

DAY RELEASE - CERTIFICATE COURSE IN PALLIATIVE NURSING for Professional and Enrolled Nurses

WHAT IS PALLIATIVE CARE?

The WHO defines palliative care as "an approach that improves the quality of life of patients and their families facing problems associated with life – threatening illness, through the prevention and relief of suffering, the early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual".

The goal of palliative care is achievement of the best quality of life for patients and their families. Palliative care is not limited to end of life care; many aspects of palliative care are also applicable earlier in the course of the patient's illness in conjunction with other treatments.

Palliative care is an integral part of every nurse's role. This course equips the nurse with a set of competencies required to provide quality palliative care services and education at all levels and settings of care.

This short course aims to improve patient care through improved palliative nursing knowledge, skills and performance.

WHO SHOULD ENROLL?

This course is open to all professional and enrolled nurses currently registered with the South African Nursing Council. It is recommended that the blended e-learning student have access to computers and is computer literate.

WHAT DOES THE COURSE ENTAIL?

Course work is divided into 4 modules.

Module 1: Principles and practice of palliative care.

Module 2: Theory and practice of symptom control.

Module 3: Communication skills in palliative care.

Module 4: Theory and practice of psychosocial, spiritual and supportive care.

In order to receive a certificate of competence learners need to meet the following requirements:

- Contact sessions and on-line learning.
- Attend 3 contact sessions at a hospice training centre.
- One full day of orientation. If unable to attend orientation day, alternative arrangements will be made to communicate via skype or teleconferencing.
- One compulsory oral assessment OSCE at the nearest Centre of Palliative Care Learning by arrangement with the student's Educator.
- One compulsory day of final summative exam.
- Must engage in a minimum of 80% of all forum discussions on-line according to each of the four module.

(The course content will be available on-line and the learners will receive hard copy manuals (1-4), an assessment guide and a workplace task booklet.)

Clinical work

- 60 hours of clinical work must be completed at approved sites. These hours are in addition to the contact and on-line learning time. (Learners are advised to discuss this with their employers.)

Learner assessments

- Assessment of learning is integrated into the course.
- Assignments are submitted to Nurse Educators electronically, by mail or by hand where feasible.

Workplace tasks

- Learners are required to complete prescribed palliative nursing tasks within their own work environment

Communication assessment

- A role play interview is used to assess communication skills and attitudes.

Final written examination

- This is an examination conducted nationally.
- Learners must successfully complete prescribed minimum standards in order to write the examination.

CLOSING DATE FOR REGISTRATION: 18 January 2019

CONTACT TEACHING DATES	
Module 1: 7 February – 7 March 2019	Clinical Practical's: 4 July – 11 July
Module 2: 14 March - 18 March 2019	Module 4: 18 July – 15 August 2019
Module 3: 6 June – 27 June 2019	Revision: 22 August – 12 September 2019
MODULE ASSESSMENT TASKS COMPLETED	
Module 1: 14 March 2019	Module 3: 18 July 2019
Module 2: 6 June 2019	Module 4: 22 August 2019
COMPLETED COMMUNICATION SKILLS ASSESSMENT	
18 September 2019 at a hospice training centre	
COMPLETED CLINICAL AND WORKPLACE TASKS	
29 August 2019	
FINAL WRITTEN EXAMINATION	
17 September 2019 at a hospice training centre	
29 October 2019 - Rewrite by invitation only	

COURSE FEE

R 24 000 (Inclusive of VAT)

- A non-refundable deposit of R1000 payable on registration
- The balance of R23 000 is payable by 29 March 2019

Banking details for deposit and course fee payment

Bank name: Standard Bank

Account name: Hospice Palliative Care Association of SA

Account number: 271203854

Branch name: Pinelands

Branch Code: 036309

Ref No: Surname CCPN

Fax or email proof of payment to:

Vinezia Lennert

Fax: 021 531 1706

Email: vinezia@hpca.co.za

Discount for NGO staff

A discounted rate of 50% is available for NGO staff. This will cover tuition fees but does not extend to travel, accommodation or other costs. To apply for this discount contact Vinezia Lennert by 18 January 2019. Contact details below. Educational Grant Hospice Palliative Care Association is offering a limited number of partial and full educational grants subject to approval for 2019. All applicants are eligible to apply. This grant will cover tuition fees but does not extend to travel, accommodation and other costs.

Applications for grants must be made by 18 January 2019

Grant application forms can be obtained from:

Vinezia Lennert

Tel: 021 531 0277 | Fax: 021 531 1706

Email: vinezia@hpca.co.za

REGISTRATION FORM 2019

Certain student information is required to enable FPD to report on student achievements to the authorities as required. We appreciate your assistance in ensuring that our records are complete

Day Release <input type="checkbox"/>		Block Learning <input type="checkbox"/>		E-Learning <input type="checkbox"/>	
Title		Initials		First Name	
Preferred Name				Male / Female	
Surname		Professional Council nr (eg. HPCSA / SANC)			
Qualification(s)		Professional Nurse <input type="checkbox"/>		Enrolled Nurse <input type="checkbox"/>	
ID Number					
Current Occupation					
Name of facility you work in					
Contact Numbers	Work	Code	Number	How did you hear about the course: <input type="checkbox"/> FPD Website <input type="checkbox"/> SMS <input type="checkbox"/> SAMJ <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> SAMA Insider <input type="checkbox"/> E-mail <input type="checkbox"/> Word of mouth <input type="checkbox"/> FPD Workshop	
	Home	Code	Number		
	Fax	Code	Number		
	Cell	e-mail			
Postal Address					
Area		Town		Code	
Province		Country			
Physical Address					
Area		Town		Code	
Province		Country			
Professional Qualification (Select one)	<input type="checkbox"/> Professional Nurse			<input type="checkbox"/> Enrolled Nurse	
In which ONE functional area do you spend most of your working day?	<input type="checkbox"/> Sales/Marketing		<input type="checkbox"/> Research		<input type="checkbox"/> Management
	<input type="checkbox"/> Education		<input type="checkbox"/> Clinical		<input type="checkbox"/> Admin/Support
Workplace Demographics	Select the ONE sector that best describes your main workplace		<input type="checkbox"/> NGO	<input type="checkbox"/> FBO (Faith based)	<input type="checkbox"/> Private sector
			<input type="checkbox"/> Clinic	<input type="checkbox"/> Hospital	<input type="checkbox"/> DCS
	Select your main area of work		<input type="checkbox"/> Urban area	<input type="checkbox"/> Rural area	<input type="checkbox"/> Peri-Urban area
	District:			Province:	
Level of care	<input type="checkbox"/> PHC	<input type="checkbox"/> CHC	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other:	
Race	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Coloured	<input type="checkbox"/> White	
Facebook Username :			Twitter Username :		
WHERE WOULD YOU LIKE TO ATTEND THIS COURSE?					
<input type="checkbox"/> PTA	<input type="checkbox"/> JHB	<input type="checkbox"/> DBN	<input type="checkbox"/> Port Shepstone	<input type="checkbox"/> Port Elizabeth	<input type="checkbox"/> Cape Town
PAYMENT DETAIL					
Payment Method:	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Electronic Transfer	<input type="checkbox"/> Bank Deposit	
Credit card number					
Last 3 digits at back of card		Expiry Date		Master / Visa Card	
If payment is done by credit card budget account, mark period in months			<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 months
Surname and initials			Card holder's signature		
Hospice Palliative Care Association of SA BANKING DETAILS: Bank name: Standard Bank Account name: Hospice Palliative Care Association of SA Account number: 271203854 Branch - Pinelands Branch code: 03 63 09 Ref No: Surname CCPN PLEASE REMEMBER TO INDICATE THE PAYMENT REFERENCE AS BELOW AND FAX US THE DEPOSIT SLIP!			EMAIL, POST OR FAX YOUR REGISTRATION FORM TOGETHER WITH YOUR PAYMENT TO: Vinezia Lennert Fax: 021 531 1706 Email: vinezia@hpca.co.za		
CANCELLATIONS: HPCA reserves the right to cancel or postpone a course. Applicants will be informed and all fees will be refunded. Cancellations are accepted in writing and without penalty until 29 March 2019, however, students will be responsible to pay for all training material received as well as a pro rata fee for classes attended. Non-arrivals will be liable for payment of the full fees. Substitutions are accepted.			Registration closing date: 18 JANUARY 2019 ALL COURSE FEES MUST BE PAID IN FULL BY 29 MARCH 2019.		
PAYMENT REFERENCE					
SURNAME - CCPN					
SUBSCRIPTION					
As registered student you will be included in our alumni mailing list for updates and/or information on new courses. Should you wish to subscribe, please sign.					
Signature				Date:	