Home Care

Sat-Sun, 11 -12 July 2015

2.00 - 5.30pm

College of Medicine Building, Auditorium (Level 2) 16 College Road, Singapore 169854



TOPICS

- Unit 1: Enteral feeding
- Unit 2: Assessment and management of dysphagia
- Unit 3: Respiratory support for home care patients
- Unit 4: Wound care
- Unit 5: Common infections
- Unit 6: Certifying cause of death

WORKSHOPS

- Day 1: Enteral Feeding Tubes and Feeds
- Day 2: Wound Care and Types of Dressings

SPEAKERS

A/Prof Lee Kheng Hock

Dr Matthew Ng

Dr Ng Lee Beng

Ms Grace Yu Dr Tay Wei Yi

Dr Catherine Chan

Sister Magheshwari Sabapathy

Dr Low Lian Leng

Dr Jesmine Lee

Dr Michelle Tan

Sister Yang Leng Cher

SEMINARS

(2 Core FM CME points per seminar)

Seminar 1 • Unit 1 - 3: Sat, 11 July 2015 (2 - 4pm) Seminar 2 • Unit 4 - 6: Sun, 12 July 2015 (2 - 4pm)

WORKSHOPS

(1 Core FM CME point per workshop)

Day 1 • Sat, 11 July 2015 (4.30 - 5.30pm)

Day 2 • Sun, 12 July 2015 (4.30 - 5.30pm)

* Registration is on a <u>first-come-first-served</u> basis Seats are limited.

Please register by 6 July 2015 to avoid disappointment.

DISTANCE LEARNING MODULE

(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)

• Read 6 Units of study materials in The Singapore Family Physician Journal and pass the online MCQ Assessment.

This Family Practice Skills Course is organised by College of Family Physicians Singapore



All information is correct at time of printing and may be subject to changes.

REGISTRATION

Home Care

FREE REGISTRATION for College Members!

	College Member	Non Member
Seminar 1 (Sat)	\$21.40 FREE	\$21.40
Seminar 2 (Sun)	\$21.40 FREE	\$21.40
Workshops (Sat - Sun)	\$42.80 FREE	\$42.80
Distance Learning (MCQ Assessment)	\$42.80 FREE	\$42.80
TOTAL		

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C
Lattach a cheque for payment of the above, made payable to College of Family Physicians Singapore *
Cheque number:
Signature:

* Registration is confirmed only upon receipt of payment. The College will not entertain any request for refund due to cancellation after the registration is closed <u>OR</u> after official receipt is issued (whichever is earlier).

Name: Dr		
MCR No:		
Email:		
Tel:	Fax:	
Mailing Address: (O Residential or O Practice)		

[For GDFM Trainees only] Please indicate: O2013 Intake O2014 Intake

Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:
College of Family Physicians Singapore
16 College Road #01-02 College of Medicine Building Singapore 169854
Or fax your registration form to: 6222 0204