

Orientation Program for Nurses New to General Practice

Course Dates

18th & 19th
March 2010

General Practice
SA
Level 1/66
Greenhill Road
Wayville SA 5034

Course

Program includes
course materials,
morning tea and
lunch on both
days

No charge for the
two day training

ENQUIRIES

For further
information
contact

Enrolments:

Donna Mackereth
Ph: 08 81791725
donna.mackereth@gpsa.org.au

Course Program:

Sue Billett
Ph: 08 81791708
sue.billett@gpsa.org.au



Topics covered in this program include:

Professional Practice

- Primary health care and the Australian health care system (General practice environment)
- Nursing standards, competencies and guidelines
- Continuing professional development

Provision of Clinical Care

- Clinical assessment and health checks
- Triage
- Wound management
- Immunisation

Management of clinical systems

- Accreditation
- Infection control principles in general practice
- Managing practice equipment

Collaborative Practice

- Information management in general practice.
- Chronic disease management.
- Health promotion in general practice

This 'new' 2 day entry level program is targeted at nurses in their first 12 months of working in general practice. Practice nursing offers the opportunity for nurses to utilise a range of skills and competencies and to be part of the primary health care team in general practice.

Practice nursing is a different and unfamiliar environment to other areas of nursing practice and the Orientation program will provide nurses new to general practice with the knowledge and baseline skills they need to deliver high quality and safe health care services.

This national program has been developed through the Australian General Practice Network with funding from the Australian Government Department of Health and Ageing.



Registration Form

Nursing in General Practice –Recruitment and Orientation Workshop 18th and 19th March 2010

Name:	
Day time Contact Phone Number:	
Email Address:	
Postal Address:	
Are your currently working in General Practice? If Yes please provide the name of the Division your General Practice is a member	Yes <input type="checkbox"/> No <input type="checkbox"/> Division:
Are your a Registered Nurse or Enrolled Nurse	Registered Nurse <input type="checkbox"/> Enrolled Nurse <input type="checkbox"/>
Are your credentials current in South Australia	Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional Qualifications, please include other training undertaken (i.e. Asthma, Diabetes)	
Please outline the reason/s why you are seeking to undertake the workshop	
Additional comment	

Applicant Signature

Date