



Practical Spirometry Refresher

May 29, 2014
Niagara Falls, New York



This is a NIOSH-approved course

Presented by
Division of Pulmonary and Critical Care
Mayo Clinic, Rochester, Minnesota

2014 Practical Spirometry Refresher

May 29, 2014

Registration deadline: April 29, 2014

Course location: Holiday Inn Buffalo Amherst
1881 Niagara Falls Boulevard
Amherst, NY 14228

Course Overview and Objectives

This refresher course is approved by the National Institute for Occupational Safety and Health (NIOSH) and ensures that persons performing spirometry testing learn the current spirometry standards and guidelines published by the American Thoracic Society/European Respiratory Society.

By the end of this course, participants should be able to:

- Explain spirometry instrument requirements
- Perform calibration check procedures
- Demonstrate proper spirometry testing technique for persons of various ages and state of health
- Demonstrate how to use flow-volume and volume-time tracings to recognize errors in testing and to explain the corrective action
- Explain the criteria for determining acceptability of maneuvers and test repeatability
- Explain the interpretative strategy for common disease patterns from the numeric results and spirogram tracings

Disclaimer

Attendance at this Mayo course does not indicate nor guarantee competence or proficiency in the performance of any procedures which may be discussed or taught in this course.

Intended Audience

This refresher course is designed for health professionals involved in performing spirometry tests in both industrial and clinical settings. Individuals must have completed either the NIOSH-approved Initial class or a NIOSH-approved Spirometry Refresher Course within the last 5 years to qualify for this class. ***A copy of the certificate must accompany the registration form to verify eligibility.***

Credit

This continuing nursing education activity was approved for 7.5 contact hours through the American Association of Occupational Health Nurses, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

New in 2013: This program has also been approved for 7.5 contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care.

Other health care professionals will be provided a certificate of attendance for requesting credits in accordance with state nursing boards, specialty societies, or other professional associations.

Course Directors

Paul D. Scanlon, MD

Medical Director, Pulmonary Function Laboratories
Professor of Medicine
Mayo Clinic, Rochester, Minnesota

Carl Mottram, RRT, RPFT

Director, Pulmonary Function Laboratories
Associate Professor of Medicine
Mayo Clinic, Rochester, Minnesota

Course Coordinator & Instructor

Kay A. Erickson, CPFT

Quality Assurance Technologist
Mayo Clinic, Rochester, Minnesota

Course Faculty

The instructors are certified pulmonary function technologists, respiratory therapists, and physicians, each with more than 20 years of experience in pulmonary function testing at Mayo Clinic. Their extensive experience allows them to recognize the "body language" of suboptimal spirometry maneuvers and the resulting patterns on spirometry graphs. They emphasize demonstration of the correct maneuver and vigorous coaching throughout the course.



A Note from NIOSH

The Cotton Dust Standard (29 CFR 1910.43) promulgated by Occupational Safety and Health Administration (OSHA) in 1978 and amended December 13, 1985, states:

“Persons other than licensed physicians, who administer the pulmonary function testing required by this section shall have completed a NIOSH-approved training course in spirometry.”

When NIOSH approves a course, it is attesting that the course meets the minimum OSHA/NIOSH criteria for teaching individuals to perform spirometry in the Cotton Dust Industry. This does not mean that the individual taking the course is certified as a pulmonary function technician by NIOSH. Students have merely completed a NIOSH-approved course.

Effective January 1, 2009, NIOSH changed the time limits on all certificates to 5 years from the course date. Previously awarded certificates are **no longer valid indefinitely**.

Registration

For additional details on this course, contact Teresa Krukow at 800-533-1653 or 507-284-8403. The registration fee for this course is \$300 and includes tuition, course manual, and certificate. Continental breakfast, lunch, and break refreshments will also be provided.

Class size is limited to 30 to provide individual attention to all participants; therefore, early registration is encouraged.

Please complete the registration form below and fax, **along with a copy of your certificate** from the previous initial or refresher NIOSH-approved course you attended, to:

Teresa Krukow
 Mayo Clinic
 200 First Street SW – Gonda 18 East
 Rochester, MN 55905
 Fax 507-266-2474

NOTE: *Students should not make non-refundable flight reservations until after the course deadline and an email confirmation letter is received.*

Cancellation

Your registration fee, less a \$75 administrative fee, will be refunded when written notification is received by our office on or before April 29, 2014.

Accommodations

Holiday Inn Buffalo Amherst
 1881 Niagara Falls Boulevard
 Amherst, NY 14228 (Phone: 716-691-8181)
*Special conference rate of \$99 single or double occupancy.
 Block of rooms held until May 14, 2014*

REGISTRATION FORM

May 29, 2014, Niagara Falls, New York (Registration deadline is April 29, 2014)

Please print. Duplicate form for multiple registrations. (Please attach a copy of the prior course certificate.)

Formal Name (as you want it to appear on your class certificate)		Title (LPN, RN, PA, PhD, MD or other)	
Company/Institution		Phone (including area code)	
Address		Fax (including area code)	
City		State	Zip Code
Years of experience in spirometry	Are you interested in bringing and using your own equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate spirometer model and name you are currently using (or plan to use):		E-mail (required)	
		How do you want your first and last name to appear on your nametag? _____	
		Do you have any special needs? If so, please explain: _____ _____	

Registration fee is \$300 If paying by check, please fax form and mail check along with registration form	Payment Method		(MM/YY)	
	<input type="checkbox"/> Check—payable to Mayo Clinic <input type="checkbox"/> Visa* <input type="checkbox"/> Mastercard* <input type="checkbox"/> Discover* <input type="checkbox"/> American Express**	Credit Card No. _____ Exp. Date: _____ *3 digit code on back _____ ** 4 digit code on front _____	Name on card _____ Billing address on card _____ City, State, Zip code _____	

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