

**NHCA/NALA**

NEBRASKA HEALTH CARE ASSOCIATION  
NEBRASKA ASSISTED LIVING ASSOCIATION  
3900 NW 12th St Ste 100  
Lincoln NE 68521-3037

**NHCA/NALA 2010 District Education—Summer Round**

**Coping with  
Conflict**



**NORFOLK**  
AUGUST 3, 2010  
LIFELONG LEARNING CENTER  
NORTHEAST COMMUNITY COLLEGE  
601 East Benjamin Avenue  
800-348-9033 ext 7335

**LINCOLN**  
AUGUST 4, 2010  
COUNTRY INN & SUITES  
5353 North 27th Street  
402-476-5353

**OMAHA**  
AUGUST 5, 2010  
THE GEORGETOWNE CLUB  
2440 South 141st Circle  
402-334-5446

**GERING**  
AUGUST 17, 2010  
GERING CIVIC CENTER  
1050 M Street  
800-998-8921

**NORTH PLATTE**  
AUGUST 18, 2010  
QUALITY INN & SUITES  
2102 South Jeffers  
308-532-9090

**KEARNEY**  
AUGUST 19, 2010  
HOLIDAY INN  
110 2nd Avenue  
308-237-5971

**PROGRAM CONTENT AND OBJECTIVES**

The Chinese symbol for “conflict” is made up of two other symbols—those for “danger” and “opportunity.” At this training program, participants learn how to decrease the danger and increase the opportunity in conflict through interest-based negotiation. They discover how to work through disagreement and resolve conflict whether it is with a boss, peer, employee, resident, or family member.

At the completion of the program, participants will be able to:

1. Name the five most common sources of conflict;
2. Name the five approaches to solving conflict;
3. Name seven powerful problem-solving questions; and
4. Resolve conflict and produce a win-win situation through collaboration in four C.A.L.M. steps.

**AUDIENCE**

This program is appropriate for all in nursing facilities and assisted living facilities.

**AGENDA**

The following agenda will be used at all locations:

- 9:00 am - 10:00 am..... NALA District Meeting (NALA Members Only)
- 9:45 am - 10:15 am..... Registration
- 10:15 am - 12:15 pm..... Program
- 12:15 pm - 1:00 pm..... Lunch (provided)
- 1:00 pm - 2:00 pm..... Program, continued
- 2:15 pm - 3:15 pm..... NHCA District Meeting (AD, NU, AC, DI, SS) (NHCA Members Only)

**SPEAKER: Jeanne Baer**

Jeanne Baer is the president of Creative Training Solutions in Lincoln, Nebraska. She is a consultant and trainer in the areas of effective and productive teams and individuals.



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### CONTINUING EDUCATION CREDIT

This education program meets the continuing competency requirements of 3 hours for the renewal/reinstatement of a Nebraska Nursing Home Administrator's license as granted by the Nebraska Board of Nursing Home Administrators. This program is appropriate for the educational requirement for assisted living administrators and direct care staff. Approval has been requested from the Dietary Managers Association (DMA) for 3 hours of continuing education credit for dietary managers. Approval has been requested from the American Dietetic Association for 3 hours of continuing education credit for dietitians and dietary techs. This program meets the criteria of an approved continuing education program for social work. This program meets the criteria of a peer approved continuing education program of 3 hours for nurses. This program is appropriate continuing education for activity coordinators.

**Participants must stay in the program the entire time to receive full credit.**

### TAPING - CELLULAR PHONES - PAGERS

Material presented at this education program is the property of the speakers or Nebraska Health Care Association/Nebraska Assisted Living Association. Therefore, taping of the program is not allowed. NHCA/NALA also asks that all cellular phones and pagers be turned off during education programs.

<b>REGISTRATION FEES:</b>	
	Members*      Non-members
Administrator.....	\$57.00      \$114.00
Staff.....	\$40.00      \$ 80.00
NHPCA/LPNAN Member .....	\$40.00
NHCA Student Member .....	\$28.50
NALA District Meeting Only.....	No Charge
The NALA District Meeting starts at 9:00 am (before education).	
The NALA District Meeting is for NALA members only.	
NHCA District Meeting Only.....	No Charge
The NHCA District Meeting starts at 2:15 pm (after education).	
The NHCA District Meeting is for NHCA members only.	
*Member rates apply to NHCA, NALA, LPNAN, and NHPCA members.	

### REGISTRATION INFORMATION

PRE-REGISTRATION IS ENCOURAGED. There will be a \$5.00 PER PERSON ADDITIONAL CHARGE for registrations not received in the NHCA/NALA office by the close of business on the following dates: July 28 for the August 3 program; July 29 for the August 4 program; July 30 for the August 5 program; August 11 for the August 17 program; August 12 for the August 18 program; August 13 for the August 19 program. Registration at the door will be accepted only if space permits.

CANCELLATIONS—There will be NO REFUNDS for cancellations received in the NHCA/NALA office after the following dates: July 29 for the August 3 program; July 30 for the August 4 program; August 2 for the August 5 program; August 12 for the August 17 program; August 13 for the August 18 program; and August 16 for the August 19 program, except in the case of a death in the registrant's immediate family—mother, father, husband, wife, brother, sister, or child.

REFUNDS—Registration fees will be credited/refunded MINUS A \$10 PER PERSON SERVICE CHARGE for cancellations received in the NHCA/NALA office by the close of business on or before the above cancellation dates.

ALTERNATE REGISTRANT—If a registrant must cancel, an alternate registrant is always accepted to replace the cancelled registrant. This applies to facility members and facility non-members.

**All Personal Associate Members, Student Members, Business Associate Members, NHPCA members, LPNAN members, and non-members—fees must be paid in advance and must accompany the registration form.**

**Registration includes lunch and handout materials. If you are an Administrator, Director, or Manager, you must register as an Administrator.**

**TAX DEDUCTION FOR EDUCATION EXPENSE:** Treasury Regulation §1.162-5 Coughlin vs. Commissioner, 203 F.2d 307, permits an income tax deduction for education expenses (registration fees and cost of travel, meals and lodging) undertaken to: (1) maintain or improve skills required in one's employment or other trade or business or (2) meet express requirements of an employer or a law imposed as a condition to retention of employment, job status, or rate of compensation.

*Please bring a sweater or jacket to ensure your comfort at the program.*

## Registration Form: Coping with Conflict

### NHCA/NALA 2010 District Education — Summer Round

**REGISTER BY MAIL, FAX, OR PHONE: NHCA/NALA, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037**  
**Fax: (402) 475-6289      Phone: (402) 435-3551**

Check the box for the location registrants will be attending:

- |  |  |  |  |  |   |
|--|--|--|--|--|---|
| <input type="checkbox"/> NORFOLK<br>AUGUST 3 | <input type="checkbox"/> LINCOLN<br>AUGUST 4 | <input type="checkbox"/> OMAHA<br>AUGUST 5 | <input type="checkbox"/> GERING<br>AUGUST 17 | <input type="checkbox"/> NORTH PLATTE<br>AUGUST 18 | <input type="checkbox"/> KEARNEY<br>AUGUST 19 |
|--|--|--|--|--|---|

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Membership Status:**     Member     Non-Member    **Billing Information:**     Check Enclosed     Cash  
 (For NHCA/NALA Office Use Only: ACCT ID \_\_\_\_\_)     Credit Card     Bill

If you have a disability that requires special needs, please attach a written description of your needs.

If you wish a vegetarian meal or have other dietary restrictions, make a notation by your name.

Cardholder's Name (PRINT): _____
Credit Card #: _____
Security Code # on Card Back: _____ Expiration Date: _____
Cardholder's Billing Address, City, State, Zip: _____
Signature: _____
Your signature on the line above will authorize this transaction. ↑

Administrator Hours	Check Nursing Facility or Assisted Living		Please Print or Type Clearly!
	NE	AL	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name _____ Title _____ \$ _____ E-mail Address _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name _____ Title _____ \$ _____ E-mail Address _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name _____ Title _____ \$ _____ E-mail Address _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name _____ Title _____ \$ _____ E-mail Address _____

**Register by Mail, Fax, or Phone!    Register Early—Avoid Late Charges!**      Total Amount \$ \_\_\_\_\_