



# COMMUNITY EDUCATION EVENT NOVEMBER 29<sup>TH</sup>

Registration 8:00 to 8:45 a.m. | Breakfast & Lunch Provided

## LIVING BETWEEN THE POSSIBLE AND THE IMPOSSIBLE

When Kate Bowler was diagnosed with Stage IV cancer, she had to reconcile her idea of what her future would be with the likely reality of it, questioning the limitations of positivity when possibilities have been drastically narrowed. At the same time, she discovered a beauty that emerged and made itself evident most every day despite the suffering taking hold in her life. In this frank lecture, the author of "Everything Happens For A Reason: And Other Lies I've Loved" shares how to retain agency, empowerment, and hope for any kind of future, even when you might not be included in it.

**PLEASE RSVP: (918) 388-1327 -OR-  
SGARCIA@HOSPICEOFGREENCOUNTRY.ORG**



**CONTINUING EDUCATION  
FOLLOWING MORNING  
PRESENTATION**

**Keynote: Free To Attend  
Conference: \$65**

**AGENDA:**

**Healing the Healer  
Dr. Jennifer Clark**

**Engaging Family  
Collaboration While In Crisis  
Broken Arrow Community  
Playhouse Players**

**It Is Never Too Early To  
Have The Conversation...  
But It Can Be Too Late  
Panel Discussion**

**4.5 CE Credits Offered:  
RN\*, APRN\*, ANCC\*,  
LCSW\*\*, LPC, LMFT,  
HH & Hospice Administrators**

**EVENT LOCATION:**

**Boston Avenue  
Methodist Church**

**1301 S Boston Ave  
Tulsa, OK 74119**

# OBJECTIVES

- Explore the fundamental emotional questioning of life through the lens of faith, family and medicine.
- Develop a personal definition of health, understand the determinants affecting well-being, and discover new tools for managing stress.
- Practice scenarios to display family conflict and family cohesiveness.
- Identify problem family behaviors that are barriers to care and collaboration.
- Demonstrate the importance of skill development to facilitate functional family discussions around aging and end-of-life.

## ••••• AGENDA •••••

8:00 - 8:45      Registration & Breakfast  
8:45 - 9:00      Welcome | Housekeeping



**KEYNOTE SPEAKER | KATE BOWLER**  
**LIVING BETWEEN THE POSSIBLE AND THE IMPOSSIBLE**  
**9:00 to 10:00 AM**

10:00 - 10:15      Break  
10:15 - 11:45      Session 1: Healing the Healer: Consciousness-Based Self-Care | Jennifer Clark, MD  
11:45 - 1:00      Lunch | Networking | Vendors  
1:00 - 2:00      Session 2: Families In Crisis – Function vs. Dysfunction | Broken Arrow Community Playhouse Players  
2:00 - 2:15      Break  
2:15 - 3:15      Session 3: What Can We Do To Avoid The Communication Crisis? | Panel Discussion  
3:15 - 3:30      Evaluations & Closing | CE's Certificate Presentation

\*St. John Medical Center is an approved provider of continuing education by the Western Multi-State Division, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Arizona, Colorado, Idaho, Utah Nurses Associations are members of the Western Multi-State Division of the American Nurses Association.  
\*\*LCSW OK CEP #20180380

No refunds for nonattendance; substitutions allowed with 24 hour notice



# Continuing Education Registration



**Name:** \_\_\_\_\_  
(Please write name as you would like to have it appear on continuing education documentation.)

**Continuing Education Being Pursued:** \_\_\_\_\_  
(If you are not pursuing continuing education credits, please indicate N/A.)

**Send check to:** Attn: Susan Garcia Phone: 918•388•1327  
Hospice of Green Country Fax: 918•747•2573  
1120 S. Boston Ave., Ste 200 Email: sgarcia@hospiceofgreencountry.org  
Tulsa, OK 74119

Checks should be made payable to **Hospice of Green Country** (Tax ID# 73-1261742)

**Credit Card:**  
Circle one: VISA or MasterCard

Card number: \_\_\_\_\_ Expires on: \_\_\_\_/\_\_\_\_  
Name as shown on card is: \_\_\_\_\_ Signature: \_\_\_\_\_

Continuing Education Event • Thursday, November 29, 2018 • Boston Avenue Methodist Church

- \$65 for All Disciplines
- 20% Discount for United Way Partner Agencies (when applicable)

**Registration Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for supporting Hospice of Green Country!*