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EDU

Regional  
CE Event



Certification and Education  
for Eye Care Excellence

*Held in Cooperation With*  
**North Carolina Society of  
Eye Physicians & Surgeons**



EYEXchange

# North Carolina

**SEPTEMBER 13–14, 2024**

**Grandover Resort**

**1000 Club Road, Greensboro, NC 27407**

REGISTRATION CLOSES SEPTEMBER 4, 2024

Continuing Education for Allied Ophthalmic Personnel

# EYEXchange North Carolina | Sept. 13–14, 2024

Grandover Resort | Greensboro, NC

Danielle Thuen, COT

Program Chair



Certification and Education for Eye Care Excellence

## Friday, September 13, 2024

3 IJCAHPO CE Credits

12:30–1:00 p.m.

**REGISTRATION AND CLASSROOM: RIVIERA ROOM**

1:00–4:00 p.m.

**TRAINING AND SUPERVISING OPHTHALMIC CLINIC PERSONNEL: PRINCIPLES AND APPLICATIONS**

*Christine McDonald, COE, COA, ROUB, OSC (3 IJCAHPO CE Credits)*

This session will discuss the essential principles needed in training ophthalmic personnel from needs assessment to retention. Learn what you will need to keep your clinic staffed and educated so that it runs efficiently. Topics include strategic staffing, implementing an in-office training program, and retaining staff. This course includes activities and practical learning.

## Saturday, September 14, 2024

7 IJCAHPO CE Credits

7:30–8:00 a.m.

**BREAKFAST: EXHIBIT HALL**

**REGISTRATION AND CLASSROOM: GRANDVILLE D**

8:00–9:00 a.m.

**DIAGNOSTIC EFFICIENCY, BE PART OF THE SOLUTION**

*Sonya Dakin, COT (1 IJCAHPO CE Credit, CEP: CA BRN-1)*

In our current climate of more patients per hour than technicians, it is becoming increasingly difficult to complete our assignments and see patients in a timely manner. Technology improvements have insisted that we grow with them. Learn to juggle all the added technology, provide quality care, and see your patients on time.

9:00–10:00 a.m.

**MINIMALLY INVASIVE GLAUCOMA SURGERY (MIGS): PEARLS FOR TECHS**

*Jullia Rosdahl, MD, PhD (1 IJCAHPO CE Credit, CEP: CA BRN-1)*

This course will cover information that is important for ophthalmic technicians to know about MIGS, including an overview of the procedures, indications and post-op information.

10:00–10:15 a.m.

**BREAK**

10:15–11:15 a.m.

**DIABETIC RETINOPATHY IN 2024**

*Sally Ong, MD (1 IJCAHPO CE Credit, CEP: CA BRN-1)*

The objectives of this course are to equip attendees with knowledge on the public health burden of diabetic retinopathy in the United States and globally, the most common visually significant complications of diabetic retinopathy and updates on available treatment paradigms for these complications in the year 2024.

11:15 a.m.–12:15 p.m. **KERATOCONUS UPDATE**

*Ann Ostrovsky, MD (1 IJCAHPO CE Credit)*

This course will review symptoms and clinical signs of keratoconus. Approaches to disease diagnosis, monitoring and treatments will be presented.

12:15–1:00 p.m.

**LUNCH: GRIFFIN ROOM**

1:00–2:00 p.m.

**THE PHYSICS OF OPHTHALMIC ULTRASOUND BIOMETRY**

*Christine McDonald, COE, COA, ROUB, OSC (1 IJCAHPO CE Credit, CEP: CA BRN-1)*

This course will discuss the physics of ultrasound biometry, the movement of sound waves, their uses, and frequencies. The importance of the patient history when taking biometry measurements, and how to perform contact and immersion ultrasound biometry.

2:00–3:00 p.m.

**LESSONS LEARNED FROM CLOSED CLAIMS: WHEN PROTOCOLS FAIL**

*Hans Bruhn, MHS, & Amy Braswell (1 IJCAHPO CE Credit)*

Using actual medical malpractice claims, this course will discuss the importance of safety protocols and patient harm and liability risk that is created when they are not followed.

3:00–4:00 p.m.

**WHAT DID THE DOCTOR MEAN? EXPLAINING OPHTHALMIC TESTING TO YOUR PATIENTS**

*Danielle Thuen, COA (1 IJCAHPO CE Credit, CEP: CA BRN-1)*

Many ophthalmologists give only the basic description of ophthalmic testing to their patients, leaving the ophthalmic technician to fill in the gaps. Learn how to explain these tests to your patients without overwhelming them with technical details or talking down to them.

4:00 p.m.

**ADJOURN**

ALL TIMES ARE EASTERN TIME.

# Registration Form

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

**EYEXchange North Carolina**  
**September 13–14, 2024**  
**7 IJCAHPO CE Credits**

## Registration and Cancellation Deadline: September 4, 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.

In the unlikely event that a course is unexpectedly cancelled on-site, IJCAHPO may provide attendees with a replacement online course that may include a quiz.

### RESERVATIONS

<https://be-p2.synxis.com/?&arrive=2024-09-13&depart=2024-09-15&chain=5136&group=91224NCSEPS&hotel=91258&level=hotel&src=SBE>

### 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.

*For additional information regarding registration, contact IJCAHPO at 800-284-3937, e-mail [registrations@jcahpo.org](mailto:registrations@jcahpo.org), or visit [www.jcahpo.org](http://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

Name as it appears on  
credit card (please print)

Cardholder's Signature

Security Code  
(3 or 4 digits on front  
or back of credit card)

Expiration Date

Cardholder's Zip Code