

“FIHM: Clinical Roundtable”

Case Studies with Tieraona Low Dog, MD

I am very excited for the Foundation’s Clinical Roundtable class being held September 10-12, 2020. I believe that working through case studies is one of the most rewarding and fascinating ways to learn how to take what you have learned and put it into practice.

During our three days, we will work our way through 20 cases. That’s right 20. There will be four groups of five people. Each group will be working on its own case over a period of roughly 1.5 hours. Then after a short break, we will come back together in Medicine Lodge. Each group will have 25 minutes to present their case and treatment plan. All treatment plans must be specific. Exactly what ingredients/products/dose/frequency/duration, etc. The group presentation will be followed by a 20 minute Q and A. This is the time to ask questions, provide feedback, etc. After each group has presented their case, we will take another break and rotate the participants in the small groups to mix up talents, experience and viewpoints. Then we will work through our next set of four cases. On the final day there will be four acute care cases - these are rapid fire; quick treatment plans and presentations. There will be breaks for herb walks, short hikes, delicious lunches, and of course, time to hang out on Saturday evening.



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Case Studies with Tieraona Low Dog, MD

September 10-12, 2020

Thursday

9:00-9:30	Opening Circle
9:30-11:15	Case Studies 1-4 (break out into 4 groups of 5 people)
11:15-11:40	Herb Wandering
11:40-12:15	Lunch
12:15-3:15	Group Presentations (each group has 45 minutes)
3:15-3:30	Tea Break
3:30-5:00	Case Studies 5-8 (rotate, break out into 4 groups)
5:00-5:30	Regroup/Instructor Feed Back/Q and A

Friday

9:00-12:00	Group Presentations (each group has 45 minutes)
12:00-12:30	Hike
12:30-1:15	Lunch
1:15-2:45	Case Studies 9-12 (rotate, break out into 4 groups)
2:45-3:00	Tea Break
3:00-6:00	Group Presentation (each group has 45 minutes)
6:00-7:30	Happy Hour at the Main Cabin

Saturday

9:00-10:30	Case Studies 13-16 (rotate, break out into 4 groups)
10:30-10:45	Herb Wandering
10:45-12:15	Group Presentations Part 1 (each group has 45 minutes)
12:15-1:00	Lunch
1:00-2:30	Group Presentations Part 2 (each group has 45 minutes)
2:30-2:45	Tea Break
2:45-3:15	Rapid Fire Case Studies 17-20
3:15-4:30	Rapid Fire Group Presentations (each group has 15 minutes)
4:30-5:15	Wrap Up Q and A
5:15-5:30	Class Photo

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT (“FIHM: Clinical Roundtable” with Tieraona Low Dog, MD on September 10-12, 2020 in Pecos, NM). I certify that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

1. In consideration of allowing me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:
 - (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Tieraona Low Dog, MD and her directors, officers, employees, volunteers, representatives, and agents.
 - (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.
2. I acknowledge that Tieraona Low Dog, MD and her directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.
3. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
4. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I AM OVER THE AGE OF 18, AND I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name