



# Practical Spirometry Refresher

**April 26, 2014**  
**Phoenix, Arizona**



*This is a NIOSH-approved course*

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

# 2014 Practical Spirometry Refresher

**April 26, 2014**

Registration deadline: March 26, 2014

Course location: Mayo Clinic-Phoenix campus  
Education Ctr-Waugh Auditorium  
5777 E. Mayo Blvd.  
Phoenix, Arizona 85054

## 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 March 26, 2014.

## Accommodations

Visit [www.mayoclinic.org/travel-sct/lodging.html](http://www.mayoclinic.org/travel-sct/lodging.html) for a list of hotels in the Mayo Clinic-Phoenix campus area. (Residence Inn Phoenix Desert View at Mayo Clinic is on campus. For other hotels, select hotels near Mayo Clinic Hospital)

## REGISTRATION FORM

**April 26, 2014, Phoenix, Arizona (Registration deadline is March 26, 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		E-mail (required)	
State		How do you want your first and last name to appear on your nametag?	
Zip Code		Do you have any special needs? If so, please explain:	
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):			
<b>Registration fee is \$300</b>		<b>Payment Method</b>	
<b>If paying by check, please fax form and mail check along with registration form</b>		<input type="checkbox"/> Check—payable to Mayo Clinic	
<b>(\$75 account transfer for Mayo employees)</b>		<input type="checkbox"/> Visa*	
		<input type="checkbox"/> Mastercard*	
		<input type="checkbox"/> Discover*	
		<input type="checkbox"/> American Express**	
		<input type="checkbox"/> Mayo Clinic employee	
		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 _____	
		Company number _____ PAU _____	

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