

RESPONDING TO PHYSICIANS BEHAVING BADLY



Target : Health First Associates

Objectives: Recognize how the ability to respond appropriately to a physician's disruptive behavior impacts patient care
 Define Disruptive Behavior in the Patient Care Setting
 Discuss team strategies for supporting behavioral change

Credit: This program has been approved by Florida Boards for **1.0 contact hours** of continuing education for **CNAs, Nurses, Occupational Therapists, Speech Pathologists & Respiratory Therapists**, CE Broker #50-873.

Classes are offered on multiple dates and at all four Health First Hospitals at no cost

Fax Registration to: 321-254-5151.

Registration: Responding to Physicians Behaving Badly
 Registration deadline: 2 days prior to program date

Please **select (check)** the date/location you wish to attend (NOTE TIME)

HRMC Auditorium A: 8:00 AM – 9:00 AM

February 22, 2012 June 28, 2012 August 19, 2012 December 15, 2012

CCH Conference Room B: 8:00 AM – 9:00 AM

February 7, 2012 April 13, 2012 October 16, 2012

PBH Auditorium: 8:00 AM – 9:00 AM

April 19, 2012 August 22, 2012

VH Conference Room 1: 9:00 AM – 10:00 AM

March 23, 2012 July 13, 2012

<i>Name</i>	<i>Title</i>
<i>Mailing address</i>	<i>License #</i>
<i>City, state, zip</i>	<i>Phone H</i> <i>W</i>
<i>Employment facility/unit</i>	<i>User ID:</i>
<i>E-mail</i>	

Cancellation/Fees: By signing this registration form I acknowledge that if I cancel my registration, I must do so at least 48 hours before the program begins. If this program is of no cost to me and I do not cancel 48 hours in advance, a \$10 fee will automatically be deducted from my paycheck.

Signature (Required) _____

Confirmation: Available through self-service People Soft HRMS
[\(Home > Self Service > Learning and Development > Training Summary\)](#) .
 Please allow 3 business days before confirming your registration.

For more information, contact Cheryl McKinney at (321) 434-1962 or
 Lalane Hayworth at (321) 434-1969 or email her at lalane.hayworth@Health-First.org

***Compliance with Health First dress code is expected.**

OFFICE USE ONLY: NO SHOW FEE \$10.00

Authorized by: _____ 54 CFL – Revenue 050 600002 6400
 Date: _____ 55 CFL – Sponsorship 050 765830 6400