSN, RN, ANP-BC, CWOCN
2:00 PM - 3:00 PM	2021-13	Common and Urgent Anorectal Calls ( <i>O</i> )	Daniel Galante, DO
3:00 PM	Closing	Conference Closing remarks	Megan Chipman & Glenda Brunette
All Conference	Posters	WOC Nursing Poster Session ( <i>W,O,C</i> )	Posters available online throughout and after conference

**Bernie Haberer**

---

**From:** SER of the WOCN® Society <communications@serwocn.org>  
**Sent:** Monday, March 15, 2021 5:59 AM  
**To:** Bernie Haberer  
**Subject:** SER WOCN e-News March 15, 2021



**A message from the SER of the WOCN® Society Board of Directors**

For 43 years, the Southeast Region of the WOCN® Society has held an Annual Conference to gain knowledge from renowned speakers, meet with industry experts showcasing their products and services and network with colleagues. We were disappointed to postpone our 2020 Annual Conference due to the COVID-19 pandemic, as we know our members and sponsors were as well.

The Board is excited to announce our 2021 Conference will be held in-person at the Rosen Centre in Orlando, Florida on August 26-28. Sharon McCarthy, Director of Conference Planning and Megan Chipman, Conference Chair have been busy planning this year's conference. We look forward to seeing you at Conference.

Due to these unprecedented times, we are reassessing all aspects of our conference to ensure attendee safety. We believe that by August, COVID-19 vaccines will be available to the general public. Prior to conference we will make certain to address health and safety protocols that comply with federal, state, and

local regulations.

Attendees and Exhibitors who rolled over their 2020 registration do not need to re-register. Look for an email confirming your 2021 registration from Bernie Haberer, our manager, shortly.

Additional information is posted on our website's [conference page](#). If you have any questions, please contact [Bernie Haberer](#).

Sincerely,  
Glenda Brunette, MSN, RN, CWON  
President  
SER of the WOCN Society

---

## Now Available

*Click links below for more information*

[Conference Registration](#)

[Rookie of the Year Nominations](#)

[Election - Consent to Serve](#)

[Nurse of the Year Nominations](#)

[Call for Poster Abstracts](#)

[Scholarship Applications](#)



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## Bernie Haberer

---

**From:** SER of the WOCN® Society <communications@serwocn.org>  
**Sent:** Tuesday, April 13, 2021 5:59 AM  
**To:** Bernie Haberer  
**Subject:** Registration for 2021 SER of the WOCN® Conference is open

e-News April 13, 2021



**Conference Registration  
is Open**



August 26 - 28, 2021

Early Bird Rate available through

May 31, 2021

**>> [REGISTER TODAY](#) <<**

**Due to COVID-19 protocols, seating will be limited.**

**Nearly 1/2 of the projected capacity is already sold.**

The Board is excited to announce our 2021 Conference will be held in-person at the Rosen Centre in Orlando, Florida on August 26-28. Sharon McCarthy, Director of Conference Planning and Megan Chipman, Conference Chair have been busy planning this year's conference. We look forward to seeing you at Conference.

We are reassessing all aspects of our conference to ensure attendee safety. According to the CDC, we believe by August COVID-19 vaccines will have been available and administered to a majority of general public,

especially health care workers. Prior to conference we will make certain to address health and safety protocols that comply with federal, state, and local regulations.

## **Pre-Conference (3 CE)**

### **The Landscape of Fistula Management: A Clearer Vision**

*presented by:* Sharon McCarthy, MSN, RN, CWOCN

**Be sure to sign up early as this presentation has limited seating and is usually sold out early.**

---

## **General Sessions (13 CE)**

*featuring:*

**Joyce Black, PhD, RN, FAAN**

**Alex Cuellar**

**Sarah Drummer, MSN, FNP-BC, CUNP**

**Daniel Galante, DO**

**Lynda Kennepp, PT, DPT, CWS, CLT-LANA, FACCWS**

**Hadar Lev-Tov, MD**

**Sally Matson, MS, BSN, RN, CWOCN**

**Theresa Pineda, BSN, RN, CWOCN**

**Caroline Smith, DPM**

**Philip Wallace, ESQ**

**Stephanie Yates, APRN, RN, CWOCN**

---

## **Poster Viewing (1 CE)**

**For complete schedule of events, please visit our website.**

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*Steph Garcia, Hospitality Committee Chair has secured discounts on attractions and food for our guests.*

*This activity is being submitted to the 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.*

[Go to Website](#)



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**Rosen Centre Hotel**  
 9840 International Dr. •  
 Orlando, FL

**Related Info**

[Awards](#)

[Scholarships](#)

[Posters](#)

[Exhibitor Information](#)

[Agenda / Schedule](#)

**Conference Chair: Megan Chipman**

*The SER of the WOCN® Society Board is committed to providing a safe, enjoyable and productive event.*

## 2021 Conference Attendee Pricing

In honor of our great nurses, we are keeping the Early Bird rate in effect for Conference Registration

**[Attendee Registration is open](#)**

Registrations will be limited on a first come/paid basis

*Pre-Conference Session sold out !!*

Registration Types	Early Bird extended
Conference Only	\$ 195
Conference & Pre-Con	Sold out

**If you have already registered but have not yet paid, [click here](#).**

### Up to 17 hours of continuing education are being planned:

- Pre-Conference (3 hours)
- General Sessions (13 hours)
- Poster Presentation (1 hour)

### Objectives:

1. Discuss advances in theoretical and clinical knowledge impacting individuals affected by wound, ostomy, continence or foot care 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.

### Accreditation

This activity is being submitted to the 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.

### Symposia planning is still in progress

Non-CE Educational Symposia are being planned:

- 1 - Breakfast
- 2 - Lunches
- 1 - Dinner

*Due to the COVID-19 situation, times / details may be updated as warranted.*

## Things to do in Orlando

**SER has secured discounts for food and attractions for our guests**

Click the image below for our designated Visit Orlando web page to receive the discounted rates.



## Message from the Rosen Centre

An important partnership with the Global Biorisk Advisory Council (GBAC) turned into an accreditation for Rosen Hotels & Resorts' convention hotels. GBAC awarded Rosen Plaza, Rosen Centre, and Rosen Shingle Creek entry into its performance-based GBAC STAR™ Facility program. This accreditation acknowledges that the hotels' protocols for cleaning, disinfection, and infectious disease prevention to protect guests and associates complies with GBAC's 20-point auditing system. [view commitment program](#)

## Rosen Hotel Covid Plan

- Quick acting hydrogen peroxide based disinfectant will be used in public and private areas.
- Adjusting to ensure social distancing between associates and guests and to limit cross-contact of common items. This includes putting in place space capacity limits, furniture rearrangements, queuing floor decals and other procedures to promote social distancing among guests.
- Posting the CDC's guidelines on hand washing, covering coughs and sneezes as reminders to guests and associates, while increasing the number of hand sanitizer dispensers that are available and easily accessible throughout the hotels.
- Placing clear protective barriers at the front desk to separate guests and front desk associates.

- Using hospital-grade disinfectants designed to kill viruses when thoroughly sanitizing each guestroom with electrostatic sprayers and to ensure touch points and commonly handled items throughout the hotels and guestrooms are more frequently disinfected throughout the day.
- Bed and bath linens are cleaned at the company-owned, computer-controlled and monitored on-site laundry facility in water temperatures hot enough to kill viruses. The laundering process also uses steam which further disinfects linens; while virus-eliminating detergents are used. Carts transporting linens from the company's laundry facility to each hotel are sanitized with fast-acting disinfectants.
- Screening associates to include temperature checks before each shift. All ill associates will be instructed to remain at home. Associates also have been trained and are frequently reminded on how to assess for symptoms and how to notify management for assistance and guidance.
- Key management will be continuously apprised on the latest developments. Rosen associates, who play an integral part in the efforts, will be regularly briefed on the need for proper and consistent hygiene practices.

## Additional Conference Plan

- Hand sanitizer available in conference areas
- Wearing masks as per CDC Guidelines
- Maintain social distancing per CDC Guidelines
- Reduced seating at tables in session rooms
- Reduced seating at tables during meal/meeting functions
- Reduced Exhibit space to allow social distancing

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[Home](#) [Contact Us](#)

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# SOUTHEAST REGION OF THE WOCN<sup>®</sup> SOCIETY

## 44TH ANNUAL CONFERENCE PROSPECTUS



Image courtesy of Rosen Centre Hotel

### ROSEN CENTRE HOTEL

ORLANDO • FL

AUGUST 26 - 28, 2021

Southeast Region



*of the*  
Wound, Ostomy and  
Continence Nurses Society<sup>®</sup>

# 2021 EXHIBITOR SCHEDULE OF ACTIVITIES

## THURSDAY, AUGUST 26



### **12:15 PM - 4 PM Exhibitor Registration & Move-in (no earlier than 12:15)**

*We strongly discourage exhibitors from bringing large scale booths that require a fork lift to transport. The exhibit area is fully carpeted, and adjacent to the sessions room. We kindly ask you to keep noise to a minimum during set up as sessions will be in progress.*

### **4:30 - 7:00 PM Grand Opening of Exhibit Hall Reception with hors d'oeuvres and refreshments**

Free evening: (Exhibitors are welcome to invite attendees for dinner after exhibits close)

## FRIDAY, AUGUST 27

### **10:30 - 12:30 PM Exhibits (with snacks)**

### **12:30 - 2:30 PM Strike Exhibits**

*We ask that you to keep noise to a minimum during tear down as sessions will be in progress in the adjacent room.*

*\* All times listed are subject to change*



You are invited to exhibit August 26 and 27 during the SER of the WOCN® Society's 44th Annual Conference. Don't forget, *(if space permits)* educational sessions are included\* in the exhibitor fee. Network, develop new customers and expand your company name with those in your field.

Registration will open in March. See website for updated information and registration forms: <https://www.serwocn.org/conference/exhibitors.html>

*\* Regular attendee fee is required to receive Contact Hours*

### **CONTACT: BERNIE HABERER**

**727-238-5140**

[bhe@serwocn.org](mailto:bhe@serwocn.org)

[www.serwocn.org](http://www.serwocn.org)

**LOCAL INFORMATION AND  
ACTIVITIES WILL BE POSTED ON  
OUR WEBSITE**

### **HOTEL INFORMATION**

**ROSEN CENTRE HOTEL  
9840 INTERNATIONAL DRIVE  
ORLANDO, FL 32819**



Image courtesy of Rosen Centre Hotel

# 2021 EXHIBITOR SPONSORSHIP OPPORTUNITIES

## EXHIBITOR OPPORTUNITIES

For prime exhibit space, please consider funding an educational symposium, conference support and/or unrestricted educational grant. We have a number of educational symposia and conference support options available. Unless stated otherwise, payment for any support opportunity is in addition to the cost of exhibiting. Additional recognition will be given to exhibitors reaching our recognition levels. Recognition levels are met by supporting the SER of the WOCN® Society financially through exhibitor fee(s), conference support opportunities, educational symposiums and unrestricted educational grants. Exhibitors will be individually recognized for their contribution in the conference program materials and signage throughout the conference. The level of recognition will be dependent upon the total value of contribution.

- **DIAMOND \$10,000 OR GREATER**  
*includes 1 year website recognition*
- **GOLD \$6,000-\$9,999**  
*includes 8 month website recognition*
- **SILVER \$3,000-\$5,999**  
*includes 4 month website recognition*

## CONFERENCE SUPPORT OPPORTUNITIES

Support opportunities are an excellent way for exhibitors to have additional visibility. Available opportunities include:

### **\$1,750 (EDUCATIONAL GRANT)**

- Poster Award Prizes

### **\$1,500 (TOTE BAG ADVERTISING)**

- Your Logo imprinted on Conference Tote Bags

### **\$600 (ATTENDEE LANYARDS)**

- Lanyards for Attendee badges (includes one color imprint)

### **\$500 (BREAK)**

- Breaks between sessions - snacks and beverage

### **UNRESTRICTED EDUCATIONAL GRANT**

- Contact [bhe@serwocn.org](mailto:bhe@serwocn.org) to learn how you can help support our educational programs by providing an unrestricted Educational Grant

## HOSTING A NON-CE SYMPOSIUM

Educational Symposia offer exhibitors an exclusive way to share their message by sponsoring a meal and an educational lecture by a speaker and topic of their choice. Interested exhibitors are asked to submit an application to sponsor a symposium and will be responsible for all costs associated with their symposium, except included items shown below.

**Requests for a specific time slot are on a first come/ paid basis.**

- **Lunch Symposium: Thursday or Friday**
- **Breakfast Symposium: Friday**
- **Dinner Symposium: Friday**

### **TO RESERVE YOUR NON-CE SYMPOSIUM SLOT:**

Contact our Manager at [bhe@serwocn.org](mailto:bhe@serwocn.org) to receive the Symposia application form

There is a non-refundable\* fee of **\$450.00**, payable with your application. This fee will include a full page ad in our program book and a basic AV package for your presentation consisting of:

- Screen
- Microphone
- Projector
- Remote
- Connections and cables

*\*Application fee is refunded if you are not awarded a Symposia slot*

Exhibitor Booth registration is not included. Any additional AV, lighting or decorating needs will be at your expense. All fees and expenses paid for by hosting a Symposium will be applied toward your total sponsorship level.



## UNRESTRICTED EDUCATIONAL GRANTS

Exhibitors may support the SER of the WOCN® Society programs through unrestricted educational grants to help us reduce conference costs.

## NO CONFLICTING EVENTS

**Exhibitors may not hold conflicting events at the same time as any activities scheduled during the SER of the WOCN® Society's conference exhibit times, educational sessions, or symposia offerings.**

For information about sponsorships / grants contact: Bernie Haberer at 727-238-5140 or [bhe@serwocn.org](mailto:bhe@serwocn.org)

# 2021 EXHIBITOR INFORMATION

## BOOTH INFORMATION

Each 8' x 8' booth is priced at \$1,100. Booths will be piped, draped and include:

- One 44" x 7" sign identifying the company
- One draped and skirted 6' table
- Two chairs and one wastebasket
- List of Attendees \*
- Entire Exhibit Space is carpeted

*\* Per ANCC guidelines, the attendee list is restricted to attendees opting in to share their contact information*

## PERSONNEL INFORMATION

Two representatives are included per exhibit booth. To maintain social distancing, there is a maximum of two representatives per booth at any one time. Unregistered or excess booth personnel will be asked to leave the exhibit hall.

## EXHIBIT BOOTH RESERVATIONS

The SER of the WOCN® Society will confirm exhibit booth reservations only upon receipt of the completed exhibit contract and payment in full for the exhibit booth(s). The SER of the WOCN® Society reserves the right to reject, restrict or reassign any exhibit for best interest of other exhibitors or the SER of the WOCN® Society, prior to and during exhibit hall hours. Exhibit booth assignments are made at the discretion of the Director of Conference Planning based on the following criteria:

1. Sponsorship Level
2. Payment date
3. Request to avoid proximity to other exhibitors

## EXHIBIT HALL SERVICES

Additional furnishings, labor, freight, and/or drayage services may be rented at exhibitor expense from the Decorating Company: Alliance Nationwide Exposition.

Upon receipt of your paid registration, we will provide your name and contact information to the decorator. They will contact you and provide an exhibitor service kit with available products, services and pricing information.

Electricity must be ordered through the Rosen Centre Hotel. **The hotel offers free WiFi in guest rooms and common areas.** You will receive additional information with your registration confirmation packet.

## EXHIBITOR GUIDELINES

- Exhibitors may not share exhibit space.
- An exhibitor company that decides to cancel may not sell or assign its exhibit space to another company.
- Spillover into the aisle space will not be acceptable.
- Food or drink served at your display must be provided by the venue.
- Exhibitors must comply with all federal, state, and local fire and building codes.
- Exhibitors are requested to keep noise to a minimum during set up and strike as general sessions will be in progress in adjacent space.
- Exhibitors are prohibited from the following: loud or amplified speech or music, distracting bright lights, or utilization of space outside an exhibit or in the aisles.
- Propane or bottled gas within the building is prohibited. Helium balloons are not allowed inside the exhibit areas. There will be a charge to retrieve any balloon.

## SECURITY AND LIABILITY

Exhibitors are responsible for their own booths and possessions during the hours that the exhibits are open. The exhibit hall will be locked during closed hours. Upon signing the Contract to Exhibit, it is understood that the exhibitor agrees to make no claims against the agents, employees, members, or representative of the SER of the WOCN® Society or the Rosen Centre Hotel for loss, theft, damage, or destruction of goods, nor for injury to either himself/herself or employees while on the Rosen Centre Hotel property. Should any emergency arise prior to the opening of the conference and exhibits that would prevent the conference from being held, it is expressly understood that the SER of the WOCN® Society will not be held liable for any expense or losses incurred by exhibitors.

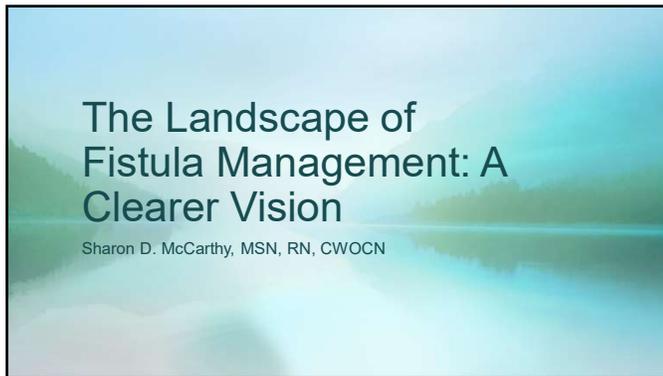
## HOTEL ACCOMODATIONS

We have reserved a block of rooms at the Rosen Centre Hotel. A limited number of rooms will be available for our attendees and exhibitors from August 23 through 29, 2021 at the discounted rate of **\$135** /night (single or double) plus tax and fees. Once the supply is sold out, normal rates may apply. Reservations must be made no later than July 31, 2021, after which the normal rates apply.

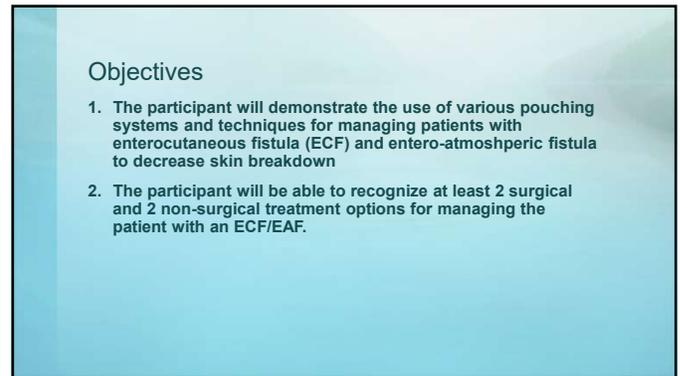
**Reservations may be made directly with the hotel by calling 1-866-996-6338 (toll free) or 407-996-6338 (local) and identify yourself as a member of the SER WOCN group, or by using the link provided on our website when it becomes available at:**  
[www.serwocn.org/conference/hotel.html](http://www.serwocn.org/conference/hotel.html)

**PRELIMINARY INFORMATION • REGISTRATION FORMS AND UPDATES WILL BE SENT AND POSTED ON OUR WEBSITE AS PLANS ARE FINALIZED.**

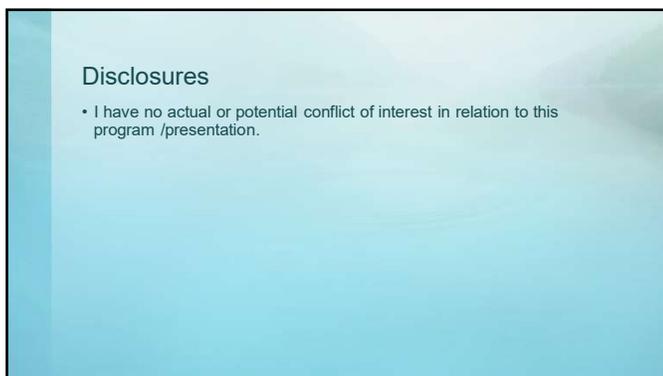
## 3 hour session content



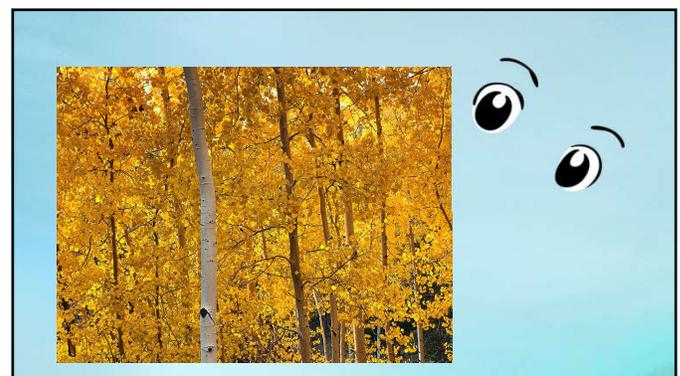
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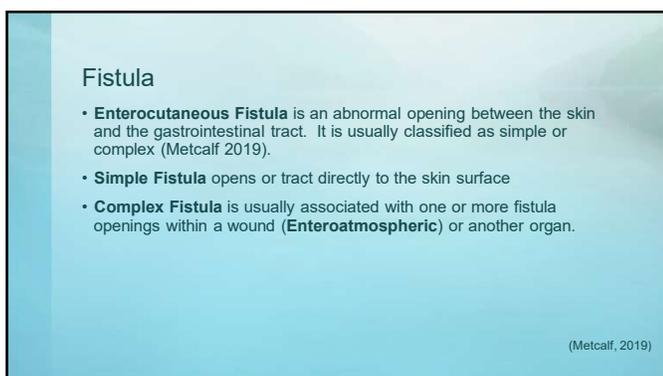
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3



4



5



6

- Classification
  - Superficial
  - Deep
  - Proximal
  - Distal
  - Output
    - Low- <200 ml/24 h
    - Moderate 200-500 ml/24 h
    - High > 500 ml/24 h
  - Number of fistula openings

(Parfi, Carolyn, Oyler, Magnuson, & Procter, 2018)

7

### Intestinal Failure

- Type 1
  - Short term <28 days
  - r/t post-op ileus or acute obstruction
  - Expected to return to full intestinal autonomy
- Type 2
  - Prolonged condition >28days
  - Requires artificial nutrition
  - Medically unstable patients
  - Crohn's ds, intestinal fistula or abdominal sepsis
  - Expected to return to full intestinal autonomy
- Type 3
  - Chronic intestinal dysfunction requiring long-term parental support
  - May be irreversible
  - Short bowel syndrome

(Metcalfe, 2019)

8

### Treatment Goals

- Control sepsis
- Water and electrolyte balance

**Table 1**  
Electrolyte composition of the gastrointestinal tract.<sup>9</sup>

Source	Sodium (mEq/L)	Potassium (mEq/L)	Bicarbonate (mEq/L)	Chloride (mEq/L)	Volume (mL/d)
Gastric	60	10	0	90	2000-2500
Pancreatic	140	5	90-110	30-45	1000
Bile	140	5	35	100	1500
Small bowel	100-130	15	25-35	100-140	3500

(Parfi, Pfeifer, Oyler, Magnuson, & Procter, 2018)

9

### Treatment Goals

- Optimization of nutritional status
  - Total Parental Nutrition, enterclysis
  - Multidisciplinary Team
  - Surgical
  - Medical
  - Radiology
  - Dietitian
  - WOC nurse
    - Pouching
    - NPWT
      - Fistula Isolation
      - Fistula Intubation
- SNAP- sepsis, nutrition, anatomy, procedure

(Gribovska-Rupp & Melton, 2016)

10

### Favorable and Unfavorable Predictors

**Table 1**  
Favorable and unfavorable factors predictive of nonoperative fistula closure

Favorable	Unfavorable
Surgical etiology	Ileal, jejunal, nonsurgical etiology
Appendicitis, diverticulitis	IBD, cancer, radiation
Transferrin > 300 mg/dL	Transferrin < 300 mg/dL
No obstruction, bowel in continuity, no infection, no inflamed intestine	Distal obstruction, bowel discontinuity, adjacent infection, adjacent active inflammation
Length > 2 cm, end fistula	Length < 2 cm, lateral fistula, multiple fistulas
Output < 200 ml/24 h	Output > 500 ml/24 h
No sepsis, balanced electrolytes	Sepsis, electrolyte disturbances
Initial referral to tertiary care center and subspecialty care	Delay getting to tertiary care center and subspecialty care

(Gribovska-Rupp & Melton, 2016)

11

- Negative energy balance
  - Low protein
  - Albumin
  - Prealbumin
- Inflammatory State
  - ↑ C-reactive protein
  - ↑ Erythrocyte sedimentation rate

(Kennedy, 2019)

12

### Chyme Re-Infusion

(Thibault & Picot, 2016)

13

### Chyme re-infusion=enteroclysis

(Thibault & Picot, 2016)

14

### Treatment

- Surgical Treatments
  - Resection
  - Autologous Platelet Rich Fibrin Glue (Wu et al., 2014)
  - Laser Ablation
- ECF – high mortality rate 5-33%

(Gribovska-Rupp & Melton, 2016)

15

### Laser Ablation

- Schematic illustration of the laser ablation technique for treatment of ECFs. (a) ECF involving the small bowel. (b) Laser diode catheter inserted in ECF with the tip positioned 1 cm from the outside surface of the small bowel confirmed by fluoroscopy. (c, d) Laser being retracted 1 cm every 5–10 seconds to ablate the fistula tract.

(Srinivasa, et al., 2018)

16

### Laser Ablation

Figure 2. Images of patient 2 showing the treatment steps. (a) Fistulogram shows a short, narrow-diameter gastrocutaneous fistula (arrow). (b) Spot fluoroscopic image shows a laser diode catheter positioned 1 cm from the gastric wall (arrow). Ablation was performed at 14 W for 42 seconds through a 5.2-cm-long tract. Two clips are seen from the prior attempt at endoscopic closure (arrowheads). (c) Following ablation, repeat fistulogram shows complete closure of the fistula at the level of the skin. (d) Photograph of the laser diode catheter within the fistula; centimeter markers are visualized on the laser sheath. (e) Laser is seen being retracted out of the ECF after fistula ablation.

(Srinivasa, et al., 2018)

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### Closure

- Spontaneous Closure
  - Time to closure 9 days to 1 years
  - Barrier to closure
  - Mature mucosa
- Surgical Closure
  - Time to closure 40 days to 6 years

(Wright, Kearney, Zhou, & Woo, 2020)

18

## Quality of Life

- There are no studies
- What is your experience with your patients?

19



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22

## Building a Dam or Border

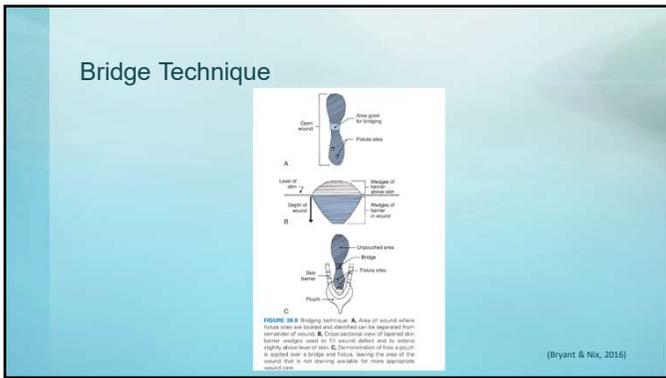


23

## 42 yom EAF

- PMH:DM, HTN, diverticulitis, T3N1a colon cancer 3/2017
- Rt hemicolectomy 3/14/2017
- 3/20/2018 rectal bleeding
  - Ct - pneumoperitoneum @ the site of the anastomosis
- 3/30/2018- ex lap, subtotal colectomy, SBR with end ileostomy
- 4/5 multiple abscesses, IR for drainage
- 9/20 ileostomy takedown
- 9/29 ED for abd pain- bleeding @ surgical site- ex lap anastomotic leak- NPWT
- 10/5 WOC nurse consulted for EAF management

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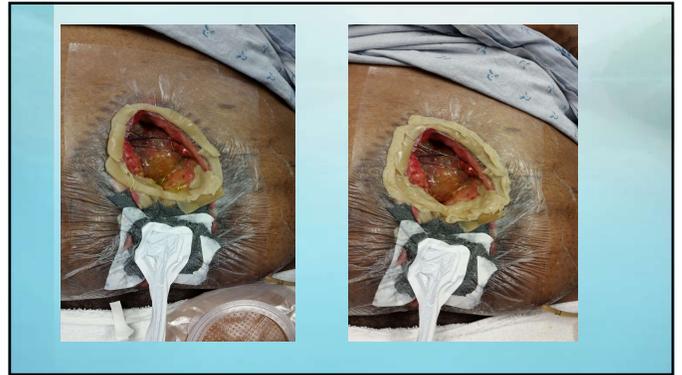
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### Midline incision with entero-atmospheric fistula

- Pseudostoma with active peristalsis and moderate amount of effluent
- Very active patient, still traveling/working
- Due to abdominal creases and "well" around "stoma", having leakage issues

Photos by Amy Armstrong, CWOON Birmingham, AL

38

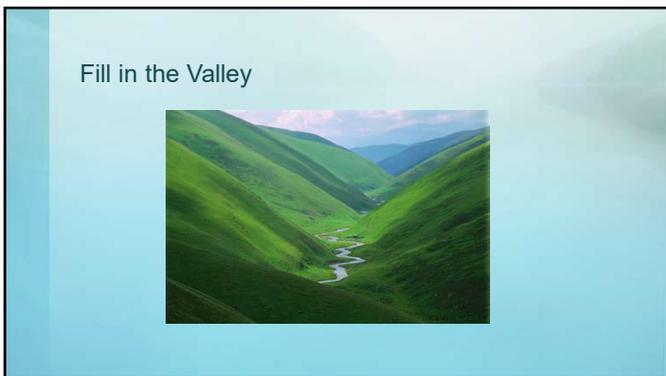
- Used paste rings, and usual techniques to level of skin surfaces
- Used a "wicking dressing" to apply around pseudostoma to draw the effluent into the pouch instead of undermining the pouch edge
- Got 2-3 day wear time

39

### Hydro-conductive Dressing- wicking effluent

Courtesy of Brigitte Vola, BSN, RN, CWOON

40



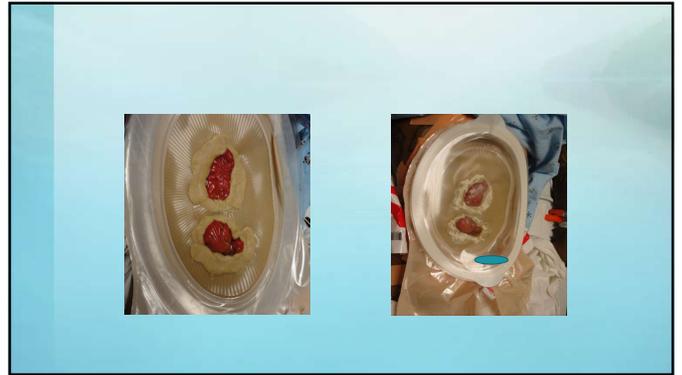
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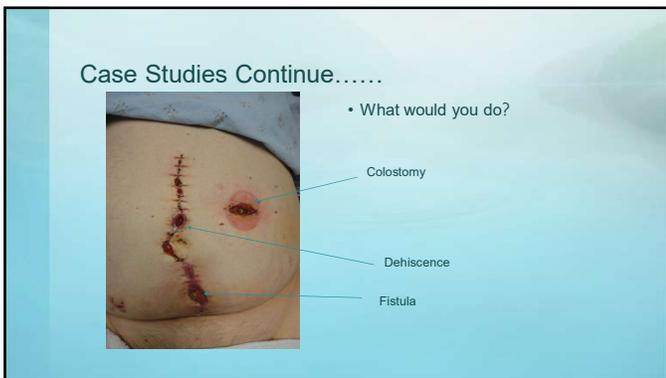
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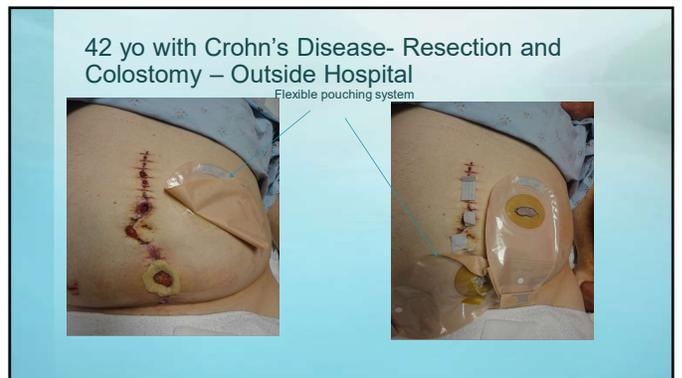
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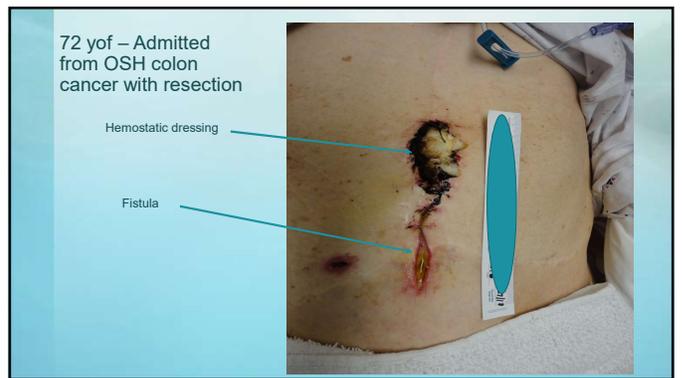
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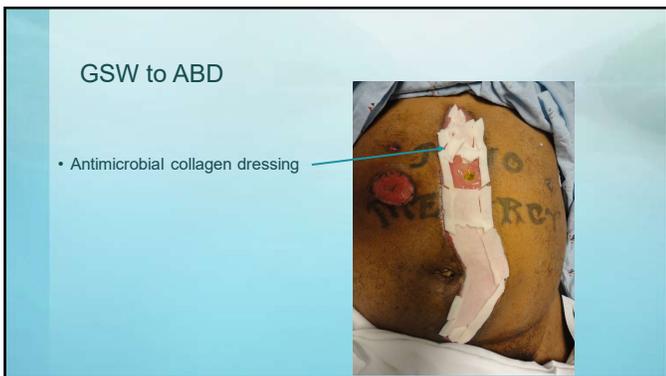
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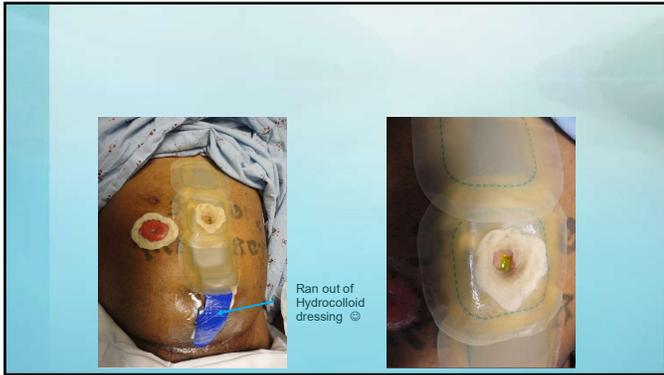
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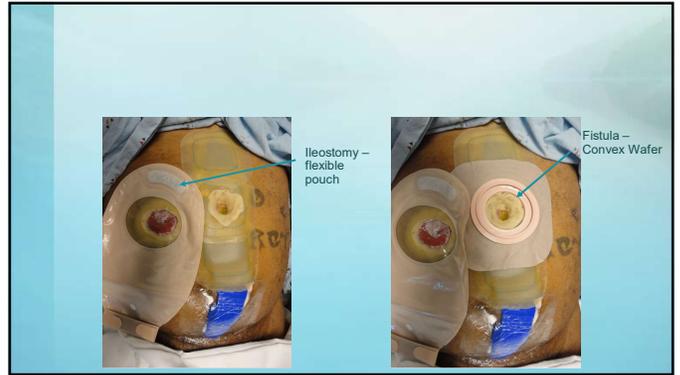
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**54 yo GSW to ABD**

- 3/11/17- presented with:
- Grade 3 liver laceration
- Stomach lacerations x 2
- Pancreas lacerations x 2
- gastric artery laceration
- Medial inferior vena cava laceration
- L3 vertebral body/transverse process fx
- Blood alcohol level 214

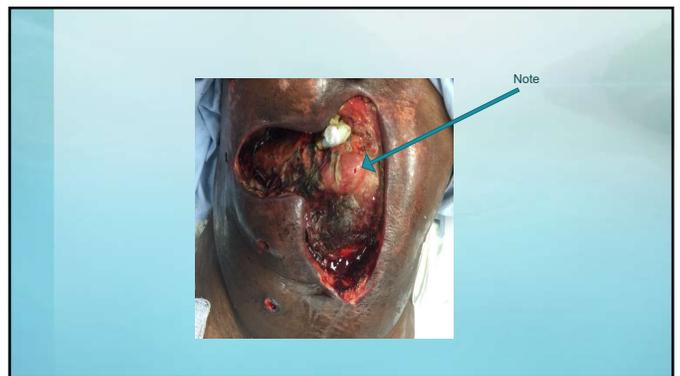
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**54 yo GSW to ABD with Pancreatic Fistula**



- Packing with saline wet - moist gauze
- WOC nurse consulted 4/25/17
- 17.0 cmx17.0 cmx8.0 cm

59



60

Formed a Dam with skin barrier paste and skin barrier rings



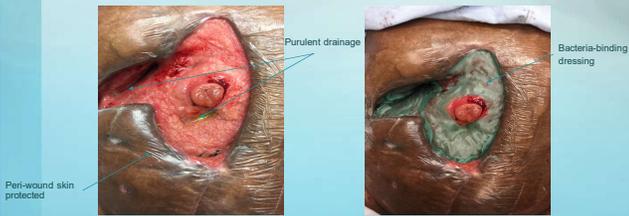
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Trim pouch and seal with skin barrier paste  
Changed weekly



62

5/19/17 - EAF Segregated with Silicone  
Fistula Isolator



63



64



65

6/5/17 stopped use of the silicone isolator  
wound measurements- 14.0x13.5cm x3.4cm



66

Convex 2-piece High Output Pouching System



67

7/5/17 EAF-segregating from wound  
Convex 2-piece High Output Pouching System



- 10.0cm x12.5cm x2.0cm
- NPWT discontinued
- Bacteria-binding dressing

68

Hydro-conductive dressing



Hydrocolloid and Stoma Paste



69



- Two-piece convex pouch
- Ostomy belt
- Discharge measurements –  
10.0cm x10.5cm x 0.3cm

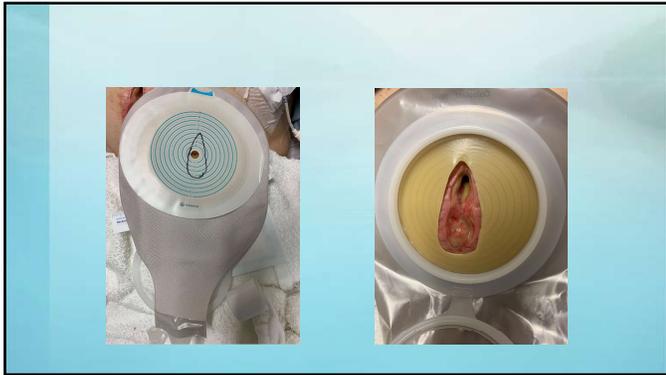
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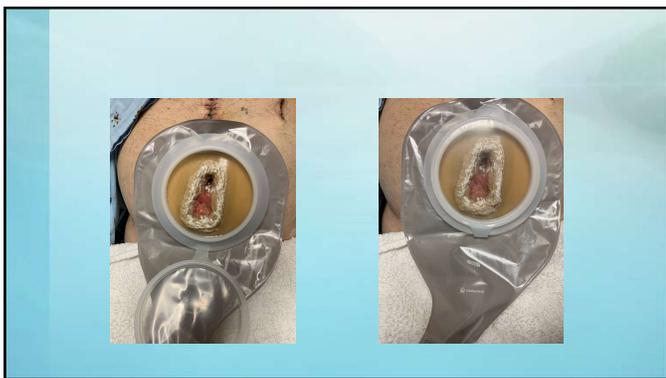
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**Instructions for Home – Patient and HHC Nurse**

1. Wash hands with soap and water.
2. Clean the wound.
3. Place the device over the wound.
4. Add sterile irrigation solution.
5. Seal the device to the skin.
6. Change the device when the liquid is cloudy or the wound is not healing.
7. Mark the wound for the next day.
8. Use the pump opening back in the next day for the next day.
9. Add sterile irrigation solution and the pump will irrigate the wound.
10. Seal the device to the skin.
11. Add sterile irrigation solution.
12. Seal the device to the skin.

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Oh! by the way- ostomy pouching problem

- 35 yo aaf – temporary colostomy for bowel injury during hysterectomy at an OSH
- At discharge stoma budded- flat barrier- one piece pouch

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What!!!!

80

Flush and recessed stoma  
Hysterectomy with perforated colon- Resection with DL

non-stinging, cyanoacrylate-based monomer

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MBGV dressing and Convex Wafer

83

84

## Summary



- Remember the principles of pouching
- Every complex pouching situation is different!
- Don't get frustrated!
- Crusting technique
- *EVEN POUCHING SURFACE*

85



86



87

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**Title of Session: The Landscape of Fistula Management: A Clearer Vision**

**Learning Outcome (s)**

1. The participant will demonstrate the use of various pouching systems and techniques for managing patients with enterocutaneous fistula (ECF) and entero-atmospheric fistula to decrease skin breakdown
2. The participant will be able to recognize at least 2 surgical and 2 non-surgical treatment options for managing the patient with an ECF/EAF.

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe [Click or tap 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
1. Define Enterocutaneous and Entero-atmospheric Fistula a. Causes b. Incidence and mortality c. Simple d. Complex	15 minutes	Sharon D. McCarthy, MSN, RN, CWOCN	Lecture PowerPoint Presentation
2. Management of a patient with an ECF/EAF a. NPO b. Enteral Nutrition c. Fistuloclysis d. Fluid and Electrolytes e. Treat Infection f. Surgical Options	20 minutes	Sharon D. McCarthy, MSN, RN, CWOCN	Lecture PowerPoint Presentation
3. Case Studies of pouching techniques for ECF/EAF a. Landmark solutions	40 minutes	Sharon D. McCarthy, MSN, RN, CWOCN	Lecture PowerPoint Presentation
4. Pouching techniques for ECF /EAF a. Crusting b. Trough	90 minutes	Sharon D. McCarthy, MSN, RN, CWOCN	Lecture PowerPoint Presentation

**Southeast Region of the WOCN<sup>®</sup> Society**

**Educational Planning Table – Live/Enduring Material – Attachment 1**

c. Fill the Dam d. Segregating the fistula e. NPWT			Demonstration/ Return Demonstration of Fistula pouch change on a fistula model
5. Questions & Answers	10 minutes	Sharon D. McCarthy, MSN, RN, CWOCN	Open Forum
6. Evaluations	5 minutes	Sharon D. McCarthy, MSN, RN, CWOCN	Evaluation forms

List the evidence-based references used for developing this educational activity:

Bhama, A. (2019). Evaluation and management of enterocutaneous fistula. *Diseases of the Colon and Rectum*, 62(8), 906-910.  
doi:10.1097/DCR.0000000000001424

Gribovskaja-Rupp, I., & Melton, G. (2016). Enterocutaneous fistula: Proven strategies and updates. *Clinics in Colon and Rectal Surgery*, 29(2), 130-137.  
doi:10.1055/s-0036-1580732

Kennedy, G. (2019). Expert commentary on the management of enterocutaneous fistula. *Diseases of the Colon and Rectum*, 62(8), 910-911.  
doi:10.1097/DCR.0000000000001425

Wright, H., Kearney, S., Zhou, K., & Woo, K. (2019). Topical management of enterocutaneous and enteroatmospheric fistulas: a systematic review. *Wound Management and Prevention*, 66(4), 26-37. doi:10.25270/wmp.2020.4.2637

**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**

**Sharon d. McCarthy, MSN, RN, CWOCN**  
**Completed By: Name and Credentials**

**05/13/20**  
**Date**

**Title of Session: Buzz about ostomy clinic wonders**

**Learning Outcome (s)**

1. Discuss implementation / management strategies when initiating and maintaining an ostomy clinic.
2. Identify types of patients, conditions, and experiences encountered at an outpatient ostomy clinic.

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe [Click or tap 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
Objective 1: <ol style="list-style-type: none"> <li>1. Ostomy outpatient service models</li> <li>2. Ostomy clinic history</li> <li>3. Pictorial tour of ostomy clinic (wound center model)</li> <li>4. Clinic logistics</li> <li>5. Clinic responsibilities</li> <li>6. Patient referrals / charges</li> <li>7. Clinic goals – current / future</li> </ol>	25 minutes	Sally Matson BSN MS RN CWOCN	Lecture, powerpoint, handout
Objective 2: <ol style="list-style-type: none"> <li>1. Ostomy clinic statistics</li> <li>2. Ostomy conditions / experiences <ol style="list-style-type: none"> <li>a. Granuloma</li> <li>b. Mucocutaneous separation</li> <li>c. Pressure injury</li> <li>d. Necrosis with infection</li> <li>e. EC fistula</li> <li>f. Loop stomas</li> </ol> </li> </ol>	25 minutes	Sally Matson BSN MS RN CWOCN	Lecture, powerpoint, handout

Educational Planning Table – Live/Enduring Material – Attachment 1

<p>3. Educational / rehabilitation objectives</p> <ul style="list-style-type: none"> <li>a. Skin / wound care</li> <li>b. Patient / Family Education</li> <li>c. Ostomy product choices</li> <li>d. Product procurement</li> <li>e. Activities of Daily Living</li> </ul> <p>4. Community need / involvement</p> <p>5. Reflections</p> <p>Questions &amp; Answers</p>		
--	--	--

**List the evidence-based references used for developing this educational activity(majority within the last 5 years):**

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Educational Planning Table – Live/Enduring Material – Attachment 1

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Educational Planning Table – Live/Enduring Material – Attachment 1

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List the evidence-based references used for developing this educational activity:

**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: 1

Sally Matson BSN MS RN CWOCN

Completed By: Name and Credentials

[Click or tap to enter a date.](#)

Date 05/01/21

SpeakerID:# «sessSpkrID» SessionID:# «sessID»; «sessNmeShrt»\_«spkrName»

Title: «sessTitle»

Return form via email to [bhe@serwocn.org](mailto:bhe@serwocn.org)



## Southeast Region of the WOCN<sup>®</sup> Society

### Educational Planning Table – Live/Enduring Material – Attachment 1

**Title of Session: Role of the WOC nurse in the COVID-19 crisis (PP)**

**Learning Outcome (s)** *(For example: Describe how stress hinders productive behavior, team cohesiveness and performance)*

1. [Click or tap here to enter text.](#) Describe the evolving role of the woc nurse caring for the COVID-19 patients
2. [Click or tap here to enter text.](#) Describe cutaneous manifestations in patients with COVID-19

**Discuss Psychological effects of isolation in COVID-19 patients**

Select all that apply:  Nursing Professional Development  Patient Outcome  Other: Describe [Click or tap 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
	30 min	Patricia Brennan	PPT and Discussion
	30 min	Teri Robinson	PPT and Discussion

List the evidence-based references used for developing this educational activity:

**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: 1

**Patricia Ann Brennan RN BSN CWO CN**

**Completed By: Name and Credentials**

**05/31/21**

**Date**

SpeakerID:# «**sessSpkrID**» SessionID:# «**sessID**»; «**sessNmeShrt**»\_«**spkrName**» and Teri Robinson

Title: «**sessTitle**»

Return form by **May 1, 2021** via email to [bhe@serwocn.org](mailto:bhe@serwocn.org)

**Title of Session: What's New in the 2019 NPIAP Guidelines?**

**Learning Outcome (s)**

- 1. Identify the process of creation of guideline statements.**
- 2. Describe the major updates in the 2019 pressure injury prevention and treatment guidelines.**

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe [Click or tap 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
Process used to review literature and categorize its strength Evidence to Decision documents	10	Joyce Black	PowerPoint slides Discussion
Updates in prevention guideline Screening for pressure injury risk Interventions to reduce risk	20	Joyce Black	PowerPoint slides Discussion
Updates in treatment guideline Cleansing Biologic dressings and growth factors	20	Joyce Black	PowerPoint slides Discussion
Updates in system-based pressure injury prevention	5	Joyce Black	PowerPoint slides Discussion

List the evidence-based references used for developing this educational activity:  
European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. Emily Haesler (Ed). EPUAP/NPIAP/PPPIA: 2019

**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: 1

Joyce Black, PhD, RN, FAAN

04/28/20

Completed By: Name and Credentials

Date

Note – re-use same for 2021 Presentation ... no changes  
per email 4/26/2021 to Bernie.

Title of Session: Topic: Ostomy Challenges in an Outpatient Setting (TBD)

<b>Learning Outcome (s)</b> 1.The Learner will describe commonly seen stoma complications in an outpatient ostomy clinic setting 2. The Learner will discuss the unique collaboration between the Inpatient Wound care team and the Outpatient Ostomy Clinic			
Select all that apply: <input checked="" type="checkbox"/> Nursing Professional Development <input type="checkbox"/> Patient Outcome <input type="checkbox"/> Other: Describe <a href="#">Click or tap here to enter text.</a>			
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
Development of Outpatient Ostomy clinic a. Inpatient Wound Care team b. Identification of need c. Outpatient Wound Care d. Continuity of care and collaboration with Colorectal teams	10 min	Theresa Pineda	PowerPoint Presentation
Case Studies of Stoma Complications a. Parastomal Hernia b. Pyoderma Gangrenosum c. Stomal Prolapse d. Stoma Stenosis e. Skin MASD f. Fistula Management	40 min	Theresa Pineda	Presentation of multiple case studies from Outpatient/ Clinic
Conclusion and Q and A	10 min	Theresa Pineda	same
List the evidence-based references used for developing this educational activity: 1. Osbourne,W., Parastomal hernia: the need for consistency in prevention and management , British Journal of Nursing, 2017, (Stoma Supplement) Vol 26, No 22 2. Osbourne,W., North, J,. SCN UK Guideline: parastomal hernias,British Journal of Nursing, 2017, (Stoma Supplement) Vol 26, No 22 3. Christopher T. ,Aquina James C. Iannuzzi Christian P. ,Probst Kristin N. ,Kelly Katia, Noyes Fergal ,Fleming j,Monson ,John T.R , Parastomal Hernia: A Growing Problem with New Solutions ,Digestive Surgery, May 2017 4. , MikelGray , Colwell Janice C., Goldberg,Margaret T. What treatments are Effective for Parastomal hernia therapies,J WOCN ■ March/April 2005 8			

Educational Planning Table – Live/Enduring Material – Attachment 1

5. Metcalf, Christine, Considerations for the management of enterocutaneous fistula, British Journal of Nursing, 2019, Vol 28, No 5 (Stoma Supplement)
6. Brooke, Jillian, Executive Summary: Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) Nursing Best Practice Recommendations, enterocutaneous Fistula and Enteroatmospheric Fistula, WOCN j July/August 2019
7. SalvadlenaGinger D. ,The Incidence of Stoma and Peristomal Complications During the First 3 Months After Ostomy Creation ,Wound Ostomy Continence Nurs. 2013;40(4):400
8. Bass EM, Del Pino A, Tan A, Pearl RK, et al. Does preoperative stoma marking and education by the enterostomal therapist affect outcome? Dis Colon Rectum. 1997;40:440–442. Brooke BN. The management

**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: 1

[Theresa Pineda, BSN, RN, CWOCN](#)

May 15, 2020

Date

**Title of Session: Recognizing Rheumatoid Vasculitis**

**Learning Outcome (s)**

1. Be able to identify Hallmark signs of Rheumatoid Vasculitis.
2. Formulate a working treatment plan for a patient with a wound secondary to Rheumatoid Vasculitis.

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe [Click or tap 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
Over view of Rheumatoid Vasculitis	20 min	Caroline Smith DPM	Lecture, power point Q&A
Treatment methods for wounds	20 min	Caroline Smith DPM	Lecture, Power Point Q&A
Case presentation	20 min	Caroline Smith DPM	Lecture, Power Point Q&A

List the evidence-based references used for developing this educational activity:

**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: 1

[Caroline Smith DPM](#)

[7/9/2020](#)

**Completed By: Name and Credentials**

**Date**

Southeast Region of the WOCN® Society  
Educational Planning Table – Live/Enduring Material – Attachment 1

**Title of Session: Chair Yoga**

**Learning Outcome (s)** *(For example: Describe how stress hinders productive behavior, team cohesiveness and performance)*

1. Participants will be able to apply **8 Limbs of Yoga** practices to train the body and mind to self-observe and become aware of their own nature
2. Participants will be able to demonstrate 3 breathing techniques to aid in relaxation

Select all that apply:  Nursing Professional Development  Patient Outcome  Other: Describe [Click or tap 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
1. <u>Anatomy of the body</u> a. Head to Toe b. Muscles c. Bones d. Lymph System	10 minutes	Alex Cuellar	PowerPoint Presentation
2. a. Chair/Seated Yoga b. Patient Safety (Covid, Breath & Movement) c. Sequence Standing & Seated	10 minutes	Alex Cuellar	Demo & presentation will occur simultaneously
3. Breathing technique a. Breathing Pratajama b. Alternate Nostril c. Ujji breath	15 minutes	Alex Cuellar	Demo & presentation will occur simultaneously
4. Intro to Yoga <u>8 Limbs of Yoga</u> a. Props • Yoga need a Chair • -Step or Yoga Block • -Non-slip surface	15 minutes	Alex Cuellar	Demo & presentation will occur simultaneously

SpeakerID: # 151 SessionID: # 125, 2021-06\_Alex Cuellar

Page 1 of 2

Title: Chair Yoga

Return form by **May 1, 2021** via email to [bhe@serwocn.org](mailto:bhe@serwocn.org)

Southwest Region of the WOCN® Society

Educational Planning Table – Live/Enduring Material – Attachment 1

• -or on a Yoga Mat			
Questions and Answers	10 minutes	Alex Cuellar	Open Forum

List the evidence-based references used for developing this educational activity:

YOGIA Sutras of Patanjali: The 8 Limbs of Yoga / CHAIR Yoga NADIA  
 : Yoga Anatomy / Physiology & Science NARIAN  
 RAN SWANSON

**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: 1

Click or tap here to enter text.

**Completed By: Name and Credentials**

Alex Cuellar YIT

Click or tap to enter a date.

**Date**

5/28/2021

**Title of Session: Deep Tissue Injury - Evaluation in Legal Cases**

**Learning Outcome (s)**

- 1. Discuss deep tissue injury risk factors and time frames for development.**
- 2. Describe a legal approach to medical documentation analysis for deep tissue injury cases for potential application to their own documentation, nursing education, or policy structure needs.**

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe

CONTENT (Topics)	TIME FRAME (if live)	PRESENTER/ AUTHOR	TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES
Deep Tissue Injury – Evaluation in Legal Cases	1 hour	Philip Wallace, Esquire	PPT presentation, Interactivity, Feedback

List the evidence-based references used for developing this educational activity:

- NPUAP website and publications
- JWOCN
- Advances in Skin and Wound Care
- International Wound Journal
- Journal of American Cardiology
- American Journal of Critical Care

**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: 1

**Completed By: Philip Wallace**

**Date 06/15/2020**

Title of Session: **Atypical wounds**

**Learning Outcome (s)**

1. Learners will develop an approach to recognizing atypical wounds
2. Learners will develop an approach to treating atypical wounds

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe [Click or tap 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
	60 minutes	Dr. Hadar Lev-Tov	PPT and discussion

List the evidence-based references used for developing this educational activity:

**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: 1

[Click or tap here to enter text.](#)

**Completed By:** Hadar Lev-Tov

[Click or tap to enter a date.](#)

**Date** June 19 2020

**Title of Session: Topic: Unraveling Lymphedema: From Start to Diminish**

**Learning Outcome (s)**

1. Participants will describe the normal anatomical structures and physiology of the lymphatic system.
2. Participants will compare normal lymphatic physiology, pathophysiology, Dynamic Insufficiency, Mechanical Insufficiency and Combined Insufficiency.
3. Participants will distinguish the differences between lymphedema, lipedema and Phlebolyphostatic edema.
4. Participants will review compression methods and treatment options to include wrapping, garments, exercise, mechanical pumps and self-care for patients with edema related conditions.

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe

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
TBA – Will send when powerpoint complete.	One hour	Lynda Kennepp, PT, DPT, CWS, CLT-LANA	PowerPoint, Audience Participation, Candid Q & A Session

List the evidence-based references used for developing this educational activity:

Textbook of Lymphology, Text and Atlas of Wound Diagnosis and Treatment (I will send a full list of reference in AMA style once powerpoint completed)

**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: 1

**Completed By: Lynda Kennepp, PT, DPT, CWS, CLT-LANA**

**Date: June 15, 2020**



**Title of Session: Understanding Incontinence In Veterans at Home**

**Learning Outcome (s)** *(For example: Describe how stress hinders productive behavior, team cohesiveness and performance)*

- 1. Describe Veteran and Veteran caregiver experiences with incontinence and incontinence management.**
- 2. Propose recommendations for future interventions to improve care for Veterans with incontinence and their caregivers.**

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe [Click or tap 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
Veteran and health care needs related to incontinence	15 mins	Sarah Bradley Tatiana Orozco	Powerpoint, lecture
Current health care practices related to Veteran incontinence	15 mins	Sarah Bradley Tatiana Orozco	Powerpoint, lecture
Veteran and caregiver preferences related to incontinence treatment and management	15 mins	Sarah Bradley Tatiana Orozco	Powerpoint, lecture
How care can be improved for Veterans with incontinence and their caregivers	15 mins	Sarah Bradley Tatiana Orozco	Powerpoint, lecture

List the evidence-based references used for developing this educational activity:

1. Smoger SH, Felice TL, Kloecker GH. Urinary incontinence among male veterans receiving care in primary care clinics. *Annals of Internal Medicine.* 2000;132(7):547–551.
2. Anger JT, Saigal CS, Wang M, Yano EM. Urologic Disease Burden in the United States: Veteran Users of Department of Veterans Affairs Healthcare. *Urology.* 2008;72(1):37-41. doi:10.1016/j.urology.2007.11.163
3. Vaughan CP, Johnson TM, Goode PS, Redden DT, Burgio KL, Markland AD. Military Exposure and Urinary Incontinence among American Men. *The Journal of Urology.* 2014;191(1):125-129. doi:10.1016/j.juro.2013.07.016
4. Klausner AP, Ibanez D, King AB, et al. The Influence of Psychiatric Comorbidities and Sexual Trauma on Lower Urinary Tract Symptoms in Female Veterans. *The Journal of Urology.* 2009;182(6):2785-2790. doi:10.1016/j.juro.2009.08.035
5. Bradley CS, Nygaard IE, Mengeling MA, et al. Urinary incontinence, depression and posttraumatic stress disorder in women veterans. *American Journal of Obstetrics and Gynecology.* 2012;206(6):502.e1-502.e8. doi:10.1016/j.ajog.2012.04.016

Educational Planning Table – Live/Enduring Material – Attachment 1

6. Bradley CS, Nygaard IE, Hillis SL, Torner JC, Sadler AG. Longitudinal associations between mental health conditions and overactive bladder in women veterans. American Journal of Obstetrics and Gynecology. 2017;217(4):430.e1-430.e8. doi:10.1016/j.ajog.2017.06.016
7. Menees SB, Almario CV, Spiegel BMR, Chey WD. Prevalence of and Factors Associated With Fecal Incontinence: Results From a Population-based Survey. Gastroenterology. February 2018. doi:10.1053/j.gastro.2018.01.062
8. Johanson J, Lafferty J. Epidemiology of Fecal Incontinence: the Silent Affliction. The American Journal of Gastroenterology. 1996;91(1):33-36.
9. Whitehead WE, Borrud L, Goode PS, et al. Fecal Incontinence in US Adults: Epidemiology and Risk Factors. Gastroenterology. 2009;137(2):512-517.e2. doi:10.1053/j.gastro.2009.04.054
10. Devendorf AR, Bradley SE, Barks L, Klanchar A, Orozco T, Cowan L. Stigma among veterans with urinary and fecal incontinence. Stigma and Health. October 2020. Doi: 10.1037/sah0000260

**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: 1**

[Click or tap here to enter text.](#)

**Completed By: Sarah E. Bradley, PhD, MPH, CPH**

[Click or tap to enter a date.](#)

**5/1/21**

**Title of Session: Understanding Incontinence In Veterans at Home**

**Learning Outcome (s)** *(For example: Describe how stress hinders productive behavior, team cohesiveness and performance)*

- 1. Describe Veteran and Veteran caregiver experiences with incontinence and incontinence management.**
- 2. Propose recommendations for future interventions to improve care for Veterans with incontinence and their caregivers.**

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe [Click or tap 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
Veteran and health care needs related to incontinence	15 mins	Sarah Bradley Tatiana Orozco	Powerpoint, lecture
Current health care practices related to Veteran incontinence	15 mins	Sarah Bradley Tatiana Orozco	Powerpoint, lecture
Veteran and caregiver preferences related to incontinence treatment and management	15 mins	Sarah Bradley Tatiana Orozco	Powerpoint, lecture
How care can be improved for Veterans with incontinence and their caregivers	15 mins	Sarah Bradley Tatiana Orozco	Powerpoint, lecture

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1. Smoger SH, Felice TL, Kloecker GH. Urinary incontinence among male veterans receiving care in primary care clinics. *Annals of Internal Medicine.* 2000;132(7):547–551.
2. Anger JT, Saigal CS, Wang M, Yano EM. Urologic Disease Burden in the United States: Veteran Users of Department of Veterans Affairs Healthcare. *Urology.* 2008;72(1):37-41. doi:10.1016/j.urology.2007.11.163
3. Vaughan CP, Johnson TM, Goode PS, Redden DT, Burgio KL, Markland AD. Military Exposure and Urinary Incontinence among American Men. *The Journal of Urology.* 2014;191(1):125-129. doi:10.1016/j.juro.2013.07.016
4. Klausner AP, Ibanez D, King AB, et al. The Influence of Psychiatric Comorbidities and Sexual Trauma on Lower Urinary Tract Symptoms in Female Veterans. *The Journal of Urology.* 2009;182(6):2785-2790. doi:10.1016/j.juro.2009.08.035
5. Bradley CS, Nygaard IE, Mengeling MA, et al. Urinary incontinence, depression and posttraumatic stress disorder in women veterans. *American Journal of Obstetrics and Gynecology.* 2012;206(6):502.e1-502.e8. doi:10.1016/j.ajog.2012.04.016

Educational Planning Table – Live/Enduring Material – Attachment 1

6. Bradley CS, Nygaard IE, Hillis SL, Torner JC, Sadler AG. Longitudinal associations between mental health conditions and overactive bladder in women veterans. American Journal of Obstetrics and Gynecology. 2017;217(4):430.e1-430.e8. doi:10.1016/j.ajog.2017.06.016
7. Menees SB, Almario CV, Spiegel BMR, Chey WD. Prevalence of and Factors Associated With Fecal Incontinence: Results From a Population-based Survey. Gastroenterology. February 2018. doi:10.1053/j.gastro.2018.01.062
8. Johanson J, Lafferty J. Epidemiology of Fecal Incontinence: the Silent Affliction. The American Journal of Gastroenterology. 1996;91(1):33-36.
9. Whitehead WE, Borrud L, Goode PS, et al. Fecal Incontinence in US Adults: Epidemiology and Risk Factors. Gastroenterology. 2009;137(2):512-517.e2. doi:10.1053/j.gastro.2009.04.054
10. Devendorf AR, Bradley SE, Barks L, Klanchar A, Orozco T, Cowan L. Stigma among veterans with urinary and fecal incontinence. Stigma and Health. October 2020. Doi: 10.1037/sah0000260

**If Live:**

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

**Estimated Number of Contact Hours to be awarded: 1**

[Click or tap here to enter text.](#)

**Completed By: Sarah E. Bradley, PhD, MPH, CPH**

[Click or tap to enter a date.](#)

**5/1/21**

**Title of Session: The WOC Nurse: emPOWERing The Leader Within**

**Learning Outcome (s)** *(For example: Describe how stress hinders productive behavior, team cohesiveness and performance)*

1. The learner will analyze their current leadership quotient and be empowered to develop a leadership improvement plan
2. [Click or tap here to enter text.](#)

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe [Click or tap 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
	60 Min	Stephanie Yates	PPT and discussion

List the evidence-based references used for developing this educational activity:

**If Live:**

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

Estimated Number of Contact Hours to be awarded: 1

See email of 4/14/21

04/14/21

Completed By: [Stephanie Yates](#) MSN, RN, ANP-BC, CWOCN

**Title of Session: Common and Urgent Anorectal Calls**

**Learning Outcome (s)**

1. Describe the most common reasons for “urgent” colorectal surgery evaluation
2. Discuss basic bedside treatments a physician/APP can provide to care for patients with urgent colorectal complaints
3. List conservative and preventative options for treating common colorectal complaints

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe [Click or tap 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
Hemorrhoids	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards
Anal Fissure	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards
Rectal Prolapse	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards
Stomal Ischemia	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards
Peristomal dermatitis	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards
Pyoderma	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards
Stomal Prolapse	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards
Retained rectal foreign body	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards
Fecal Impaction	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards
Blood Per Rectum	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards

## Southeast Region of the WOCN<sup>®</sup> Society

### Educational Planning Table – Live/Enduring Material – Attachment 1

Condyloma	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards
Perianal and Perirectal abscess	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards
Pruritis Ani	4.5 minutes	Daniel Galante, DO	Case presentation/Photographic examples/Treatment Standards

List the evidence-based references used for developing this educational activity:

Ansari P. Pruritis Ani. Clin Colon Rectal Surg. 2016 Mar;29(1):38-42  
 Davis BR, et al. The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Management of Hemorrhoids. Dis Colon Rectum. 2018 Mar;61(3):284-292  
 Krishnamurthy DM, Blatnik J, Mutch M. Stoma Complications. Clin Colon Rectal Surg. 2017 Jul;30(3):193-200  
 Stewart DB, et al. The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for Anal Squamous Cell Cancers. Dis Colon Rectum. 2018 Jul;61(7):755-774  
 Stewart DB, et al. Clinical Practice Guidelines for the Management of Anal Fissures. Dis Colon Rectum. 2017 Jan;60(1):7-14  
 Vogel JD, et al. Clinical Practice Guideline for the Management of Anorectal Abscess, Fistula-in-Ano, and Rectovaginal Fistula. Dis Colon Rectum. 2016 Dec; 59(12):1117-1133.

**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: 1**

**Daniel J. Galante, DO**

**05/20/21**

**Completed By: Name and Credentials**

**Date**

## Southeast Region of the WOCN<sup>®</sup> Society

### Educational Planning Table – Live/Enduring Material – Attachment 1

**Title of Session: WOC Nursing Poster Session**

**Learning Outcome (s)** *(For example: Describe how stress hinders productive behavior, team cohesiveness and performance)*

- 1. Identify at least 2 WOC nursing concepts or principles learned from the poster session that the attendee can take back to their clinical practice**
- 2. Stimulate further discussion from ideas identified from the posters into the attendees wound, ostomy, continence or foot care clinical practice**

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe [Click or tap 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
Various Posters (10 minimum)	60	Various Poster authors	Poster presentations – live and on-line

List the evidence-based references used for developing this educational activity:

**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: 1

**Amy Armstrong, MSN, RN, CWOCN, CNL**

**Completed By: Name and Credentials**

**05/10/21**

**Date**



## 2019 Post Conference Survey

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### 2019 SER of the WOCN<sup>®</sup> Society Post Conference Follow Up Survey

In compliance with our accreditation provider, we are required to provide this followup survey to all attendees of the 2019 SER Conference held in Columbus, GA.

*(this is different and in addition to the evaluation you completed after last year's conference)*

*all fields required*

**Attendee ID (copy from email):**

**Email Address:**

**Name:**

---

**1. Have you been able to apply the information you have learned in these presentations?**

Yes  No

**2. Did the information relate to your practice of WOC nursing in your current clinical setting?**

Yes  No

**3. Were you able to apply the new information into your current practice?**

Yes  No

**4. If not, what were the obstacles?**

Please type your comments here

---

***If the form does not submit, scroll up and complete any missing required fields.***

	2019 Post Conference Survey
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<b># Attendees Survey Sent to:</b>	<b>158</b>	
# / % Respondents:	97	61.39%

Survey Questions:	Yes	% of resp
Q1: Have you been able to apply the information you have learned in these presentations?	96	98.97%
Q2: Did the information relate to your practice of WOC nursing in your current clinical setting.	95	97.94%
Q3: Were you able to apply the new information into your current practice?	95	97.94%
Q4: If not, what were the obstacles? (or comments)	8	8.25%

Comments Received:

Lots of good information
great information
Great conference. I have been a WOC for many years, sometimes it is difficult to find a conference that is not rehashing old information--this confrence was engaging and provided new information
Currently unemployed
The panel of ostomates and ostomy posters validated me spending 45-60 min with them. I work in an out patient clinic. It is evidence based care to spend this amount of time with them. They have the time to practice self care with CWOCN present and give them education they need.
I look forward to the SER WOCN Conference even more so than the National conference, because of the content and purposeful networking! Thank you so much!
I have moved from clinical practice to sales.
Excellent conference