

## Faculty

Cary Gatton

Mary James, RN, BSN



St. Charles Clinical Education  
2500 NE Neff Road  
Bend, Oregon 97701

# *Therapeutic Touch*

2010

## *Full Day Workshop & Refresher Course*

### FULL-DAY WORKSHOP:

Wednesday, February 10th

SCMC - Bend

8:00 am – 4:30 pm

Tuesday, May 18th

SCMC - Redmond

8:00 am – 4:30 pm

Wednesday, September 22nd

SCMC - Bend

8:00 am – 4:30 pm

### REFRESHER COURSE:

Wednesday, November 15th

SCMC - Bend

1:00 pm – 5:00 pm

 **Cascade**  
HEALTHCARE COMMUNITY



## Workshop Description

The *full-day workshop* provides participants with a beginning level understanding of Therapeutic Touch as a beneficial intervention in a variety of settings, from family home care to hospital bedside. Therapeutic Touch is appropriate for care providers in all settings.

A variety of teaching methods will be used, including lecture, group discussion, case history presentation, videos, and skill practice.

Validations will be completed during the workshop.



The *refresher course* is for those who have completed the full-day workshop and offers an opportunity for Therapeutic Touch practitioners to meet, enhance their skills through hands-on practice, share their experiences, and to learn from one another.

**PARTICIPANTS: Please bring a blanket and pillow to class.**

## Schedule (Full-day workshop:)

0800	Registration	1300	Break
0815	Definitions, Development, Theory, and Assumptions	1315	Presence
0945	Break	1345	Art of Practice, Ethics, and Controversy
1000	Procedures	1445	Break
1130	Lunch (on your own)	1500	Integration, Perspective, and Practice and validations
1215	Effects	1630	Closing



## Objectives

At the completion of this workshop, the participant will be able to:

- ♦ Demonstrate awareness of the implementation process and personal accountability for implementing Therapeutic Touch in the patient care areas.
- ♦ Articulate the theories supporting the use of Therapeutic Touch as a caregiver intervention.
- ♦ Analyze formal research related to Therapeutic Touch.
- ♦ Practice Therapeutic Touch at a beginning level.
- ♦ Communicate methods of incorporating Therapeutic Touch into the care setting.
- ♦ Demonstrate correct documentation.
- ♦ Discuss ethical considerations related to the practice of Therapeutic Touch.



## Accreditation (Full-day workshop:)

Provider approved by the California Board of Registered Nursing, Provider Number 8050 for 7.50 contact hours for Completion course.

**CANCELLATION POLICY:** If you are unable to attend, please notify St. Charles Clinical Education Department at 541-706-4716. Cancellations received before 14 days prior to class date will be eligible for full refund.

Cancellations received between 14 days and 7 days prior to class dates will be eligible for a refund less a \$20.00 processing fee. Cancellations received within 7 days of the class dates, no refunds given. No show will be considered cancellation without notice. Full refund if class is cancelled by St. Charles. CHC Caregivers, a \$40 fee will be assessed for no show.

Cascade Healthcare Community encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact Michelle Swindler at 541-706-7799, or [mlswindler@cascadehealthcare.org](mailto:mlswindler@cascadehealthcare.org), in advance of your participation or visit.

## 2010 ~ Therapeutic Touch Registration

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8:00 am – 4:30 pm
- Tues., May 18 - SCMC - Redmond  
8:00 am – 4:30 pm
- Wed., September 22 - SCMC - Bend  
8:00 am – 4:30 pm

### REFRESHER COURSE:

- Wed., November 15 - SCMC - Bend  
1:00 pm – 5:00 pm

Name (F) \_\_\_\_\_ (MI) \_\_\_\_\_ (L) \_\_\_\_\_

Last 4 digits of Social Security # \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

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

Dept \_\_\_\_\_

License # \_\_\_\_\_

Email address \_\_\_\_\_

### **Fee(s):**

#### No fee for CHC Caregivers

CHC Caregivers - Please self-enroll through  
NetLearning Student Interface

Full-Day Training: \$125.00

Refresher Course: \$40.00

Please identify payment method:

(Please make checks payable to St. Charles Clinical  
Education)

( ) Check ( ) VISA ( ) MC ( ) Discover ( ) AMEX

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_

Detach and mail, or fax registration to:  
St. Charles Clinical Education  
2500 NE Neff Rd., Bend, OR 97701  
Fax: 541-706-6322