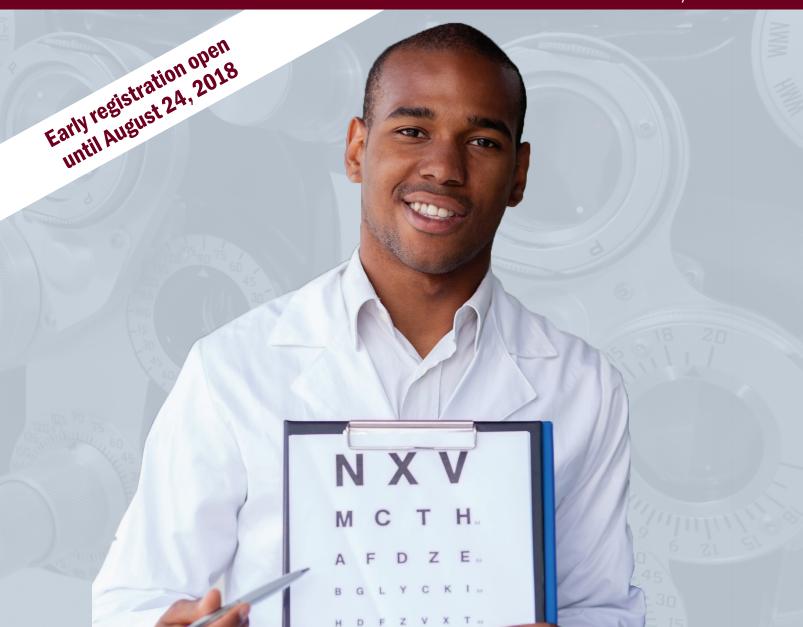


# Continuing Education

for Allied Ophthalmic Personnel

Cleveland, OH



**Certification and Education for Eye Care Excellence** 

Saturday, September 8, 2018

Sheraton Cleveland Airport Hotel • 5300 Riverside Drive • Cleveland, OH 44135



### Saturday, September 8, 2018

Sheraton Cleveland Airport Hotel | Orion Room

7 IJCAHPO Group A Credits Program Chair: Christine McDonald, COA, COE, ROUB

7:30-8:00 a.m. **REGISTRATION AND CONTINENTAL BREAKFAST** 

8:00-9:00 a.m. SURGICAL PROCEDURES FOR CORNEAL DISORDERS

Peter Donshik, MD

This course will review the various disorders that can affect the cornea and cause visual impairment. A discussion of corneal dystrophies and degenerations, their similarities and

differences, as well as examples of each, will be presented. The appropriate surgical procedure for

these disorders will be described.

9:00-10:00 a.m. THE AMAZING EYE: A KALEIDOSCOPE OF OCULAR FACTS

William Ehlers, MD

This course discusses the evolution of the eye and eye care, as well as the importance of vision to the success and enjoyment of life. The processing and interpretation of visual information will be discussed. Fascinating eye facts will be presented, and examples of visual references from pop

culture will be presented.

10:00-10:15 a.m. **BREAK** 

10:15-11:15 a.m. **UBM: LET'S NARROW OUR FOCUS** 

Cynthia Kendall, BMET, CDOS, ROUB

This course will review basic physics for all ophthalmic ultrasound imaging, and how UBM has unique characteristics. How to determine where the image is in most focus will be demonstrated with videos of a phantom and a patient. Exam techniques and sample UBM images will be shown

and discussed.

11:15 a.m.-12:15 p.m. **OPHTHALMOLOGY IS RISKY BUSINESS** 

Elethia Dean, RN, BSN, MBA, PhD

This course will cover current practices in ophthalmology and considerations that should be made for the protection of the ophthalmic clinic, ASC, and personnel. It will include case studies with ophthalmic

scenarios for audience discussion and participation.

12:15-1:00 p.m. **LUNCH** 

1:00-2:00 p.m. **OPTIMIZING PATIENT FLOW FOR TECHNICIANS** 

Christine McDonald, COA, COE, ROUB

Patient flow can be a challenge for most; however, by applying a thoughtful and systematic approach, one can achieve their practice goals. This course will assist the technician/clinical staff with collaborating as a team to formulate simple solutions to complex problems; i.e., patent flow, while increasing morale, thinking outside the box, and learning how to use simple project management tools and techniques to

achieve success.

2:00-3:00 p.m. WHEN IT COUNTS: ADVANCED ECHOGRAPHIC IMAGING THAT GUIDES SURGICAL OR

**CLINICAL INTERVENTION** 

Kelly Babic, MSc, COA, CDOS

This course will discuss the use of advanced ultrasound imaging techniques and standardized strategies to

answer the diagnostic dilemma that will guide surgical intervention or clinical decision pathway.

3:00-4:00 p.m. **ROAD MAP TO VISUAL FIELDS** 

Sandra Mohring

This course will review the importance of the functional testing of visual fields; reliability issues; differences of various programs (30-2, G, 10-2, M), strategies (Normal, Dynamic, Sita, TOP), types (Screening vs Threshold), methodologies (Static vs Kinetic); and interpretation of visual field results/printouts. Several

pathologies will also be presented.

4:00 p.m. ADJOURN

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

## Registration and Cancellation Deadline: August 29, 2018



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)

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.

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

Cardholder's Signature

Name **Professional Credentials** IJCAHPO ID#/ATPO Member#/Government Facility Date of Birth (mm/dd/yy) **Home Address** State (Province) Zip (Postal Code) Home Telephone E-mail (required for handouts/evaluations) Practice/Business Address Zip (Postal Code) City Work Telephone Fax IN CASE OF EMERGENCY, PLEASE NOTIFY: **PAYMENT INFORMATION** ☐ Check enclosed (payable to **JCAHPO**; U.S. Funds) □ VISA □ MasterCard □ Discover □ American Express Telephone Number The following information is required to process credit card orders: Credit Card Number **Expiration Date** Cardholder's Zip Code Security Code (3 or 4 digits on front or back of credit card) Cardholder's Address Name as it appears on credit card (please print)





2025 Woodlane Drive, Suite 3 St. Paul, MN 55125-3056

# Continuing Education Program for Allied Ophthalmic Personnel

# September 8, 2018 Cleveland, OH



## **General Information**

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

#### **HANDOUTS:**

A link to course handouts will be e-mailed to registrants one week 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. ATPO memberships are non-transferable and non-refundable.

#### **CONTINUING EDUCATION CREDITS:**

IJCAHPO and CA BRN continuing education credits have been approved for this meeting. 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.

#### RESERVATIONS:

http://www.sheratonclevelandairport.com/ or call (216) 267-1500.

#### **LOCATION:**

**Sheraton Cleveland Airport Hotel** 5300 Riverside Drive Cleveland, OH, 44135

PARKING: Self parking \$5-\$13/day

