



Geriatric Education Series



Registration, GES March 6 – 8, 2017
(PLEASE PRINT CLEARLY)

<input type="checkbox"/> 2 Day Option, Mar 6 - 7	<input type="checkbox"/> 3 Day Option, Mar 6 - 8
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Learning Objectives

- To enhance clinical expertise by acquiring additional knowledge of the unique needs of the elderly with complex health problems, including common geriatric problems and principles.
- To acquire the skills necessary to identify patients who would benefit from specialized geriatric services.
- To become more familiar with the goals and functions of the Regional Geriatric Program of Eastern Ontario and other specialized geriatric services.
- To provide an understanding of who may benefit from specialized geriatric services

- Caregiver Stress and Burnout
- Capacity Assessment
- Anemia in the Elderly
- Environment
- Assessment of Depression
- Assessing and Managing Difficult Situations

Program Dates

March 6 – 8, 2017

Location: Residence Corporation Boardroom
751 Parkdale Avenue, Room 406
The Ottawa Hospital, Civic Campus

Time: Sessions will usually begin at 8.00 am and end by 4.30 pm

Capacity: 35 participants

Cost:
*2-day option includes the in-class sessions.
\$300.00

*3-day option includes the in-class sessions, as well as ½ day observation visit. Travel to other hospitals or residential homes may be required as part of the observation visit.
\$350.00

* A detailed schedule will be provided.
* Lunch and refreshments are included day 1 & 2.

The Series includes topics such as:

- Principles of Assessing and Managing the Frail Elderly
- Geriatric Assessment
- Function
- Driving
- Falls and Mobility
- Polypharmacy
- Pain
- Delirium
- Elder Abuse
- Management of Osteoporosis

Dr./Ms./Mr. _____

Position/Title: _____

Organization: _____

Mailing Address: _____

City: _____

Prov/Postal Code: _____

Phone: _____

Email: _____

Diets Available:
 Regular Vegetarian
 Dairy Free Gluten Free

To register, send completed form to:
Fax: 613-761-5334
Email: smaclaren@toh.ca

Cheques or money orders can be made payable to **The Regional Geriatric Program of Eastern Ontario** and sent to:

Sharon MacLaren, RGPEO
The Ottawa Hospital, Civic Campus
1053 Carling Avenue, Box 678
Ottawa, ON K1Y 4E9
Telephone: 613-761-4458

VISA Mastercard American Express

#: _____

Expiry Date: _____

Name on card: _____

Receipts will be issued at the training.