香港防癆心臟及胸病協會 Hong Kong Tuberculosis, Chest and Heart Diseases Association

# Seminar on Renal Care

腎病護理護士進修課程 for Nurses 2025



HKTBA is accredited as a provider of CNE by the Nursing Council of Hong Kong

Date: 2 & 9 August 2025 (Saturday) (2 Modules)

Time: 9:00a.m. - 12:15p.m.

Format: Virtual (by ZOOM)

**CNE Points (to be confirmed): 6 points** 

| Date (Module)          | Time                 | Topics/Speakers  |
|------------------------|----------------------|--|
| 2/8/2025<br>(Saturday) | 9:00am –<br>10:00am  | <ul> <li>Renal Service in Hong Kong</li> <li>Applied Renal Anatomy and Physiology         Dr. C C CHOW, Consultant (MED), Pamela Youde Nethersole Eastern Hospital     </li> </ul> |
| Module 1               | 10:15am –<br>12:15pm | Introduction on Common Investigation Tests for Renal Diseases and<br>Renal Replacement Therapy Dr. C C CHOW, Consultant (MED), Pamela Youde Nethersole Eastern Hospital            |
| 9/8/2025<br>(Saturday) | 9:00am –<br>11:00am  | Introduction of Dialysis Therapy and Nursing Management. Peritoneal Dialysis (PD) and Haemodialysis (HD)     Ms. Eva HO, Nurse Consultant (Renal Care), Hong Kong East Cluster     |
| Module 2               | 11:15am –<br>12:15pm | Complications of Dialysis Therapy and Management     Ms. Eva HO, Nurse Consultant (Renal Care), Hong Kong East Cluster   |

## Seminars on "Renal Care" for Nurses 2025

#### **Objectives**

- a) To strengthen, update and develop knowledge of nurses on the topic of Renal Care.
- b) To enhance the skills and technique in daily practice.

#### **Targets**

Nurses from all aspects

#### Contents

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#### **Mode of Delivery**

Virtual lecture & discussion session via ZOOM. The teaching medium will be mainly in Cantonese supplemented by English as necessary.

#### **CNE Points**

Participants can be accredited **3 points of Continuing Nursing Education** for each module **(Full Course: 6 CNE points)** (to be confirmed). \*\*You will be recorded as <u>ABSENCE</u> if you're late for more than 30 minutes. You must complete the Evaluation Form each time after the end of the class for the record of Attendance.\*\*

#### **Course Fee**

|                  | Full Course |
|------------------|-------------|
| Non-Member       | HK\$ 1,300  |
| Member of Centre | HK\$ 1,000  |

#### **Registration Methods**

Each interested participant only needs to fill in the registration form once. After payment is confirmed, the course application cannot be changed. You can either

1. Click the <u>link</u> in the email / scan the QR code to register online and pay via **PayMe or by Cheque**. You need to login to Gmail account first.

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2. Fill in the registration form (P.3) and mail the form with payment (Cheque only) to: Hong Kong Tuberculosis, Chest and Heart Diseases Association, 266 Queen's Road East, Wan Chai, Hong Kong. (Cheque payable to "Hong Kong Tuberculosis, Chest and Heart Diseases Association")

#### **Number of Participants**

Limited quotas, first come first served.

#### Notes

Softcopy of training materials (if any) will be sent to relative participants before class.

#### **Documentation**

Official receipt and attendance certificate will be issued by post after the **completion of the course**.

Seminars on "Renal Care" for Nurses 2025

# **Registration Form**

| Please V your choice (Deadline of Application: 3pm, 30 July 2025)  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  | Seminars on "Renal Care" for Nurses 2025 (2 Aug & 9 Aug) |  |  |  |  |  |
| <i>Non-member</i> of our Centre  | <u></u><br>НК\$1,300                                     |  |  |  |  |  |
| <u>Member</u> of our Centre  | <br>HK\$1,000  |  |  |  |  |  |
| You may call 2834 9333 to check your membership status if you are unsure.  |  |  |  |  |  |  |
| Personal Particulars (Compulso   | ry)  |  |  |  |  |  |
| Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Others  |  |  |  |  |  |  |
| Name:  | (Chi)(Eng)   |  |  |  |  |  |
| Department:  | Post:  |  |  |  |  |  |
| Institution:   |  |  |  |  |  |  |
| Telephone:   | Mobile:  |  |  |  |  |  |
| Email Address:   |  |  |  |  |  |  |
|  | for receiving our confirmation and Zoom link}            |  |  |  |  |  |
| {Private email address is recommended, HA email address may be blocked}  |  |  |  |  |  |  |
| Mailing Address:   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| {Please provide your mailing add   | ress for receiving attendance certificate & receipt}     |  |  |  |  |  |
| Cheque :   | _(Bank)(Cheque Number)                                   |  |  |  |  |  |
| [Cheque payable to: "Hong Kong Tuberculosis, Chest and Heart Diseases Association"]                                      |  |  |  |  |  |  |
| [Please put down your name   | and contact number at the back of the cheque]            |  |  |  |  |  |
| [A separate cheque for membership fee is required for participants who want to entitle a discounted price of the course] |  |  |  |  |  |  |
|  | rmation will be used for records only.                   |  |  |  |  |  |

☐ Please ✓ if you would not like to receive future certificate course announcements by email.