



Because Oregon's Health Depends On It.

Leadership at the Point of Care: The Critical Role of the Nurse Manager in 2010

February 25 –26, 2010

Conference Objectives:

- Participate in opportunities for collegial discussion and networking
- Acquire new skills to empower you in your nurse manager role
- Embrace leadership as a vital nursing function
- Build competencies around leading change
- Learn to make the most of available resources

Crowne Plaza Portland
Convention Center

1441 NE 2nd Avenue, Portland, OR 97232 Room
Rate for Conference Participants: \$109+tax

REGISTRATION FEE: \$250.00
11.5 CEUs

RESERVE YOUR SEAT TODAY!

Complete and submit the conference registration form (page 2)!

Conference Agenda:

Thursday, February 25, 2010

- 0730 – 0825 **Registration and Breakfast**
- 0830 – 1000 **Keynote: The Complexity of Nursing Work**
Patricia R. Ebright, DNS, CNS, RN
- 1015 – 1115 **Employment and Labor Law for the Nurse Managers**
Eve Logsdon, JD, SPHR
- 1115 – 1215 **How to Thrive as a Nurse Manager – Talking Stick Session**
- 1315 – 1415 **Healthy Work Environments at Risk: Preventing Lateral Violence**
Diana Swihart, PhD, DMin, MSN, CS, RN-BC
- 1415 – 1515 **Creating Healthy Work Environments**
Traci Hanlon, RN, MSN
- 1530 – 1630 **Understanding Different Styles of Communication**
April Lewis, MPA

Friday, February 26, 2010

- 0830 – 0930 **Nurse Manager Stress and Work Complexity: Translating Evidence into Practice**
Maria R. Shirey PhD, MBA, RN, NEA-BC, FACHE
- 0930 – 1030 **Mentoring and Coaching**
Mary Schoessler, EdD, RN
- 1045 – 1200 **Finding a Mentor/Being a Mentor - Talking Stick Session**
- 1300 – 1500 **From Surviving to Thriving – Leadership Panel**
Carol Bradley, MSN, RN, CENP
Debbie Glass, MS, RN, NEA-BC
Kathleen O'Leary, RN, MPH
Lynn Szender, RN, NHA

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For more information, please contact Kelley Ilic
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LOCATION: Crowne Plaza Portland Convention Center
1441 NE 2nd Avenue, Portland, OR 97232
FEE: \$250.00 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): _____
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**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
Limited scholarships available upon request.