

# Practical Spirometry Refresher

October 3<sup>rd</sup> – 4<sup>th</sup>, 2019  
Mayo Clinic, Jacksonville, FL



*This is a NIOSH-approved course*

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

# 2019 Practical Spirometry Refresher

**October 3<sup>rd</sup> – 4<sup>th</sup>, 2019**

**Day 1: 2:30pm – 4:45pm**

**Day 2: 8:00am – 2:30pm**

Registration deadline: September 3, 2019

Course location: Mayo Clinic  
Jacksonville, FL

## 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 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 Course or a NIOSH-approved Spirometry Refresher Course within the last 5 years to qualify for this course. ***A copy of a valid NIOSH certificate must accompany the registration form to verify eligibility.***

## Credit

This continuing 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** 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**

Associate Professor of Medicine

Medical Co-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 (Class size is limited. Early registration is encouraged.)**

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 and classroom supplies, exam, certificate, food and beverages(if available). Parking fees are not covered.

Please complete the registration form below and send, **along with a copy of your certificate** from the previous initial or NIOSH-approved Refresher Course you attended and **3 de-identified subject/patient tests**, to:  
 Teresa Krukow (krukow.teresa@mayo.edu)  
 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 two weeks prior to the course.

**Accommodations**

**Minnesota:**

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.

**Arizona:**

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)

**Florida:**

Visit [www.mayoclinic.org/becomingpatient-jax/lodging.html](http://www.mayoclinic.org/becomingpatient-jax/lodging.html) for a list of hotels in the Jacksonville area.

**REGISTRATION FORM :**

**Please indicate below which course manual you prefer.**

**October 3<sup>rd</sup> – 4<sup>th</sup>, 2019, Jacksonville, FL** (Registration deadline is: September 3, 2019)

- 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			E-mail (required)		
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 and name you are currently using :	Do you have any special needs? If so, please explain:		
<b>IMPORTANT: NIOSH requires you submit subject tests as a course requirement. Please include 3 de-identified subject reports with your registration.</b>					

Registration fee is <b>\$350</b> with USB Flash Drive  <b>\$375</b> with 3 Ring Binder  (\$75 or \$100 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	Credit Card No. _____ Exp. Date: _____ (MM/YY) *3 digit code on back _____ **4 digit code on front _____ Name on card _____ Billing address on card _____ City, State, Zip code _____  Company number _____ PAU _____
<b>ATTENTION: If paying by check, please make out to: Mayo Clinic</b> Send to: Teresa Krukow, Gonda 18 East, Mayo Clinic, 200 First Street SW, Rochester, MN 55905 Please fax or this form, previous certificate <u>and</u> 3 de-identified subject/patient tests, to: <b>Fax 507-266-2474</b>		

