



## Arthroscopic Surgery Skills Workshop

### Course Dates

13<sup>th</sup> August 2011

Registrations now open!

### Target Audience

Suitable for all General and Orthopaedic Surgery Trainees  
SRMO's

### Description

#### Aims

This workshop covers the fundamental principles of arthroscopy for shoulder, knee and ankle joints. The workshop provides participants with a unique opportunity to develop procedural skills which are difficult to acquire as a trainee in a busy hospital setting.

#### Specific Objectives:

On completion of the course participants will be familiar with:

- Indications for arthroscopic surgery
- Patient positioning
- Arthroscopic equipment
- Principles and techniques of shoulder and ankle arthroscopy
- Principles and techniques of knee arthroscopy including ACL and meniscal surgery

#### Topics

- Meniscal Surgery
- ACL basics
- Chondroplasty
- Diagnostic Arthroscopy

#### Training Methods

Interactive format, instructional lectures, hands-on simulator workshops using realistic models

### Maximum Participants

12

### Location

Sydney Clinical Skills and Simulation Centre  
Level 6 Kolling Building  
Reserve Road  
Royal North Shore Hospital  
St Leonards NSW 2065

### Course Duration

8.00am – 5.00pm

### Cost

\$675.00

### Course Director

Dr Brett Fritsch

### Enquiries

02 9926 4646 or 02 9926 4633

[Kate.drabsch@sydney.edu.au](mailto:Kate.drabsch@sydney.edu.au)

### To Register

Please complete the Course Application Form



# Course Application Form

## Course Details

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

## Contact Details

Mr / Ms / Mrs / Dr / A Prof /Prof (please circle)

First Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Special Requirements

Please indicate if you have:

Food or latex allergies? \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Physical disability requiring special support

\_\_\_\_\_

Other: \_\_\_\_\_

## NSCCAHS Employees

If you currently work within NSCCAHS please provide your payroll number so we can register your attendance on Pathlore: Payroll Number \_\_\_\_\_

## Demographic

Please assist us to deliver high quality training by providing the following confidential information.

Current Hospital: \_\_\_\_\_

### Professional group

Medical specialist     CNC     Nurse Other

Vocational trainee     Nurse Specialist

Non-specialist/CMO     Allied health

Student     PGY1     PGY2     PGY3 or above

General practitioner

Other: \_\_\_\_\_

### Area of practice

General     ICU     Anaesthesia     ED

Surgery (Specialty) \_\_\_\_\_

Paediatrics     Other \_\_\_\_\_

## Registration Fees & Payment

Your place in this course is conditional until full payment is received.

Full payment is required at least 1 month prior to the course to confirm your booking and allow sufficient time to distribute course material. Please be aware of our cancellation policy.

### Self Funded:

Course Cost (incl GST): \_\_\_\_\_

enclosed is a cheque for \$\_\_\_\_\_ (inc GST) made payable in Australian Dollars to **Sydney Clinical Skills & Simulation Centre**

please debit my  
 Visa     Mastercard     Bankcard

for the amount of \$\_\_\_\_\_ (inc GST)

Card No: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiry date: \_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Employer /Sponsor Funded:

Amount (ex GST): \_\_\_\_\_

Cost Centre/Fund/Project (if applicable): \_\_\_\_\_

Authorised Expenditure Approval Officer:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Position*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Email*

## Terms & Conditions

I have read and understood and I agree to abide by the advice contained within the **"Practical Information and Terms and Conditions of Training"** provided.

I agree not to disclose to third parties, the identity of other participants, and to withhold judgement in respect to the attitudes or performance of other participants.

I meet the prerequisites of the course

\_\_\_\_\_  
Participant's Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

