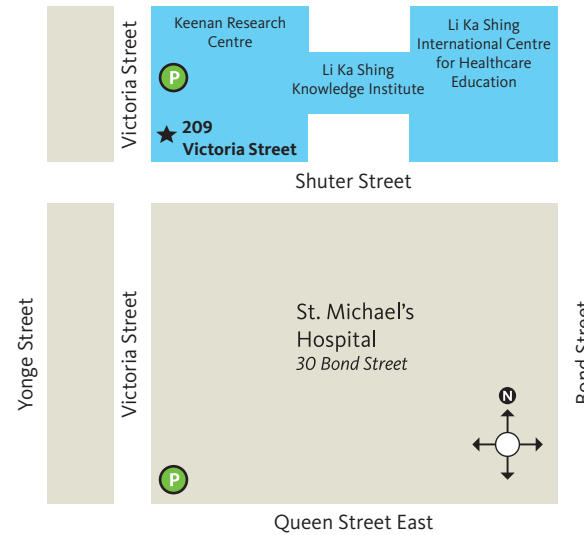


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**Contact for further information:**

Barbara Anderson RN  
Phone: 416.867.7460 X8347  
Email: [banderson@smh.ca](mailto:banderson@smh.ca)



## The Future of Primary Care: Enabling Registered Nurses to Full Scope of Practice



**Saturday June 15<sup>th</sup>, 2013**

7:30 am to 3:00 pm

Li Ka Shing Knowledge Institute  
Toronto, Ontario

Toronto Chapter of the Ontario  
Family Practice Nurses (OFPN)

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30 Bond Street, Toronto, ON M5B 1W8 Canada  
416.864.6060 [stmichaelshospital.com](http://stmichaelshospital.com)

## PROGRAM GOAL:

Our goal is to provide an educational experience for the Primary Care Registered Nurse that encourages and supports nursing initiatives geared to enable nursing to full scope.

### Conference Program:

- 0730: Registration and Continental Breakfast**
- 0800: Opening Remarks**
- 0815: Primary Solutions for Primary Care: Maximizing and Expanding Ontario's Primary Care System.**  
Speaker: **Tim Lenartowych, RN, BScN**
- 0900: Innovative Models of Delivering Health Promotion Teaching**  
Speaker: **Stephen Pomedj, R2, University of Toronto**
- 0940: Bio Break**
- 1000: Guidelines for Diabetes Management: The bottom line**  
Speaker: **Betty Upward RN, CDE**
- 1040: Getting rid of Myths: Pearls of Wisdom in Early Childhood**  
Speaker: **Jean Wilson NP-PHC**
- 1120: lunch and exhibits**
- 1230: Care of older adults in the community: programs and resources**  
Speaker: **Anne Stephens RN, BScN, MED GNC(c)**
- 1315 What's new in immunization: An update from Toronto Public Health**  
Speaker: **Joanne Kaashoek RN**
- 1400 Primary Care Nursing: Utilizing a Full Scope of Practice**  
Speakers: **Marnie Martin RN, BSN, CRE and Melissa Graham MD, CCFP**
- 1445 Closing Remarks**

## REGISTRATION:

**Registration Fee: \$100.00**

### Tools for Enabling RNs to Full Scope of Practice:

**Saturday June 15<sup>th</sup>, 2013**

*Please Print Clearly:*

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

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

Organization: \_\_\_\_\_

Address: Street: \_\_\_\_\_

\_\_\_\_\_

Suite: \_\_\_\_\_ City: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Please enclose a cheque payable to:

**DFCM Education Fund**

**Mail To: St. Michael's Hospital**

c/o Pauline Francis  
Family Practice  
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