

Practical Spirometry



This is a NIOSH–approved course

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

Practical Spirometry

Course Overview and Objectives

This refresher course is approved by the **National Institute for Occupational Safety and Health (NIOSH)** and ensures 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 and infection control procedures.
- Perform leak check, calibration check and linearity testing.
- 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 ATS/ERS 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 Clinic 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 spirometry testing in both the industrial and clinical setting.

Credit

This continuing education activity was approved for **16.0** 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 **16.0** Continuing Respiratory Care Education (CRCE) credits 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 Previously awarded certificates are no longer valid indefinitely.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 within 7 months post certificate expiration date or retake the initial 2 day course.

Course Directors

Paul D. Scanlon, MD

Professor of Medicine

Mayo Clinic, Rochester, Minnesota

Alexander S. Niven, MD

Medical Director, Pulmonary Function Laboratories

Mayo Clinic, Rochester, Minnesota

Katrina Hynes, MHA, RRT, RPFT

Supervisor, Pulmonary Function Laboratories

Mayo Clinic, Rochester, Minnesota

Course Coordinator & Instructor

Tera Hagen, CPFT

Quality Assurance Technologist

Mayo Clinic, Rochester, Minnesota

Course Faculty

The instructors are credentialed pulmonary function technologists, respiratory therapists and physicians with extensive experience in spirometry testing. During the workshops they will teach the students how to recognize suboptimal efforts and poor test quality.



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 multiple industries. 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, food and beverages(if available). Parking fees are not covered.

Class size is limited. Early registration is encouraged.

Please complete the registration form below, mail, email or fax to:

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

***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 two weeks prior to the course.

Accommodations

Minnesota:

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

Arizona:

Visit 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)

Florida:

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

REGISTRATION FORM

Please indicate below which course you will be attending.

Course Date	Course Location	Registration Due Date
<input type="checkbox"/> Feb 7-8, 2019	Mayo Clinic, Rochester, MN	<u>Extended to:</u> January 16, 2019
<input type="checkbox"/> May 4-5, 2019	Mayo Clinic Hospital, Phoenix, AZ	April 3, 2019
<input type="checkbox"/> Oct 4-5, 2019	Mayo Clinic, Jacksonville, FL	September 3, 2019
<input type="checkbox"/> Nov 14-15, 2019	Mayo Clinic, Rochester, MN	October 14, 2019

Please indicate which course manual you would prefer.

Manual Options	Fee	Comments
<input type="checkbox"/> USB Flash Drive Workbook	\$525.00	Requires personal computer
<input type="checkbox"/> Printed 3 Ring Binder Workbook	\$550.00	Additional \$25 fee

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	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 \$25 with USB Flash Drive \$550 with 3 Ring Binder (\$150 or \$175 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 _____	
<p>ATTENTION: If paying by check, make out to: Mayo Clinic Please fax or email this registration form, and mail check to: Teresa Krukow, Gonda 18 East, Mayo Clinic, 200 First Street SW, Rochester, MN 55905 Fax 507-266-2474 Email: Krukow.Teresa@mayo.edu</p>			

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