

**IOWA EYE
NURSE / TECHNICIAN
CONFERENCE**

*Continuing Ophthalmic
Health Care Education*

For more information, contact
Marlys Bartling - 319/356-2780 or
Sarah Smith, RN- 319/356-7218
Department of Ophthalmology and
Visual Sciences
University of Iowa Hospitals & Clinics

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Department of Ophthalmology and Visual Sciences
University of Iowa Hospitals and Clinics
200 Hawkins Drive
Iowa City, Iowa 52242-1091

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**IOWA
EYE
NURSE / TECHNICIAN
CONFERENCE**

**Continuing
Ophthalmic
Health Care
Education**

Sponsored By
**UNIVERSITY OF IOWA
HOSPITALS & CLINICS**
Departments of Nursing
and Ophthalmology and Visual Sciences
Approved Provider #34

Friday, June 19, 2009

**Holiday Inn & Convention Ctr.
1220 1st Ave., Exit #242
(Adjacent to Hampton Inn)
Coralville, Iowa 52241
319-351-5049**

Continuing Ophthalmic Health Care Education

PURPOSE / DESCRIPTION

The program begins with a presentation on the basic eye exam including the history and customary ocular assessment data points. An intriguing talk on uncommon tests for the pediatric eye population follows. The afternoon begins with information about accommodation and concludes with an eye opening talk about ophthalmic pediatric genetics.

PROGRAM OBJECTIVES

1. Identify and discuss components of the basic ocular examination.
2. Review uncommon tests utilized in the pediatric eye population.
3. Discuss how accommodation affects testing and evaluation of the pediatric eye patient.
4. Describe current pediatric ocular genetic information.

C.E. CREDIT / SUBJECT MATTER

The University of Iowa Hospitals and Clinics Department of Nursing (IBN approved provider #34) will grant 0.54 CEUs or 5.4 contact hours of continuing education credit. Full participation required for credit. 4.5 CECs through JCAHPO.

PROGRAM SCHEDULE

9:00 a.m.	Registration and coffee
9:25	Welcome and Introductions Sarah C. Smith, RN,MA,CRNO
9:30	<i>Patient Assessment</i> Sarah C. Smith, RN, MA, CRNO
10:30	Break
10:45	<i>Special Testing in Ocular Pediatrics</i> Wanda Pfeifer, BS, OC(C), COMT
12:00	LUNCH
1:00 p.m.	<i>Accommodation</i> Melissa Madsen, BS, CO
2:00	<i>Pediatric Ocular Genetics</i> Arlene V. Drack, M.D.
3:15	Evaluate and Adjourn

Individuals with disabilities are encouraged to attend all University of Iowa-sponsored events. If you are a person with a disability who requires an accommodation in order to participate in this program, please contact Larry McGranahan, Administrator, Department of Ophthalmology and Visual Sciences, at 319-356-2866 to discuss your needs.

UNIVERSITY OF IOWA HOSPITALS AND CLINICS

Presiding: Sarah C. Smith, RN, MA, CRNO
Nurse Manager
Department of Nursing, Ophthalmology Clinic

UIHC FACULTY

Wanda Pfeifer, BS, OC(C), COMT
Clinic Manager
Pediatric Ophthalmology and Adult Strabismus Service

Melissa Madsen, BS, OC
Orthoptic Training Program Director
Pediatric Ophthalmology and Adult Strabismus Service

Arlene V. Drack, MD
Ron Keech Associate Professor of Ophthalmology
Pediatric Genetics

Participants must register. **Refunds are possible if participants cancel before the day of the program.** Please call Marlys Bartling @ 319/356-2780 or Sarah Smith at Voice mail @ 319/356-7218, regarding cancellations.

The University of Iowa requests this information for the purpose of processing your registration. No persons outside of The University of Iowa are routinely provided this information.

Iowa Eye/Nurse Technician Conference Continuing Ophthalmic Health Care Education

REGISTRATION FORM June 19, 2009

Fee (must be received by June 16, 2009): \$85 Plus the Registration Form
(Includes lunch, coffee/snacks, handouts, C.E. record-keeping expenses).

*Make check payable to Department of Ophthalmology
Registration form and fee to be returned to:*

Marlys Bartling
Department of Ophthalmology
Pomerantz Family Pavilion
The University of Iowa Hospitals and Clinics
200 Hawkins Drive
Iowa City, Iowa 52242-1091

Name _____

Address _____

City _____ State _____ ZIP _____

Name, City, & State of
Institution/Doctor _____

Please check for appropriate credit:
RN/LPN ___ License # _____ Receipt _____
JCAHPO Credit _____
Other _____
Confirmation will not be mailed.