

Practical Spirometry Refresher

November 3, 2018
Jacksonville, Florida



This is a NIOSH-approved course

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

2018 Practical Spirometry Refresher

November 3, 2018

Registration deadline: October 3, 2018

Course location: Mayo Clinic Jacksonville
Cannaday Building/Rm 1106
4500 San Pablo Road
Jacksonville, Florida 32224

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 8.0 contact hours through the American Association of Occupational Health Nurses, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This program has also been approved for 8.0 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 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 technique 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.

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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, exam, certificate.

Class size is limited, 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 October 3, 2018.

Accommodations

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

REGISTRATION FORM :

Please indicate below which course manual you prefer.

November 3, 2018 Jacksonville, Florida (Registration deadline is October 3, 2018)

- USB Flash Drive Workbook. Fee is \$350 *Must bring personal laptop computer**
 Printed 3 Ring Binder Workbook. Fee is \$375 (additional fee of \$25)

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:	Indicate spirometer model and name you are currently using:		
		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 \$350 with USB Flash Drive \$375 with 3 Ring Binder If paying by check, please fax form <u>and</u> mail check along with registration form (\$75 or \$100 account transfer for Mayo employees)	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** <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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