



7th Annual Russ Babb Memorial Educational Symposium

KRCS c/o Leona Evans
217 W 5th Street
Goodland, KS 67735



PRSR STANDARD
U.S. POSTAGE

PAID

Hays, KS 67601
Permit No. 106

Continuing Education

Nursing Contact Hours: Salina Surgical Hospital is approved as a provider of continuing education by the Kansas State Board of Nursing. This course offering is approved for 7 (Seven) contact hours for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0207-0606.

Respiratory: Salina Regional Health Center, on behalf of the Kansas Respiratory Care Society Continuing Education Evaluator, has approved this program for 7 (Seven) CEU hours. Provider #028

Partial credit may be given for those arriving late or leaving early, however no money will be refunded.

PLANNING COMMITTEE

Jana Cox, BA, CRT	Shirley Bernhardt, RRT
Nancy Jones, RRT, NPS	Jolene Glavin, RN
Shelia Pettit, RRT	Donna Johnson, RRT, CPFT, AE-C
Leona Evans, BSRT, RRT-NPS, RN, AE-C	Terri Lesser, RRT

ACKNOWLEDGMENTS

B & K Prescription Shop	Respironics
Salina Regional Home Medical Service	Salter Labs
Children's Mercy	Boehringer-Ingelheim

Due to printing deadlines, some of our sponsors may not be recognized here. Please refer to your registration packet for a complete listing of all of our generous sponsors for the event.

Contact Information (Please contact if accommodation information is needed.)

Shelia Pettit	Jana Cox
785-820-8160	785-827-8813
mbaso@cox.net	jacox1@cox.net

ALL PROCEEDS FROM THIS SYMPOSIUM ARE USED TO FURTHER ENDOW THE RUSS BABB MEMORIAL SCHOLARSHIP FUND.

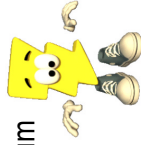
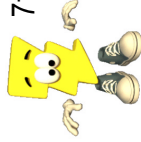
Other professions need to check with their credentialing organizations for CEU approval . Students are not eligible for CEU's.

KRCS - Chapter 3

7th Annual Russ Babb Memorial Educational Symposium
Respiratory Joules

June 5, 2009

Holiday Inn Holiday & Convention Center
1616 W. Crawford, Salina, KS 67401



07:30 Registration

Continental Breakfast

08:00 Welcome - Announcements

08:05 "Legal & Ethical Pitfalls of Respiratory Care/Healthcare"

Dr. Tim McDonald, MD JD

09:35 Break

09:50 "The Patient is Not Our Enemy"

Dr. Tim McDonald, MD JD

11:10 "Traumas - Chest & Agricultural"

Dr. Matchell, DO

12:10 Lunch with the VENDORS in the Atrium

1:30 "Bronchiolitis & Current Trends in Treating Bronchiolitis"

Dr. Mary Ann Queen MD FAAP

2:45 Break

2:55 "Coping With the Aftermath - It's OK to Go On"

Dan Gard, LSCSW

3:55 Adjournment

OBJECTIVES

1. List the most common legal and ethical pitfalls involved in respiratory care.
2. Understand a methodology for approaching conflicts related to the provision of life- sustaining care.
3. Understand the importance of honest and effective communication with patients and families after adverse events.
4. Describe the role of respiratory care providers in the reporting and investigation of adverse events.
5. Understand the epidemiology and prognosis of viral bronchiolitis.
6. Understand strategies for preventing viral bronchiolitis.
7. Identify and discuss treatment of airway emergencies due to chest trauma.
8. Identify and treat agricultural related emergencies.
9. Identify signs and symptoms of compassion stress.
10. Know strategies for managing compassion stress in self.

Registration Form

KRCS - Chapter 3
7th Annual Russ Babb Memorial Educational Symposium
Respiratory Joules



Name _____

Address _____

City/State/Zip _____

Place of employment _____

ANA#/AARC# _____ Kansas License # _____

(Current card must be shown at registration)

ADVANCED REGISTRATION

AARC/ANA Other Professional Member _____ \$ 60.00

Non-Member _____ \$ 120.00

Student AARC/ANA Other Professional Member _____ \$ 30.00

Student Non-Member _____ \$ 60.00

ONSITE REGISTRATION

AARC/ANA Other Professional Member _____ \$ 80.00

Non-Member _____ \$ 140.00

Student AARC/ANA Other Professional Member _____ \$ 50.00

Student Non-Member _____ \$ 80.00

METHOD OF PAYMENT

_____ Check/Money Order

Make payable to 7 ARBMES/KRCS and mail to:

Leona Evans
217 W 5th Street
Goodland, KS 67735

_____ Mastercard _____ Visa

Credit Card # _____

Expiration Date _____

Signature _____