

# WHEN A BRUISE IS NOT A BRUISE:

Investigation, Assessment &  
Documentation of Possible  
Abuse, Neglect & Falls of  
Vulnerable Persons



November 10, 2020 | Hilton Garden Inn, Lansing

## THE IMPORTANCE OF ABUSE & NEGLECT TRAINING

Injuries, especially unwitnessed and unexplained injuries, are common among older and vulnerable adults. While most of the injuries are accidental in nature, some could be from abuse and neglect. The content on abuse and neglect in most formal educational programs of professionals who work with vulnerable adults is cursory at best. Direct care staff are provided basic knowledge on identifying some signs and symptoms of abuse, usually during new hire orientation, and to whom to report.

However, few in the long-term care industry have been taught techniques to differentiate accidental from intentional injury and to systematically, and without bias, explore all reasonable theories of injury causation. Using a multi-disciplinary, case-study focused approach, this program will provide participants the knowledge and skills to better assess, investigate, and document injury as well as provide tips to prevent further injury of vulnerable persons.

## PROGRAM DESCRIPTION

Using a top-down and bottom-up approach, participants will learn techniques to improve their assessment, investigation, documentation (written and photographic) of vulnerable residents with possible abuse and neglect related injuries. An overview of contributors to falls will be presented as well as techniques to differentiate and document witnessed falls from being found down. Forensic terminology will be presented in a format immediately useful to professionals from multiple disciplines. A series of instructive injury slides will be shown to demonstrate patterned injuries and injuries in various stages of healing.

Participants will learn what would trigger the need for internal and external investigations of possible abuse, neglect or significant unexplained injury. They will also learn the elements needed to conduct a thorough, competent, fact-based and unbiased internal investigation of known or suspected abuse.



Jointly-Provided by



## VENUE & LODGING

This program will be held at the Hilton Garden Inn located at 633 N. Canal Rd., Lansing, MI 48917. HCAM has a negotiated corporate rate of \$119+\$/night at the Hilton Garden Inn. To reserve your room now call 517-999-9930 and ask for the HCAM rate of \$119.

## AGENDA

7:30 am	Registration Opens
8:15 am	Program Begins
11:45 am - 12:45 pm	Lunch on Your Own
12:45 pm	Program Resumes
4:45 pm	Program Concludes

## CONTACT HOURS

NHA: This program has been submitted (but not yet approved) for Continuing Education for 6 total participant hours from NAB/NCERS. Contact [KistiBoatright@hcam.org](mailto:KistiBoatright@hcam.org) for further information.

RN: This program will provide participants with the opportunity to earn up to 6 contact hours for nurses. HCAM is an approved provider of continuing nursing education by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## LEARNER OUTCOMES

At the end of this presentation, participants will:

1. List the assessment steps needed to differentiate bruises from ecchymotic lesions.
2. List the causes and differences in appearance of lacerations versus sharp (incised) trauma to the skin.
3. More accurately document violence related injuries using correct medical forensic terminology.
4. Identify the physical indicators of intentional abuse that will help differentiate intentional from accidental trauma.
5. Correctly document witnessed falls versus being found down and be able to list physiologic, pharmacologic and environmental contributors to falls.
6. Identify the steps needed to better train nursing staff in the principles of forensic injury assessment.
7. Apply the principles of forensic documentation, including photography into case/investigative records.
8. Review the steps needed to conduct a thorough, fact-based and unbiased internal investigation of known or suspected abuse or unexplained injury.

## PRESENTER

Daniel J. Sheridan, PhD, RN, FAAN | JS Net Associates, LLC

Dr. Sheridan has more than 30 years of clinical and research experience working with persons experiencing intimate partner violence, sexual assault, elder/vulnerable person abuse and neglect, bruising, injury identification and strangulation. He recently retired from the Texas A&M University College of Nursing where he helped create its Forensic Nursing Program. He completed his PhD in Nursing at the Oregon Health Sciences University School of Nursing in 1998. Dr. Sheridan taught forensic nursing courses for 12 years at the Johns Hopkins School of Nursing. He is a former Board President of the International Association of Forensic Nurses.

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MI-NADONA/LTC

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November 10 | Lansing, MI



**\$225**

MI-NADONA/LTC Member Rate  
BEFORE October 6, 2020

**\$275**

MI-NADONA/LTC Member Rate  
AFTER October 6, 2020

**\$350**

Non-Member Rate

## Individual Membership Status

Current MI-NADONA Member

Non-Member

MI-NADONA Membership is based individually, NOT by facility or HCAM membership. To become a MI-NADONA/LTC member, please visit [www.MI-NADONA.org](http://www.MI-NADONA.org).

## Attendee Information

Attendee Name: \_\_\_\_\_

Attendee Title: \_\_\_\_\_

Attendee Email: \_\_\_\_\_

## Facility Information

Facility/Company: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Special Dietary Needs: Vegetarian Vegan Kosher

Life-Threatening Allergy to: \_\_\_\_\_ Moderate Allergy to: \_\_\_\_\_ Mild Allergy to: \_\_\_\_\_

HCAM/MCAL provides an attendee list of all registered attendees with name, title and facility only to partners and presenters. This list does NOT contain contact info such as email or phone. To opt-out of being included in the attendee list, please select opt-out on this registration form.

Opt-Out

## CE Information

NAB Registry ID\*: \_\_\_\_\_ Nursing License\*: \_\_\_\_\_

\*In order to receive NAB CEs for this conference, attendees with an NHA license must sign up with NAB for a CE Registry number. That number must be shared with HCAM/MCAL at the time of registration or no CEs will be given. For more information go to <https://www.nabweb.org/ceregistry>.

\*In order to receive RN CEs for this conference, attendees must provide their nursing license number to share with ANCC.

## Payment Information

Payment Method: Visa Mastercard American Express Discover Check/Money Order Payable to "HCAM"

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HCAM Registration Policies

**Event Confirmation**  
After your registration form has been processed, an event confirmation will be emailed to your attention. Please be sure to include a current email address on this form. If you do not receive a confirmation within 14 business days, please contact Kisti via email at [KistiBoatright@hcam.org](mailto:KistiBoatright@hcam.org).  
**Cancellation & Refund Policy**  
All refund requests must be made in writing by e-mail to [KistiBoatright@hcam.org](mailto:KistiBoatright@hcam.org). Telephone cancellations will NOT be accepted. Individual registration fees, less a 25 percent processing fee, will be refunded for cancellations received in writing prior to Oct. 6. Cancellations received after Oct. 6 and no-show registrants, will not receive a refund nor a credit to a future program.  
**Substitutions**  
Individuals registered to attend this program, but unable to participate, may send an alternate in their

place. Please contact Kisti at [KistiBoatright@hcam.org](mailto:KistiBoatright@hcam.org) with the first and last name, title, and facility/company of both the original registrant and the alternate to process this request.  
**Dietary Restrictions/Special Accommodations**  
Individuals with special dietary restrictions, or those who require special accommodations to fully participate in this program, should contact HCAM in writing by e-mail to [KistiBoatright@hcam.org](mailto:KistiBoatright@hcam.org) at the time of registration, detailing their request or restriction.  
**Consent to Use of Photographic Images**  
Registration and attendance at, or participating in, HCAM events and/or activities constitutes an agreement by the registrant to HCAM's use and distribution (both now and in the future) of the registrant/attendee's image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events.

**To register now, submit this form by fax to (517) 627-3016 or by mail to HCAM, 7413 Westshire Dr, Lansing, MI 48917**