



A Safer Home: Risk Identifications and Home Modifications

2 – 3 March 2020

Introduction

Healthcare Professionals especially Occupational Therapists play an important role in assessment of Falls and Environmental Modifications. This course outlines the importance of Home Evaluation in Falls Preventions. Newly graduated therapists will be equipped with knowledge and skills in providing Home Evaluation and be able to make appropriate recommendations for people with chronic diseases, progressive illness leading to physical and cognitive disabilities.

Course Objectives

- Gain an overview of fall risks factors
- Demonstrate the ability in selection of home assessment tools for varied client groups
- Equipped with skills in home assessment and home modifications for varied clients group
- Equipped with knowledge of home assessment report writing

Course Outline

- Effectiveness of Home Modifications & Influencing Factors
- Fall Risks Assessment
- Home Assessment
- Home Modifications for Varied Conditions
- Hands On for Home Modifications
- Community Resources & Home Visit Report

The course will also have a practical session at a mock-up room on Day 2.

Target Audience

Occupational Therapists

Course Details

Date	: 2 – 3 March 2020
Duration	: 2 days
Time	: 9.00 am – 5.00 pm
Venue	: Room L181, Level 4 Occupational Therapy Department Outram Community Hospital 10 Hospital Boulevard, S (168582)
Fee	: \$490 (SingHealth Staff and SAOT Member) \$545 (Regular)

Teaching Faculty

Ms Ng Shi Ying

Principal Occupational Therapist
Singapore General Hospital

Ms Ng completed her Diploma in Occupational Therapy with Nanyang Polytechnic and her Bachelor's Degree in Occupational Therapy at Queen Margaret University, Edinburgh. She has worked in a variety of inpatient setting from Orthopedics, Geriatric, Medical, Neurology and inpatient rehabilitation at satellite ward in Bright Vision Hospital. She is the main therapist in charge of home therapy under the Hospital to Home Program.

During her course of work in covering home therapy for nearly 3 years, Shi Ying has encountered many real life issues faced by patients and their caregivers when they are discharged back home. Shi Ying is well equipped with knowledge on the equipment available for individuals to be use within home setting. Through her experiences in covering home therapy cases, Shi Ying has gathered various strategies to overcome environmental barriers at home whereby she would share with her patients.

Registration

Miss Joyce Lee

Email: joyce.lee.g.l@sgh.com.sg



Quick Links

[FAQs](#)

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Registration Slip

A Safer Home: Risk Identifications and Home Modifications 2 – 3 March 2020

Submit your registration form to **Joyce Lee** at joyce.lee.g.l@sgh.com.sg by **10 February 2020!**

The information provided for course registration is true and accurate to the best of my knowledge. Submission of any false information will render my application void with no refund of registration fee. Submission of my professional certification or qualifications for auditing purpose may be required.

By registering for the course, you agree to the terms & conditions of PGAHI.

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PARTICIPANT'S PARTICULARS

Name *(to be reflected on cert)*:

Contact no.:

Email:

Profession:

AHP *(please indicate)*: _____ Doctor Nurse Others: _____

Department:

Organisation:

SAOT no. *(if applicable)*:

Any cancellation or replacement must be conveyed to PGAHI in writing. A cancellation fee of 50% of course fee will be charged if the cancellation is made before **10 February 2020**. There will be no refund of course fee for cancellation on or after **10 February 2020**. PGAHI reserves the right to cancel the course and fully refund the amount of registration fee paid to the participants should unforeseen circumstances necessitate it.

For **cheque payment**, please issue a **crossed cheque** payable to "Singapore General Hospital Pte Ltd" and mail the cheque attention to **Joyce Lee, SGH-PGAHI, 20 College Road, Academia, Level 2, Singapore 169856**.

For **invoice to organisation**, please complete the below billing details:

BILLING DETAILS

Bill to:

Billing address:

Attention invoice to *(name & department)*:

Email of addressee:

Contact no. of addressee:

I consent to Singapore General Hospital and its related corporations (collectively 'SingHealth'), their agents and SingHealth's authorised service providers collecting, using, disclosing and/or processing my personal data, in order to send me marketing materials, etc.

I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to SingHealth in respect of my personal data, and are additional to any rights which SingHealth may have at law to collect, use or disclose my personal data.

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