

**5<sup>TH</sup> ANNUAL  
THE EYES OF A CHILD**  
CONVERSATIONS ABOUT PEDIATRIC EYE CARE  
**SATURDAY, SEPTEMBER 17, 2016**

**CROWNE PLAZA HOTEL**  
SACRAMENTO, CA

**WHO SHOULD ATTEND:**

Pediatricians, Nurse Practitioners, Physician Assistants,  
Optometrists, School Nurses, Family Practice Doctors, and Eye Technicians

**HIGHLIGHTS:**

- Hands-on Workshops and Small Group Discussions
- Endocrine Disorders of Childhood and Ocular Findings in Endocrine Disease
- Instrument Based Vision Screening
- An Eye on Sports
- Eye Care in the Developing World
- Recognizing and Treating Amblyopia and Strabismus

Register online at: <http://conferences.ucdavis.edu/eyes>

*This program is self-supporting and receives no state funding.*



SCAN FOR ONLINE  
REGISTRATION

**5<sup>TH</sup> Annual THE EYES OF A CHILD**  
CONVERSATIONS ABOUT PEDIATRIC EYE CARE

**SATURDAY, SEPTEMBER 17, 2016**

**Crowne Plaza Hotel | Sacramento, CA**

SPONSORED BY:  
UC Davis Health System  
Office of Continuing  
Medical Education and  
The UC Davis Eye Center

# 5<sup>TH</sup> Annual THE EYES OF A CHILD Conversations About Pediatric Eye Care

September 17, 2016

- 7:00** Registration, Continental Breakfast, Visit Exhibits
- 8:00** Welcome, Course Objectives
- 8:10** **Recognizing and Treating Amblyopia and Strabismus**  
*Denise Satterfield, MD*
- 8:40** **Instrument Based Vision Screening**  
*James Ruben, MD*
- 9:10** **An Eye on Sports**  
*Kim Cooper, MD*
- 9:40** Break, Visit Exhibits
- 10:15** **Endocrine Disorders of Childhood**  
*Dennis Styne, MD*
- 10:45** **Ocular Findings in Endocrine Disease**  
*Nandini Gandhi, MD*
- 11:15** **Eye Care in the Developing World**  
*Mary O'Hara, MD*
- 11:45** Lunch, included in your tuition
- 12:15** **Panel Discussion, Q&A Session**  
*Drs. Cooper, Gandhi, O'Hara, Ruben, Satterfield, Styne, Tong, and Ms. Hashmi*
- 1:15** **Hands-on Workshops, please choose your afternoon workshops on the Enrollment Form.**  
No Additional Fee  
▶ Choose workshops on registration form

	CONVERSATIONS	CONVERSATIONS AND HANDS-ON
1:15 – 2:00	Refractive Disorders of Childhood Dr. Tong	Pearls & Pitfalls of the Strabismus Exam with Kids Dr. Satterfield and Tania Hashmi
2:15 – 3:00	Red Eye Dr. O'Hara	Pupils Dr. Gandhi
3:15 – 4:00	Common Ocular Injuries Dr. Gandhi	Ophthalmoscopy Dr. Cooper
1:15 – 4:00	Automated Vision Screening P. Kay Nottingham Chaplin, EdD	

- 4:00** Please complete your evaluation and turn in
- 4:15** Adjourn

## Faculty

### CONFERENCE CO-CHAIRS

**Mary A. O'Hara, MD**  
Professor Pediatric  
Ophthalmology and Strabismus  
UC Davis Eye Center

**Nandini G. Gandhi, MD**  
Assistant Professor Pediatric  
Ophthalmology and Strabismus  
UC Davis Eye Center

### GUEST SPEAKERS

**P. Kay Nottingham Chaplin, EdD**  
Director, Vision and Eye Health  
Initiatives The Good-Lite®  
Company  
and School Health Corporation  
Elgin, Illinois

**Dennis M. Styne, MD**  
Professor, Pediatric  
Endocrinology  
Yocha Dehe Endowed Chair in  
Pediatric Endocrinology  
Director of the Newborn  
Screening Program  
UC Davis Medical Center

**Kim L. Cooper, MD**  
Private Practice Pediatric  
Ophthalmology and Strabismus  
Burlingame, CA

### EYE CENTER FACULTY

**Tania Hashmi**  
Orthoptist

**Denise Satterfield, MD**  
Associate Clinical Professor

**James Ruben, MD**  
Associate Clinical Professor

**Hai Tong, MD**  
Senior Optometrist

### ACTIVITY DESCRIPTION

This one-day meeting is designed to provide basic information about pediatric eye disease and eye care to a diverse group of pediatric health care providers. Included in our target audience are pediatricians, pediatric nurse practitioners and school nurses. Participants will participate in a full day symposium, including a half-day lecture series and a half-day of small-group seminars that will include instruction in hands-on techniques in physical diagnosis.

### NEEDS ASSESSMENT

The importance of educating pediatric healthcare providers in the delivery of basic eye care cannot be overstated. Pediatricians, nurse practitioners and school nurses are our "front line" in identifying children with eye diseases. Without their expertise, these diseases can go undiagnosed and as a result, may result in permanent and irreversible vision loss. The pediatric ophthalmology and optometry communities rely on the expertise of pediatric healthcare providers to bring these children to medical attention in a timely fashion so that they may be promptly diagnosed and effectively treated.

### ELECTRONIC SYLLABUS

The electronic syllabus will be available to pre-registered attendees online prior to the meeting for downloading and printing. Attendees will receive an email when the syllabus materials are available online.

**Printed syllabus will not be available.**

## EDUCATIONAL OBJECTIVES

At the end of the program, participants should be able to:

- Define amblyopia, describe predisposing risk factors, and explain how to effectively screen for amblyopia. List the important criteria for referral to an eye care provider.
- Explain how to detect strabismus using a basic penlight, and by performing cover-uncover and a cross-cover testing.
- Describe the normal ocular anatomy and the features of common, potentially vision threatening ocular urgencies and emergencies that occur in the setting of sports.
- Name the ocular complications of diabetes and thyroid disease.
- Describe the reliability indices and proper use for various automated vision screening devices
- List the features of an accurate visual acuity testing setup and describe how to perform age-appropriate visual acuity assessments.
- Demonstrate the ability to use various automated vision screening devices.
- Demonstrate the use of a direct ophthalmoscope and describe the types of pathology that one might be able to diagnose with such a device.

## ENROLLMENT

Please register early – space is limited.

Tuition is \$265 for physicians, Optometrists, \$185 for Nurses, Nurse Practitioners, Physician Assistants, Technicians and School Nurses are \$150 with a request letter from their principal confirming employment. The fees will increase after July 25.

Tuition includes continental breakfasts, refreshment breaks, lunch, electronic syllabus, and an online certificate of attendance. Tuition may be paid by check, American Express, Discover, MasterCard or VISA. Cash is not accepted. Program materials cannot be guaranteed unless enrollment is received by August 25.

## REGISTRATION POLICIES

Registration forms received without payments will not be processed until payment is received, and payment must follow within 10 days. Early discount rates are honored if payment is received by the date noted on the enrollment form. After that date, the late fee is applied. A refund of tuition, less \$75 administrative fee, will be allowed if requested in writing by August 26, 2016. No refunds will be provided after this date.

## ACCREDITATION

The University of California, Davis Health System is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.



## CREDIT DESIGNATION

**PHYSICIAN CREDIT:** The University of California, Davis Health System designates this live activity for a **maximum of 7.25 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

### **AMA PRA Category 1 Credits™ acceptable for interprofessional team members**

**NURSE:** For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credits™ issued by organizations accredited by the ACCME. For the purpose of relicensure, the California Board of Registered Nursing accepts AMA PRA Category 1 Credits™ (report hours of credit and fill in “CME Category 1” for the provider number).

**PHYSICIAN ASSISTANT:** The National Commission on Certification of Physician Assistants (NCCPA) states that AMA PRA Category 1 Credits™ are acceptable for continuing medical education requirements for recertification.

## LOCATION

**Crowne Plaza Hotel Sacramento Northeast**  
5341 Date Avenue  
Sacramento, CA 95841  
916-338-5800  
<http://www.ihg.com/crowneplaza/hotels/us/en/sacramento/sacne/hoteldetail>

The hotel is just 8 miles from **downtown Sacramento** and **only 5 minutes** from the **Sacramento International Airport (SMF)**, with convenient I-80 access.

Join us in our Arbor Grille for fantastic California cuisine, your favorite beverage and nightly drink specials. In-room dining is also available. Maintain your exercise regime in our workout room or visit California Family Fitness across the street at a special guest rate. Swim year round in our outdoor pool and relax in the whirlpool spa.

A block of rooms is being held for conference



participants at a rate of **\$95 single or double occupancy** plus hotel and sales tax (extension dates may be available). The hotel offers free parking and free Internet access. After August 28th, reservations will be on a space and rate available basis. Reservations should be made directly with the hotel.





## AIR TRAVEL

The Eye Center has arranged group rates with United Airlines.

### Sacramento Airport (SMF)

#### UNITED AIRLINES ONLINE RESERVATIONS

To obtain Groups and Meetings discount prices go to <http://www.united.com>

Enter offer code: **ZW7M657891**

## GROUND TRANSPORTATION

### Hertz Car Rental Discount ID:

Convention Number (CV): CV04H70008  
<https://goo.gl/9pw2A2>  
 (800) 654-2240

If you have any special needs due to a disability as specified in the Americans with Disabilities Act, please call (916) 734-7781 so we may make the necessary accommodations for you.

## FOR FURTHER INFORMATION

UC Davis Eye Center  
 Kimber Chavez  
 Event Manager, CME Specialist  
[klchavez@ucdavis.edu](mailto:klchavez@ucdavis.edu)  
 916-734-7781



# Enrollment Form

EYES OF A CHILD · SEPTEMBER 17, 2016

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Degree:  MD  DO  PA  NP  RN  OD  COA/COT  Other: \_\_\_\_\_

Please indicate primary medical specialty:

PD  FP  IM  OPH  School Nurse  Other (Specify) \_\_\_\_\_

Institution/Employer (as you would like it to appear on your badge) \_\_\_\_\_

Address (where you would like your receipt mailed) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

Social Security Number (last 4 digits required for transcript purposes)

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### REGISTRATION FEES (Receipt/Confirmation will be mailed within two weeks)

	Early Discount	After July 25
Physician, Optometrist	<input type="checkbox"/> \$265	<input type="checkbox"/> \$290
RN, FNP, PA, Technician, Other	<input type="checkbox"/> \$185	<input type="checkbox"/> \$240
*School Nurses (with request letter from school)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$180

\*Reduced tuition is available to school nurses with a letter from their principal confirming their employment.

Email employment verification letter to [KLChavez@ucdavis.edu](mailto:KLChavez@ucdavis.edu) within 7 days of enrollment.

### CHOOSE YOUR WORKSHOPS

CONVERSATIONS	CONVERSATIONS AND HANDS-ON
1:15 – 2:00 <input type="checkbox"/> Refractive Disorders of Childhood	or <input type="checkbox"/> Pearls & Pitfalls of the Strabismus Exam with Kids
2:15 – 3:00 <input type="checkbox"/> Red Eye	or <input type="checkbox"/> Pupils
3:15 – 4:00 <input type="checkbox"/> Common Ocular Injuries	or <input type="checkbox"/> Ophthalmoscopy
1:15 – 4:00 <input type="checkbox"/> Automated Vision Screening	

If you need disability accommodations at the meeting, please let us know by August 25th and our representative will contact you.

### LUNCH

- I will not attend lunch
- I will attend lunch, and have no dietary restrictions
- I will attend lunch and have the following special dietary/food allergy requirements
- Vegetarian
  - Vegan (no animal products)
  - Kosher Style
  - Low Carb
  - Allergy \_\_\_\_\_
  - Other \_\_\_\_\_

### PAYMENT:

Register on line at: School Nurses email your letter to [klchavez@ucdavis.edu](mailto:klchavez@ucdavis.edu) and register online at: Registration forms received without check, credit card number or purchase order number will not be processed until payment is received

Check enclosed payable to: **UC Regents**  AMEX  Discover  MasterCard  VISA

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature (name on card) \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

REGISTER ONLINE AT: <http://conferences.ucdavis.edu/eyes>

### Mail application and payment to:

Kimber Chavez

### UC Davis Eye Center

4860 Y Street, Suite 2400, Sacramento, CA 95817 Tel: (916) 734-7781 | Fax application: (916) 734-6356