



Organizer: Hong Kong Psychogeriatric Association
Co-organizer: The Hong Kong Council of Social Service

Dementia Training Workshop : Integrative Approach for Management of BPSD

Date : 14th September, 2013 (Saturday)
 Time : 9:00 am – 5:00 pm
 Venue : Room 201, 2/F, Hong Kong Council of Social Service, Duke of Windsor Social Service Building, No 15, Hennessy Road, Wanchai, Hong Kong
 Target participants : Social workers, nurses, OTs, PTs: having served in care settings for the elderly over 1 year and received basic training in dementia care
 Course Fee : \$800 for HKPGA member , \$1,000 for non-member

Duration	Topics	Speaker
9:00 – 10:00	Clinical features and neuropsychological profile of Alzheimer's disease, Dementia with Lewy bodies, Frontal Temporal Dementia & Pharmacological management of BPSD	Dr. Joshua TSOH Consultant Psychiatrist
10:00 – 10:15	BREAK	
10:15 – 11:45	Non pharmacological management of BPSD ---- Featuring TECH approach, practical tips on implementation and utilization of cognitive assessment for management of BPSD with case illustration	Ms. Daphne LAW Occupational Therapist
11:45 – 13:15	LUNCH BREAK	
13:15 – 14:05	Application of Montessori Method for dementia programming ---- ways to create and present activity	Ms. Daphne LAW Occupational Therapist
14:05 – 15:25	Person-centered approach for management of BPSD --- case illustration	Ms. Janna NG Nurse Specialist
15:25 – 15:40	BREAK	
15:40 – 16:30	Exercise therapy ---- Implementation of exercise therapy to promote physical health and reduce BPSD	Ms. Elsie WONG Physiotherapist
16:30 – 17:00	Interactive Q & A Session Participants can bring along their case for discussion	Speakers

Deadline of Application: On or before 1st September, 2013 (Application on first come first serve basis)

Certificate of attendance and receipt will be presented on the day of the workshop

CNE for Nursing: Pending

CPD for Occupational Therapist: Pending

CPD for Physiotherapist: Pending



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Registration Form

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Personal information					
Title <small>(Please √ the appropriate Box)</small>	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss
Surname :			Given Name :		
Profession :			Position :		
Institution :					
Contact Tel :			Email :		
Mailing Address :					
Course Fee : <small>(Please √ the appropriate Box)</small>	<input type="checkbox"/> HKPGA member	\$800	<input type="checkbox"/> Non-member	\$1000	

Please enclose a crossed cheque payable to “ **Hong Kong Psychogeriatric Association Limited** ”

Bank : _____ Cheque No : _____

Signature : _____ Date : _____

Please return this form with payment to:

Ms. Yvonne Mak, The Hong Kong Council of Social Service, Elderly Service,
 12/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong

For any enquiry, please contact Ms. Yvonne Mak at 2864 2968 or email to el@hkcss.org.hk