

**E
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EDU**

**Regional
CE Event**



**Certification and Education
for Eye Care Excellence**

In Cooperation With

**MAYO
CLINIC**



**Department of
Ophthalmology**

EYEXchange Rochester

APRIL 27, 2024

**Harold W. Siebens Medical Education Building
Leighton Auditorium
100 Second Street SW, Rochester, Minnesota 55905**

REGISTRATION CLOSSES APRIL 17, 2024

Continuing Education for Allied Ophthalmic Personnel



7:30–8:00 a.m.

REGISTRATION

8:00–9:00 a.m.

EVERYTHING A CATARACT-REFRACTIVE TECHNICIAN NEEDS TO KNOW ABOUT RETINA

Michael Stewart, MD (1 IJCAHPO CE Credit, CEP: CA BRN-1)

This course will cover the aspects of retinal diseases that are important for a technician in a cataract/refractive practice. Topics such as macular puckers/holes, cystoid macular degeneration, age-related macular degeneration, retinal detachments, and endophthalmitis will be discussed.

9:00–10:00 a.m.

RETINA IMAGING FOR THE ANTERIOR SEGMENT PRACTICE

Michael Stewart, MD (1 IJCAHPO CE Credit, CEP: CA BRN-1)

This course will discuss retinal imaging modalities that are important for the anterior segment practice. Fundus photography, optical coherence tomography, fundus autofluorescence, and ultrawide-field imaging provide valuable information for the anterior segment practice. Numerous examples of diseases with images will be given.

10:00–10:15 a.m.

BREAK

10:15–11:15 a.m.

CODING AND CHART DOCUMENTATION—YOU CAN'T HAVE ONE WITHOUT THE OTHER

Christine McDonald, COE, COA, ROUB, OSC, CTC, OCS (1 IJCAHPO CE Credit)

Chart documentation is critical when working up patients and scribing with physicians. This course will discuss the direct relationship between chart documentation and coding, and how physicians and practices are paid.

11:15 a.m.–12:15 p.m.

MAYO CLINIC VISION REHAB/LOW VISION SERVICE UPDATE 2024

Alaina Softing Hataye, OD (1 IJCAHPO CE Credit)

This course will discuss how the Mayo Clinic has incorporated the State of Minnesota Services of the Blind at the Northeast Clinic. Symptoms and problems that should prompt a referral, who can refer, and how to refer will be reviewed. Finally, a general overview of visual field cuts and some assistive technology options will be provided.

12:15–12:45 p.m.

LUNCH

12:45–1:45 p.m.

OPHTHALMIC TESTING FOR ADULT AND PEDIATRIC PATIENTS WITH INHERITED RETINAL DISEASE

Brittni Scruggs, MD, PhD (1 IJCAHPO CE Credit, CEP: CA BRN-1)

This course will provide an overview of history taking, vision testing, and ophthalmic work-up for adult and pediatric patients with presumed inherited retinal diseases.

1:45–2:45 p.m.

COMMUNICATION SKILLS FOR THE DIFFICULT PATIENTS

Pamela Cree-Miller, ABOM (1 IJCAHPO CE Credit, CEP: CA BRN-1)

Communication is key to providing great patient experiences and turning around a difficult patient interaction. Let's look at this from the provider, technician and patient viewpoints. Communication is verbal and non-verbal and relies on our listening skills. We only have a short time to make a great impression and meet expectations. We will discuss communication and give you tools to take back to exceed expectations.

2:45–3:45 p.m.

WHAT IT TAKES TO BECOME A SUPER TECH

Christine McDonald, COE, COA, ROUB, OSC, CTC, OCS (1 IJCAHPO CE Credit)

Whether you're a new ophthalmic tech or have been in the field for a while, this course will review the principles of what it takes to be a super successful ophthalmic technician, how to avoid the pitfalls that may arise, and how to handle them when they do.

3:45 p.m.

ADJOURN

All times are Central time.



Registration Form

Registration form may be duplicated. Please use one form per registrant.

EYEXchange Rochester
Saturday, April 27, 2024
8:00 A.M. – 3:45 P.M. CT

Registration and Cancellation Deadline: April 17, 2024, 12:00 p.m. Central time

HANDOUTS

A link to course handouts will be emailed to registrants the Monday prior to the meeting date, as they are not provided on-site. Handouts are available for two weeks.

CANCELLATIONS/REFUNDS

All cancellations and requests for refunds must be received by IJCAHPO in writing. A processing fee of \$75 is deducted from each cancelled registration to cover a portion of the costs IJCAHPO incurs.

SPECIAL ACCOMMODATIONS

IJCAHPO provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for special accommodations. Specific special accommodations should be related to functional limitations. Please include additional supporting documentation from the medical professional who diagnosed the condition. It is essential that the documentation of the disability provide a clear explanation of the current functional limitation(s) and a rationale for the requested accommodation. We cannot ensure the availability of appropriate accommodations without prior indication of need.

DIETARY RESTRICTIONS

If you have any dietary restrictions, please let us know so that we may seek an accommodation in our menu.

CONTINUING EDUCATION CREDITS

This program has been accredited for 7 IJCAHPO CE Credits. IJCAHPO Continuing education credits earned will be posted on your account at www.jcahpo.org approximately 4–6 weeks after the program for participants who complete evaluation forms.

NOTE: Attendance is monitored for each hour of instruction. Participants absent for more than 15 minutes of any given hour will not receive credit for that hour.

For additional information regarding registration, contact IJCAHPO at 800-284-3937, e-mail registrations@jcahpo.org, or visit www.jcahpo.org.

Please **PRINT** clearly using blue or black ink.

Name _____ Professional Credentials _____
 IJCAHPO ID# _____ Date of Birth (mm/dd/yy) _____

Home Address

City _____ State (Province) _____ Zip (Postal Code) _____ Country _____
 Home Telephone _____ E-mail (required for handouts/evaluations) _____

Practice/Business

Address _____
 City _____ State (Province) _____ Zip (Postal Code) _____ Country _____
 Work Telephone _____ Fax _____

What race or ethnicity do you identify most with?

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Multiracial or Multiethnic |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Prefer Not to Answer |

PAYMENT INFORMATION

- Check enclosed (payable to **IJCAHPO**; U.S. Funds) VISA MasterCard Discover American Express

The following information is required to process credit card orders:
 A \$50 fee will be assessed for declined checks and declined credit cards.

IN CASE OF EMERGENCY, PLEASE NOTIFY:	
Name _____	Telephone Number _____

_____ - _____ - _____
 Credit Card Number _____ Cardholder's Address _____
 _____ / _____
 Security Code _____ Expiration Date _____ Name as it appears on credit card (please print) _____
(3 or 4 digits on front or back of credit card) _____ Cardholder's Zip Code _____ Cardholder's Signature _____

REGISTER ONLINE at <http://store.jcahpo.org/calendarschedule.aspx> (preferred)
MAIL form and payment to IJCAHPO, 2025 Woodlane Drive, St. Paul, MN 55125
FAX completed form to 651-731-0410 (credit card orders only)

I wish to register for:
All check payments must be in U.S. funds and drawn on a U.S. bank.

IJCAHPO CERTIFIED (INDIVIDUAL) **\$135**

OTHER REGISTRANTS (INDIVIDUAL) **\$185**

MAYO HEALTH SYSTEMS EMPLOYEE* **\$40**
* Mayo Health Systems employees must fax or mail application along with documentation (name badge and/or contact information) to receive rate.

STUDENT** **\$35**
** To receive the student rate, a registrant must fax or mail application along with a letter on school/program letterhead stating they are a student.

Please add a contribution to the IJCAHPO Education and Research Foundation..... \$ _____

TOTAL \$ _____

Along with CE credits awarded by IJCAHPO, each course lists contact hours awarded by the California Board of Registered Nursing (CA BRN), if applicable. Provider approved by the California Board of Registered Nursing, Provider Number 13516, for 4 contact hours.

DIRECTIONS

Due to Mayo's security policies, the doors to the Seibens building may be locked upon your arrival. Please enter the building from the west doors (the doors across from the Gonda Building) and page security using the button near the door to access the building.