

# The Role of Mindfulness to Reduce Stress and Compassion Fatigue

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**Presented by Washington State College of Nursing Office of Professional Development**

**Michelle Simmons, RN, BSN (DNP PMHNP student)**

**April 8<sup>th</sup>, 2017 9am-5pm (registration begins 8:30-9am)**

**WSU College of Nursing Vancouver Campus-VECS 105**

Discover how to reduce stress and cultivate a peaceful mind for yourself and your patients at the Mindfulness workshop. Attendees will be able to identify the importance of the a) harmful effects of stress on the mind and body, b) increased risk for burn-out and compassion fatigue, c) health benefits and science behind Mindfulness and Self-Compassion, d) clinical and personal application, and e) Mindful Self-Compassion resources for continued practice and experience.

**\$50 Registration**

**\$35 Student/WSU Employee Discount**

**Nursing Contact Hours: 6.5**

In order to, receive contact credit for this CNE activity, you must: Sign the Verification of Attendance Form at the Registration Desk, Present no later than ten (10) minutes after starting time. Remain until the scheduled ending time, and Complete and submit the Evaluation Forms before you leave at the conclusion.

*This activity has been submitted to the Washington State Nurses Association Approver of Continuing Nursing Education (A-CNE) for approval to award contact hours. The Washington State Nurses Association Approver of Continuing Nursing Education (A-CNE) is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.*

MasterCard or Visa – Payment by check accepted (Payable to WSU CON)

Register in person or mail registration to:

Professional Development  
WSU College of Nursing – Room 153  
PO Box 1495  
Spokane WA 99210-1495

Or by phone:

Nancy Oberst (509) 324-7219

Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ V-code \_\_\_\_\_

Signature of cardholder \_\_\_\_\_ Zip code for billing address \_\_\_\_\_

Total Amount: \_\_\_\_\_ Semester (i.e. J1, J2, S1, S2) \_\_\_\_\_ WSU ID# \_\_\_\_\_ (if applicable)

Would you like to participate in the optional Yoga Session? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Please bring your Yoga mat if you elect to participate in the Yoga Session. Thank you.