



## PRIMARY CARE CONFERENCES

EXCEPTIONAL CME | EXTRAORDINARY LOCATIONS

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### **INTERNAL MEDICINE FOR PRIMARY CARE: EAR, NOSE & THROAT/GASTROENTEROLOGY/ORTHOPEDICS/ PALLIATIVE**

**Walt Disney World Resort, Florida – Disney’s Contemporary Resort  
December 2 – 5, 2021**

**Thursday, December 2nd:**

**7:00 am – 7:30 am**

**Registration and Hot Breakfast**

**7:30 am – 8:30 am – Gastroenterology**

**Management of Lower GI Bleeding-From Occult to Massive**

The correct use and interpretation of tests for occult blood in the stool will be discussed in relation to lower GI bleeding; focus on the utility of different diagnostic and management approaches to the spectrum of patients presenting with hematochezia

**8:30 am – 9:30 am – Gastroenterology**

**Cost-Effective, Appropriate Management of Irritable Bowel Disease**

Importance of early diagnosis based upon a careful history and limited testing; Treatment focused on symptomatology; Recognizing that explanation, consistency, validation and empathy are keys to success

**9:30 am – 9:40 am**

**Coffee Break**

**9:40 am – 10:40 am – Gastroenterology**

**Understanding and Treating Chronic Diarrhea**

This session will, through the use of case studies, review the most common etiologies of chronic diarrhea. We will present practical tools to hone in on the specific diagnosis and treatment of each type of chronic diarrhea.

**10:40 am – 11:40 am – Ear, Nose & Throat**

**Evaluation of the Neck Mass**

Patients presenting with masses in the neck are challenging and worrisome. The diagnostic and therapeutic process is described. A method for evaluating the mass, guidance on when imaging studies are indicated, and when immediate or routine referral to ENT becomes appropriate is discussed.



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### **11:40 am – 12:40 pm – Ear, Nose & Throat**

#### **The Use of Antimicrobial Therapy in Treating Sinusitis**

Lecture will focus on the use of antimicrobial agents in treating acute and chronic sinusitis, with regards to common pathogens, emerging resistance and oral vs. topical regimens. Additionally, discussion will focus on the appropriate time to order a sinus CT scan and refer to a specialist.

### **12:40 pm**

**Session Adjourns**

**Friday, December 3rd:**

**7:00 am – 7:30 am**

**Hot Breakfast**

**7:30 am – 8:30 am – Ear, Nose & Throat**

**A Primary Care Update on the Treatment of Allergic Rhinitis**

The lecture will focus on a review of the basic allergic pathways that affect the body. Special emphasis will be given to the nasal and sinus regions, with discussion to include diagnostic testing and modes of treatment, including avoidance, pharmacotherapy and immunotherapy

**8:30 am – 9:30 am – Ear, Nose & Throat**

**A Primary Care Approach to Sudden Hearing Loss**

When a patient presents with sudden hearing loss, accurate differentiation of sensorineural versus conductive loss is essential. Techniques to make that differentiation, testing and treatment strategies will be discussed; Urgent treatment and when to refer for audiometric testing and ENT referral will be outlined

**9:30 am – 9:40 am**

**Coffee Break**

**9:40 am – 10:40 am – Gastroenterology**

**Approach to Abnormal Liver Chemistry and Non-Alcoholic Fatty Liver Disease (NAFLD)**

A primary care approach to evaluating and managing mildly abnormal hepatocellular liver chemistry in the asymptomatic patient; review of NAFLD, its implications and management

**10:40 am – 11:40 am – Palliative Medicine**

**Palliative Medicine: Overview of the Medicare Hospice Benefit**

Which patients are eligible? What is palliative care? What does the Medicare benefit provide for patients and families?

**11:40 am – 12:40 pm – Palliative Medicine**

**Palliative Care for the Primary Care Setting: Symptom Management**

Symptom management; Symptom management of dyspnea and cough, nausea and vomiting, constipation, and agitation, at the end of life

**12:40 pm**

**Session Adjourns**

**Saturday, December 4th:**

**7:00 am – 7:30 am**

**Hot Breakfast**

**7:30 am – 8:30 am – Palliative Medicine**

**Advanced Pain Management in the Palliative Care Patient**

Treatment of pain with both nonopioid and opioid medications; New guidelines related to opioid prescribing; Side effects management

**8:30 am – 9:30 am – Palliative Medicine**

**Prognostication for the Primary Care Setting**

Estimating life expectancy for patients with life-limiting illnesses such as CHF, Alzheimer's dementia, Parkinson's disease, end stage renal disease

**9:30 am – 9:40 am**

**Coffee Break**

**9:40 am – 10:40 am – Orthopedics**

**Shoulder Problems in Weekend Warriors**

The common area of rotator cuff disorders, shoulder instability and acute injuries. Anatomy, physical examination, exercise prescription and injection techniques will all be mastered by the learner

**10:40 am – 11:40 am – Orthopedics**

**Knee Problems in Sport Medicine Practice**

A case presentation approach to the most common knee injuries physician will see in clinical practice; mechanism of injury, historical features, anatomy of injury, clinical findings evident in the exam; management of problems focused mostly on evidence based conservative interventions but also surgical options available; the top three: ACL, patellofemoral, meniscal

**11:40 am**

**Session Adjourns**



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### Sunday, December 5th:

**7:00 am – 7:30 am**

#### **Continental Breakfast**

**7:30 am – 8:30 am – Orthopedics**

#### **Common Foot and Ankle Problems in Sport Medicine**

A case presentation approach to common ankle and foot problems physician will see in clinical practice; historical and physical findings that helps the physician make the correct diagnosis; an anatomy-based discussion relevant to each problem; treatment review with focus on the conservative approach – good evidence based approach to restoring function; Ligament injuries (the classic inversion and the high ankle sprain), plantar fasciitis, tendinopathies/enthesitis/ apophysitis

**8:30 am – 9:30 am – Orthopedics**

#### **Concussion in Sports: Recognition, Office Evaluation for Primary Care**

Concussion rates continue to rise in both youth and professional sports. There is evidence that youth athletes younger than 18 years old may be particularly vulnerable to concussion, its severity and consequences. This topic will cover the current definition, signs and symptoms, and review the latest concussion consensus guidelines regarding sideline and office-based approach to an athlete with mild traumatic brain injury using the latest decision-making tools. The presentation will include up-to-date consensus recommendations for rehabilitation, return to learn, and return to sport.

**9:30 am**

#### **Conference Adjourns**

### Target Audience

This program is targeted to office-based primary care providers and other health professionals with updates in primary care medicine

### Learning Objectives

Upon completion of this program, participants should be better able to:

- Describe the anatomy and function of the major joints including shoulder, ankle and knee joints
- Describe how and when to utilize joint aspiration and injection for the shoulder, knee and other major joints
- Discuss signs, symptoms, significance and approach to mild traumatic brain injury as a consequence of athletic endeavors
- List current treatment recommendations for HBV, HCV and lower GI bleeding
- Describe management strategies for NAFLD and IBD
- List evaluation and treatment options for the neck mass, sinusitis and tonsillitis
- Identify and describe treatment options for disorders of the ear canal and tympanic membrane
- Describe the primary care approach to palliative medicine including symptom management and prognostication
- List details about the Medicare hospice benefit

### Learning Outcome

To provide updates in primary care medicine to office based providers

### **Disclosure of Conflicts of Interest**

Medical Education Resources insures balance, independence, objectivity, and scientific rigor in all our educational programs. In accordance with this policy, MER identifies conflicts of interest with its instructors, content managers, and other individuals who are in a position to control the content of an activity. Conflicts are resolved by MER to ensure that all scientific research referred to, reported, or used in a CME activity conforms to the generally accepted standards of experimental design, data collection, and analysis. MER is committed to providing its learners with high-quality CME activities that promote improvements or quality in health care and not the business interest of a commercial interest.

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## Accreditation Statements

### Joint Accreditation for Interprofessional Continuing Education



In support of improving patient care, Medical Education Resources is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This activity was planned by and for the healthcare team, and learners will receive 16 Interprofessional Continuing Education (IPCE) credits for learning and change.

### Physician Credit Designation

#### AMA PRA Category 1 Credits™

Medical Education Resources designates this live activity for a maximum of 16 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### American Board of Internal Medicine MOC Recognition (ABIM)

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 16 (part II) MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.



### American Academy of Family Physicians (AAFP)



This Live activity, *Internal Medicine for Primary Care*, with a beginning date of December 2, 2021 has been reviewed and is acceptable for up to 16 Prescribed credits by the American Academy of Family Physicians. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

### **American Osteopathic Association (AOA)**

This activity is approved for 16 hours in Category 2-A by the American Osteopathic Association.

### **American College of Emergency Physicians (ACEP)**

This program is approved by the American College of Emergency Physicians for a maximum of 16 hours of ACEP Category I credit.

### **Canadian Physicians**

The College of Family Physicians of Canada (CFPC) has a reciprocal credit agreement with the American Academy of Family Physicians (AAFP) for activities which offer Prescribed credit. CFPC members who complete these conferences may claim the equivalent number of Mainpro-M1 credits.

### **Nursing Credit Designation**

#### **American Nurses Credentialing Center (ANCC)**

Medical Education Resources designates this live activity for a maximum of 16 ANCC nursing contact hours. Nurses will be awarded contact hours upon successful completion of the activity.

This activity is designated for 6.0 ANCC pharmacotherapeutic contact hours.

### **American Academy of Nurse Practitioners (AANP)**

The American Academy of Nurse Practitioners (AANP) Certification Board recognizes and accepts continuing education (CE) contact hours from activities approved by AMA, ACCME, ANCC, AANP, AAFP and AACN.

### **California Board of Registered Nursing**

Medical Education Resources is approved by the California Board of Registered Nursing, Provider Number 12299, for 16 contact hours.

### **Physician Assistant Credit Designation**

#### **American Academy of Physician Assistants (AAPA)**



Medical Education Resources has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 16 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.



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### Pharmacy Accreditation

#### Accreditation Council for Pharmacy Education (ACPE)



Medical Education Resources (MER) designates this live continuing education activity for 16 contact hours (1.6 CEUs) of the Accreditation Council for Pharmacy Education.

Universal Program Number: JA0003680-0000-21-178-L01-P

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Participants will be required to sign in at the start of the program and/or complete a program evaluation form.

Credits will be uploaded into CPE Monitor within 60 days of the activity.

This activity is certified as Knowledge-based CPE.