

Part of our new Physical Health and Wellbeing Series

Electrocardiograms (ECGs) and Cardiology

An "all you need to know" one day practical update for Psychiatrists

9.30am Registration and Refreshments
10.00am Course Starts
4.00pm Close

Tuesday 8th March 2011 Leeds
Tuesday 17th May 2011 Birmingham
Thursday 13th October 2011 London

"A very good course which I would recommend"

"Very informative"

"One of the most useful courses for psychiatrists"

The importance of the physical health of individuals with mental illness is receiving increasing recognition amongst mental health professionals. Mental illnesses are associated with an increased risk of developing cardiovascular disease arising from lifestyle factors, effects of medication, and possibly genetic influences.

This popular course will use presentations, case discussions and practical examples to update mental health practitioners and psychiatrists on:

- The relationship between mental health and cardiovascular disease
- Cardiac effects of anti-psychotic drugs/cholinesterase inhibitors
- The relevance of metabolic syndrome
- Heart disease
- ECG interpretation – How to read and interpret ECGs
- Prevention of heart disease in patients with mental health problems
- When to refer to a cardiologist

The course will be delivered by two experienced cardiologists with a particular interest in this area. Delegates will have an opportunity to participate in an ECG refresher session.

About our Speakers

Dr Richard Andrews, Consultant Cardiologist, Lincoln County Hospital, United Lincolnshire Hospitals NHS Trust, Lincoln

Dr John Walsh, Consultant Cardiologist and Head of Cardiology, Nottingham University Hospital, Nottingham

Who should attend?

All psychiatrists including trainee psychiatrists and consultants who wish to update their knowledge and skills in this important area.

Course fee: £200.00 including refreshments, buffet lunch and materials.

Study methods: A combination of presentations, discussion and group work.

Registration: Please complete the registration form overleaf and fax to our Programme Administrators or telephone for assistance on 020 7977 6652/57.

Accreditation: This course is eligible for 6 CPD hours subject to peer group approval. Delegates are required to register at the start and finish in order to receive a certificate of attendance.

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How to book

Fax: Complete and fax this registration form to **020 7235 7976** OR **Post:** Post a completed copy of this form to Programme Administrator • Education and Training Centre • Royal College of Psychiatrists • 17 Belgrave Square, London, SW1X 8PG

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Your Details:

(please complete a separate form per delegate)

Title: _____ First name: _____
 Surname: _____
 Job title: _____
 Department: _____
 Organisation: _____
 Work address: _____
 _____ Postcode _____
 Email: _____

Tel: _____
 Fax: _____
 RCPsych Membership No: _____
 Please specify any dietary requirements: _____
 Other special requirements (eg. disabled access): _____

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Accommodation:

DeSouza Associates provides a delegate hotel accommodation booking service. Contact by email on info@desouza-associates.com, via website www.desouza-associates.com or by telephone on 01252 722185.

Confirmation of registration:

All registrations will be confirmed in writing. Late registrations will be confirmed by fax. A map of the venue will be sent with confirmation of your booking.

Cancellations/substitutions:

To be entitled to a refund all cancellations MUST be received in writing no later than 2 weeks prior to the event date. An 80% refund will be given if cancelled 4 weeks or more prior to the event and 50% refund if less than 4 weeks notice is given. No refund will be given if cancellations are received within 2 weeks before the event. Should you be unable to attend, a substitute delegate is welcomed.

Payment

THE COLLEGE IS UNABLE TO INVOICE FOR REGISTRATION FEES

BY CHEQUE A cheque for £_____ made payable to: **The Royal College of Psychiatrists** is enclosed.

CREDIT CARD

Please enter your credit card details as they appear on the card.
 Please debit my VISA /MASTERCARD/SWITCH CARD
 (delete as appropriate)

Cardholder's name: _____
 Home address: _____

Card no:

Start date: _____ Expiry date: _____

Issue No (Switch only): _____ 3 digit security number: _____

Signature: _____

Your payment will be processed securely using Netbanx, and your card details will not be retained after successful processing.