



Family Practice Skills Course #34

Psychiatry Updates

20 & 21 March 2010 | 2.00pm - 6.45pm

College of Medicine Building, Auditorium*

SEMINARS

Unit 1: Approach to Patients with Insomnia

Unit 2: Non-Pharmacological & Pharmacological Options in Managing Insomnia

Unit 3: CPG: Administrative Guidelines in Managing Insomnia

Unit 4: Depression: Adult & Elderly

Unit 5: Anxiety

Unit 6: Management of Suicide Ideation

WORKSHOPS

Case Studies:

Addictions, Chronic Insomnia, Depression

Practical Skills:

Narrative Therapy in Sleeping Problem, Relaxation Techniques, Counselling & Managing Suicide Ideation

SEMINARS

(2 Core FM CME Points for each seminar)

Seminar 1 • Unit 1-3: Sat, 20 March 2010 (2.00pm - 4.15pm)

Seminar 2 • Unit 4-6: Sun, 21 March 2010 (2.00pm - 4.15pm)

WORKSHOP (2 Core FM CME Points)

Workshops:

Sat, 20 March 2010 (4.30pm - 6.45pm)

Part 1 • Case Studies & Skills

Sun, 21 March 2010 (4.30pm - 6.45pm)

Part 2 • Case Studies & Skills

*Registration of workshop is on first come first served basis. Seats are limited. Please register by 16 March 2010 to avoid disappointment.

DISTANCE LEARNING MODULE

(6 Core FM CME Points upon completing the MCQ Assessment)

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

This Family Practice Skills Course is organised by the College of Family Physicians Singapore and supported by an educational grant from **sanofi-aventis** and **Lundbeck**

sanofi aventis
Because health matters



*Subject to change. Venue is to be confirmed via email and/or announced at the College's website, www.cfps.org.sg

REGISTRATION

PSYCHIATRY UPDATES

Please tick (✓) the appropriate boxes



	College Member	Non Member
Seminar 1 (Sat)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 20.00
Seminar 2 (Sun)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 20.00
Workshops (Sat-Sun)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 40.00
Distance Learning (Journal)	FREE	<input type="checkbox"/> \$ 40.00
	TOTAL	

I attached 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 **OR** after official receipt is issued (whichever is earlier).

Name: Dr _____

MCR No: _____

(For GDFM Trainee only) Please indicate: 2008 Intake 2009 Intake

Mailing Address: (Please indicate: Residential Practice Address)

E-mail: _____

Tel: _____ Fax: _____

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

Please mail the completed form and cheque payment to:

College of Family Physicians Singapore

16 College Rd #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: **6222 0204**