



QRC: 2953

Price

One Day : \$451 inc. GST

Two Days: \$572 inc. GST

Date

21 - 22 Aug 2017

Venue

Mercure Hotel Brisbane

85-87 North Quay , Brisbane, QL, 4003

CPD Hours

11 Hours | 0 Mins

Enrolled Nurses - Acute Care Conference - Brisbane - 2017

Medications update; aggression at work; new clinical practices; opportunities for personal development and much, much more...

Need for Program

Enrolled Nurses (ENs) in acute care are under pressure to extend their scope of practice and broaden their nursing knowledge. This includes being proficient and skilled in selected clinical specialties. In addition, the gap between evidence and practice continues to widen - weakening the effectiveness of patient outcomes. As responsibility and accountability is fundamental to what ENs do, continually updating knowledge and skills and integrating this into all aspects of patient care is imperative.

Purpose of Program

The purpose of this program is to improve outcomes for patients requiring acute care by increasing the clinical and professional knowledge of Enrolled Nurses.

Learning Outcomes

At the conclusion of this program it is expected that the participants will be able to:

- Use information from patients about their preferences for care in the development of the nursing care plan
- Critically interpret and use patient information from a range of sources to provide best practice nursing care
- Use communication as a therapeutic tool and to facilitate collegial and inter-professional collaboration
- Implement and evaluate care that reflects best available nursing evidence so that safe and quality care is provided

Program Schedule

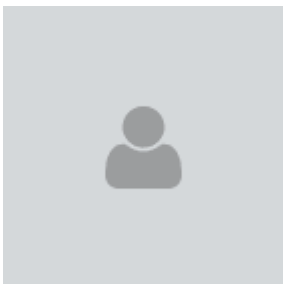
Day One

Coming soon!

Day Two

Coming soon!

Presenters



To Be Determined

Registration form

Please fill out this form and mail it to: **Ausmed Education Pty. Ltd.**
121 Arden Street,
North Melbourne VIC 3051



Which program would you like to attend?

Program Name

.....

.....

City

.....

Dates

.....

Quick Registration Code

Do you know the program's QRC?

If you do, just write it below and we will know exactly which program you would like to attend.

QRC _ _ _ _

① Your details

First Name

.....

Last Name

.....

Workplace

.....

Address

.....

Phone ()

.....

Postcode

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Mobile

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Email

.....@

② Billing details

Same as the details above? ☐

First Name

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Last Name

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Address

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Postcode

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Phone ()

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Email

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Mobile

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③ Payment

Select payment method:

☐ Money Order / Cheque

OR

☐  ☐ 

(2% Surcharge will be applied)

Postal Address:

Ausmed Education Pty. Ltd.
121 Arden Street,
North Melbourne VIC 3051

Email: ausmed@ausmed.com.au

Ph: (03) 9326 8101

Fax: (03) 9326 8179

Name on Card

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Signature

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Total \$

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