



*Association for Home & Hospice Care of NC*

*The Caring Connection  
presents*

## *The Aide's Role in Conflict Resolution*

**A Teleconference Thursday, September 9, 2010**

**Description:** Conflict will always be present, both in workplace and in our personal lives. Conflict is not necessarily a bad thing as long as it is resolved appropriately. The outcome of a conflict very much depends on the participant's conflict resolution skills. A positive outcome can lead to an increased understanding and better working relationship between the people involved. This workshop will assist the aide in understanding the five main conflict styles as well as recognizing and handling conflict. It will include tips on how to manage behaviors, apply problem-solving techniques and provide appropriate feedback.

**Speaker:** The presenter for this teleconference is **Janice Helsper, RN**. Jan has been in home care for over 20 years with an extensive background in medical review and performance improvement. She also has extensive compliance experience with both a fiscal intermediary and several large home care agencies in the southeastern U.S. More recently, Jan has spent 4 years as the Executive Director of a therapeutic riding center that provides hippotherapy and other equine assisted activities to children and adults with disabilities and long term illnesses. Jan is a graduate of the West Suffolk Hospital Nursing School in Suffolk, England and is a favorite speaker for AHHC workshops and teleconferences.

**Convenience:** Enjoy the convenience and cost-efficiency of a telephone workshop. There is no travel time involved and no limit to the number of attendees from your agency who may participate at your site through one phone line. All you need to participate is a speaker telephone and a room large enough for your staff. It is a controlled, radio-like environment where you will gather your staff, dial an 800 number, state your verbal pass code and you're connected. You will also be able to participate in a Q&A portion. The workshop will take place from **3:00 p.m. – 4:00 p.m. EST.**

**Registration:** The registration deadline is **September 7, 2010.** Due to the expense of using the teleconference hook-up, registrations may not be shared between agencies – the agency's registration covers the access of only one phone line into the teleconference. The handouts will be emailed to you by August 31, 2010 to the email address you provide. Please feel free to provide an additional email address as a back up. Handouts are emailed in power point – if you are unable to open a power point presentation, please indicate so on the registration so we can make arrangements to send it to you in another format. Thanks!

For more information go to [www.homeandhospicecare.org](http://www.homeandhospicecare.org) or [www.schomehealth.org](http://www.schomehealth.org)

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**A Teleconference Presented Thursday, September 9, 2010**

**Speaker – Jan Helsper, RN**

**Registration:** Members: \$95 per agency line  
Non-Members: \$190 per agency line

**Your email confirmation will include:** Details of how to dial into the teleconference on a toll-free telephone line, the handout, evaluation and certificate.

**YES!** We wish to participate in the telephone conference. I understand we will be emailed the information after the paid registration is processed. Fees will be refunded only if written cancellation is received by AHHC two weeks prior to the workshop **and no refunds after the dial-in number is sent to your agency.** In the event of a written cancellation, AHHC will retain \$30 of the initial fee to cover administrative overhead. **Registrations must be received in writing and will not be accepted without payment. Please print – thank you!**

Agency Name: \_\_\_\_\_ Est. # of aides participating \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address (please print): \_\_\_\_\_

Back-up email address: \_\_\_\_\_

Phone ( ): \_\_\_\_\_ Fax ( ): \_\_\_\_\_

**Are you able to open a power point presentation? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Payment Information:**

Enclosed is my check in the amount of \_\_\_\_\_ (payable to AHHC)

Visa

MasterCard

Discover

American Express

Credit Card Number: \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Address (of cardholder): \_\_\_\_\_

Signature required): \_\_\_\_\_

***Fax completed registrations to (919) 848-2355 or mail with payment to AHHC, 3101 Industrial Drive, Suite 204, Raleigh, NC, 27609. Please contact Richard Fowlkes with questions.***