

Professional Development for Staff

Date: Friday, September 20, 2019

Time: 8:30 am—11:30 am

Place: Monroe County Medical Society

The Park at Allens Creek 132 Allens Creek Road Rochester, NY 14618

Topics to include:

This 3-hour course is designed to enhance the importance of professionalism of the clinical staff in your practice.

Topics include:

- · Professionalism in the workplace
- Medical ethics and medical etiquette in the work setting
- Professional boundaries
- Importance of professional attire
- Communication
- Cultural humility
- Improved conflict resolution

PRESENTER:

Jane Dodds, MPH, FACMPE

Jane earned a BA at the University of Rochester, and Masters in Public Health from the University of Pittsburgh. She worked for 9 years in the Education Department at Planned Parenthood, helping to create Rochester's Rape Crisis Service. After children, she worked briefly in a hospital-based specialty group, then began managing physician-owned medical practices. Through the Medical Group Management Association, she became a Certified Medical Practice Executive, and then earned Fellowship in the American College of Medical Practice Executives in 2002.

Jane has worked in Cardiology, Anesthesiology, Pediatrics, Orthopaedics and Obstetrics & Gynecology, and consulted with several primary care groups. She has experience with a myriad of practice models and compensation plans. She has served on the local and NY State MGMA Boards, and was Chair of the national MGMA Primary Care Assembly. She has served on MGMA's Survey Operations Committee, and is currently a member of the Government Affairs Committee.

Program Registration Fees
MCMS & 7th District Member: \$50 per person or \$75 general admission
For more information:
Call (585) 473-7573 or mlepree@mcms.org

Professional Development for Staff, September 20, 2019 Online registration is available at www.mcms.org

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Name(s):		
Practice Name:		
Phone Number:		E-mail:
MCMS may		rketing purposes. Unless this permission is revoked in writing to MCMS, by virtue of m participants agree to the use of the event photo in MCMS marketing.
		7th District Member: \$50 per person General admission: \$75 per person ICMS membership application within three months, the registration fee will be applied to your first year's dues payment.
☐ Payment of \$	is enclosed. (Che	ck payable to "MCMS") Please e-mail a receipt. Please bill my credit card \$
Cardholder Nam	ne:	Card Number:
Exp. Date:	Verification Code:	Address associated with card:
	Signature:	
		Send completed form and payment to:

MCMS Cancellation Policy: Cancellation requests must be sent via e-mail to Melinda McGinnis-LePree at mlepree@mcms.org with "Cancellation Request" in the subject line. Correspondence must include event title, date and time, registrant's name, and payee's contact information. If cancellation notice is provided at least 7 days prior to the scheduled event, a refund may be requested, minus a 20% processing fee. If cancellation notice is provided at least 1 day prior to the scheduled event, a credit youcher will be issued for the full amount paid that may be

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