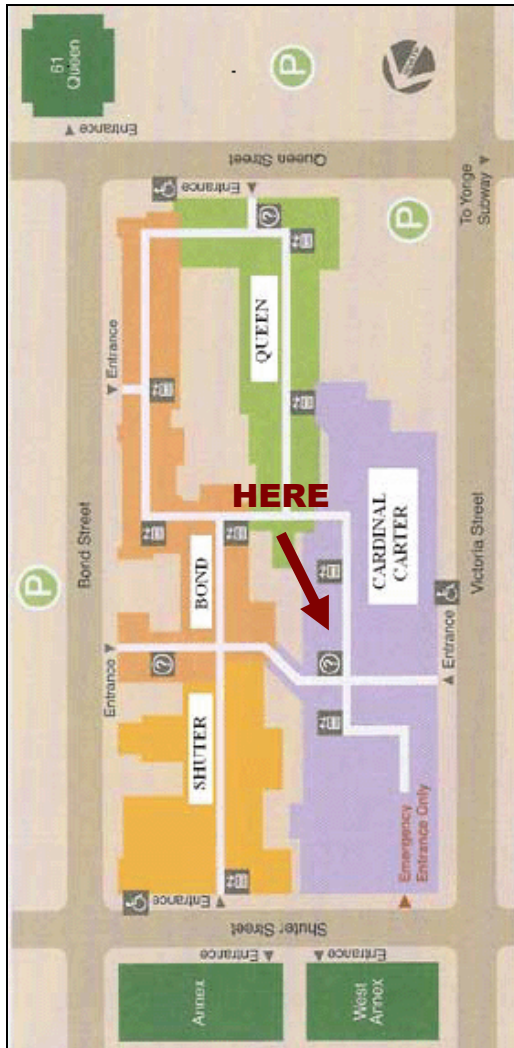


## Map of St. Michael's Hospital



**Classroom Location:**  
Room 6-002 Cardinal Carter Wing  
(beside Marketaria)

St. Michael's Hospital  
30 Bond Street  
Toronto, Ontario M5B 1W8  
(416) 360-4000



# THE 6<sup>TH</sup> ANNUAL CARDIOVASCULAR REVIEW WORKSHOP

*A 3-day workshop for nurses seeking advanced CNA certification and improved cardiovascular nursing knowledge and skills.*



*St. Michael's Hospital was the recipient of the 2005 Employer Recognition Award*

### Workshop features:

- Highly interactive educational sessions with case studies applications and multiple exam testing practice questions.
- Based on CNA exam blueprint and current clinical practice guidelines.
- Covers different styles of adult learning (didactics, visuals/videos, group work)
- This workshop was presented at the 2005 Canadian Cardiovascular Congress Conference, titled – “Preparing Nurses to Pass the CNA Cardiovascular Certification Exam: A Grassroots Initiative.”
- Supported by CNA and advertised in the website:

<http://www.cna-nurses.ca/cna/>

## The Program

This Review is designed for:

- Nurses who are preparing for the CNA certification exam – April 3, 2010
- Allied health professionals who desire to increase their knowledge & skill related to cardiovascular disease.

The Review is divided into 3, one-day sessions to be held on consecutive days in  
*February 26, 27 & 28, 2010*  
*at 8:00 am - 4:00 pm.*

Sessions are presented by experienced clinicians within each sub-specialty of cardiovascular nursing. Each session will include information related to pathophysiology, assessment, diagnostics and therapeutics.

Registration fee includes:

- Program fee
    - a) \$50/day (application received by January 25<sup>th</sup>)
  - OR
    - b) \$75/day (application after January 25<sup>th</sup>)
  - Course Materials
  - ***Morning refreshments, lunch and afternoon snacks will be provided.***
- Sponsorship from:



Payment is required at the time of registration to confirm space.

Certificate of continuing education hours provided.

## Day One (Friday, February 26)

### Health Promotion

Competencies to be covered include:

- Core concepts related to health promotion, prevention and rehabilitation
- Core concepts related to Psychosocial needs

### Acute Coronary Syndrome

Competencies to be covered include:

- The care of the person with Ischemic heart disease
- The care of the person who needs non-surgical cardiac interventions/procedures: Angiogram, angioplasty
- The care of the person who needs surgical interventions (CABG)
- The care of the person with Cardiogenic Shock

## Day Two (Saturday, February 27)

### Valvular Heart Disease

Competencies to be covered include:

- The care of the person with Valvular heart disease
- The care of the person who needs Cardiac surgical interventions (valvular surgery)

### Heart Failure

Competencies related to:

- The care of the person with Heart Failure

### Endocarditis, Pericarditis, Myocarditis

Competencies to be covered include:

- The care of the person with heart disease related to inflammatory/infectious process: Pericarditis, Endocarditis, Myocarditis

## Day Three (Sunday, February 28)

### Vascular and Cardiac Surgeries

Competencies to be covered include:

- The care of the person with Vascular disease
- The care of the person who needs Cardiac surgical interventions
- The care of the person who needs non-surgical cardiac interventions/procedures: Angiogram, angioplasty, electrophysiological studies/Ablation.

### Electrophysiology

Competencies to be covered include:

- Core concepts related to cardiac electrocardiographic rhythms
- The care of the person who needs non-surgical cardiac interventions/procedures: electrophysiological studies/Ablation.

## REGISTRATION FORM

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

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

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Area of work: \_\_\_\_\_

Tel# - Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email (required): \_\_\_\_\_

**Please check box(es) to indicate workshop date(s) you want to register in:**

**Workshop fee (\$50/day by Jan. 25/10):**

Feb 26       Feb 27       Feb. 28

TOTAL AMOUNT PAID: \$ \_\_\_\_\_

**Workshop fee (\$75/day after Jan.25/10):**

Feb 26       Feb 27       Feb. 28

TOTAL AMOUNT PAID: \$ \_\_\_\_\_

**Cheques should be made payable to:**

St. Michael's Hospital

**Send to:**

Jennifer Cruz  
St. Michael's Hospital  
Cardiac Arrhythmia Service  
30 Bond Street, Room 7-081 Queen Wing  
Toronto, Ontario, M5B 1W8

**NOTE:**

- Cheques are the only form of payment accepted
- Payment is required to register for the workshop.
- Registration confirmation will be sent by email.
- Receipt of payment will be given on the 1st day of class.
- NO REFUND once registration, payment & confirmation are received or processed. No exceptions.
- Please register early because the workshop has been filled up for the last 5 years and registration confirmation is on a first come first serve basis.
- For St. Michael's employees, please visit the Intranet to also register online (6-digit employee ID required).

**Contact Information:**

Email : cruzj@smh.toronto.on.ca

Voicemail : (416) 864-6060 ext. 3843

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