

MONTANA STATE SOCIETY OF MEDICAL ASSISTANTS STATE CONFERENCE AGENDA 4-28-18 -4-29-18  
DILLON MONTANA @ UNIVERSITY OF WESTERN DILLON LEWIS AND CLARK ROOM

SATURDAY 4-28-18

- 7:00-7:45 REGISTRATION
- 7:45-8:00 WELCOME
- 8:00-9:00 Pat Sherry RHIT -CCS ---HIPPA
- 9:00-10:00 Hallie Tipton MD ---Newborn Exam/phone triage for infants and children
- 10:00-10:15 BREAK
- 10:15-11:15 P. Casey Rasch, MD ---Blood Pressure Management
- 11:15-12:15 Marie Hamilton RN; AND---Care Coordination
- 12:15-1:15 LUNCH
- 1:30-2:30 Tara Fahrner, doctor of PT---Incontinence and the pelvic floor, indications for referral
- 2:30-3:30 STATE MEETING/15 min break
- 3:30-4:30 Catherine Griffin MCSD CCC-SLP ---Topics in Dysphagia/introductions to Dysphagia
- 4:30-5:00 NATIONAL SPEAKER ---Julie Flaaten CMA (AAMA) EMT

SUNDAY 4-29-18

- 7:30-8:00 BREAKFAST
- 8:00-9:00 Michael Clark MD FACEP ---MRSA
- 9:00-9:30 INSTALLATION OF OFFICERS
- 9:30-10:30 Kelly Havig Smith MD ---Routine pregnancy care and pediatric immunizations
- 10:30-11:30 Carol Kennedy, RN MSN ---"going to GEMBA" ... our journey to zero harm
- 11:30-12:00 SILENT AUCTION/DRAWINGS

Registration and information regarding Montana State Society of Medical Assistants State Conference held in Dillon on 4-28-18 and 4-29-18

Rooms are being held at the Comfort Inn and will release 30 days prior to the conference, please call 480-568-6665, rates are \$95.00 plus tax for a double queen room.

Rooms also available at the Expedition Lodge, please call Kami @ 406-925-3481 for group rate, sleeps up to 15 people.

Price for conference: \$100.00 for AAMA members

\$125.00 for non-members

\$50.00 for students

INFORMATION AND QUESTIONS PLEASE CALL OR EMAIL LORI BUTORI CMA (AAMA)

CONTACT INFORMATION FOR LORI: PHONE: HOME - 406-660-4388

WORK - 406-683-1135

EMAIL: [lbutori@barretthospital.org](mailto:lbutori@barretthospital.org)

MAILING ADDRESS: 6230 HWY 91 N

DILLON MT 59725

\*\*\*EACH CHAPTER PLEASE BRING 6 OR MORE DOOR PRIZES AND 1 LARGER PRIZE TO RAFFLE\*\*\*

\*\*\*PLEASE BRING YOUR AAMA CARD TO REGISTER AND FOR YOUR NAME TAG\*\*\*

\*\*\*PLEASE SEE NEXT PAGE FOR NOMINATIONS, PLEASE MAIL OR BRING FORM WITH YOU\*\*\*

REGISTRATION FORM BELOW—NEEDS TO BE MAILED BACK TO LORI BY\*\* 4-20-18\*\* FOR FOOD COUNT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

CIRCLE ONE: MEMBER NON-MEMBER STUDENT