



Target Audience:

- ◆ Staff Nurses
- ◆ Physiotherapist
- ◆ Occupational Therapist
- ◆ All Health Care Providers



Organising Committee:

1. Prof Julia Patrick Engkasan (Supervisory)
2. Dr. Natiara binti Hashim (Program Coordinator)
3. Yuslina Yusoff (SN)
4. Chua Siew Chien (SN)
5. Saadah Bt Amin (OT)
6. Mohd Najid bin Jarif (OT)
7. Hafizi bin Mokhtar (PT)
8. Yulia Amedia binti Amril (PT)
9. Dr. Basri (Consumer Representative)
10. Mohd Rizal (Consumer Representative)
11. Maisarah Anum Mustafa (Admin)



For Further Inquire, Please Contact:

Department of Rehabilitation Medicine
12th Floor, South Tower
University of Malaya Medical Centre
59100 Kuala Lumpur

- ◆ Sr. Yuslina Yusoff(03-7949 8178 / 0178810930)
- ◆ Sn. Chua Siew Chien (03-7949 8178 / 0169357104)
- ◆ Maisarah Anum Mustafa (03-7949 2972 /
Fax: 03-7967 4766)



DEPARTMENT OF
REHABILITATION
MEDICINE
UNIVERSITY OF MALAYA



DEWAN SERBAGUNA, FOM UM
NOVEMBER 17, 2018

Highlights:

- To provide information regarding pressure injury to Health Care Providers.
- To expose participants basic life skill in prevention of pressure injury for person with spinal cord injury.
- To ensure that participants have the right skills and confidence, and should always improve these skills through practice and feedback.
- To understand how to recognize, prevent and treat pressure injury.

PREVENTION!





17 NOVEMBER 2018

WORKSHOP "STOP PRESSURE INJURY"

Time	Activities
0800 - 0830	Registration
0830 - 0835	Bacaan Doa
0835 - 0840	Welcome speech by HOD
0840 - 0915	Learn Be Aware Your Risk Prevent Manage
0915 - 1000	'I thought I Would Die From It!' Dr. Natiara Hashim
1000 - 1030	Morning Tea
1030 - 1200	Physiotherapy / Occupational therapy / Nurse Group session
1300 - 1400	Lunch
1400 - 1500	Patient : Pressure Relief Training System for SCI Wheelchair Users (Peer Support Group)
1500 - 1530	Q & A / Closing Ceremony

R E G I S T R A T I O N F O R M

[Note: PLEASE TYPE or WRITE CLEARLY IN BLOCK LETTERS. Photocopies of this form are acceptable & please use one form per person].

PARTICIPANT DETAILS (Please tick where applicable):

Title (Prof./Dr./Mr./Ms.):		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Full Name (will be printed on certificate):				
Designation / Post:		IC / Passport No.		
Institution / Organisation:				
Mobile No. / Office No. :		Dietary:	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Non-Vegetarian
Email Address:				
I ENCLOSED HEREWITH (Please tick only one of the payment method)		<input type="checkbox"/> CROSSED CHEQUE / BANK DRAFT	<input type="checkbox"/> ELECTRONIC FUND TRANSFER (EFT)	
REFERENCE NO.:		DATED:		
DRAWN ON (BANK NAME):		TOTAL PAYMENT (RM):		

REGISTRATION FEE

Organisation	Fee
Government / Private	RM80.00

ACCOUNT DETAILS

PUSAT PERUBATAN UNIVERSITI MALAYA

Account Number: 14171010007496 (Bank Islam Malaysia Berhad)

SWIFT Number: BIMBMYKL

* Kindly complete the registration form and return with proof of payment and email to anum@ummc.edu.my or by fax: 03-7967 4766.

REGISTER NOW!