



Proudly Serving Patients and Families Since 1997

The End-of-Life Nursing Education Consortium (ELNEC) Core Curriculum



March 5th & 6th, 2018

York Technical College | Baxter M. Hood Center
375 South Anderson Road, Rock Hill, South Carolina 29730

In partnership with



What is ELNEC?

The ELNEC course provides nurses with education in palliative care preparing them to teach the information to practicing nurses and other healthcare professionals. The ELNEC content is divided into modules. Each module is accompanied by objectives, outline, PowerPoint slides, talking points for each slide, references, case studies, and supplemental teaching materials. The modules include: Palliative Nursing Care at the End of Life; Pain Management; Symptom Management; Communication; Final Hours; Loss, Grief & Bereavement; Leadership; and Self Care. Cultural Considerations and Ethical Issues are incorporated into the other modules.

Excerpt from the National Hospice and Palliative Nurses Association

Who should attend?

ELNEC is developed by nurses for nurses, we welcome all nurses from all healthcare settings, as well as other members of the interdisciplinary healthcare team who have an interest in palliative care and care at the end of life.

Registration and Fees

Registration and Fees will be \$159 for non Hospice Care of South Carolina and Palliative Care of South Carolina staff.

Register by faxing completed form to 864-542-2108 or mailing to 110 Dillon Drive, Spartanburg SC 29307

Our mission is to be the leader in End-of-Life Care... always,
serving our communities with compassionate care



Monday, March 5th 2018

8:00am	Welcome, Intro to ELNEC
8:05am	Module 1: Introduction to Palliative Care
9:00am	Module 4: Ethics
10:00am	Break
10:15am	Module 6: Communication
11:30am	<i>BOXED LUNCH-Provided</i>
12:30pm	“Being Mortal” Documentary
1:30pm	Being Mortal post viewing discussion
2:00pm	Break
2:15pm	Personal Loss Inventory
2:45pm	Module 7: Loss and Grief
3:45pm	Advance Care Planning
4:45pm	Adjourn

Tuesday, March 6th 2018

8:15 AM	Welcome, Questions, & Feedback
8:30 AM	Module 2: Pain Management
9:30 AM	Module 3: Symptom Management
11:00 AM	Break
11:15 AM	Module 8: Final Hours
12:15 PM	<i>BOXED LUNCH-Provided</i>
1:15 PM	“The Space Between” Video & Discussion
2:15 PM	Moral Distress and Self Care
2:45 PM	Break
3:00 PM	Module 5: Culture
4:00 PM	Culture Panel Presentation
4:45 PM	Wrap-up day 2
5:00PM	Adjourn

Continuing Education Unit Hours - 8.0

This continuing nursing education activity was approved by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Approval valid through February 15, 2019.

Attribution Statement

The End-of-Life Nursing Education Consortium (ELNEC) Project is a national end-of-life educational program administered by City of Hope (COH) and the American Association of Colleges of Nursing (AACN) designed to enhance palliative care in nursing. The ELNEC Project was originally funded by a grant from the Robert Wood Johnson Foundation. Additional funding has been received from the Cambia, Millbank, Oncology Nursing, Open Society, Aetna, Archstone, California HealthCare Foundations, American Association of Colleges of Nursing, National Cancer Institute (NCI), US Cancer Pain Relief, and the Department of Veterans Affairs (VA). Materials are copyrighted by COH and AACN and are used with permission. Further information about the ELNEC Project can be found at www.aacn.nche.edu/ELNEC.



Registration Form

Please fax completed form to 864-542-2108
or mailing to 110 Dillon Drive, Spartanburg SC 29307

Attendee Name: Last _____ First _____

Licensure: RN CNS LP/VN BSW MSW MD PharmD None Other _____

Credentials _____ Employer Name _____

Home Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

March 5 & 6 **ELNEC Core** **Register by March 1, 2018 \$159.00**

York Technical College | Baxter M. Hood Center
375 South Anderson Road, Rock Hill, South Carolina **29730**

Payment Information – payable to Hospice Care of South Carolina

Enclosed is a check for the total amount of registration(s) in the amount of \$ _____

Charge my credit card for the total amount of registration(s) in the amount of \$ _____

Account Number _____ Expiration Date _____ Security Code _____

Name (as it appears on the card) _____

Billing Address of Cardholder _____
Street _____ City _____ State _____ Zip _____

(Please use Street address if available)

Signature (Required) _____ Date _____