



SMaRTE®

Patient Satisfaction (Medlrm2032)

Tuesday 21 August 2006

6:15pm (for a 6:30pm start) – 9:30pm

JIKA International Hotel

**551 Heidelberg Road (at Chandler Highway Junction), Fairfield, Vic,
3078**

A patient's decision to commence litigation is often triggered by the concurrence of three factors – an unexpected complication, an unmet expectation and an unexpected large out-of-pocket expense. What the patient might perceive as a "poor outcome" after a procedure may not be the result of poor technical skills but by the perceived failure to deliver what was always an unrealistic expectation. This session will address the following questions: What do patients really want from you? What drives a patient to lodge a complaint against you? Why do patients become "difficult" and how can this be avoided? How can you check that the patient understands the pre-operative discussion especially what realistically the procedure can achieve?

Target Audience

Cosmetic Practitioners

Facilitators

Dr Lee Gruner

Refreshments

A light supper, coffee, tea and juice will be provided

RSVP

Tuesday 14 August 2007

Cost

Members \$165

Non-Members \$300

Staff of Member \$130

Staff of Non Member \$195

PLACES LIMITED

BOOKINGS ESSENTIAL

Registration – Patient Satisfaction

Tuesday 21 August 2007

Name: _____

Member Number (if applicable): _____

Medical College or Society (if applicable): _____

QA Number (GPs Only): _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Dietary Requirements: _____

Please complete and forward with payment. Alternatively, registration can be completed by telephoning or emailing the Clinical Risk Management Team. Payment is required at time of registration. Please see overleaf for payment options.



MDAV

SMaRTE®

Melway Ref

31 A11

Transport

Train – Fairfield Station (Melway Ref. 30 K10)

Parking

At Venue

Accreditation

- RACS CPD Programme Category 7: Other Professional Development Activity, 1pph
- This Category 2 activity has been approved by the RACGP QA&CPD Program. Allocated 2 Points/Hour.

This session will meet your risk management obligation for the Premium Support Scheme (PSS). Further information is available at www.mdav.org/pss

REGISTRATIONS CONFIRMED BY RETURN CONFIRMATION LETTER ONLY



Payment Details

I wish to pay by cheque

Please make cheque payable to **MDAV** and send, with the registration form to **MDAV**, Clinical Risk Management PO Box 1059 Carlton Vic 3053.

I wish to pay by credit card

Please complete below and return registration form via fax 03 9347 3439, or alternatively phone 13 MDAV (13 6328) or email smarte@mdav.org or log onto www.mdav.org.

Visa Mastercard Diners AMEX

Card Number:

Expiry:

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Name on Card: _____

Amount: \$ _____

Signature: _____

Date: _____

Cancellation/ Substitutions

Registrants unable to attend may send a substitute delegate at no extra charge. A full refund is available for cancellations received in writing at least 7 days prior to commencement of the course/event. Regrettably, no refunds can be made less than 7 days before the event.

MDAV reserves the right to cancel the courses/event due to conditions beyond its control. Where MDAV cancels a course/event, a full refund will be provided. MDAV reserves the right to substitute facilitators where necessary due to unforeseen circumstances without notifying attendees.

MDAV will not be responsible for any travel or accommodation costs incurred.