



Mayo School of Continuous Professional Development

*30<sup>th</sup>* ANNUAL  
PRACTICE OF INTERNAL  
MEDICINE

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**May 4–8, 2009**

Siebens Medical Education Building  
Mayo Clinic, Rochester, MN

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**COURSE INFORMATION**

[www.mayo.edu/cme/poim](http://www.mayo.edu/cme/poim)

**COURSE SCHEDULE**

[www.mayo.edu/cme/poim/schedule.html](http://www.mayo.edu/cme/poim/schedule.html)

## COURSE DESCRIPTION

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**Mayo Clinic Practice of Internal Medicine**, celebrating its thirtieth consecutive year, is a postgraduate course designed to provide general internists, internist-subspecialists, family medicine physicians, physician assistants, and nurse practitioners with a state-of-the-art update in internal medicine. The topics represent some of the most common problems encountered in clinical practice. Lectures, panel presentations, and concurrent workshops are presented by specialists from the Mayo Clinic staff.

## COURSE LEARNING OBJECTIVES

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Upon conclusion of this program, participants should be able to:

- Cite the latest advances in internal medicine
- Understand how to manage patients with common disorders in internal medicine and medical subspecialties
- Describe methods that will improve patient care outcomes
- Summarize helpful patient management information obtained by participation in clinical pearls sessions

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.

## CREDIT

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College of Medicine, Mayo Clinic is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

### AAFP

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

## REGISTRATION

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**Register On-Line at:** [www.mayo.edu/cme/may2009.html](http://www.mayo.edu/cme/may2009.html) or complete the attached registration form and return by mail or fax. The registration fee includes tuition, daily continental breakfast, break refreshments, concurrent workshops, and Lunch with the Professor on Tuesday and Thursday.

This year we will not require pre-registration for the lunch with the professor sessions on Tuesday and Thursday.. The lunch sessions will be on a first come, first serve basis. Pre registration will be required for the afternoon workshop sessions.

Based on attendee comments from the course evaluations less than half of the attendees felt the paper syllabus containing all the PowerPoint presentations was needed. Especially since immediately after the course; the course web site will contain all slides and downloadable PDF files for printing.

Like many responsible businesses Mayo Clinic is attempting to "go green". However, if you wish to have a copy of the paper syllabus at the fee of \$50.00, please indicate this on the registration panel. A tablet for note taking will be provided.

## PROGRAM HIGHLIGHTS

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### Cutting Edge Presentation in the following specialties:

Cardiology	Neurology
Endocrinology	Pain Management
Gastroenterology	Pulmonary
General Internal Medicine	Rheumatology
Hospital Medicine	Urology
Hypertension	Women's Health
Infectious Diseases	

### Daily afternoon workshop sessions and daily popular clinical pearls presentations ...

Cardiology	Perioperative Medicine
General Internal Medicine	Psychiatry
Gastroenterology	Rheumatology
Infectious Diseases	

### Special Evening Session:

Effective Presentation Skills: Tips From a Pro *(dessert and coffee will be served)*

### Please view full program schedule at:

<http://www.mayo.edu/cme/poim/schedule.html>

## CANCELLATION POLICY

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If you cancel your participation in this course, your registration fee, less a \$75 administrative fee, will be refunded when written notification is received by Mayo School of CME on or before April 20, 2009 fax#: (507-284-0532). No refunds will be made after April 20, 2009.

Mayo School of CME reserves the right to cancel or postpone any course due to unforeseen circumstances. In the unlikely event Mayo School of CME must cancel or postpone this course, Mayo School of CME will refund the registration fee, but is not responsible for any related costs, charges, or expenses to participants, including fees assessed by airline/travel/lodging agencies.

## FACULTY

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### Course Directors

Scott C. Litin, M.D.

John B. Bundrick, M.D.

Distinguished Mayo Clinic faculty from multiple specialties including gastroenterology, cardiology, neurology, endocrinology, internal medicine, family practice and in-patient internal medicine.

## LODGING ACCOMMODATIONS

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Guest rooms have been reserved for attendees and their guests with special course rates at each of the following downtown Rochester hotels. In order to receive the special rate, *reservations must be made before the room block is filled or before the expiration date of April 12, 2009, whichever comes first.* Reservations will be taken following this date based on space and rate availability. Please identify yourself as a participant of *Practice of Internal Medicine* when making your reservation.

### **Hilton Garden Inn**

225 South Broadway  
800-445-8667 or 507-285-1234  
**\$99** single/double

### **Kahler Grand Hotel**

20 Second Avenue SW  
800-533-1655 or 507-282-2581  
**\$92** single/double

### **Radisson Plaza Hotel**

150 South Broadway  
800-333-3333 or 507-281-8000  
**\$107** single/double

### **Rochester Marriott Hotel**

101 First Avenue SW  
877-623-7775 or 507-280-6000  
**\$142** single/double

The hotels listed above are connected by skyway and pedestrian subway to conference facilities, downtown shops, and restaurants. You may also wish to visit the Rochester Convention and Visitors Bureau website ([www.rochestercvb.org](http://www.rochestercvb.org)) for additional accommodation options.

Lodging arrangements are the sole responsibility of the individual registrant.

## TRAVEL

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Rochester, Minnesota, greets thousands of visitors from around the world each year. The city is serviced by a modern international airport with multiple flights daily via American or Northwest Airlines. Access to and from the airport is provided by taxi, shuttle service, and rental car. The airport is located approximately 10 miles from the Mayo Clinic campus.

Note to Travelers: Several cities in the United States are named Rochester. When you make airline reservations and check your baggage, be sure that your destination is Rochester, Minnesota (RST) and that your baggage has been properly tagged.

*Travel arrangements are the sole responsibility of the individual registrant.*

## PARKING

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Parking is available in hotel, city, and Mayo patient/visitor ramps. The cost for parking is not included in the registration fee.

**30th Annual Practice of Internal Medicine**

**May 4-8, 2009 • Mayo Clinic, Rochester, Minnesota**

To register, complete the attached registration form and return by mail or fax. Practice of Internal Medicine has sold out in the past; therefore, **early registration is strongly advised**. A letter of confirmation will be sent upon receipt of payment and completed registration form.

Submit online registration at <http://www.mayo.edu/cme/poim> **OR**

**Mail or FAX form with payment to:**

Mayo School of Continuous Professional Development  
Plummer 2-60  
200 First Street SW  
Rochester, MN 55905

Phone 800-323-2688 or 507-284-2509  
FAX 507-284-0532  
E-mail [cme@mayo.edu](mailto:cme@mayo.edu)  
Web site [www.mayo.edu/cme](http://www.mayo.edu/cme)

**Contact Information** (Please print or type all information. You may duplicate this form for multiple registrations.)

Name of Registrant - <i>first name, middle name or initial, and last name</i>		Degree - <i>select all that apply</i> <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> Other - <i>specify</i>	
Name of Institution		Medical Specialty	
Preferred Mailing Address - <i>select one</i> <input type="checkbox"/> Work/Business <input type="checkbox"/> Home			
Work/Business Address - <i>street address</i>		Work Phone - <i>include all country and city/area codes as needed along with complete phone number</i>	
City	State or Province	ZIP or Postal Code	Country
Home Address - <i>street address</i>		Home Phone - <i>include all country and city/area codes as needed along with complete phone number</i>	
City	State or Province	ZIP or Postal Code	Country
E-mail Address	FAX - <i>include all country and city/area codes as needed along with complete phone number</i>	FAX Location - <i>select one</i> <input type="checkbox"/> Work/Business <input type="checkbox"/> Home	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>SPECIAL NEEDS</b></div> If you have special assistance needs or dietary restrictions, describe here:			

**Concurrent Workshops** - Indicate your 1st, 2nd, and 3rd choice for the workshops. Space may be limited and will be processed on a first come, first serve basis.

<p><b>Monday, May 4, 2009</b></p> <p><input type="checkbox"/> PubMed Searching for Beginners - limit 30</p> <p><input type="checkbox"/> Hip and Knee Injection Workshop - limit 30</p> <p><input type="checkbox"/> Case Studies in Ethics</p>
<p><b>Tuesday, May 5, 2009</b></p> <p><input type="checkbox"/> Shoulder Problems - Diagnose and Treat</p> <p><input type="checkbox"/> Clinical Pearls - Psychiatry</p> <p><input type="checkbox"/> PubMed Searching - Advanced - limit 30</p>
<p><b>Wednesday, May 6, 2009</b></p> <p><input type="checkbox"/> Clinical Pearls - Gastroenterology</p> <p><input type="checkbox"/> Basic Office Procedures in Dermatology - limit 25</p> <p><input type="checkbox"/> Cardiac Auscultation - Enhancing Your Skills</p> <p><b>Evening Session:</b> (<i>Dessert and coffee will be served.</i>)</p> <p><input type="checkbox"/> Effective Presentation Skills: Tips From a Pro</p>
<p><b>Thursday, May 7, 2009</b></p> <p><input type="checkbox"/> Smoking Cessation</p> <p><input type="checkbox"/> ENT for the Primary Care Clinician</p> <p><input type="checkbox"/> Clinical Pearls - Rheumatology</p>

**Registration Fee**

Physicians/Scientists	\$ 680	\$ _____
Residents, Physician Assistants, Nurse Practitioners, and Retirees	\$ 500	\$ _____
Printed copy of course syllabus	\$50	\$ _____

**Payment Information**

<input type="checkbox"/> Check is enclosed in the amount shown at right - <i>make checks payable to Mayo Clinic</i>			Payment Total
Credit Card - <i>select one</i> <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Account Number	Exp Date - <i>mm/yy</i>	
Name of Cardholder - <i>as it appears on the card</i>		Signature of Cardholder - <i>required</i> <b>X</b>	



200 First Street SW  
Rochester, Minnesota 55905

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NON-PROFIT ORG.  
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**PAID**  
MAYO CLINIC

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