

# **Practical Spirometry**

October 7-8, 2016 Jacksonville, Florida November 9-10, 2016 Rochester, Minnesota



This is a NIOSH-approved course

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

# 2016 Practical Spirometry

# October 7-8, 2016

Registration deadline: September 7, 2016 Course location: Mayo Clinic Jacksonville

Kinne Auditorium/Cannaday Building

4500 San Pablo Road Jacksonville, Florida 32224

## November 9-10, 2015

Registration deadline: October 9, 2016 Course location: Mayo Clinic Rochester

Siebens Medical Education Building 200 First Street SW

Rochester, Minnesota 55905

# **Course Overview and Objectives**

This course is approved by the National Institute for Occupational Safety and Health (NIOSH) and will provide instruction in spirometry technique, standards, calculations, pulmonary disease patterns, and documentation.

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

- Perform calibration procedures
- Demonstrate proper spirometry testing technique
- Select best maneuvers
- Calculate result measurements from volume/time graphs
- Interpret numeric results from spirometry

#### 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 course is designed for health professionals involved in performing spirometry tests in both industrial and clinical settings.

#### Credit

This program was approved for 15.5 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 15.5 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.

**Program Change:** 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 Previously awarded certificates are no longer valid indefinitely. Individuals who choose to have a valid NIOSH certificate must either take a NIOSH-approved Spirometry Refresher Course before the certificate is invalidated or retake the initial 2 day course.

# **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 Tera Hagen, 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 10 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.

# Registration

For additional details on this course, contact Teresa Krukow at 800-533-1653 or 507-284-8403. The registration fee for this course includes tuition, course manual, calculator, ruler, exam, certificate, continental breakfast and lunch.

Parking is not covered by the registration fee and is the responsibility of the participant. Class size is limited, early registration is encouraged.

Please complete the registration form below and mail or fax 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 <u>and</u> 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 September 7, 2016 for the Florida course, and on or before October 9, 2016 for the Rochester course. No refunds will be made after these dates.

#### Accommodations

### Florida course:

Visit <u>www.mayoclinic.org/becomingpat-jax/lodging.html</u> for a list of hotels in the Jacksonville area.

#### Minnesota course:

Visit <u>www.mayoclinic.org/travel-rst</u> for a list of hotels and other important information when traveling to Rochester.

REGISTRATION FO						ns. <mark>d, and which course manual you prefer.</mark>		
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□ November 9-10	0, Roc	hester, MN	(Regi	istratio	on deadline is	s October 9, 2016)		
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Printed 3	<mark>Ring</mark>	Binder Wor	kbook (ad	<mark>dditi</mark>	onal fee of	<mark>\$25)</mark>		
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)			
Addiess					E-mail (required)			
City			State		Zip Code			
						How do you want your first and last name to appear on your nametag?		
Years of experience in spirometry:  Indicate spirometer model a you are currently using:				and name		Do you have any special needs? If so, please explain:		
	Pavn	nent Method	1			(MM/YY)		
Registration fee is <b>\$525</b> with USB Flash Drive	☐ Check–payable to Mayo Clinic☐ Visa*				Credit Card No Exp. Date: Exp. Date: *3 digit code on back **4 digit code on front			
<b>\$550</b> with 3 Ring	☐ Mastercard* ☐ Discover*				Name on card			
Binder					Billing address on card City, State, Zip code			
If paying by check, please fax form <u>and</u> mail check along with registration form	☐ Mayo Clinic employee				•	PAU		
(\$150 or \$175 account transfer for Mayo employees)								

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