

Certificate Course on Wound Management in Primary Health Care Setting 2016

Course objective:

To provide a basic understanding of wound care and discuss the practice of specific wound management in primary health care (PHC) setting.

Class Size:

60 participants

Date **8 Oct 2016 – 5 Nov 2016**
(8/10, 15/10, 22/10, 29/10, 5/11)
[Every Saturday, 14:00 – 18:00]
(Total 5 lecture days of 20 hours)

Venue 14/F, Fairmont House, 8 Cotton Tree Drive, Central, HK (Admiralty MTR, Exit B)
HK Management Association

Speaker

- | | |
|----------------------|----------------------------------|
| ★ Dr. SIN Ming Chuen | AC, FM & PHC (HKEC) |
| ★ Ms. WONG Tze Wing | NC, Burns (NTEC) |
| ★ Ms. FUNG Lai Chu | APN, Wound Clinic (KEC) |
| ★ Ms. LAU Wai King | APN, Wound Clinic, FM&PHC (HKWC) |
| ★ Ms. NG Shuk Ching | APN, Wound Clinic, FM&PHC (KWC) |
| ★ Ms. Bonnie CHOW | Podiatrist, RHTSK (HKEC) |
| ★ Ms. LUK Yuen Man | APN, AED, PYNEH (HKEC) |
| ★ Ms. LEUNG Yin Fan | APN, Wound Clinic (NTEC) |
| ★ Ms. WU Suk Ching | APN, Wound Clinic (NTWC) |

Course Content

Date	Topic
8 Oct 2016 (Saturday)	<ul style="list-style-type: none"> Anatomy & Physiology of Skin Management of Common Skin Condition Dressing Products Overview Surgical Wound Management in PHC
15 Oct 2016 (Saturday)	<ul style="list-style-type: none"> Wound Assessment & Documentation Skin Tear Management in PHC Factors Affecting Wound Healing Cancerous Wound Care in PHC
22 Oct 2016 (Saturday)	<ul style="list-style-type: none"> Burn & Scald Wound Management in PHC Diabetic Foot Ulcer and Nail Care
29 Oct 2016 (Saturday)	<ul style="list-style-type: none"> Trauma Wound Management Leg Ulcer Management
5 Nov 2016 (Saturday)	<ul style="list-style-type: none"> Wound Bed Preparation & Debridement Quiz Feedback & Evaluation

The Hong Kong Association of Family Medicine and Primary Health Care Nurses is a Continuing Nursing Education Provider accredited by the Nursing Council of Hong Kong.

Target participants:	<ul style="list-style-type: none"> All members of the HKAFMPCN All nurses/ health professional interested in wound management in primary care setting
Course Fee:	Member: HK\$1,500 Non-member: HK\$2,000 <i>(Member include all HKAFMPCN, HKCNA, HKAOHN & HKSPHN)</i>
CNE Points:	18 CNE
Language:	Cantonese and English <i>(with English handouts)</i>
Assessment and Award:	A MCQ written test would be held at the end of the course A certificate will be awarded to participants who have: (1) Achieved $\geq 75\%$ attendance (2) Remark of PASS if evaluation test score $\geq 60\%$
Application and Payment:	Send the duly completed enrollment form and a cross cheque payable to "Hong Kong Association of Family Medicine and Primary Health Care Nurses Limited" by post to HKAFMPCN, c/o Ms. Pauline TANG, Princess Margaret Hospital Nurse Quarters, LG1, 232 Lai King Hill Road, Kowloon.
Enquiry:	Ms. Pauline TANG Tel: 9730 2231 Email: hkfmphcn2016@gmail.com Ms. Kathy CHEUNG Tel: 9424 7911 Email: kathycyh@gmail.com
Remarks:	For cancellation before the deadline of application, 10% of paid fee will be charged. No refund after the deadline. Seats are available on first-come-first-served basis, priority for members of HKAFMPCN. Only those unsuccessful applicants will receive notification and Refund.

Deadline of application : 31 August 2016

Application Form 申請表格

Notes for enrollment 報名須知

- Please send the duly completed enrollment form and a cross cheque payable to "Hong Kong Association of Family Medicine and Primary Health Care Nurses Limited" by post to **Princess Margaret Hospital Nurses Quarters, LG1, 232 Lai King Hill Road, Kowloon** on **or before 31 August 2016**. Please remarks the course title on envelop.

(表格填妥後，連同回郵信封及劃線支票註明收款人為 — 「Hong Kong Association of Family Medicine and Primary Health Care Nurses Limited」，於2016年8月31日前寄回本會，地址：九龍麗景山道232號瑪嘉烈醫院護士宿舍LG1，香港家庭醫學及基層健康護士協會 C/O Ms. Pauline TANG 信封面請註明本課程/講座名稱。)

- This course will only reserve for those participants who have successfully registered. The quota could not be transferable.

課程只准已報名之學員上課，學額不得轉讓他人。

Please fill-in the form and put a "✓" to the appropriate box (請填寫下列表格及在適當的 填"✓"):

Course/ Seminar Name 課程/講座名稱		
Name in Chinese 姓名 (中文)	Name in English 姓名 (英文)	
HKID/ Passport(First 4 digit) 身份證號碼(頭4位數字):		
Contact Telephone No.: 聯絡電話:	Email Address 電郵地址:	
Correspondence Address (Block Letter): 通訊地址:		
Rank: 職位:	Year of Related Experience: 年資:	Workplace: 工作機構:
Association member: 本會會員: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Member(會員): HK \$1,500 Bank (銀行名稱): _____ Cheque No (支票號碼): _____	
<input type="checkbox"/> HKAFMPHCN <input type="checkbox"/> CNA <input type="checkbox"/> HKAOHN <input type="checkbox"/> Public Health	<input type="checkbox"/> Non-member(非會員): HK\$ 2,000 Bank (銀行名稱): _____ Cheque No (支票號碼): _____	
Membership No. 會員號碼:		
Signature(簽署): _____		Date (日期): _____