Accreditation

This program has been accredited by the College of Family Physicians of Canada and the Ontario Chapter for up to 5 MAINPRO©-M1 credits

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Accommodation

If you require accommodation contact:

Waterloo Inn & Conference Centre
475 King St. N., Waterloo, ON
Phone: 519-884-0220
Toll Free: 1-800-361-4708
Fax: 519-884-0321

Additional Information

Contact: Dr. Anne Crowe,
Education Day Coordinator,
Freeport Physicians’ Education Committee,
c/o 385 Frederick St., # 16, Kitchener
ON N2H 2P2
Fax: 519-886-2496
Email: freeportcme@gmail.com

Registration Details

If you provide your fax number or email address when registering, we will send a confirmation of your registration. It is not our practice to mail a confirmation of registration.

Unfortunately at this time, payment by credit card is not an option.

Receipts will be included in your registration package on the day of the conference.

Refund Policy

Refunds are available, less a $10 administration fee, for cancellations up to two weeks prior to the event. No refunds will be given after this.

THE CHANGING FACE OF ELDER CARE

A Continuing Medical Education Day for Physicians and Allied Health Professionals

Wednesday
May 7th, 2014
0900 to 1525 hrs

At the Waterloo Inn & Conference Centre
475 King St. N
Waterloo ON

Presented by the Freeport Physicians’ Education Committee

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GRAND RIVER HOSPITAL
www.grandriverhospital.on.ca
Invited Speakers

DR. SAMIR SINHA
MD UWO 2002; FRCP
Geriatrician
Expert Lead, Ontario Senior’s Strategy,
Director of Geriatrics, Mt. Sinai and University
Health Network

MS. JUDITH WAHL
LLB Osgoode Hall 1977
Executive Director, Advocacy Centre for the
Elderly

DR. NADIRA HUSEIN
MD UWO 1993; FRCP
Endocrinologist
Kitchener-Waterloo ON

PROF. ZACH WESTON
MSc Exercise Physiology and Kinesiology UW,
MBA WLU
Exercise Physiologist
Dep’ts of Kinesiology & Phys. Ed. and
Psychology, Wilfrid Laurier University,
Director Exercise Physiology and Metabolism,
AIM Institute of Sports and Lifestyle Medicine
Kitchener-Waterloo ON

DR. SUNNY LUTHRA
MBBS U Delhi; FRCP
Geriatric Psychiatrist
Associate Clinical Professor, McMaster U
St. Peter’s Hospital, Hamilton
Homewood Health Center, Guelph

DR. MICHAEL KELLY
MD McMaster 1978, FRCP
Geriatric Psychiatrist
Kitchener-Waterloo ON

DR. AHMED JAKDA
MD Saba University 2003
Palliative Care Physician
Kitchener-Waterloo ON

Agenda

0830 Registration/Refreshments/Visit Displays

MORNING SESSION

0855 Opening Remarks/Introductions
Dr. Ivan Jagas, Co-Chairperson

0900 Dr. Don Geiger Keynote Address
PUTTING THE ONTARIO SENIOR’S STRATEGY
INTO PRACTICE
Dr. Samir Sinha, Expert Lead, Ontario Senior’s Strategy

0950 ASSESSING DECISION-MAKING CAPACITY
Ms. Judith Wahl, Executive Director, Advocacy
Centre for the Elderly

1030 Break 15 minutes

1045 APPLYING THE 2013 CANADIAN DIABETES
GUIDELINES TO OLDER PATIENTS
Dr. Nadira Husein, Endocrinologist

1130 EXERCISE IS MEDICINE: ASSESSING
PHYSICAL ACTIVITY AND PRESCRIBING
EXERCISE
Prof. Zach Weston, Exercise Physiologist

1215 LUNCH/Visit Displays 50 minutes

AFTERNOON SESSION

1300 Chairperson’s Remarks/Introductions
In Memoriam: Dr. Don Geiger 1924-2013

1310 Dr. Don Geiger Keynote Address
EFFECTIVE MANAGEMENT OF PATIENTS’
FAMILY CAREGIVERS
Dr. Sunny Luthra, Geriatric Psychiatrist

1388 Break 15 minutes

1410 TO DRUG OR NOT TO DRUG? MANAGEMENT OF
DIFFICULT BEHAVIOURS IN DEMENTIA
Dr. Michael Kelly, Geriatric Psychiatrist

1450 PALLIATIVE CARE OF THE ELDERLY
Dr. Ahmed Jakda, Palliative Care Physician

1525 Adjourn

Registration

THE CHANGING FACE OF ELDER CARE

Wed. May 7th, 2014
Waterloo Inn & Conference Centre
475 King St. N, Waterloo, ON

Cost Includes HST and lunch $125
Students $65

To Register:
Mail completed registration form with cheque payable to:
Freeport Physicians’ Education Fund Inc.
c/o 385 Frederick St., #16, Kitchener,
ON N2H 2P2

Receipts will be available at the registration desk
on the day of the conference.

Limited Seating: please register by April 25, 2014
For late registrations please email
freeportcme@gmail.com

REGISTRANTS’ INFORMATION
(Please print)

Name: ______________________________________
Discipline: ___________________________________
Employer: ___________________________________
Address: ____________________________________
(including postal code)
Telephone: _________________________________
Fax: (if applicable) __________________________
Email Address: ______________________________.