Legacy Devers Eye Institute
Thorny Issues in Ophthalmology
Advanced Course for Ophthalmic Technicians
Friday, September 25th, 2015

Conference Agenda

8:00 - 8:30 am **Registration and Breakfast**

8:30 - 9:00 am Primary Angle Closure ~ Robert M. Kinast, MD ~ Legacy Devers Eye Institute

9:00 - 9:30 am Uveitic Presentations of Systemic Disease ~ Laura Kopplin, MD ~ Legacy Devers Eye Institute

9:30 - 10:00 am Medical Management of Uveitic Disease ~ George R. Mount, MD ~ Legacy Devers Eye Institute

10:00 - 10:15 am **Break**

10:15 - 11:15 am "Just Culture and "Crucial Conversations" Making the Complex World of Ophthalmology Safer
Katie O'Neill ~ Director, Clinical and Support Services ~ Legacy Health
Melissa Blanchard ~ Clinic Manager, Legacy Devers Eye Institute

11:15 – 11:45 am How Can LOVE Make You Blind?   ~ Sirichai Pasadhika, MD ~ Legacy Devers Eye Institute

11:45 – 12:45 pm **Lunch**

12:45 – 1:15 pm ICE Syndromes ~ Brendan Butler, MD ~ Legacy Devers Eye Institute

1:15 – 1:45 pm Determining Refractive Surgery Candidacy ~ Jennifer C. Prunty, OD, FAAO ~ Devers Eye Institute

1:45 – 2:15 pm Using "Flaps" in Oculoplastic Surgery ~ Laura Gadzala, MD ~ Legacy Devers Eye Institute

2:15 – 2:30 pm **Break**

2:30 – 3:00 pm Black Holes: How to Evaluate the Pupil ~ Ashley Hayden, MD ~ Legacy Devers Eye Institute

3:00 – 3:30 pm The Cataract Evaluation ~ Kelly Ma, MD, MPH ~ Legacy Devers Eye Institute

3:30 – 4:00 pm Informed Consent (mis) Adventures ~ P. James Sanchez, MD ~ Legacy Devers Eye Institute

Learning Objectives:

To be able to identify when to avoid dilation and anticholinergics, know additional history questions and exam findings that may help direct further evaluation, identify the risks and benefits of common medical therapies used in the treatment of uveitis, explain the implications of not having the tools to bring crucial conversations forth in a positive way when a patient could be at risk for a poor outcome because of a mistake, define the 'just culture' concept in how it can directly improve patient safety, learn about the visual prognosis of ocular syphilis, be familiar with the key distinguishing factors in iridocorneal endothelial syndromes, identify different types of refractive surgery today and have an understanding of the laser technology used, describe how oculoplastic flaps are created and why they are beneficial in recovery, explain what to look for on evaluation of pupillary response, be able to describe post-op care after cataract surgery and what signs and symptoms are concerning in the immediate post- operative period, give examples of failure of informed consent and suggest strategies to avoid these failures.

Accreditation:

This course has been submitted to JCAHPO for consideration of 6.0 credit hours of continuing education. This course is not sponsored by JCAHPO; only reviewed for compliance with JCAHPO standards and criteria and awarded continuing education credit accordingly; therefore, JCAHPO cannot predict the effectiveness of the program or assure its quality in substance and presentation.

Meeting Location:

Legacy Devers Eye Institute
Good Samaritan Building 2
1040 NW 22nd Ave. – 1st Floor Auditorium
Portland, OR 97210

Target Audience:

Ophthalmic Assistants, Technicians, Technologists and Nurses

~ REGISTRATION FORM ~

Online registration preferred

http://www.legacyhealth.org/for-health-professionals/education-for health professionals/Conferences.aspx

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Friday, September 25th, 2015

Name:_____
Address:_____
City:_____State:_____Zip:_____
Phone:_____Alt:_____
Employer:_____
Email Address:_____

Registration fee $165.00
($180.00 if received after Sept. 10th)
Registration deadline Sept. 21st

Mail your check along with registration form to:
Devers Eye Institute/**Attn: Cindy Blachly, COT**
1040 NW 22nd Ave., Ste. 200
Portland, OR 97210

You may FAX your credit card payment and registration form to: 503-413-6937

***PLEASE** confirm that we received your FAX!!
(Cindy: 503-413-6457)

_____ I wish to pay by check (enclosed) payable to: Devers Eye Institute

I wish to pay by _____VISA _____ MasterCard

Acct number _____ Expiration date _____

3 digit code on back of card _____

Name printed on card _____

Authorized signature_____