

Webinar – Conflict Resolution Training

Suitable for: DCP (Dental Care Professionals)

Speakers: Alan Jobson

Verifiable CPD hours: 3 (Evening Course)

Aim:

To raise awareness of the reason which cause violence at work and give the participants tools to help deal with these behaviours. Interactive web-based seminar.

Date
 26/01/2010

Venue
 Own premises

Reference
 C/0968

Expected Learning Outcomes:

By the end of the course, participants will be able to:

- recognise the signs leading towards violence in the workplace
- explain the key characteristics relating to aggressive, submissive and assertive behaviour
- discuss the cycle of conflict and how to promote a positive exchange in the process

Essential Content:

Characteristics related to behaviour; Cycle of conflict; personal risk assessment

Teaching Method:

Webinar – require broadband, telephone line and webcam

Course Information:

In order to tackle the problem of violence at work it is vital to have an unambiguous understanding of what violence at work is. This new web-based seminar will equip you with the skills to deal with patients. An exciting opportunity to take part in a web based seminar hosted by the Dental Channel in the setting of your own home.

Course participants are limited to 25, if this course is oversubscribed:

- (a) Your name will be automatically added to the waiting list unless you tick the box below
 (b) Your cheque(s) will be shredded

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PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO: Janet Fullard, Northern Deanery Dental Training Facility, Bourne House, Mandale Business Park, Belmont, Durham DH1 7TH

Please tick if you do not wish to be included on a waiting list for this course

Course title: **Webinar – Conflict Resolution Training**

Course Date: **26/01/2010 19:00 to 21:00**

I enclose one cheque dated **1/26/2010** for 0(per person) to cover the cost of catering, materials etc. made payable to "**North East SHA**"

Reference
C/0968

Title	First Name	Surname	Post	GDC No
Practice Address & Postcode				
Daytime Contact Telephone:			Mobile Telephone:	
PCT & Performer No:				
Email Address:				
Signature:			Date:	

