



Program

Target Audience

The target audience for the 29th National Conference includes registered nurses and advanced practice nurses practicing in pain management, as well as nursing faculty and nursing students with an interest in pain management.

Conference Goals

- Discuss clinical options for the treatment of patients who require pain management nursing care.
- Analyze clinical, research, sociocultural and legal developments in the field of pain management.
- Advocate for the provision of comprehensive, evidence-based, quality care of individuals and their families experiencing problems related to persistent pain conditions.
- Network with nurses and other health care professionals who focus on pain management in their practice.

Program Objectives

Learning objectives for each session will be posted on the ASPMN® Conference webpage at a later date.

ASPMN® Conference Planning Committee

Program Chair

Laurie Holmes, RN-BC, BSN

Committee Members

Cheryl Deters, CPNP
Pamela Geyer, JD, RN-BC, CFN, FACFEI
Eileen Smith, MSN, RN-BC
Kathy Baule, DNP, RN, APN-ACNS-BC, CCRN, CNRN, RNFA
Tamara Brown, MS, RN, ACNS-BC
Sandra Davis, RN-BC
Pamela Merriam, MSN, RN-BC, OCN

Brandi O'Brien, RN-BC, CPNP-AC, AGPCNP
Cindy Garlesky, MSN, ARNP, CEN, RN-BC
Tamara Wilkins, DNP, APN, FNP-BC
Danielle Dunwoody, PhD
Maureen F. Cooney, DNP, FNP, RN-BC
Marsha Stanton, PhD, RN

Accreditation

The Greater Kansas City Chapter of the American Society for Pain Management Nursing is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering has been submitted for contact hours applicable for RN, LPN, LMHT relicensure and pharmacology hours for APN relicensure. Kansas State Board of Nursing provider number LT0279-0412.

Networking

The opportunity to develop and continue relationships with your colleagues through networking is one of the key benefits of attending the ASPMN® National Conference. Networking offers many tangible benefits to conference participants, including, but not limited to, validating your experience in providing nursing care and developing a better understanding of your practice and your role in care delivery by learning from others who are dealing with similar circumstances, solving the same problems and confronting the same issues. Take advantage of this national gathering of pain management nurses to learn more about national issues and trends.

Wednesday, September 18, 2019

Time	Presentation/Event	Presenter(s)
7:00 a.m. - 9:00 a.m.	Pre-Conference Workshop Registration	
7:00 a.m. - 8:00 a.m.	Pre-Conference Workshop Continental Breakfast	
8:00 a.m. - 5:15 p.m. <i>9.3 Contact Hours*</i>	Workshop 1 ASPMN® Pain Management Certification Preparation Course™ This course will cover basic physiology of pain, assessment of pain, pharmacologic, non-pharmacologic and interventional management of pain across the lifespan. The information in this course follows the exam content outline created by the Content Expert Panel for ANCC and was compiled by members of the ASPMN®. For more information on the exam, visit: https://www.nursingworld.org/our-certifications/pain-management/ .	Renee C.B. Manworren, PhD, PCNS-BC, RN-BC, Director of Nursing Research, Lurie Children's Hospital of Chicago, Chicago, IL; Teri Reyburn-Orne, RN, PPCNP-BC/CPNP-AC, Pediatric NP, Pediatric Pain Team Program Manager, Children's Hospital Colorado, Aurora, CO; Helen Turner, DNP, APRN, PCNS-BC, Pediatric Pain Management, Clinical Nurse Specialist, Doernbecher Children's Hospital, Portland, OR
8:00 a.m. - 5:15 p.m. <i>9.3 Contact Hours*</i>	Workshop 2 Advanced Pharmacology Pain management nursing has advanced its practice by leaps and bounds. We no longer assume that pain management is simple, algorithmic nor anecdotal. We now advance into evidence-based practice that is based on neurophysiological research. In order to continue to move pain management nursing forward, we must think in terms of advanced pharmacology that incorporates pain pathways and multi-modal approaches. Mastering the use of multi-modal therapies allows for opioid sparing. This workshop is focused for the seasoned nurse in pain management who is thinking about the depth of a person's individualized pain and how best to treat the etiology of pain while focusing on safety.	Linda Vanni, MSN, RN-BC, ACNS-BC, NP, Nurse Practitioner - Pain Management, Professional Pain Education & Consulting LLC, Troy, MI; June Oliver, MSN, CCNS, APRN-BC, RN-BC, Advanced Practice Nurse, Pain Management Services, Swedish Covenant Hospital, Chicago, IL
8:00 a.m. - 12:00 p.m. <i>4.5 Contact Hours*</i>	Workshop 3 Advanced Practice Professional Workshop Topics included in this pre-conference workshop include: Pharmacogenomics & the Impact on Pain Management Hormones & Pain Care Managing Arachnoiditis & Ehlers Danlos with Hormone Therapy Basics of Joint Injections Hands-on Demonstration	Renee C.B. Manworren, PhD, PCNS-BC, RN-BC, Director of Nursing Research, Lurie Children's Hospital of Chicago, Chicago, IL; Forrest Tennant, MD; Derek Calhoun, DNP, APRN, AP-PMN, Doctor of Nursing Practice, Pain Management Group, Inc., Greenville, KY
12:00 p.m. - 1:00 p.m.	Pre-Conference Workshop Lunch	
12:30 p.m. - 6:30 p.m.	Conference Registration	

Wednesday, September 18, 2019

Time	Presentation/Event	Presenter(s)
1:00 p.m. - 5:00 p.m. <i>4.5 Contact Hours*</i>	Workshop 4 <i>Beyond Epidural: The New Era of Regional Analgesia</i> Over the past two decades, regional anesthesia has become more popular than epidural in managing pain for patients undergoing surgeries. Regional anesthesia enables quick recovery, minimizes use of opioid analgesics, decreases length of stay, and continues pain management in home settings with ambulatory pumps. With increase in use of regional anesthesia for post-surgical pain management [Femoral, Adductor, Interscalene, Axillary, Infraclavicular, Supraclavicular, Transversus Abdominis Plane (TAP), Quadratus Lumborum (QL) and Fascia Iliaca], it can be confusing for nurses' to care for patients without having adequate knowledge about specific nerve block's insertion site, technique, distribution of local anesthetic, complications, and maintenance. The aim of this workshop is to educate bedside nurses about different regional nerve blocks (specific insertion site, technique, distribution of local anesthetic, complications, and maintenance). Different methods (lecture, discussion, audiovisual aids, and hands-on demonstration with nerve catheter kits) will be used to enhance learning. The expected outcome of this workshop is to empower nurses with knowledge and confidence to care for patients with regional nerve blocks for effective pain management.	Stacy Holt, RN, Staff Nurse, Cleveland Clinic, Cleveland, OH; Lydia Booher, PhD-C, APRN, ACNS-BC, ONC, Coordinator, APN & PA/Clinical Nurse Specialist, Cleveland Clinic, Cleveland, OH
1:00 p.m. - 5:00 p.m. <i>4.5 Contact Hours*</i>	Workshop 5 <i>SBIRT & MI: Integrated Treatment in Clinical Settings</i> Co-morbid behavioral health problems such as anxiety, depression, alcohol and other drug use, and stress co-exist and contribute to chronic pain. Many patients in need of mental health, substance use disorder, and health behavior services are seen in pain management settings as well as primary care, but that system may not be able to respond. Behavioral problems can often be effectively managed with improved outcomes for patients, when embedded in the health care setting. This workshop aims to expand existing services by introducing Screening, Brief Intervention, and Referral to Treatment (SBIRT). The training approach will include: A) Exposure Training (knowledge transfer); B) simulation experiences (building clinical skills competencies); C) Coaching (increase in effective integrated patient care). This training is founded on a "motivational wellness approach" focused on reducing preventable health risks, thus reducing stigma and increasing patient engagement and wellness activation. The approach utilizes universal screening questions, including distracted driving, flu shots, mood (depression/anxiety) symptoms, tobacco use, prescription misuse, cannabis, illegal drugs, and alcohol use. These initial questions triage patients into two pools, those receiving affirmation and those needing secondary risk screens. Secondary risk tools can include: PHQ, AUDIT, and DAST. Motivational brief interventions are matched to risk level/risk type and include reflective discussions, personal risk reports, and techniques in the brief negotiated interview (BNI).	Patricia Bruckenthal, PhD, APRN-BC, FAAN, Associate Professor, Associate Dean for Research and Innovation, Stony Brook University School of Nursing, Stony Brook, NY
3:30 p.m. - 4:30 p.m.	Chapter Leadership Town Hall Meeting	
4:30 p.m. - 5:30 p.m.	Chapter Meetings	
5:30 p.m. - 6:00 p.m.	New Member/Attendee Orientation	
6:00 p.m. - 8:30 p.m.	Welcome Reception in the Exhibit Hall/Poster Viewing/Silent Auction	

Thursday, September 19, 2019

Time	Presentation/Event	Presenter(s)
7:30 a.m. - 4:30 p.m.	Conference Registration	
7:00 a.m. - 8:00 a.m.	Continental Breakfast	
8:00 a.m. - 8:30 a.m.	Welcome & Opening Remarks	Debra J. Drew, MS, ACNS-BC, RN-BC, ASPMN® President, University of Minnesota Health, Maplewood, MN
8:30 a.m. - 9:30 a.m. <i>1.2 Contact Hours*</i>	Keynote Address <i>Children Are Not Little Adults, But Adults Are Big Children</i> In this keynote address, Dr. Walco will emphasize a lifespan developmental approach to understanding chronic pain. The effort is to move away from focusing on pediatric pain versus adult pain versus geriatric pain, but rather to unify the model. Dr. Walco will discuss factors that put people at risk for chronic pain problems, continuities and discontinuities in pain issues over the life span, and opportunities for prevention and treatment.	Gary A. Walco, PhD, Director, Pain Medicine; Professor, Department of Anesthesiology; Adjunct Professor, Department of Pediatrics, Seattle Children's Hospital, Seattle, WA
9:30 a.m. - 10:15 a.m.	Break in the Exhibit Hall/Poster Viewing/Silent Auction	
10:15 a.m. - 11:05 a.m. <i>1.0 Contact Hours*</i>	General Session <i>Pain Management in the Context of the Opioid Epidemic</i> The purpose of this panel discussion is to engage providers, policy-makers, and patients in a transparent and evidence-informed discussion related to the current climate of pain management in the era of opioid over-use and regulatory controls. Participants will: <ul style="list-style-type: none">- Understand the opioid epidemic through the lens of policy and legislation.- Discuss the clinical impact of the opioid crisis and clinical practice guidelines on patient care.- Explore issues related to access to opioid medication from the patient perspective.	Wade Delk, Government Affairs Director, ASPMN®, Washington, D.C.; Sharon Wrona, DNP, PNP, PMHS, AP-PMN, Nurse Practitioner, Nationwide Children's Hospital, Columbus, OH; Melanie Simpson, PhD, RN-BC, OCN, CHPN, Pain Management Nurse Clinician, University of Kansas Health System, Kansas City, KS; Local patient from Portland Area
11:15 a.m. - 1:00 p.m.	Society Meeting Luncheon <i>All attendees invited</i>	
1:15 p.m. - 2:05 p.m. <i>1.0 Contact Hours*</i>	General Session <i>Utilizing Continuous Improvement Methodologies, Nursing Practice Partnerships, and Technology for Improved Pain Reassessment</i> In response to findings from a 2018 accreditation survey at a large academic medical center, Nursing Practice Leaders and Nursing Informaticists collaborated with a multidisciplinary team of stakeholders on identified pain documentation gaps in the comprehensive patient pain story. Leveraging technology in conjunction with professional practice and continuous improvement methodologies, pain reassessment documentation increased from 49% to 81% in eight months. This increase led to improved nursing knowledge transfer within the electronic health record for interdisciplinary decision making and patient safety.	Gayle Murphy, MSN, RN, CMSRN, Professional Practice Leader, Oregon Health and Science University, Portland, OR; Denise Sandell, MSN, RN-BC, CNS, Nurse Informaticist, Oregon Health and Science University, Portland, OR; Emily James, BSN, RN, CCRN-K, Specialty Practice Leader, Oregon Health and Science University, Portland, OR

Thursday, September 19, 2019

Time	Presentation/Event	Presenter(s)
2:10 p.m. - 3:00 p.m. <i>1.0 Contact Hours*</i>	General Session <i>Jean Guveyan Lecture: Nurses as Legislative Advocates</i>	Lois Capps, Former California State Representative and Nurse, Santa Barbara, CA
3:00 p.m. - 3:45 p.m.	Break in the Exhibit Hall/Silent Auction	
3:45 p.m. - 4:35 p.m. <i>1.0 Contact Hours*</i>	General Session <i>Trends in Federal Law, Regulation, and Enforcement, and Their Impact on Pain Management Practice</i> Panelists will provide a timely update on the pressing legal, regulatory, and enforcement trends affecting pain management. Topics will include the implications of recently-passed, comprehensive federal opioid legislation entitled the SUPPORT for Patients and Communities Act; draft report on pain management best practices by the Pain Management Best Practices Inter-Agency Task Force; enforcement trends by federal regulators; and the vital roles of pain management nurses as patient advocates. The session will conclude with a moderated question-and-answer session.	Wade Delk, Government Affairs Director, ASPMN®, Washington, D.C.; Michael Barnes, JD, Managing Partner, DCBA Law & Policy LLP, Washington, D.C.
4:40 p.m. - 5:55 p.m. <i>1.5 Contact Hours*</i>	General Session <i>The Truth about the Opioid Overdose Epidemic</i> Advocacy and safe practice require sifting through the volume of statistics cited about the 'opioid epidemic' and discerning misunderstandings from well-founded fact. Many current assumptions that are buoyed by statistics about prescription opioids are ill-founded and can further fuel an already charged atmosphere, and cloud the facts. The presenters will aid the healthcare practitioner in sorting through sometimes conflicting data about opioid prescriptions, opioid misuse, and overdose deaths involving prescription opioids. The purpose of this presentation is to investigate a number of common misperceptions pertaining to opioid use/misuse and overdoses and replace them with facts and data.	June Oliver, MSN, CCNS, APRN-BC, RN-BC, Advanced Practice Nurse, Pain Management Services, Swedish Covenant Hospital, Chicago, IL; Cathy Carlson, PhD, APRN, FNP-BC, RN-BC, Associate Professor, Northern Illinois University School of Nursing, DeKalb, IL

Friday, September 20, 2019

Time	Presentation/Event	Presenter(s)
7:00 a.m. - 8:30 a.m.	Breakfast Symposium - Supported by Collegium <i>Managing Chronic Pain with Abuse-Deterrent Extended-Release Opioids - Clinical Evidence and Implications</i>	Mary Milano Carter, MS, ANP-BC, RN-BC, Nurse Practitioner, Chronic Pain Service, North Shore University Hospital/ Northwell Health, Manhasset, NY
8:00 a.m. - 4:00 p.m.	Conference Registration	
8:30 a.m. - 9:20 a.m. <i>1.0 Contact Hours*</i>	General Session <i>Collaborative Patient Care: Using Integrative Therapies to Improve Patient Outcomes</i> For many patients, the pain experience can be complex and requires a multidisciplinary treatment approach. Integrative therapies, like chiropractic, acupuncture, Roling, Reiki, and massage, can complement conventional allopathic treatments. The goal of integrative therapies is to treat the whole person. They provide a whole systems approach to medicine that addresses physical pain, in addition to other aspects of patient health, like stress reduction, sleep quality, and nutrition. This collaborative model for patient-centered care can result in improved quality of life, improved function, and better patient satisfaction.	Ty Weingard, Chiropractor, Certified in Pain Nutrition; Diane Behall, Acupuncturist/Reiki Practitioner; Gina Purl, Rolfer, Oregon Health and Science University, Portland, OR

Friday, September 20, 2019

Time	Presentation/Event	Presenter(s)
9:20 a.m. - 10:00 a.m.	Break in the Exhibit Hall/Poster Viewing/Silent Auction	
10:00 a.m. - 10:50 a.m.	Concurrent Session 1 <i>1.0 Contact Hours*</i>	
	1A Utilizing the 2016 Pain Management Guidelines in the Care of the Bariatric Surgical Patient Bariatric Surgery is a disease-modifying group of procedures that, while assisting with weight loss and the secondary comorbid diseases, are also modified as the patient loses weight. Due to the comorbid diseases this population is at high risk of complication when attempting to control post-operative pain. The speakers used process improvement, guided by combining WILDA pain assessment and the Enhanced Recovery After Surgery (ERAS) protocols, to provide a framework to develop a pain management protocol for the Bariatric Patient.	Patti Murray, DNP, ACHPN, RN-BC, Nurse Practitioner, Palliative Medicine, Guardian, Arlington Heights, IL; Donna Barker, MS, ANP-BC, RN-C, Nurse Practitioner, Palliative Medicine, Guardian, Arlington Heights, IL
	1B PICU Pain Assessment: Development and Use of an Evidence-Based Algorithm Pain assessment in the Pediatric Intensive Care Unit (PICU) is complex and challenging. After participating in a multi-site PICU pain prevalence study, gaps in the presenters' own pain assessment were found. Through a team of experts, staff nurses, and unit leadership members, an evidence-based algorithm was established to standardize practice. The Iowa Model of Evidence-Based Practice was used to implement and sustain this practice change. This includes the use of pre- and post-data collection to understand the effect of the algorithm.	Elyse Laures, MSN, RN, Evidence-Based Practice/Research Specialist, University of Iowa Hospitals and Clinics, Iowa City, IA; Deb Bruene, MA, RN, Nursing Practice Leader - Pediatric Pain Management, University of Iowa Stead Family Children's Hospital, Iowa City, IA
	1C Peri-operative Management of the Patient with Obstructive Sleep Apnea: PAP Therapies The prevalence of Obstructive Sleep Apnea (OSA) in the U.S. is around 18%. As OSA is a common factor that contributes to respiratory complications after surgery and when prescribed opioid medications, it is important for nurses to understand the pathophysiology, diagnosis, and treatment of this condition. Often, CPAP devices accompany patients to the hospital. This presenter will review the 1) pathophysiology as well as the signs and symptoms of Sleep Disordered Breathing (SDB), 2) how nurses can identify the patient with SDB, and 3) types of treatment devices and how nurses can ensure the device is supporting the patients' airway effectively.	Carla Jungquist, PhD, ANP-BC, FAAN, Associate Professor, University at Buffalo, Buffalo, NY
10:00 a.m. - 10:25 a.m.	1D-1 Acceptability and Feasibility of Virtual Reality for Hospitalized Patients with Pain Current standards require expanding non-drug options available to control pain. This study examined the feasibility and acceptability of using Virtual Reality (VR) to alleviate pain in hospitalized patients. Pain patients were offered a distraction, relaxing scene, or guided meditation VR experience. Measures of pain, anxiety, stress, and pulse were measured immediately before and after use, and the experience was discussed. Fifty-three patients tried VR and had an average 30% reduction in pain during its use. Equipment-specific factors, clinical judgment, and time required may limit its feasibility and scalability in its current state.	Paul Arnstein, PhD, RN-BC, ACNS-BC, FAAN, Clinical Nurse Specialist for Pain Relief, Massachusetts General Hospital, Boston, MA

Friday, September 20, 2019

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10:00 a.m. - 10:50 a.m. <i>1.0 Contact Hours*</i>	Concurrent Session 1	
10:25 a.m. - 10:50 a.m.	1D-2 Free Naloxone Discharge Kits: An Innovative Approach to the Prevention of Opioid-Related Overdose Deaths According to the CDC, opioids killed more than 49,000 people across the U.S. in 2017 (that's five times more deaths than in 1999). Our country saw an increase of greater than 15% opioid related deaths from 2016 to 2017. Furthermore, opioid-related overdoses claimed the lives of 2,199 Illinoisans in 2017, nearly two times the number of homicides in Chicago, and over two times the number of car accidents. The Emergency Department at Advocate Christ Medical Center and Advocate Children's Hospital, Oak Lawn are taking a major step to help prevent deaths by opioid overdose by providing free naloxone discharge kits.	Kimberly Wittmayer, MS, APN, PCNS-BC, AP-PMN, Advance Practice Nurse, Pediatric Pain Service, Advocate Children's Hospital, Oak Lawn, IL; Kristi Waddell, MSN, APN, PPCNP-BC, Advance Practice Nurse, Advocate Children's Hospital, Oak Lawn, IL
	1E Improving the Image of Pain Care through Advanced Nursing Practice Through innovation and transformational leadership, the presenters' APRN-led Integrative Pain Management Service had a goal of developing a model of care that met TJC 2018 Standards for Pain Management and provided patients with a comprehensive treatment program that improved comfort and decreased reliance on opioid medication. Join these engaging speakers as they guide participants through the process of collaborating with leadership and expanding the scope, role, and model of nursing care provided by advanced practice nurses in a hospital setting.	Marie O'Brien, MSN, ANP-C, Integrative Pain Management Coordinator, Mather Hospital, Port Jefferson, NY; Patricia Dodd, MSN, ANP-C
11:00 a.m. - 11:50 a.m. <i>1.0 Contact Hours*</i>	Concurrent Session 2	
	2A Results of the 2019 ASPMN® OIRD Monitoring Survey and Discussion about Revised ASPMN® Monitoring Guidelines In 2011 a workgroup from ASPMN® published <i>Guidelines of Monitoring Hospitalized Patients for Advancing Sedation and Respiratory Depression</i> . This year the guidelines were revised and published. There was also a survey of current monitoring practices distributed just before the revised guidelines were published. During this session, the results of the survey will be presented and changes to the monitoring guidelines will be discussed.	Carla Jungquist, PhD, ANP-BC, FAAN, Associate Professor, University at Buffalo, Buffalo, NY; Danielle Dunwoody, PhD, RN, Halton Healthcare Services, Oakville, ON, Canada
	2B Peripheral Nerve Blocks: Closing the Pain Management Gap for Pediatric Patients The presenter will discuss the role of peripheral nerve blocks as part of a multimodal pain management approach in the pediatric population. An overview of current evidence will be discussed on trends and safety concerns surrounding this topic. Information will be shared on experiences from a Regional Anesthesia and Acute Pain Medicine Service working in conjunction with the multidisciplinary team. Three case examples will be presented where peripheral nerve catheters were successfully used to improve pain management in pediatric patients at a level one trauma center.	Christine Kreider, MSN, RN-BC, CNL, CPAN, Clinical Coordinator, Regional Anesthesia, Penn State Health, Hershey Medical Center, Hershey, PA

Friday, September 20, 2019

Time	Presentation/Event	Presenter(s)
11:00 a.m. - 11:50 a.m. <i>1.0 Contact Hours*</i>	2C The Botulinum Toxins Dr. Mauer will review the various formulations of botulinum toxins and their use in chronic migraine. She will briefly touch on other migraine therapies and other uses for onobotulinum toxin	Kim Mauer, MD, Associate Professor of Anesthesiology and Peri-operative Medicine, Oregon Health and Science University School of Medicine, Portland, OR
	2D Spinal Cord Stimulation: Is It for My Patient? Spinal cord stimulation was first used to treat pain in 1967 and came into more routine use in the 1980s. Throughout the years, the devices have continued to be updated and improved and now offer a safe and effective non-pharmacologic option for the treatment of chronic pain. What was once used as a "last resort" modality has now moved up the treatment algorithm and is available to patients with many different painful conditions. In the current health care environment, more and more patients are looking for non-opioid treatment options.	Megan Filoramo, MSN, FNP, APN-C, Nurse Practitioner, New Jersey Pain Consultants, Morristown, NJ
	2E Using a Values-Based Pain Management Model to Identify and Bridge the Gaps in Pain Management In this session, the recent development of a values-based pain management model and its key elements will be discussed. Application of the model may be used to uncover gaps in pain care that were heretofore hidden. Various, challenging pain management scenarios can be applied to the model, including individual patient-provider cases as well as those that involve surrogates, policy makers, and law-makers. By asking the deep 'why' questions regarding personal values along the model paths, insight may be obtained into how to bridge pain management gaps. Participants are encouraged to bring their own pain management challenges for discussion.	Esther Bernhofer, PhD, RN-BC, CPE, Associate Professor, Case Western Reserve University, Parma, OH
12:00 p.m. - 1:30 p.m.	Awards Luncheon <i>All attendees invited</i>	
1:30 p.m. - 2:20 p.m. <i>1.0 Contact Hours*</i>	3A Perioperative Buprenorphine: To Continue or Not to Continue? That Is the Question... It is estimated that more than 2 million Americans suffer from opioid use disorder (OUD). Buprenorphine is increasingly being used in OUD, but there is no consensus on the optimal perioperative management of patients on buprenorphine. The presenter will discuss the experience of an anesthesia acute pain service at an academic medical center in progressing over a five-year period from enforcing a protocol of stopping buprenorphine to allowing use through the perioperative period. The discussion will include the influence of an Addiction Medicine Service and the development of advance notification of patients on buprenorphine seen in a pre-anesthesia clinic.	Robert Montgomery, DNP, RN-BC, ACNS-BC, Associate Professor, University of Colorado School of Medicine, Department of Anesthesiology, Evergreen, CO

Friday, September 20, 2019

Time	Presentation/Event	Presenter(s)
1:30 p.m. - 2:20 p.m. <i>1.0 Contact Hours*</i>	Concurrent Session 3 <i>3B Implementation of Multimodal Analgesic Protocol for Pectus Excavatum NUSS Repair</i> The presenters will describe the implementation of a protocolized pain management guideline developed using an Enhanced Recovery after Surgery (ERAS) framework for the pre-operative, intra-operative, and post-operative care of children undergoing repair of pectus excavatum. The protocol was developed to address significant issues with pain management post-operatively and standardize an approach to improve pain management and reduce opioid exposure. Quality and safety outcomes will be presented and compared with pre-protocol patient outcomes. <i>3C Multimodal Analgesia Tried and True and Those Less Used</i> Pain perception is a unique patient experience arising from nociceptive, visceral and/or neuropathic mechanisms. Chronic opioids at moderate doses, in some patients, can create a wind-up effect and can be one factor contributing to persistent intractable pain. Multimodal analgesia facilitates reduction in pain by addressing one or more of these mechanisms, and, as research suggests, it has an opioid-sparing effect. Mechanism of action, dosing, and common side effects will be reviewed in medications such as topical agents, gabapentinoids, and antidepressants. Use and precautions with novel therapies, such as Ketamine and Buprenorphine, will also be reviewed. <i>3D Managing Chronic Pain in the ED</i> Managing the patient with chronic pain in the Emergency Department, whether the patient has suffered an acute pain episode such as a traumatic injury; an acute exacerbation of chronic pain; or acute pain along with chronic pain, has become very difficult for both the patient and the health care provider. This presenter will provide methods to manage chronic pain in the emergency department, including both pharmacologic and non-pharmacologic methods, identify strategies that may assist in the management of chronic pain in the emergency department, and discuss resources for holistic patient care in the emergency department. <i>3E Nursing...Let's Talk about the Art of It!</i> This session is about the ART of nursing! Well...the role that art plays in the environment in which we work, the care we provide to our patients, and how having the "mindset of an artist" can impact our personal and professional lives. Participants will learn the following, and have a little fun! <ul style="list-style-type: none">• Three ways art can impact care delivery• Three art techniques and tools you can provide to people with pain.• Three ways to "think" like an artist.	Stephanie Whittaker, MSN, RN-BC, PCNS-BC, APRN, Acute Pain Service, Riley Hospital for Children at Indiana University Health; Marti Michel, DNP, RN-BC, PCNS-BC, CPNP, APRN, Chronic Pain Service Michelle Lavelle-Henry, RN-C, APRN, CNP, Advanced Practice Provider, Pain and Palliative Care, Fairview Ridges Hospital, Burnsville, MN Renee Holleran, FNP-BC, PhD, CEN, FAEN, Nurse Practitioner Integrative Medicine, Veterans Health Administration, Salt Lake City, UT Pamela Bennett, RN, BSN, CCE, Queen Creek, AZ

Friday, September 20, 2019

Time	Presentation/Event	Presenter(s)
2:30 p.m. - 3:20 p.m. <i>1.0 Contact Hours*</i>	Concurrent Session 4 <i>4A Promotion of Safe Use, Storage, and Disposal of Opioids in the Ambulatory Surgery Setting</i> Prescription opioids, the foundation of post-surgery pain management, often go unused, unlocked and undisposed, contributing to non-medical use. Nurses and other providers do not routinely discuss safe use, storage, or disposal of medications, including opioids. A descriptive, cross-sectional study was conducted to determine perianesthesia nurses' knowledge and promotion of safe use, storage and disposal of opioids to patients in the ambulatory surgery setting and determine if these concepts were related to each other and to practice factors. The presenters will provide an analysis of the study's quantitative and qualitative results, and implications for perioperative clinician education focusing on opioid misuse prevention. <i>4B An Informal Discussion of ASPMN and Its Attributes</i> Some of ASPMN's esteemed past presidents will introduce the audience to ASPMN, its history, and discuss the importance of getting involved. <i>4C Influence of Neighborhood Disorder on Perceived Control over Pain and Pain-Related Function in African Americans</i> For those who experience little control over adversities surrounding neighborhood disorder, perceived control over pain, and resulting pain-related function may be influenced. Knowledge and understanding of relationships between neighborhood disorder, perceived control over pain, and pain-related function is underdeveloped. Research examined the effect of perceived control over pain on pain-related function, with the addition of neighborhood disorder factors from census data of Detroit neighborhoods to examine its influence. This research improves understanding of population-specific perceived control over pain in African Americans residing in impoverished urban neighborhoods of high disorder, and understanding of neighborhood level factors influencing perceived control over pain.	Joni M. Brady, DNP, RN-BC, CAPA, Chair, Board of Directors, International Collaboration of PeriAnaesthesia Nurses, Inc., Alexandria, VA; Jan Odom-Forren, PhD, RN, CPAN, FASPAN, FAAN, Assistant Professor, University of Kentucky-Lexington, Louisville, KY Marsha Stanton, PhD, RN, Independent Consultant, Los Alamitos, CA; Karen Sikorski, MS, RN-BC, CNS, OSF St. Anthony Medical Center, Rockford, IL; Patricia Bruckenthal, PhD, APRN-BC, FAAN, Associate Professor, Associate Dean for Research and Innovation, Stony Brook University School of Nursing, Stony Brook, NY; Terry Grimes, Associate Vice President, Nursing/NP, Pain Management, John T. Mather Memorial Hospital, Port Jefferson, NY Angelika Maly, RN, ACNP, PhD-C, PhD Candidate, Wayne State University, Farmington Hills, MI; April Hazard-Vallerand, PhD, RN, FAAN, Director, PhD Program Distinguished Professor, Wayne State University College of Nursing, Detroit, MI

Friday, September 20, 2019

Time	Presentation/Event	Presenter(s)
2:30 p.m. - 3:20 p.m. <i>1.0 Contact Hours*</i>	Concurrent Session 4 4D Your Career...Own It! LinkedIn and Essential Tools No person cares more about your career than you. What are you doing to prepare for, nurture, and advance your career? This session will provide you with insights about the future state of the workforce, key questions to ask yourself about your career, and practical tools you need to deploy to increase your visibility with headhunters and potential employers. You will leave the session knowing how to maximize your LinkedIn profile. 4E Bridging the Gap between Caregiver and Patient: Bringing Joy to Work In 2017 the Institute for Healthcare Improvement published its white paper, "Framework for Improving Joy in Work," and the American Nurses Association published " <i>Exploring Moral Resilience toward a Culture of Ethical Practice</i> ." The presenter will review the quality improvement project one Midwestern hospital surgical services department undertook to bring joy and resilience back to daily work lives. Pre- and post-program data will be reviewed as well as various activities utilized to improve staff morale.	 Pamela Bennett, RN, BSN, CCE, Queen Creek, AZ Laura Habighorst, BSN, RN, CAPA, CGRN, Surgical Services Clinical Educator, North Kansas City Hospital, Kansas City, MO
3:30 p.m. - 4:15 p.m. <i>0.9 Contact Hours*</i>	Poster Session	
3:30 p.m. - 4:15 p.m.	Break in the Exhibit Hall/Poster Viewing/Silent Auction	
4:15 p.m. - 5:05 p.m. <i>1.0 Contact Hours*</i>	General Session Should We Change the Meaning of NRS to Not Really Suitable? The Numeric Rating Scale (NRS) has been a staple of pain assessment for decades. Its validity and reliability are well established, and its ease of use is a prominent factor in its popularity. However its uni-dimensional nature is problematic, and research indicates its use, and results are prone to interpretation by patients and healthcare providers. Professionals need to be aware of the complexities and nuances in play when they ask a patient to "rate their pain from 0-10," so they are better equipped to explore the meaning behind the number and engage in meaningful conversations regarding quality pain management.	 Jason Sawyer, RN-BC, NP-, AP-PMN, Nurse Practitioner, Acute Pain Service, Sunnybrook Health Sciences Centre, Toronto, ON, Canada
8:00 p.m. - 11:00 p.m.	ASPMN® Party!	

Saturday, September 21, 2019

Time	Presentation/Event	Presenter(s)
6:30 a.m. - 7:30 a.m.	Fun Run/Walk	
7:30 a.m. - 8:30 a.m.	Continental Breakfast & Committee Meetings	
8:00 a.m. - 12:30 p.m.	Conference Registration	
8:30 a.m. - 9:20 a.m. <i>1.0 Contact Hours*</i>	General Session <i>The Cannabis Controversy: Perceptions of Patients, Providers, and Marijuana Consultants on Cannabis Use</i> This session will share perspectives on cannabis use from surveys targeting three populations from Washington State: (1) adults who use opioids for pain or opioid use disorder; (2) healthcare providers who can authorize cannabis use; and (3) and marijuana consultants. A conceptual framework will be presented to guide clinical decision-making within the context of diverse viewpoints and legislation on cannabis use.	Marian Wilson, PhD, MPH, RN-BC, Assistant Professor, Washington State University, Spokane, WA; Tracy Klein, PhD, FNP, ARNP, FAANP, FAAN, Assistant Professor, Washington State University, Spokane, WA
9:20 a.m. - 9:45 a.m.	Incoming Presidential Address	Ann Quinlan-Colwell, PhD, RN-BC, FAAPM, New Hanover Regional Medical Center, Wilmington, NC ASPMN® Incoming President
9:55 a.m. - 10:45 a.m. <i>1.0 Contact Hours*</i>	Concurrent Session 5 <i>5A BMI Strengthens Relationships between Health Factors and Pain Outcomes among Adults Using Prescription Opioids</i> Persistent pain and obesity are related. Both conditions are timely to address in the context of the opioid and obesity epidemics. Adults with persistent pain report many burdensome health factors that make pain self-management difficult. It is unknown whether relationships between health factors of depression, sleep quality, and self-efficacy and pain outcomes of pain intensity and pain interference are impacted by weight, particularly among adults with persistent pain using prescription opioids. A secondary analysis using linear regression models was conducted to explore relationships. Clinical implications for pain treatments alternative to use of prescription opioid medications will be offered.	Teresa Bigand, PhD-C, MSN, CMSRN, CNL, Nurse Researcher, Washington State University, Spokane, WA; Marian Wilson, PhD, MPH, RN, Associate Professor, Washington State University
9:55 a.m. - 10:20 a.m.	<i>5B-1 Pediatric Pain: How Existential Suffering Influences Physical Pain</i> There are many issues that influence a patient's perception of pain, and many providers have a difficult time recognizing the existential factors that impact pain. Existential pain is sometimes referred to as suffering or as a misalignment of expectations with reality facing the patient. The presenters will address how providers can recognize existential pain in pediatric patients, how it influences physical pain and the necessity of "treating" existential pain.	Jenny Styers, RN-BC, CPNP-AC/PC, Pain Management Nurse Practitioner, APS Team Leader, Children's Health System of Texas; Lynn Clark, RN-BC, CPNP-PC, AP-PMN, Advanced Practice Manager, Children's Health System of Texas, Dallas, TX

Saturday, September 21, 2019

Time	Presentation/Event	Presenter(s)
9:55 a.m. - 10:45 a.m. <i>1.0 Contact Hours*</i>	Concurrent Session 5	
10:20 a.m. - 10:45 a.m.	5B-2 Aching to Be Thin: The Spectrum of Pain in Anorexia & Bulimia With a high mortality rate among adults and children, eating disorders can be difficult to diagnose, often disguising themselves as painful conditions. The spectrum of acute and chronic pain caused by anorexia and bulimia includes almost every body system. Practitioners assessing pain are in a unique position to identify patients with eating disorders and start them on their path to complete recovery. The presenter will review the types of pain related to anorexia and bulimia, and interactive case studies will help participants learn to diagnose eating disorders as a cause of pain.	Taralyn Johnson, MSN, APRN, FNP-BC, Family Nurse Practitioner, Center for Change, Orem, UT
	5C Expert Monitoring for Safe Opioid Prescribing The presenters will focus on the following objectives: <ul style="list-style-type: none">• Discuss approaches to minimize risk in pain management for prescribers and patients.• Differentiate between various drug testing methodologies.• Through a case study format, learn the intricacies of interpreting complex toxicology testing results.• Provide guidelines of expert monitoring for safe opioid prescribing.	Mary Milano Carter, MS, ANP-BC, RN-BC, Nurse Practitioner, Chronic Pain Service, North Shore University Hospital/ Northwell Health, Manhasset, NY; Terry Grimes, Associate Vice President, Nursing/NP, Pain Management, John T. Mather Memorial Hospital, Port Jefferson, NY
9:55 a.m. - 10:20 a.m.	5D-1 Behavioral Symptom Clusters, Inflammation & Quality of Life in Chronic Low Back Pain Chronic low back pain (CLBP) is a prevalent condition, often involving an inflammatory process. Those with CLBP frequently experience behavioral symptoms, including depressed mood, fatigue, and sleep disturbance, which may exacerbate pain and reduce quality of life (QOL). The purpose of this study was to identify behavioral symptom clusters (depressive mood, fatigue, poor sleep) in individuals with CLBP, and to determine whether there are differences in pain, QOL and inflammation (plasma IL-6) based on cluster membership. CLBP patients (N=69; age = 56±13 years) completed measures of pain, depressive mood, fatigue, sleep, and QOL. Blood was obtained for IL-6 measurement. LCA revealed a two-class model. Participants in Class 1 characterized by High Behavioral Symptoms (HBS) had more depressive mood, fatigue, and sleep disturbance (including less sleep per night) compared to participants in Class 2 characterized by Low behavioral Symptoms (LBS). Univariate general linear models revealed HBS reported worse QOL than those in LBS. Pain severity and pain interference were not significantly different between the classes. Exploratory analysis suggested this was due to a moderating effect of IL-6 on pain severity. Levels of IL-6 (controlling for BMI) were significantly greater in HBS, compared to LBS, with higher levels of IL-6 correlating with greater pain severity and more sleep disturbance. Further, logistic regression revealed higher levels of IL-6 predicted HBS membership. In conclusion, behavioral symptoms cluster in individuals with CLBP and worsen QOL. Inflammation contributes to the complex relationship between behavioral symptoms and pain severity. Clinical recognition of behavioral symptom clusters can foster more comprehensive pain assessment and tailored interventions for CLBP patients.	Anitha Saravanan, PhD, RN, ANP-BC, Research Associate, Department of Health Promotion, Loyola University Chicago, Maywood, IL
10:20 a.m. - 10:45 a.m.	5D-2 All Patients Need Opioids after Cardiac Surgery? Nope! In 2019 a prospective quality improvement initiative was undertaken in the post-operative cardiac surgery population. Valid and reliable pain assessment questionnaires were distributed at three time points to evaluate the outcomes of a multimodal oral analgesic cocktail used to reduce, and often replace, opioids during the majority of their length of stay. Outcomes were compared to a similarly designed initiative completed in 2012 with opioids as the primary analgesic.	Jason Sawyer, RN-BC, NP, AP-PMN, Nurse Practitioner, Sunnybrook Health Sciences Centre, Toronto, ON, Canada

Saturday, September 21, 2019

Time	Presentation/Event	Presenter(s)
	<p>5E/6E <i>Become Published: Consult with the Pain Management Nursing Editorial Board (Part 1)</i> Writing for publication and participating in the dissemination of best evidence can be challenging. The purpose of this session is to consult with the <i>Pain Management Nursing</i> Editors and Editorial Board to prepare manuscripts for submission. The participants have the opportunity to interact with the Editorial Board members to discuss manuscript ideas, develop an outline and timeline for manuscript submission or receive feedback for a manuscript draft. Participants in this session will sign up for time slots to discuss their projects with <i>PMN</i> Editorial Board members.</p>	<p>Elaine Miller, PhD, RN, CRRN, FAAN, FAHA, Professor of Nursing/Editor <i>PMN Journal</i>, University of Cincinnati, Cincinnati, OH; Patricia Bruckenthal, PhD, RN, ANP-BC, FAAN, Associate Professor, Associate Dean for Nursing Research, Stony Brook School of Nursing, Stony Brook, NY; Susan O'Conner-Von, PhD, RN, Assistant Professor, University of Minnesota School of Nursing, Minneapolis, MN; April Hazard-Vallerand, PhD, RN, FAAN, Director, PhD Program Distinguished Professor, Wayne State University College of Nursing, Detroit, MI; Ann Schreier, PhD, RN, Professor, East Carolina University School of Nursing, Greenville, NC; Marian Wilson, PhD, MPH, RN, Associate Professor, Washington State University, Spokane, WA; Kelly Allred, PhD, RN-BC, Associate Professor, University of Central Florida College of Nursing, Orlando, FL</p>
10:45 a.m. - 11:00 a.m.	Break/Silent Auction Winners Prize Pick-up	
11:00 a.m. - 11:50 a.m.	Concurrent Session 6 <i>1.0 Contact Hours*</i>	
	<p>6A <i>Evaluating and Treating Opioid Withdrawal Symptoms in Patients on Chronic Opioid Therapy</i> Opioid withdrawal symptoms can be distressing and lead to the failure of a tapering treatment plan. As providers continue to be encouraged to taper patients off of chronic opioid therapy, the incidence of opioid withdrawal symptoms will continue to rise. The knowledge of how to manage these symptoms effectively can increase patient satisfaction and adherence to treatment. Participants will learn how to identify symptoms and support a multimodal approach to treatment. This session will include commonly used medications for symptom management. Current trends in practice, scientific literature, and guidelines will be reviewed.</p>	<p>Molly McNaughton, RN, MAN, APRN-BC, Pain Nurse Practitioner, Allina Health, Minneapolis, MN; Leslie Maynard, RN, MSN, APRN-BC, Pain Nurse Practitioner</p>
	<p>6B <i>Comprehensive Strategies to Improve the Pediatric Venipuncture Experience</i> Although one of the most common aspects of healthcare, children and parents view venipuncture as one of the most fearful. A positive venipuncture experience requires a comprehensive and interdisciplinary approach to preventing pain and anxiety and promotes development of positive coping strategies. Through collaboration, the presenter's team developed standards of care and implemented a wide variety of creative interventions to decrease venipuncture pain and provide support to children. The presenter will share the team's approach to venipuncture education without an IV team, escalation process/algorithm, inpatient phlebotomy processes, parent engagement through interactive TV, video development, gift shop, and appointment letters and much more!</p>	<p>Deb Bruene, MA, RN, Nursing Practice Leader, Pediatric Pain Management, University of Iowa Stead Family Children's Hospital, Iowa City, IA</p>

Saturday, September 21, 2019

Time	Presentation/Event	Presenter(s)
	<p>6C ERAS: Bridging the Gaps in Multimodal Analgesia</p> <p>The presenter will review the importance of multimodal analgesia in Enhanced Recovery after Surgery programs. A review of medications and their effects on pain pathway processes, as well as case studies with and without complete pre-, intra- and post-operative multimodal analgesia will be reviewed.</p>	<p>Laura Habighorst, BSN, RN, CAPA, CGRN, Surgical Services Clinical Specialist, North Kansas City Hospital, Kansas City, MO</p>
11:00 a.m. - 11:25 a.m.	<p>6D-1 Effects of Auricular Point Acupressure with Seeds on Relieving Pain: A Systematic Review</p> <p>Therapy of auricular point acupressure with seeds (APA-S) refers to the method of using small objects (e.g., botanical plants or magnet pellets), applied to the patient's ear acupoint with a small piece of waterproof tape to produce acupuncture-like effects. It is widely used in pain treatment. The method related to APA-S intervention, including acupoints selection, stimulators chosen, period of APA-S, and pressing techniques will be discussed. Pressing techniques, including frequency of pressure application per day, duration of session, person who applies pressure to the acupoints, single ear or double ear methods, and intensity of acupressure will also be covered.</p>	<p>Miao Miao Liu, Hangzhou Normal University, Jianggan Distric, Hangzhou, Zhejiang, China; Ying Ge Tong, Associate Professor, Hangzhou Normal University, Hangzhou, China</p>
11:25 a.m. - 11:50 a.m.	<p>6D-2 Acupuncture for Pain: A Feasibility Study for the Integrative NP Pain Service</p> <p>The presenters will guide participants through the process of implementing an inpatient acupuncture program. A review of the current evidence to support this modality will be presented along with the clinical findings and results of this IRB approved study. The presenters will share strategies for expanding hospital integration of this evidence-based, non-pharmacologic modality for the management of pain. Study findings will exemplify Joint Commission standards and opioid use reduction while improving comfort, function, and patient satisfaction.</p>	<p>Marie O'Brien, MSN, ANP-C, Coordinator, Integrative Pain Service, Mather Hospital Northwell Health, Port Jefferson, NY; Patricia Dodd, MSN, ANP-C, LAc, Integrative Pain Management NP, Licensed Acupuncturist, Mather Hospital Northwell Health, Port Jefferson, NY</p>
	<p>5E/6E Become Published: Consult with the Pain Management Nursing Editorial Board (Part 2)</p> <p>Writing for publication and participating in the dissemination of best evidence can be challenging. The purpose of this session is to consult with the <i>Pain Management Nursing</i> Editors and Editorial Board to prepare manuscripts for submission. The participants have the opportunity to interact with the Editorial Board members to discuss manuscript ideas, develop an outline and timeline for manuscript submission or receive feedback for a manuscript draft. Participants in this session will sign up for time slots to discuss their projects with <i>PMN</i> Editorial Board members.</p>	<p>Elaine Miller, PhD, RN, CRRN, FAAN, FAHA, Professor of Nursing/Editor <i>PMN Journal</i>, University of Cincinnati, Cincinnati, OH; Patricia Bruckenthal, PhD, RN, ANP-BC, FAAN, Associate Professor, Associate Dean for Nursing Research, Stony Brook School of Nursing, Stony Brook, NY; Susan O'Conner-Von, PhD, RN, Assistant Professor, University of Minnesota School of Nursing, Minneapolis, MN; April Hazard-Vallerand, PhD, RN, FAAN, Director, PhD Program Distinguished Professor, Wayne State University College of Nursing, Detroit, MI; Ann Schreier, PhD, RN, Professor, East Carolina University School of Nursing, Greenville, NC; Marian Wilson, PhD, MPH, RN, Associate Professor, Washington State University, Spokane, WA; Kelly Allred, PhD, RN-BC, Associate Professor, University of Central Florida College of Nursing, Orlando, FL</p>

Saturday, September 21, 2019

Time	Presentation/Event	Presenter(s)
11:50 a.m. - 1:30 p.m.	Lunch on Your Own	
1:30 p.m. - 2:20 p.m. <i>1.0 Contact Hours*</i>	General Session <i>Putting the Pieces Together for Cohesive Care of Complex Regional Pain Syndrome</i> Fragmented care, curricula disparities, and geographical imbalances produce disproportionate consequences to modify pain and restore function of the complex regional pain syndrome (CRPS) population. Despite the syndrome dating back to the Civil War, this debilitating syndrome of sensory abnormalities and autonomic dysfunction can be classified into type 1, type 2 or a combination of both. Prompt diagnosis and multidisciplinary treatments are indicators for possible remission, vs. flares and crisis of limbs and internal organs with corresponding co-morbidities. Strategies for cohesive care are critical and will be discussed.	Elizabeth Seickel, RN, BSN, Nurse Advocate, Volunteer, Mentor, Reflex Sympathetic Dystrophy Syndrome Association (RSDSA), Massapequa Park, NY; James Broatch, MSW, Executive Director/VP, RSDSA, Milford, CT
2:20 p.m. - 2:35 p.m.	Break	
2:35 p.m. - 3:25 p.m. <i>1.0 Contact Hours*</i>	General Session <i>Treatment of Pain and Opioid Use Disorder</i> Pain management can be complicated for patients on medications for opioid use disorder such as methadone, buprenorphine, and naltrexone. Pain management nurses are faced with challenges to treat pain for this population as medication treatment for opioid use disorder increases. A case based approach is used to provide information about the unique properties of these treatments, as well as to describe pain management options.	Kathleen Broglio, DNP, ANP-BC, ACHPN, CPE, FPCN, Nurse Practitioner, Palliative Care, Dartmouth Hitchcock Medical Center, Lebanon, NH; Barbara St. Marie, PhD, AGPCNP, Assistant Professor, University of Iowa College of Nursing, Iowa City, IA
3:25 p.m. - 3:30 p.m.	Closing Remarks	Ann Quinlan-Colwell, PhD, RN-BC, FAAPM, New Hanover Regional Medical Center, Wilmington, NC ASPMN® Incoming President

**Subject to change based upon approval*

Total number of contact hours applied for is 27.9 (18.6 for the regular conference plus 9.3 for the pre-conference workshop)