SYDNEY NORTH Health Network

A team approach to improve palliative care in your community

Positive Ageing – Community of Practice

RACGP | QI&CPD 2017–19 Accredited Activity Category 2 | 4 points

This activity has been allocated 4 category 2 points under the 2017-2019 RACGP QI&CPD Program, activity number 156291

Sydney North Health Network (SNHN) invites local GPs, Practice Nurses, Allied Health Professionals and Residential Aged Care Facility staff working in the Northern Beaches region. This workshop will improve the quality of your patients' last stages of life, and provide timely referral to support for both your patients and their families.

DATE:
Thursday 14 November 2019

TIME:
6.30pm - 7.00pm Registration and dinner
7.00pm - 9.00pm Workshop

VENUE:
Checkers Resort
289 Mona Vale Road, Terrey Hills
(Entry via 48 Myoora Road)

PARKING: *Parking onsite*

COST:
No cost for health professionals practising within the SNHN region

CONTACT:
For more information contact Judy or Robi from the Education Team on 9432 8250

Speakers & Learning Objectives

Speakers

- **Dr Peter Roach, MBBS - Staff Specialist, Palliative Care**
- **Felicity Burns, Director Community Palliative Care, Hammondcare**
- **Sarah Fox, Project Development Manager, Community Palliative Care, Hammondcare**

Learning Objectives

- Respond to the needs of the person who is dying and their family
- Identify a number of treatment protocols for medications used in palliative care
- Recognise the role of the multidisciplinary team in supporting people who are dying and their carers
- Recognise the value of after death audits and discuss whether this could be implemented in their practice
- Develop a Positive Ageing Community of Practice.

This education session has been made possible through the generosity of the Erica Foundation.

Registration - submit this completed form to events@snhn.org.au or fax to 02 8088 4770

Participants are encouraged to submit any questions relating to the topics being covered prior to the event. This will allow keynote speakers sufficient time to better answer your question at the event.

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_____

Name: _____ Telephone: _____

Organisation: _____ Suburb: _____

Email:* _____ GP CPD Number: _____
**Email address is required for workshop confirmation purposes* *(if applicable)*

☐ I have special dietary requirements Details: _____

I am a: ☐ GP ☐ Practice Nurse ☐ Allied Health Professional ☐ Residential Aged Care

Please state your profession: _____

Level 5, Tower 2, 475 Victoria Avenue, Chatswood NSW 2067 Mail: PO Box 1083, Chatswood 2057
Telephone: (02) 9432 8250
Fax: (02) 8088 4770
Email: info@snhn.org.au
www.snhn.org.au

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