

**Conference Sessions:**

**Legislative Update**

Gwen Dayton, JD will discuss status of the current 2009 legislative session and expected issues and impacts on healthcare.

**Risk Managers as Disclosure Coaches**

Tom Gallagher, MD, Marcia Rhodes and Lynne Robins from the University of Washington will present coaching models that highlight strategies for successful disclosure of medical errors.

**Sharing Our Experience**

Hospital case studies will be presented to illustrate the disclosure process and the impact on the organization.

**Education Committee:**

Sharon Heaton, co-chair  
Parker Smith & Feek

Diane Waldo, co-chair  
OAHHS

Darlene Holt  
RMPSI

Kent Goold  
Adventist Medical Center

Barbara Wheatley  
Providence Health &  
Services

Deborah Sturm  
AllMed Healthcare Mgmt

Lori Davis  
OHSU

Suzanne Laisner  
The Oregon Clinic

**OSHRM Conference  
Oregon Medical Association  
Tigard, OR**

**Program Schedule**

**Friday, May 8, 2009**

- 8:15 am** Conference Registration  
Continental Breakfast
- 8:45 – 9:00 am** Welcome and Introductions  
Mavis Tuten, OSHRM President
- 9:00 – 9:30 am** Legislative Update  
Gwen Dayton, JD  
Oregon Association of Hospitals & Health  
Systems
- 9:30 – 10:30 am** “New Developments in Disclosure: An  
Introduction to Disclosure Coaching”  
Tom Gallagher MD, Marcia Rhodes, Lynne  
Robins, University of Washington
- 10:30 – 10:45 am** Break
- 10:45 – 11:45 am** “Disclosure Coaching in Action”(Part 1)  
Tom Gallagher MD, Marcia Rhodes, Lynne  
Robins, University of Washington
- 11:45 – 12:30 pm** Lunch (provided)
- 12:30 – 1:30 pm** Disclosure Coaching in Action” (Part 2)  
Tom Gallagher MD, Marcia Rhodes, Lynne  
Robins, University of Washington
- 1:30 - 2:15 pm** “Review of Small Group Coaching  
Sessions”  
Tom Gallagher MD, Marcia Rhodes, Lynne  
Robins, University of Washington
- 2:15 – 2:30 pm** Break
- 2:30-3:45 pm** Hospital Case Studies  
Salem Hospital  
Providence St Vincent Medical Center
- 3:45 pm** Final Remarks:  
Tom Gallagher MD
- 4:00 pm** Closing and Evaluation

**OSHRM Conference  
Oregon Medical Association  
Tigard, OR**

**Registration Form**

(copy for additional registrants)

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Email \_\_\_\_\_

**Registration Fee:**

- \_\_\_\_\_ \$125 OSHRM members
- \_\_\_\_\_ \$135 Non-members
- \_\_\_\_\_ \$ 65 Student

\$ \_\_\_\_\_ Total enclosed

Vegetarian diet preference Y \_\_\_ N \_\_\_

**Make check payable to: OSHRM**

Please enclose registration form & full payment

**Mail to:**

Vicke Stephens, OSHRM  
4000 Kruse Way PI, #2-100  
Lake Oswego, OR 97035

**Conference Registration Deadline:**

**May 1, 2009**

No refunds for cancellations given after this date

May send alternate attendee

CLE Credit Pending Approval