



MAYO CLINIC

Mayo School of Continuous Professional Development

THE 83<sup>RD</sup> ANNUAL  
**CLINICAL REVIEWS**  
*2009*

**October 26-28, 2009**  
**November 9-11, 2009**

Mayo Civic Center  
Rochester, Minnesota

**Course Directors**

*John M. Wilkinson, M.D.*

*Darryl S. Chutka, M.D.*

**REGISTER ONLINE NOW!**

[http://www.mayo.edu/cme/clinicalreviews/  
registration.html](http://www.mayo.edu/cme/clinicalreviews/registration.html)

## COURSE DESCRIPTION

Clinical Reviews, in its 83rd year at Mayo Clinic Rochester, provides updates in medicine, surgery, pediatrics, women's health, and other areas of relevance for primary care providers. Staff members of the Mayo Clinic are faculty for this comprehensive program of lectures, small group luncheon roundtables, and in-depth evening discussions. Identical programs will be presented during both the October 26-28 and November 9-11 sessions.

## COURSE LEARNING OBJECTIVES

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

- Examine and reconsider their understanding and approach to common conditions in their practice and consider making changes as appropriate
- Discuss medical issues related to women's health
- Appraise diagnostic options in gastroenterology and hepatology
- Integrate current evaluation and treatment skills in pediatric medicine
- Explain treatment options for patients with cerebrovascular disease
- Integrate skills necessary to provide reliable, high quality chronic disease care
- Implement the currently recommended immunizations for children and adults
- Provide more effective management of the geriatric patient
- Compare the pharmacologic, behavioral, and lifestyle management of mood disorders

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

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

This activity has been approved for *AMA PRA Category 1 Credits*<sup>™</sup>.

## AAFP

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

## Other Health Care Professionals

A certificate of attendance will be provided to other health care professionals for requesting credits in accordance with state nursing boards, specialty societies, or other professional associations.

## DATE & LOCATION

Clinical Reviews, October 26-28 and November 9-11, will be held at the Mayo Civic Center, 30 Civic Center Drive SE, Rochester, Minnesota. Registration headquarters will be in the North Lobby of the Mayo Civic Center. The Mayo Civic Center is located within a few blocks from downtown hotels and is joined by a skyway system.

## REGISTRATION

To register online, visit <http://www.mayo.edu/cme/clinicalreviews/registration.html>, or complete the attached registration form and return by mail or fax. The registration fee of \$495 includes tuition, comprehensive course syllabus, daily continental breakfast, break refreshments, and all luncheons. In addition, a complimentary reception will be hosted by Mayo Clinic on Monday, October 26 and Monday, November 9 for all course participants.

A reduced registration fee of \$375 is available for residents, fellows, physician assistants, nurse practitioners, retirees, and other interested health care providers.

## CANCELLATION POLICY

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 CPD before October 12, 2009 (fax#: 507-284-0532). No refunds will be made on or after October 12, 2009. Canceled registrations are non-transferable.

## TRAVEL

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.*

## LODGING ACCOMMODATIONS

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 cutoff date of October 3, whichever comes first.* Reservations will be taken following this date based on space and rate availability. Please identify yourself as a participant of the Clinical Reviews 2009 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

### Doubletree Hotel

(formerly the Radisson Hotel)

150 South Broadway  
507-281-8000  
\$107 single/double

The hotels listed above are connected by skyway and pedestrian subway to conference facilities, downtown shops, and restaurants. You may wish to visit the Rochester Convention and Visitors Bureau website ([www.rochestercvb.org](http://www.rochestercvb.org)) and/or [www.rochester411.com](http://www.rochester411.com) for additional accommodation options and area information.

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

Mayo School of CPD is not responsible for expenses incurred by an individual who is not confirmed and for whom space is not available at the meeting. Costs incurred by the registrant such as airline or hotel fees or penalties are the responsibility of the registrant.

## PARKING

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

## PLANNING COMMITTEE

*Course Directors and Committee Chairs:*

Darryl S. Chutka, M.D.  
John M. Wilkinson, M.D.

*Guest Advisory Members:*

The Clinical Reviews Planning Committee wishes to express its appreciation to the following area physicians for their help in the development of the program.

Craig Bartos, M.D., Onalaska, WI  
Michael S. Damroth, M.D., Barron, WI  
Richard Larew, M.D., Iowa City, IA  
Raymond J. Lindeman, M.D.,  
Paynesville, MN  
Kathleen M. Macken, M.D. St. Paul, MN  
Robert McDonald, M.D., Duluth, MN  
Sheri M. Olsen, M.D.,  
Mendota Heights, MN  
Cheri L. Olson, M.D., La Crosse, WI  
Ronald R. Roth, M.D., Waterloo, IA  
Paul Searles, D.O., Sun Prairie, WI  
Mark Steffen, M.D., Oronoco, MN  
Faith Zimmerman, R.N., N.P.,  
Rochester, MN

*Committee Members Representing Mayo Clinic:*

William T. Bardsley, M.D.  
Patricia A. Barrier, M.D.  
Douglas J. Creedon, M.D., Ph.D.  
Molly A. Feely, M.D.  
Robert H. Heise II, M.D.  
Daniel L. Hurley, M.D.  
Scott C. Litin, M.D.  
Jennifer L. Pecina, M.D.  
W. Frederick Schwenk II, M.D.

## PROGRAM SCHEDULE

Full program schedule is available at [www.mayo.edu/cme/clinicalreviews/schedule.html](http://www.mayo.edu/cme/clinicalreviews/schedule.html)

Listed below are topics to be covered during Clinical Reviews:

Allergy  
Cardiology  
Dermatology  
Gastroenterology  
Genomics  
Geriatrics  
Hematology  
Neurology  
Oncology  
Orthopedics  
Pediatrics  
Perioperative Medicine  
Psychiatry  
Pumonology  
Women's Health

## **PRE COURSE SESSIONS: ABFM SELF ASSESSMENT MODULES (MOC-FP)**

**Sunday, October 25, 2009**

### **"Hypertension" SAM**

*Leighton Auditorium, 2nd Floor*

*Siebens Medical Education Building*

**Sunday, November 8, 2009**

### **"Health Behavior" SAM**

*Leighton Auditorium, 2nd Floor*

*Siebens Medical Education Building*

## **PRE COURSE DESCRIPTION**

On each of the two Sundays preceding Clinical Reviews, a different MC-FP Self-Assessment Module (SAM) Working Group activity will be offered. Hypertension will be completed on Sunday, October 25, 2009, and Health Behavior will be completed on Sunday, November 8, 2009.

In this group learning experience, attendees will work together, facilitated by expert Mayo Clinic faculty, to review and discuss the SAM core competency questions and to decide as a group on the best answers. After completing the session, Mayo staff will report the group's answers and individual's participation, to the ABFM. Later, participants must individually access the ABFM Web site, pay the necessary fees, and complete the clinical simulation section (which presents patient care scenarios corresponding to the topic module) in order to complete and receive final credit for the SAM.

Please note: There is a separate registration fee for the Self-Assessment sessions; attendees will be individually responsible for the additional ABFM fees required before completing the clinical simulation section.

Anyone is welcome to register for and attend the Pre-Course sessions only.

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## **SATELLITE COURSES**

The following courses are scheduled adjacent to Clinical Reviews in order to provide additional educational opportunities during your stay in Rochester, MN. Check the MSCPD website ([www.mayo.edu/cme](http://www.mayo.edu/cme)) or call 1-800-323-2688 for additional information.

November 12, 2009

Geriatric Update for the Primary Care Provider

*Siebens Building, Mayo Clinic, Rochester, MN*

November 12-13, 2009

OB/GYN Clinical Reviews

*Siebens Building, Mayo Clinic, Rochester, MN*

November 13-14, 2009

19th Annual Mayo Clinic Symposium on Sports Medicine

*Kahler Grand Hotel, Rochester, MN*

**Clinical Reviews 2009****Mayo Civic Center • Rochester, MN****Mail form and 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  
 Web site www.mayo.edu/cme

**Register on-line at <http://www.mayo.edu/cme/clinicalreviews/registration.html>****Contact Information**

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

**Registration**

Type of credit that you are interested in receiving: <input type="checkbox"/> AMA/Category 1 <input type="checkbox"/> AAFP	
<b>Individual Session Options:</b>	
Attending Clinical Reviews Only <input type="checkbox"/> October Session: October 26-28, 2009 <b>OR</b> <input type="checkbox"/> November Session: November 9-11, 2009	
Physicians - \$495	\$ _____
Residents, Physician Assistants, Nurse Practitioners, Retirees - \$375	\$ _____
Attend SAM: Sunday October 25, 2009 Only - \$125	\$ _____
Attend SAM: Sunday November 8, 2009 Only - \$125	\$ _____
<b>Available Combination Options</b>	
Clinical Reviews <input type="checkbox"/> October 26-28, 2009 <b>OR</b> <input type="checkbox"/> November 9-11	
With 1 Pre Course Session <input type="checkbox"/> October 25 <b>OR</b> <input type="checkbox"/> November 8 - \$595	\$ _____
<input type="checkbox"/> <b>Monday Evening Reception (Complimentary)</b> Please indicate number attending _____ (October 26 and November 9)	
<b>Total Payment Enclosed</b>	\$ _____

**Payment Information**

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



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*If you already received a copy of this brochure, please give this brochure to an interested colleague.*

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