

Medical Emergencies: Face Them Equipped

DATE : 27 July 2015 (Monday)
TIME : 8:30am - 5:00pm
VENUE : International Medical University,
 Clinical School, Seremban

Keynote Facilitator

Dr Thiruselvi Subramaniam
International Medical University

Dr Tan Ann Jee
International Medical University

Dr Khin Saw Yu
International Medical University

Dr Nisar Ahmed
International Medical University

Dr Surinder Singh
International Medical University

Prof Lum Siew Kheong
International Medical University

Dr Rajeswary Kanapathipillai
Hospital Tuanku Ja'afar Seremban

Objectives

1. Provide opportunity for young doctors to practice resuscitative skills in a safe environment.
3. Allow doctors to learn a systematic approach to medical emergencies.

Target Audience

House Officers and Junior Medical Officers.



IMU ICL
 CENTRE FOR LIFELONG
 LEARNING

HRDF Claimable
 *subject to approval

CPD Points will be awarded

TIME	TOPIC	FACILITATOR
0800 - 0830	REGISTRATION	
0830 - 0840	Welcome & Introduction by HOD, CSSC, IMU Clinical School	Dr Thiruselvi Subramaniam
0840 - 0850	Pre-course Feedback	
0850 - 1020	Approach to Medical Emergencies	Dr Thiruselvi Subramaniam
1020 - 1045	Tea Break	
1045 - 1115	Approach to a Trauma Patient	Prof Lum Siew Kheong
1115 - 1315	Skills Stations a) Airway Equipment & Adjuncts b) Defibrillator / CPR c) Trauma Management Skills	Dr Thiruselvi Subramaniam Dr Rajeswary Kanapathipillai Dr Khin Saw Yu Dr Tan Ann Jee Dr Surinder Singh Dr Nisar Ahmed
1315 - 1400	Lunch	
1400 - 1500	Practical Session	Dr Thiruselvi Subramaniam Dr Rajeswary Kanapathipillai Dr Khin Saw Yu Dr Tan Ann Jee Dr Surinder Singh Dr Nisar Ahmed
1500 - 1515	Tea Break	
1515 - 1545	Debriefing	Dr Thiruselvi Subramaniam Dr Rajeswary Kanapathipillai Dr Khin Saw Yu Dr Tan Ann Jee Dr Surinder Singh Dr Nisar Ahmed
1545 - 1625	Feedback	Dr Thiruselvi Subramaniam

REGISTRATION FEE: RM318 (inclusive of 6% GST)

CONTACT PERSON

Ms Liong Siao Lin / Ms Inthirah
 Tel : +60 3 2731 7669 / +60 6 767 7798
 Fax : +60 3 8656 8018
 Email : icl@imu.edu.my

SCAN FOR MORE



<http://imu.my/icl-cpd>

REGISTRATION FORM

Name: _____ Nationality: _____
Gender: Male ☐ Female ☐ Title: Mr ☐ Mrs ☐ Ms ☐ Prof ☐ Dr ☐ Other: _____
Organisation: _____
Department: _____ Position: _____
Tel No: () _____ Fax No: () _____ Mobile Phone No: _____
Address: _____
Postcode: _____ City: _____ State: _____
Please indicate whether this is your office or home address: Organisation ☐ Home ☐
Email: _____
Organisation's Website (if any): _____
Dietary Needs/Preference: Vegetarian ☐ Non-Vegetarian ☐
Are you an IMU Alumni member? Yes ☐ No ☐

REGISTRATION FEE☐ RM318**MODE OF PAYMENT**

Please tick your option:

- ☐ Cash
☐ Cheque* (for Malaysian Banks only)
☐ Credit Card

I hereby authorise the processing of my card for the sum of (USD/RM): _____

Please complete the following sections. These details are required for security purposes.

Type of Card: ☐ VISA ☐ MASTERCARD Issuing Bank: _____

Cardholder's name (as it appears on the card): _____

Card Number: Card Expiry Date: / (MM/YY)Card Security Code (3 digits found on reverse VISA / MASTERCARD) ☐ Bank Draft* Bank of Issue: _____ Date: _____ Total Amount (USD/RM): _____

* Payable to IMU Education Sdn Bhd

CANCELLATION POLICY

1. Any cancellation of registration must be made in writing to the Secretariat of Medical Emergencies: Face Them Equipped.
2. There will be a 50% refund of registration fee for cancellation made before 27 June 2015.
3. There will be a 30% refund of registration fee for cancellation made before 13 July 2015.
4. There will be no refund of registration fee for cancellations made after 20 July 2015, however a substitute participant will be welcomed.
5. The Organiser reserves the right to cancel or change the topic of the workshop, if for whatever reasons beyond its control, the workshop cannot be held as scheduled or the topics need to be altered.

DECLARATION AND AUTHORISATION

1. I confirm that the above information is correct and I will inform IMU when there is any change to this information.
2. I have read, understood and consent to the processing of my personal data as set out in the enclosed Privacy Notice.

Signature

Date

DISCLAIMER:

The organiser reserves the right to make such alterations to the programmes as circumstances dictate and will not accept responsibility for any errors, omissions or changes made to the speakers' information. The views and opinions expressed by the speakers at this workshop are not necessarily the views and opinions of the organiser.

FOR MORE INFORMATION, KINDLY CONTACT:

Ms Liong Siao Lin / Ms Inthirah
126, Jalan Jalil Perkasa 19, Bukit Jalil, 57000 Kuala Lumpur, Malaysia
Tel: +60 3 2731 7669 / +60 6 767 7798 Fax: +60 3 8656 8018 / +60 6 7677 709
Email: icl@imu.edu.my

<http://imu.my/icl-cpd>