Bringing Best Evidence into Clinical Practice

Embassy Suites Hotel: A Golf Resort
Paradise Valley, Arizona

Saturday – Sunday
March 13-14, 2004
COURSE DESCRIPTION
Bringing Best Evidence into Clinical Practice is a one and a half-day course of lectures and workshops for a multidisciplinary audience designed to teach the principles and practices of evidence based health care with an emphasis on practical and efficient point-of-care information retrieval, appraisal, and application at the bedside.

COURSE LEARNING OBJECTIVES
Upon completion of this course, participants should be able to:
• Define the principles of evidence based medicine (EBM)
• Formulate a focused answerable 4-part clinical question
• Search biomedical and EBM databases efficiently
• Appraise articles on therapy and diagnosis
• Interpret summary measures for treatment and diagnosis
• Appraise a systematic review/meta-analysis
• Interpret diagnostic test accuracy characteristics
• Convert a traditional journal club to an EBM journal club
• Build a critically appraised topic (CAT)
• Evaluate evidence supporting EBM teaching

CREDIT
Mayo Foundation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Mayo Foundation designates this educational activity for a maximum of 10 category 1 credits towards the AMA Physician’s Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity.

This activity has been reviewed and is acceptable for up to 10 Prescribed credit hours by the American Academy of Family Physicians.
This program has been approved by the American Osteopathic Association for 10 hours of 2A accreditation.

EDUCATIONAL GRANTS
This course is supported in part by educational grants from the following companies, in accordance with ACCME Standards.

Pfizer, Inc.                Serono

At the time of this printing, a complete listing of commercial supporters was not available. Appropriate acknowledgement will be given to all supporters at the time of the meeting.
DISCLAIMER

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.

MEETING LOCATION

Embassy Suites Hotel: A Golf Resort is located at 4415 East Paradise Village Parkway South, Phoenix, Arizona. Visit the hotel at their website www.embassysuitesaz.com. The hotel is the largest all-suite, upscale hotel chain in the country. Each room includes a week day copy of USA Today and complimentary local area transportation (5 miles radius). In addition, evening beverages, and light snacks are complimentary to each hotel guest from 5:30 to 7:30 p.m.

RECREATION/LEISURE ACTIVITIES

The Phoenix area offers both the means and the mindset to venture forth into the great outdoors – to pursue favorite pastimes or take up a new activity. Year-round sunny weather make hiking and biking through the dramatic Sonoran Desert landscape as natural as can be, while a journey into the majestic McDowell Mountains on horseback lets you experience the city’s Western heritage. You can also make a splash in one of our tempting lakes or pools, or for the adventurous of heart, take to the skies in a hot air balloon.

The game of golf and its followers have made Scottsdale one of the premier golf destinations in the world. There are more than 174 courses in the metropolitan area, many of which were designed by golf’s most illustrious names. There are several golf packages available at Embassy Suites Hotel: A Golf Resort. The resort’s concierge will be happy to arrange tee times at Stonecreek Golf Club or at any of the Valley’s fine courses. For additional information on local activities or golf endeavors, please contact the resort concierge at 1-602-765-5800.

Many recreation and leisure activities are listed via the web at: www.phoenixcvb.com.

REGISTRATION

To register, please complete the attached registration form and return with payment. If you are using a credit card, you may fax your registration form to 1-480-301-8323. The registration fee is $250 through February 13 and $300 thereafter for physicians active in practice. This registration fee includes tuition, continental breakfasts, lunch on Saturday, refreshment breaks, and a course syllabus. Special rates are available for residents, retired physicians, active duty military, and Indian Health Service physicians – please call to obtain registration fees. A letter of confirmation will be sent upon receipt of payment and completed registration form. If you do not receive a confirmation letter, please send an
e-mail to mcs.cme@mayo.edu or call 1-480-301-4580. Please have this letter accessible when checking in at the meeting registration desk.

No refund will be granted unless a written notice of cancellation is received. If registration must be canceled, tuition less a $50 administrative fee will be refunded when notification of cancellation is received prior to February 27, 2004. No refunds will be made after February 27, 2004.

For additional information, call Mayo School of Continuing Medical Education, Mayo Clinic College of Medicine, at e-mail mcs.cme@mayo.edu or call 1-480-301-4580.

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Although it is not Mayo Clinic’s policy to limit the number of registrants for a course, resort conference room facilities may necessitate closure of enrollment. Early registration is strongly recommended. Walk-in registrations cannot be guaranteed.

In case of an emergency, you may be reached at the conference by calling 1-602-765-5800.

**LODGING ACCOMMODATIONS**

Hotel rooms in The Valley are limited. You are urged to make reservations early. A limited block of luxurious rooms at a special rate of $159 single or double occupancy per night has been reserved at Embassy Suites Hotel: A Golf Resort. Group rates will be honored three (3) days prior and three (3) days following the course dates, based upon space availability. To make your reservation call 1-602-765-5800 and state that you are attending Mayo Clinic’s Bringing Best Evidence into Clinical Practice course.

In order to receive the special rate, reservations must be made before the room block is filled or the expiration date of **Wednesday, February 11, 2004**. Reservations will be taken following this date based upon resort room availability, at the contracted meeting rate. Hotel Website: www.embassysuitesaz.com

**TRAVEL ARRANGEMENTS**

Please be sure to confirm your course registration prior to making your travel arrangements.

When making reservations, please state that you are attending *Mayo Clinic’s Bringing Best Evidence into Clinical Practice*.

**Air:** America West Airlines is the official airline for this course. Reduced airline rates are available by calling America West Airlines at **1-800-548-7575**. CAMS File Code: **2011** Valid date(s) of travel are: **March 8-19, 2004**

**Ground Transportation:** Hertz is offering a reduced daily rate for participants attending the course. Call **1-800-654-2240** and refer to CV Number **022Q1480** when making reservations. **Supershuttle** vans offer airport transportation to and from the hotel. To make reservations call **1-602-244-9000**.
COURSE CO-DIRECTORS

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FACULTY DISCLOSURE

As a provider accredited by ACCME, Mayo Foundation must ensure balance, independence, objectivity and scientific rigor in its educational activities. All faculty participating in a Mayo Foundation activity are required to disclose commitments to and/or relationships with pharmaceutical companies, biomedical device manufacturers or distributors, or others whose products or services may be considered to be related to the subject matter of the educational activity. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of these commitments and/or relationships will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation.
Please note that this course will utilize several concurrent interactive small group sessions and panel discussions. One or more faculty members will facilitate the individual sessions.

### Saturday March 13, 2004

6:30 a.m. Registration, Continental Breakfast, & Industry Exhibits
7:00 Course Instruction
7:10 Introduction to Bringing Best Evidence into Clinical Practice
8:15 Finding Evidence: Asking Answerable Questions and Searching the Literature
9:00 Refreshment Break & Industry Exhibits
9:30 Searching and Informatics: Real-time Demonstration
10:00 CAT Session 1 – Therapy
11:25 Complimentary Lunch & Industry Exhibits
12:25 p.m. CAT Session 2 – Diagnosis
1:50 Adjourn

### Sunday March 14, 2004

6:30 a.m. Continental Breakfast & Industry Exhibits
7:00 What is the Evidence to Support EBM Practice?
7:30 CAT Session 3 – Systematic Reviews and Meta-Analyses
9:30 Refreshment Break & Industry Exhibits
9:45 Putting the Principles into Practice: EBM for the Busy Clinician
10:30 Conclusions: Panel Discussion and Question and Answer Session
11:45 Adjourn
# REGISTRATION FORM

**Mayo Clinic**  
**Bringing Best Evidence into Clinical Practice**  
**March 13-14, 2004**

Please print or type all information. Duplicate form for multiple registrations.

To expedite registration, fax this form with your credit card noted to: **1-480-301-8323**; or mail to Mayo School of Continuing Medical Education, Mayo Clinic, 13400 East Shea Boulevard, Scottsdale, AZ 85259. For questions, please email at mcs.cme@mayo.edu or call **1-480-301-4580**.

Your type of practice:
- □ Solo
- □ Group
- □ University
- □ Resident/Fellow
- □ Retired
- □ Other: ____________________________

Years in practice:
- □ 0-4
- □ 5-10
- □ 11-15
- □ 16-25
- □ > 25

☐ Check box if you have any special needs or dietary requirements.

If so, please indicate your needs here: ____________________________________________________________

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**Name/Degree/Certification**

**Medical Specialty**  
**E-mail**

**Address**

**City**  
**State/Country**  
**Zip/Postal Code**

(____) (____)

**Daytime Telephone**  
**Fax**

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## Course Registration Fee:

- ☐ Through February 13, 2004 $250
- ☐ After February 13, 2004 $300

**Payment**: U.S. Funds Only *(Please indicate form of payment below).*

- ☐ Check enclosed *(Please make checks payable to Mayo Clinic)*
- ☐ Visa  
- ☐ MasterCard  
- ☐ Discover

**Card Number** ____________________________  
**Expiration date (mo/yr)** ______

**Signature**  
**Date**

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**FOR OFFICE USE ONLY:**

Date Reg’d _________  
Auth # _________  
CK # _________
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