



The Tracheostomy Review and Management Service (TRAMS) is a consultancy service started at Austin Health in 2002. The expert team of doctors, nurses, physiotherapists and speech pathologists has managed over 500 patients and has assisted numerous patients who have a tracheostomy tube to live well in the community.



TRAMS gratefully acknowledges support from the following sponsors



#### Location

Austin Tower  
Level 4, Educational Precinct  
Austin Hospital  
Studley Road, Heidelberg 3084

#### Parking

Studley Rd Car Park  
Mel. Ref. 31K4

#### Public Transport

Heidelberg Station, Hurstbridge Line

#### Contacts

For further information:  
Tanis Cameron  
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Manager, TRAMS  
Tel: (03) 9496 3095  
E-mail: [tanis.cameron@austin.org.au](mailto:tanis.cameron@austin.org.au)

#### Registration

Pina Gusman  
Secretary, TRAMS  
Austin Health  
PO Box 5555  
Heidelberg VIC 3084  
Tel: (03) 9496 5549  
Fax: (03) 9496 3280  
E-mail: [TRAMS@austin.org.au](mailto:TRAMS@austin.org.au)

#### Cancellation & Refund Policy

10% of registration fee forfeited if cancellation occurs before closing date.  
50% of registration fee forfeited if cancellation occurs up to 48 hours before workshop.  
Cancellations must be received in writing.  
No refunds will be given for non-attendance.  
Austin Health reserves the right to cancel this workshop with full refund.



## Hands On Tracheostomy Training Interdisciplinary Workshops

# Let's Get Practical Series

## Workshop 2 Tracheostomy Care In The Community June 15, 2007

Future workshops in this series

Austin Health Presents  
**Ventilation and  
Tracheostomy Care**  
August 24, 2007

## Let's Get Practical Series

Evidence based lectures and hands on training for Nurses, Speech Pathologists, Physiotherapists, Doctors and others. These interdisciplinary workshops will provide clinicians with an enhanced understanding of vital aspects in tracheostomy care.

**Small group format**

**Bring your team**

**Network with others in this field**

**Speakers notes provided**

**Register early, places are limited**



### Speakers for Workshop 2

TRAMS Clinical Nurse Consultant

TRAMS Physiotherapist

TRAMS Speech Pathologist

Manager TRAMS

Victorian Respiratory Support Service (VRSS) Outreach Coordinator

Respiratory Physician

## Workshop 2 June 15 2007 Tracheostomy Care In The Community

Plan to attend this workshop which will provide in depth information on caring for those who have a long-term tracheostomy tube.

### Workshop Content

8:30-9:00	<b>Registration</b>
9:00-9:30	<b>Introduction</b> <b>Aims, Background and Structure</b>
9:30-10:00	<b>Ethical Considerations of Tracheostomy</b>
10:00-10:30	<b>Humidification at Home</b>
10:30-10:50	<b>Morning Tea</b>
10:50-11:15	<b>Communication and Swallowing Issues</b>
11:15-12:15	<b>Discharge Planning</b> <ul style="list-style-type: none"> <li>▪ Complex Patients</li> <li>▪ Equipment and Consumables</li> <li>▪ Transitioning</li> <li>▪ Competency Training</li> </ul>
12:15-12:30	<b>Questions</b>
12:30-1:15	<b>Lunch</b>
1:15-2:30	<b>Hands on Training with Patients and Equipment</b>
2:30-2:50	<b>Afternoon Tea</b>
2:50-3:10	<b>Ventilated Patients</b>
3:10-3:30	<b>Case Presentation</b>
3:30-3:50	<b>Panel and Questions</b>
3:50- 4:00	<b>Conclusion</b>



### Workshop 2. Tracheostomy Care In The Community REGISTRATION FORM/TAX INVOICE ABN: 96 237 388 063

**Upon registration and payment this document becomes a Tax Invoice/Receipt. Please retain a copy. No further receipts will be issued.**

Name: \_\_\_\_\_  
 Discipline \_\_\_\_\_ Workplace: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**I am interested in attending other workshops in this series. Please send me a registration form for:**  
 Workshop 3. Ventilation And Tracheostomy Care August 24<sup>th</sup> 2007

**Registration fee for workshop 2. GST inclusive**  
 External Applicant \$220   
 Austin Employee \$110   
**Registration closes 8<sup>th</sup> June 2007**

**Method of Payment**  
 Complete registration slip with:  
 Cheque/Money Order  
 Visa  MasterCard  Bank Card  
 Name on Card: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_  
 Card Expiry Date: \_\_\_\_\_  
 Signature of Cardholder: \_\_\_\_\_  
 Authorised Amount: \_\_\_\_\_

Please make Cheques/Money Orders payable to:  
 Speech Pathology Department, Austin Health,  
 PO Box 5555, HEIDELBERG VIC 3084

**Cancellation & Refund Policy**  
 I understand the Cancellation & Refund Policy as detailed on the reverse of this flyer and accept these conditions.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_