



Mayo School of Continuous Professional Development

# Commercial Driver Medical Examiner Training: *Improving Transportation Safety through Education and Certification*

Friday, August 23, 2013

HOLIDAY INN HARRISBURG HERSHEY  
GRANTVILLE, PENNSYLVANIA



Division of Preventive, Occupational, and Aerospace Medicine

**REGISTER ONLINE NOW!**

<http://www.mayo.edu/cme/>

Online CME Course Available Soon!  
2013 course schedule  
located on page 5

# General Information

## Course Description

Committed to improving transportation safety through education and certification, Mayo Clinic offers in-person training for health care professionals who perform physical examinations for Commercial Motor Vehicle (CMV) drivers. Effective May 21, 2014, all health care professionals who perform physical examinations and issue medical certificates for CMV drivers will be required to complete accredited certification training and pass an examination.

This interactive course will provide the essential core administrative and clinical knowledge necessary to complete the required examination mandated by the Federal Motor Carrier Safety Administration (FMCSA). This course will review certain subspecialty diseases and conditions encountered while performing CMV examinations, utilizing a case-based interactive approach focused on efficiently addressing complex clinical issues. Participants will have the opportunity to experience the physical demands associated with operating a large commercial vehicle with a semi-trailer at the course site.

The training includes the following core competencies:

- The examiner's role in enhancing public safety
- Diagnostic approaches in assessing medical fitness of the commercial driver
- Navigating clinical and administrative issues commonly encountered in driver medical certification
- Understanding and effectively managing the complexity of the physical requirements and stresses involved in operating commercial vehicles
- Strategies for prevention and health promotion for CMV drivers

Content will focus on the core curriculum required by the FMCSA. **Following completion of this training, participants will receive the certification required to take the NRCME examination.**

## Course Learning Objectives

Upon conclusion of this program, participants should be able to:

- Describe the specific physical and mental demands associated with operating a commercial motor vehicle (CMV).
- Understand the responsibilities of a CMV driver.
- Recognize potentially disqualifying diseases, medications, or health conditions in the examination process, and provide drivers with parameters for safely proceeding with work duties.
- Document the requirements for the medical history and physical examination of a CMV operator.
- Develop strategies for efficiently conducting forensic evaluations, including addressing difficult issues in the certification process.
- Discuss a variety of strategies for promoting improved health and wellness in this cohort of individuals.

Attendance at this Mayo course does not indicate nor guarantee competence or proficiency in the performance of any procedures which may be discussed or taught in this course, including successful completion of the mandated FMCSA examination.

## Credit

College of Medicine, Mayo Clinic, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

College of Medicine, Mayo Clinic, designates this live activity for a maximum of 6.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# General Information

## **AAFP**

This Live activity, Commercial Driver Medical Examiner Training: Improving Transportation Safety through Education and Certification, with a beginning date of August 23, 2013, has been reviewed and is acceptable for up to 6 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## **Other Health Care Professionals**

A certificate of attendance will be provided to other health care professionals for requesting credits in accordance with state nursing boards, specialty societies, or other professional associations.

## *Intended Audience*

This program is designed for health care professionals who will be performing DOT examinations, or who have an interest in promoting wellness in the population of professional drivers.

## *Date and Location*

A one-day training session will be available August 23, 2013. Course headquarters will be located at the Holiday Inn Harrisburg-Hershey, 604 Station Road, Grantville, Pennsylvania.

## *Registration*

To register online, visit <http://www.mayo.edu/cme/internal-medicine-and-subspecialties-2012r171-4>, or complete the attached registration form and return by mail or fax. The registration fee includes tuition, a printed course syllabus, an interactive course website, box lunches, and break refreshments. You will also have access to an on line "toolkit" of course material and FMCSA links post-course. Although it is not Mayo School of Continuous Professional Development (CPD) policy to limit the number of registrants for a course, conference room facilities may necessitate closing of enrollment; therefore, early registration is advised. A letter of confirmation will be sent upon receipt of payment and completed registration form.

### **For additional information, contact:**

Mayo School of Continuous  
Professional Development  
Plummer 2-60  
200 First Street SW  
Rochester, MN 55905

**Website:** [www.mayo.edu/cme](http://www.mayo.edu/cme)  
**E-mail:** [cme@mayo.edu](mailto:cme@mayo.edu)  
**Phone:** 800-323-2688 or 507-284-2509  
**Fax:** 507-284-0532

## *Cancellation Policy*

If you cancel your participation in this course, your registration fee, less a \$75 administrative fee, will be refunded when written notification is received by Mayo School of CPD before **August 9, 2013** ([cme@mayo.edu](mailto:cme@mayo.edu) or fax#: 507-284-0532). No refunds will be made on or after August 9. Canceled registrations are non-transferable.

Mayo School of CPD reserves the right to cancel or postpone any course due to unforeseen circumstances. In the unlikely event Mayo School of CPD must cancel or postpone this course, Mayo School of CPD will refund the registration fee but is not responsible for any related costs, charges, or expenses to participants, including fees assessed by airline/travel/lodging agencies.

# General Information

## *Lodging Accommodations*

You'll fall in love with this hotel's prime Grantville, PA location that's near both Hershey and Harrisburg. The **Holiday Inn®** Harrisburg (Hershey Area) I-81 hotel is just off the interstate and offers guests a free shuttle to and from Harrisburg International Airport (MDT) with 48-hours notice. Our pet-friendly accommodations are a destination in themselves. An outdoor pool, indoor pool and hot tub are ideal ways to relax after a long day. You can spend time in the game room or enjoy a game of volleyball. You'll love the many food options we offer at the Great American Grille and Winner's Circle Saloon.

### **Holiday Inn Harrisburg-Hershey**

604 Station Road  
Grantville, PA 17028  
(888)465-4329

Travel arrangements are the responsibility of the individual registrant. Guest rooms have not been reserved for attendees for this event.

## *Additional 2013 Programs*

Online Commercial Driver Examiner Training Course will be available soon and will qualify examiners to take the mandated FMCSA examination. Additional live courses will be offered in 2013 and 2014 and announced as available. Our 2013 schedule currently includes the dates/locations below and are subject to change:

- Friday, April 26, Jacksonville, Florida
- Friday, May 17, Bettendorf, Iowa
- Friday, June 7, Scottsdale, Arizona
- Friday, July 19, Portland, Oregon
- Sunday, October 27, Rochester, Minnesota
- Thursday, November 14, Rochester, Minnesota

## *Faculty Disclosure*

As a provider accredited by ACCME, College of Medicine, Mayo Clinic (Mayo School of Continuous Professional Development) must ensure balance, independence, objectivity and scientific rigor in its educational activities. Course director(s), planning committee, faculty, and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty also will disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of this information will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation.



# Program Schedule

## *Friday, August 23, 2013*

- 8:30 a.m.      **Registration**
- 9:00 a.m.      **Session 1: The Examiner's Role in Enhancing Public Safety**
- Noon           **Box Lunch**
- 1:00 p.m.      **Session 2: Diagnostic Approaches in Assessing Medical Fitness of the Commercial Driver**
- 2:30 p.m.      **Break**
- 2:45 p.m.      **Session 3: Navigating Clinical Issues in Driver Medical Certification**
- 4:15 p.m.      **Adjourn**

### **The Examiner's Role in Enhancing Public Safety**

- Epidemiologic Data on Transportation Safety
- Overview of CDL Medical Application Forms and Administrative Processing Pearls
- Understanding Workplace Stressors in the Motor Carrier Environment
- Hands-on Primer on How a Truck Works

### **Diagnostic Approaches in Assessing Medical Fitness of the Commercial Driver**

- Strategies for Targeted History Taking and Efficient Physical Examinations
- Laboratory and Office-Based Diagnostic Testing
- Case-Based Approaches to Selecting Appropriate Consultations and Additional Studies

### **Navigating Clinical Issues in Driver Medical Certification**

- Interactive Review of Commonly Encountered Clinical Conditions
- Health and Wellness Counseling in Driver Cohorts
- Making the Forensic Determination
- Judgment of Examination Intervals Based on Condition and Severity



# Program Faculty

## Faculty

### Course Director

*Clayton T. Cowl, M.D., M.S.*

Mayo Clinic

Associate Professor of Medicine

Division of Preventive, Occupational, and  
Aerospace Medicine

Division of Pulmonary & Critical Care  
Medicine



### Mayo Clinic Faculty

*Cindy M. Boyum, R.N., C.N.P.*

Department of Family Medicine

*Steven M. Bruce, M.D.*

Instructor in Family Medicine

Department of Family Medicine

*Darryl S. Chutka, M.D.*

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Executive Health Program

Associate Dean, Mayo School of

Continuous Professional Development

*Sarah J. Crane, M.D.*

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Assistant Professor of Medicine

Division of Preventive, Occupational,  
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*Terry W. Kuhlwein, M.D.*

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Occupational Medicine

*James M. Lance, D.O., M.P.H.*

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Occupational Medicine

*Debra K. McCauley, R.N., C.N.P.*

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and Aerospace Medicine

*Richard D. Newcomb, M.D.*

Instructor in Preventive Medicine

Division of Preventive, Occupational,  
and Aerospace Medicine

*Cheryl L. Pietila, R.N., C.N.P.*

Department of Family Medicine

*Debra Thompson, R.N., F.N.P.-C., C.N.P.*

Mayo Clinic Health System – Mankato

Department of Occupational Medicine

*Barbara J. Timm, R.N., C.N.P.*

Division of Preventive, Occupational,  
and Aerospace Medicine

*John M. Wilkinson, M.D.*

Assistant Professor of Medicine

Department of Family Medicine

Commercial Driver Medical Examiner Training: Improving  
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Friday, August 23, 2013

Holiday Inn Harrisburg-Hershey

Grantville, Pennsylvania

Mail form and payment to:

Mayo School of Continuous Professional Development

Plummer 2-60

200 First Street SW

Rochester, MN 55905

Phone 800-323-2688 or 507-284-2509

FAX 507-284-0532

E-mail cme@mayo.edu

Web site www.mayo.edu/cme

Registration online at:

<http://www.mayo.edu/cme/internal-medicine-and-subspecialties-2013R171-4>

Contact Information

|                                                                                                                            |                                                                                          |                                                                                                                                                                                                                            |         |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name of Registrant - first name, middle name or initial, and last name                                                     |                                                                                          | Degree - select all that apply<br><input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> PA <input type="checkbox"/> NP<br><input type="checkbox"/> Other - specify |         |
| Name of Institution                                                                                                        |                                                                                          | Medical Specialty                                                                                                                                                                                                          |         |
| Preferred Mailing Address - select one <input type="checkbox"/> Work/Business <input type="checkbox"/> Home                |                                                                                          |                                                                                                                                                                                                                            |         |
| Work/Business Address - street address                                                                                     |                                                                                          | Work Phone - include all country and city/area codes as needed along with complete phone number                                                                                                                            |         |
| City                                                                                                                       | State or Province                                                                        | ZIP or Postal Code                                                                                                                                                                                                         | Country |
| Home Address - street address                                                                                              |                                                                                          | Home Phone - include all country and city/area codes as needed along with complete phone number                                                                                                                            |         |
| City                                                                                                                       | State or Province                                                                        | ZIP or Postal Code                                                                                                                                                                                                         | Country |
| E-mail Address                                                                                                             | FAX - include all country and city/area codes as needed along with complete phone number | FAX Location - select one<br><input type="checkbox"/> Work/Business<br><input type="checkbox"/> Home                                                                                                                       |         |
| <div><div>SPECIAL NEEDS</div><div>If you have special assistance needs or dietary restrictions, describe here:</div></div> |                                                                                          |                                                                                                                                                                                                                            |         |

Registration Fee

|                                                         |            |          |
|---------------------------------------------------------|------------|----------|
| Friday, August 23, 2013                                 |            |          |
| Physicians/Scientists                                   | \$ 550 USD | \$ _____ |
| Residents, Physician Assistants and Nurse Practitioners | \$ 450 USD | \$ _____ |

Payment Information

|                                                                                                                                 |                |                  |
|---------------------------------------------------------------------------------------------------------------------------------|----------------|------------------|
| <input type="checkbox"/> Check is enclosed in the amount shown at right - make checks payable to Mayo Clinic                    |                | Payment Total    |
| Credit Card - select one<br><input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa | Account Number |                  |
| Name of Cardholder - as it appears on the card                                                                                  |                | Exp Date - mm/yy |
| Signature of Cardholder - required                                                                                              |                |                  |
| X                                                                                                                               |                |                  |

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U.S. POSTAGE  
**PAID**  
MAYO CLINIC

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