

Journal Discussion: Understanding the Complexity Of Registered Nurse Work

A Networking Breakfast and Learning Opportunity for Nurse Managers

- Analyze a journal article by Patricia Ebright, DNS, CNS, RN
- Compare job complexities across nursing fields
- Learn how to implement a journal club in your workplace

Tuesday, December 8, 2009
8:00—10:00 a.m.

University of Portland
Chiles Center—Hall of Fame Room
5000 N Willamette Blvd
Portland, OR 97203

0800-0830 Breakfast and Networking
0830-0930 Discussion Groups
0930-1000 Journal Clubs:
Tips for Implementation

Registration: \$15.00 per person
Limited scholarships available upon request
**To register: Complete and submit the attached
registration form.**



Patricia Ebright is a keynote speaker for OCN's *Leadership at the Point of Care: The Critical Role of the Nurse Manager in 2010* conference in February.

For more information contact:
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Oregon Center for Nursing
ocnadmin@up.edu
503-943-7150

How to find the University of Portland:

From I-5 Northbound

- From I-5, take the Rosa Parks Way (formerly Portland Blvd.) exit (#304)
- Take a left onto Rosa Parks Way (Portland Blvd.)
- Follow Rosa Parks Way (Portland Blvd.) to Willamette Blvd., where you will take a right
- Stay on Willamette Blvd. for approximately one-and-a-half miles; the main entrance to the
- University will be on your left hand side

From I-5 Southbound

- From I-5, take the Rosa Parks Way (formerly Portland Blvd.) exit (#304)
- Take a right onto Rosa Parks Way (Portland Blvd.)
- Follow Rosa Parks Way (Portland Blvd.) to Willamette Blvd., where you will take a right
- Stay on Willamette Blvd. for approximately one-and-a-half miles; the main entrance to the
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[Click here](#) for customized driving directions.

[Click here](#) for a campus map of the University of Portland.

To remove your name from our mailing list, please [click here](#).



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LOCATION: University of Portland, Chiles Center Hall of Fame Room
5000 N Willamette Blvd, Portland, OR 97203
FEE: \$15.00 per person

REGISTRANT INFORMATION

NAME: _____
POSITION: _____
COMPANY: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____
EMAIL: _____

METHOD OF PAYMENT

- Check or Money Order (Please send with registration form.)
 Credit Card: Mastercard Visa American Express

Account Number: _____

Expiration Date: _____ CID Code (3 digits on back): _____

Name on Card: _____

Signature: _____

**Completed forms and payment information can be faxed to: 503-943-7496 or mailed to:
Oregon Center for Nursing, 5000 N. Willamette Blvd, MSC 192, Portland, OR 97203**

QUESTIONS?: E-mail: ocnadmin@up.edu or call: 503-943-7150
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