



OT AUSTRALIA Qld

Australian Association of Occupational Therapists - Queensland Inc.

CONTINUING PROFESSIONAL DEVELOPMENT EVENT

COGNITIVE REHABILITATION - ASSESSMENT & TREATMENT STRATEGIES FOR OCCUPATIONAL THERAPISTS

Dr Jennifer Fleming and Ms Janelle Griffin

Friday May 28, 2010

Novotel Hotel, Brisbane

WORKSHOP DETAILS:

The morning session presented by Jenny Fleming will provide an overview of cognitive rehabilitation approaches and strategies for use by occupational therapists. Topics that will be covered include:

- Cognitive Rehabilitation Approaches
- Cognition and Occupation
- Cognitive Rehabilitation Techniques
- Specific cognitive functions and treatment strategies ;

- Attention
- Memory
- Executive functions
- Metacognition

The afternoon session presented by Janelle Griffin will present key cognitive assessments used by occupational therapists, a discussion of their application, benefits and limitations and supporting evidence. Case studies will be presented to illustrate their use and application in cognitive rehabilitation treatment planning.

The workshop will be targeted at occupational therapists with all levels of experience in cognitive rehabilitation. It aims to equip therapists with both conceptual knowledge and practical techniques that reflect current best practice in cognitive rehabilitation with a particular focus on working with adults with acquired brain injury.

ABOUT THE PRESENTERS:

Dr Jennifer Fleming is an occupational therapy researcher in the field of brain injury rehabilitation. She holds the position of Associate Professor in Occupational Therapy at The University of Queensland and Princess Alexandra Hospital. Her research is concentrated on psychosocial aspects of brain injury rehabilitation and outcomes with a focus on cognitive rehabilitation particularly memory and self-awareness. Other research areas include the transition from hospital to home after brain injury, people with high care needs, and the influence of environmental factors in rehabilitation. Jenny was awarded her PhD in 1996 with the support of a Menzies Research Scholarship, and has been an active researcher, research student supervisor, and presenter since then. She has published her work in over 80 publications to date including journal articles, book chapters and a textbook.

Janelle Griffin is an occupational therapist employed in the position of Senior in Acute Neurosciences and Rehabilitation at the Princess Alexandra Hospital. She has more than 10 years of clinical experience working in brain injury rehabilitation across the continuum from acute care to the community. She has advanced clinical skills and knowledge in the area of cognitive assessment and rehabilitation, and has presented on this topic at numerous local forums, as well as interstate. Janelle has a strong commitment to evidence based practice and clinical research having completed a research masters degree in 2003. She is actively involved in ongoing research, staff development, and the development of occupational therapy best practice in neurorehabilitation.

VENUE: Kendall Room, Novotel Hotel, 200 Creek Street, Brisbane

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By attending this Continuing Professional Development event you may be able to claim points towards the Accredited Occupational Therapist Program CPD points. Please check the CPD section in your AccOT manual.



OT AUSTRALIA Qld has the right to make changes to its CPD calendar.

WORKSHOP DETAILS

Date: Friday May 28, 2010

Time: 9am to 4.30pm (registration starts at 8.30am)

Venue: Kendall Room, Novotel Hotel
200 Creek Street, BRISBANE

EARLY BIRD Closes: Friday April 30, 2010

Registration Closes: Friday May 14, 2010

REGISTRATION FORM OVERLEAF



Cognitive Rehabilitation - Assessment and Treatment Strategies for OTs Friday May 28, 2010 Novotel Hotel, Brisbane

Registration Form/Tax Invoice

This registration form is a tax invoice upon payment ABN: 37 355 993 657

REGISTRATION FEES:
(All prices include GST)

EARLY BIRD
(by Friday April 30 , 2010)

Non Early Bird
(by Friday May 14, 2010)

OT AUSTRALIA Members
NON Members

\$320

\$370
 \$480

Closing Date for Registrations: Friday May 14, 2010

YOUR DETAILS:

Name: _____ Professional Association Member Number: _____
Postal Address: _____
Suburb: _____ Postcode: _____ Contact Phone: _____
Email (for confirmations): _____
Profession: _____ Workplace: _____

SPECIAL REQUIREMENTS:

DIETARY: Vegetarian Gluten Free Other: (please specify) _____
 ACCESS: (please specify) _____
 OTHER: (please specify) _____

PAYMENT METHOD:

Cheque/Money Order: (Make payable to AAOT-Qld and post to OT AUSTRALIA Qld, PO Box 729, Stones Corner 4120)
 Credit Card Card Number: _____ / _____ / _____ / _____ Expiry Date _____ / _____
Name on Card: _____ Signature: _____
 Employer Funded Payment enclosed (Cheque or Credit Card - complete details above)
 Please issue tax invoice (Complete information below)
Attention: _____ Department: _____
Organisation: _____
Postal Address: _____
Line Manager's Signature: _____ Line Manager's Name: _____

Note: Employer funded registrants must send a copy of their registration form to OT AUSTRALIA Qld and provide confirmation of employer's intent to pay.

Cancellation Policy: OT AUSTRALIA Qld reserves the right to cancel or postpone any event. If this occurs registration fees will be refunded, but the Association bears no responsibility for any costs incurred (such as flights, accommodation, travel expenses) or loss of income. Should you be unable to attend, a substitute delegate is welcome on notification to the association. If the substitute is not a member, the non-member fee will apply and extra payment will be due prior to attendance. If you cancel, a refund less \$30 or 10% (whichever is greater) will be given for a written cancellation received 7 days prior to the event. Cancellation within 7 days or failure to attend will result in no refund. The complete registration policy is available on the website: www.otqld.org.au

- I give permission for photos taken of me at the course to be used for OT AUSTRALIA marketing purposes only.
- I acknowledge that I have read and understood all the content on this registration form.

Signature of Applicant: _____ Date: _____

Return completed form with payment details by fax to: (07) 3397 6599