

# Practical Spirometry

**February 15-16, 2018**  
**Rochester, Minnesota**



*This is a NIOSH-approved course*

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

# 2018 Practical Spirometry

## February 15-16, 2018

Registration deadline: January 15, 2018

Course location: Mayo Clinic Rochester

Siebens Medical

Education Building

100 2<sup>nd</sup> Ave SW

Rochester, Minnesota 55902

## 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 Previously awarded certificates are no longer valid indefinitely.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 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.

**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. Parking fees are not covered by the registration cost and is the responsibility of the participant. Class size is limited; therefore, early registration is encouraged.

Please complete the registration form below, 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 and an email confirmation letter is received.

**Cancellation**

Your registration fee, less a \$75 administrative fee, will be refunded when notification is received by our office on or before January 15, 2018. No refunds will be made after these dates.

**Accommodations**

**Minnesota course:**

Visit [www.mayoclinic.org/travel-rst](http://www.mayoclinic.org/travel-rst) for a list of hotels and other important information when traveling to Rochester.

**REGISTRATION FORM:**

**Please indicate which conference you are registering to attend, and which course manual you would prefer.**

- February 15-16, Rochester, MN** (Registration deadline is January 15, 2018)
- USB Flash Drive Workbook. Fee \$525.00** \* Must bring personal laptop computer both days of the course.
- Printed 3 Ring Binder Workbook Fee \$550.00**

**Please print.** Duplicate form for multiple registrations.

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	E-mail (required)		
Zip Code		How do you want your first and last name to appear on your nametag? _____			
Years of experience in spirometry:	Indicate spirometer model and name you are currently using: _____				
Do you have any special needs? If so, please explain: _____ _____					

Registration fee is: <b>\$525</b> w/USB Flash Drive  <b>\$550</b> with 3 Ring Binder  *If paying by check, please fax form <u>and</u> mail check along with registration form  (\$150 or \$175 account transfer for Mayo employees)	<b>Payment Method</b> <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	(MM/YY) 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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