Mayo School of Continuing Medical Education

Mayo Clinic
High Risk Emergency Medicine

AUGUST 4-7, 2004

THE FAIRMONT CHATEAU WHISTLER
WHISTLER, BRITISH COLUMBIA, CANADA

Sponsors:
Mayo Clinic Department of Emergency Medicine and
Mayo School of Continuing Medical Education

www.mayo.edu
COURSE DESCRIPTION AND OBJECTIVES

Emergency Medicine, by its very nature, is a high-risk specialty. This four-day course will offer in-depth discussions of selected high-risk topics in Emergency Medicine. The course will utilize case-based sessions as well as an audience response system to make the sessions as interactive as possible.

At the conclusion of the session, participants should be able to:

• Discuss recent articles whose findings are pertinent to Emergency Medicine.
• Identify and describe appropriate management of the myths and controversies of pediatric emergency medicine.
• Formulate a differential diagnosis for the child with stridor based on patient age, duration of symptoms, and physical examination findings.
• Develop an evidence-based approach towards the management of the hypothermic patient.
• Create a workable behavioral classification and management scheme for the difficult patient.
• Identify the common myths and misunderstandings concerning service excellence in the Emergency Department.
• Manage common presentations of anaphylaxis and allergic reactions.
• Describe pearls and pitfalls related to nonspecific abdominal pain.
• Establish a practice plan for the acute sexual abuse evaluation of the prepubertal child in his/her own practice setting.
• Discuss a practical approach to the transplant patient in the ED.
• Use documentation strategies for AMA encounters that minimize liability risk and optimize patient outcomes.
• Recite an algorithmic approach to interpreting computed tomography of the head.
• Develop an approach towards the management of the burned patient.
• Describe and manage common sequelae of chemical warfare agents.
• Identify patients with difficult airways and develop a plan towards their optimal management.
• Discuss the clinical presentation of common pediatric orthopedic injuries.
• Review basic radiation injury management strategies.
• List four uncommon but important causes of altered mental status in the elderly patient.
• Utilize several techniques to optimally manage scalp and facial lacerations.
• Recite an algorithmic approach towards interpreting cervical spine radiographs.
• Discuss recent literature pertaining to thoracic aortic dissection.
• Incorporate practice management strategies that help minimize the risk of litigation.
• Formulate a plan to improve the safety of pediatric sedation in his/her own practice.
• Explain the techniques of intra-articular, hematoma, and Bier blocks.
• Describe the efficacy, safety, and potential role of established and newer treatments for atrial fibrillation.
INTENDED AUDIENCE

This program is designed for emergency physicians, primary care physicians, midlevel providers and others with an interest in high-risk topics in emergency medicine.

DATE AND LOCATION

"Mayo Clinic High Risk Emergency Medicine" will be held August 4 - 7, 2004, at The Fairmont Chateau Whistler Resort, in Whistler, British Columbia, Canada.

REGISTRATION

To register, complete the attached registration form and return by mail or fax. The registration fee of $650.00 (USD) for physicians and $550.00 (USD) for residents, physician assistants and nurse practitioners, includes tuition, comprehensive course syllabus, and continental breakfast each day. Preregistration is required and must be received by July 12, 2004. Registrants will receive a confirmation letter upon receipt of payment and completed registration form. Enrollment is limited; early registration is advised. Please present the confirmation letter when checking in at the meeting registration desk.

CONTINUING EDUCATION CREDIT

Mayo Foundation is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Mayo Foundation designates this educational activity for a maximum of 20.25 category 1 credits toward the AMA Physician’s Recognition Award. Each physician should claim only those credits he/she actually spent in the activity.

Approved by the American College of Emergency Physicians for up to 20.25 CME hours of ACEP Category 1 credit.

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

CANCELLATION POLICY

Your registration fee, less a $75 administrative fee, will be refunded when written notification is received by Mayo School of Continuing Medical Education before July 12, 2004. Notification is encouraged via fax to 507-284-0532. No refunds will be made after July 12, 2004.
**LODGING ACCOMMODATIONS**

Fairmont Chateau Whistler has extended the following special group rate to course participants and their families:

Fairmont Room $279.00 (CAD) or approximately $213.07 (USD)

The above rate, based on single or double occupancy, is per night and quoted in Canadian Dollars (CAD) and subject to a 10% hotel tax and 7% goods and services tax (GST). A third adult sharing a room is an additional $30.00 (CAD) per night plus applicable taxes. The exchange rate of $1.00 (CAD) is equivalent to $0.764 (USD) as of March 29, 2004. Actual exchange rates will be determined at the time of room deposit and check-in.

To ensure accommodations at the special group rate, reservations should be made before July 6, 2004 by contacting Fairmont Chateau Whistler’s Reservations Department:

Telephone Direct: 800-606-8244
Facsimile: 604-938-2099
Global Reservations Centre: 800-441-1414
E-mail: reservations.chateauwhistler@fairmont.com

To qualify for the group rate, identify yourself as a participant of “Mayo Clinic High Risk Emergency Medicine.” All reservations must be guaranteed with a non-refundable advanced payment. All advanced payments are non-refundable and will be forfeited if a cancellation occurs. Any no-shows, cancellations or early departures from July 6, 2004 also will forfeit all advanced payments.

**MORE ABOUT FAIRMONT CHATEAU WHISTLER**

Fairmont Chateau Whistler is just 90 miles from Vancouver, but the journey can take many forms and the memories will last a lifetime. Options range from a two-hour excursion by car or deluxe coach along the scenic Sea to Sky Highway, a more leisurely trip by boat, or a thrilling ride in a helicopter or float plane. All routes offer incredible views of the majestic peaks, rugged coastline and unspoiled Canadian wilderness, making the trip a highlight of the visit.

Tucked away in the Coastal Mountains between the picturesque slopes of Blackcomb and Whistler, Chateau Whistler Resort is a year-round destination. During the summer, Chateau Whistler offers something for everyone with a wide variety of water activities, miles of paved walking and biking trails, plus four championship golf courses, each designed by masters of the game – Jack Nicklaus, Arnold Palmer, Robert Cupp and Trent Jones, Jr. The village is action-packed, too, with street entertainment, great shopping and outdoor cafes.

The thrill of a Whistler summer continues with tennis, mountain biking, hiking, roller blading, canoeing/kayaking, jet boating, windsurfing, fishing, flightseeing, white water rafting, horseback riding, rock climbing and paragliding.

**TRAVEL**

Contact Lynn at Corporate Travel, 1-800-526-4540 or 507-287-7468, for your travel needs. Whether you are only attending the course or your plans include a pre- or post-course holiday, Lynn will be able to assist you with any travel request on most major carriers. Lynn can also be contacted via e-mail at lynn@ctsrst.com.

**Ground**

Perimeter Transportation Services offers shuttle transportation service between Vancouver International Airport, downtown Vancouver and Whistler Resort. The preferred delegate rate is $56.00 (CAD), plus 7% GST, per person, one way. Seven
scheduled departures are available throughout the day. A minimum 24-hour advance notice is required to guarantee space. Contact Perimeter Transportation Service at 877-317-7788 or 604-266-5386 for departure times, reservations or additional information, or visit their website, www.perimeterbus.com. Identify yourself as a participant of “Mayo Clinic’s High Risk Emergency Medicine” course to qualify for the preferred delegate rate.

PRE- AND POST-COURSE OPPORTUNITIES

Vancouver
Surrounded by coastal mountains and blessed with a spectacular harbor, lush city parks and an undeniable charm, Vancouver can be described as almost ethereal in nature. The Fairmont Waterfront, overlooking Vancouver’s harbor, is a stone’s throw from historical Gastown, Stanley Park, exotic Chinatown, museums, theaters and beaches. A special rate of $309.00 CAD ($235.97 USD)* for a Fairmont (standard) room, single or double occupancy, is extended to course participants during the periods of July 31 - August 3 and August 7 - 9, 2004.

To ensure accommodations and the special rate, make your reservation directly with the Fairmont Waterfront by July 6, 2004, and identify yourself as a participant of “Mayo Clinic High Risk Emergency Medicine.” Reservations can be made by contacting the hotel directly by telephone toll-free 800-866-5577 or 604-691-1820, or the Global Reservations Centre at 1-800-441-1414.

Victoria
Victoria is a charming city where time stands still. Certainly one of Canada’s most beautiful hotels, the Fairmont Empress is unrivalled, poised on the edge of Victoria’s Inner Harbor, and steps away from recreation and sight-seeing opportunities. A special rate of $295.00 CAD ($225.28 USD)* for a Fairmont (standard) room, single or double occupancy, is extended to course participants during the periods of July 31 - August 3 and August 7 - 9, 2004.

To ensure accommodations and the special rate, make your reservation directly with the Fairmont Empress by July 6, 2004, and identify yourself as a participant of “Mayo Clinic High Risk Emergency Medicine.” Reservations can be made by contacting the hotel directly at 250-384-8111, or the Global Reservations Centre at 1-800-441-1414.

*The exchange rate of $1.00 (CAD) is equivalent to $0.764 (USD) as of March 29, 2004. Actual exchange rates will be determined at the time of room deposit and check-in.

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 also will 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.

DISCLAIMER

Attendance at this Mayo course does not indicate nor guarantee competence or proficiency in the performance of any procedures that may be discussed or taught in this course.
WEDNESDAY, AUGUST 4, 2004

7:00 a.m. Registration, Exhibits and Continental Breakfast

7:15 a.m. Welcome and Introductions
Deepi G. Goyal, MD and Wyatt W. Decker, MD

7:45 a.m. The Most Important Recent Articles that May (or May Not) Change Your Practice
Deepi G. Goyal, MD

With the vast quantity of medical literature, it is challenging to keep up with the articles germane to Emergency Medicine and even more difficult to determine which should alter practice. As the media increasingly publicizes study findings, our patients often have access to them before we do. This session will review the most important recent articles pertinent to the practice of Emergency Medicine and discuss whether their findings should be incorporated into our practice.

At the conclusion of the session, participants should be able to:
• Discuss recent articles whose findings are pertinent to Emergency Medicine.
• Determine whether to incorporate the findings and conclusions into their practice.

8:30 a.m. Pediatric Myths and Controversies: Fact or Fiction
James E. Colletti, MD

Medicine is full of myths and controversies and pediatric emergency medicine is no exception. During this session, evidence supporting or refuting many common practices will be discussed.

At the conclusion of the session, participants should be able to:
• Discuss traditional practices in pediatric emergency medicine that have been examined by the literature.
• Describe the evidence supporting or refuting dogmatic practices in pediatric emergency medicine.
• Describe appropriate management of the myths and controversies of pediatric emergency medicine.

9:15 a.m. Stridor in the Pediatric Patient
Mark S. Mannenbach, MD

Children with stridor may pose a diagnostic dilemma and have the potential for rapid deterioration. Optimal management requires the clinician to carefully formulate a differential diagnosis, develop a diagnostic strategy, and be prepared to rapidly manage the deteriorating patient. This session will review the optimal diagnostic and management strategy for the child with stridor.

At the conclusion of the session, participants should be able to:
• Formulate a differential diagnosis for the child with stridor based on patient age, duration of symptoms, and physical examination findings.
• Justify the use of radiographs in the evaluation of the stridorous child.
• Develop a plan for the acute airway management of the decompensating child with stridor.

9:45 a.m. Break

10:00 a.m. Hypothermia: Myths and Controversies: An Evidence-Based Approach
Wyatt W. Decker, MD

In this advanced-level presentation, the speaker will discuss the evidence for and against current management techniques for victims of accidental hypothermia.
At the conclusion of the session, participants should be able to:
• List the key rewarming techniques that are of proven benefit.
• Eliminate practices that are of no benefit to your patients.
• Discuss the scientific literature on accidental hypothermia.

10:30 a.m. An Approach to the Difficult Patient

Robert J. Vissers, MD

You pick up a chart that states: fourth visit in two weeks, back pain, wants meds.” These difficult patients can often create greater frustration, dread, and anxiety than any other challenging clinical scenario. This session will discuss an approach to patients that create strong negative reactions through their maladaptive behaviors.

At the conclusion of the session, participants should be able to:
• Define and identify the difficult patient in the emergency setting.
• Create a workable behavioral classification for the difficult patient.
• Utilize strategies to manage their behaviors and associated negative reactions.

11:00 a.m. Service in the ED (SEED)

Thomas D. Meloy, MD

ED practice involves managing variable volumes of patients with unpredictable acuity levels leading to stress for both patients and staff. Clinicians’ focus is often shifted away from service and towards the provision of sound medical care. Sound care and customer service, however, need not be mutually exclusive. This session will examine service excellence for the practice.

At the conclusion of the session, participants should be able to:
• Identify the common myths and misunderstandings concerning service excellence in the Emergency Department.
• List common barriers to patient satisfaction.
• Identify specific actions and activities that have significant impact on staff and patient satisfaction.
• Discuss possible plans for the implementation of service excellence programs.

11:30 a.m. Break

11:45 a.m. Anaphylaxis and Allergy

Anuradha Luke, MD

This highly interactive session will consist of a discussion of the pathophysiology, clinical features, and management of allergic reactions. Emphasis will be on the management of common allergic presentations.

At the conclusion of the session, participants should be able to:
• Distinguish among the various classes of hypersensitivity reactions.
• Manage common presentations of anaphylaxis and allergic reactions.
• Describe the ED management of hypersensitivity reactions of varying acuity.

12:30 p.m. Panel Discussion

12:45 p.m. Adjourn

THURSDAY, AUGUST 5, 2004

7:00 a.m. Registration, Exhibits and Continental Breakfast

7:15 a.m. The Specifics of Non-Specific Abdominal Pain: Where is the Money?

Robert J. Vissers, MD
The huge spectrum of disease and acuity associated with non-specific abdominal pain can frustrate even the most astute clinician. Furthermore, the reliance on physical examination in the diagnosis of abdominal pain has been greatly supplemented by newer imaging techniques. This case-based seminar will highlight some of the evidence behind traditional examination techniques and newer diagnostic modalities.

At the conclusion of the session, participants should be able to:
• Discuss the evidence behind the accuracy of physical examination techniques.
• Choose the appropriate imaging study for various cases of abdominal pain.
• Describe pearls and pitfalls related to non-specific abdominal pain.

8:00 a.m. Child Sexual Abuse
Mark S. Mannenbach, MD
Pediatric sexual abuse is one of the most disturbing and difficult entities to manage in the ED. This session will discuss management schemes for suspected pediatric sexual abuse.

At the conclusion of the session, participants should be able to:
• Develop a working definition for child sexual abuse.
• Correctly identify the normal genital anatomy of the prepubertal child.
• Identify several normal findings that are often mistaken for child sexual abuse.
• Establish a practice plan for the acute sexual abuse evaluation of the prepubertal child in his/her own practice setting.

8:45 a.m. There’s a Transplant Patient in My Emergency Department: Now What?
Robert L. Rogers, MD
This session will review a practical approach to the transplant patient in the Emergency Department. Transplant medications, infectious disease complications, and an approach to the recognition and management of allograft rejection will be discussed with a focus on key elements pertinent to the practicing emergency physician.

At the conclusion of the session, participants should be able to:
• Discuss a practical approach to the transplant patient in the ED.
• Describe important transplant medications and organ-specific pearls and pitfalls.
• Recognize and initiate treatment for allograft rejection.
• Describe a practical approach to infectious disease complications in the transplant patient.

9:15 a.m. Break

9:30 a.m. Against Medical Advice: Making Butter Out of Sour Milk
Eric T. Boie, MD
Dealing with a patient that signs out against medical advice (AMA) can prove to be a highly unsatisfactory encounter for both the patient and clinician. These potentially contentious encounters may ultimately place the patient at risk for a bad medical outcome while simultaneously openly exposing the clinician to potential litigation. This interactive, case-based session will focus on medico-legal risk reduction strategies for the practicing emergency physician.

At the conclusion of the session, participants should be able to:
• Specify the legal risks relevant to the AMA encounter.
• Cite criteria determining eligibility of a patient to leave AMA.
• Use documentation strategies for AMA encounters that minimize liability risk.
• Outline measures which optimize outcomes for patients who leave AMA.
10:00 a.m. Medication Errors and How to Avoid Them  
*Richard Klasco, MD*

At the conclusion of the session, participants should be able to:
- Weigh the risk and benefit of acute pharmacologic intervention.
- Identify drugs with unfavorable toxicity profiles.
- Develop strategies to decrease adverse drug events.

10:30 a.m. Household Poisons  
*Matthew D. Szlajnjukreyer, MD*

Ninety percent of all poison exposures occur in a residential setting, and household product exposure is the leading cause of poison control contact for children. This session will review the toxicology of common household agent exposures.

At the conclusion of the session, participants should be able to:
- Discuss the differences between pediatric and adolescent ingestion characteristics and their implications for toxicity.
- Review the characteristics of and list examples of the “non-toxic” ingestion.
- Describe the toxicity and explain the management of pediatric hydrocarbon and caustic exposures.

11:00 a.m. Break

11:15 a.m. Prehospital Controversies  
*Anuradha Luke, MD*

The session will consist of a discussion of the literature regarding one of the recent controversies surrounding prehospital care. There will be an analysis of the opposing arguments regarding rapid sequence intubation of patients in the prehospital field. The data will be presented and contrasted so that conclusions may be drawn regarding the utility of such an intervention in various practice settings.

At the conclusion of the session, participants should be able to:
- Appraise the studies regarding rapid sequence intubation in prehospital settings.
- Identify strengths and pitfalls of each study.
- Evaluate the utility of such an intervention in their own practice setting.

11:45 a.m. How to Read a Head CT  
*Annie T. Sadosty, MD*

Computed tomography of the head is a common means by which health providers evaluate critically ill or injured patients. Appropriate interpretation of the head CT remains an important facet of the specialty of Emergency Medicine. This session will outline a systematic approach toward interpreting head CTs to enable health providers to minimize adverse sequelae.

At the conclusion of the session, participants should be able to:
- Recite an algorithmic approach to interpreting computed tomography of the head.
- Identify common intracranial pathology using this algorithm.

12:45 p.m. Panel Discussion

1:00 p.m. Adjourn
FRIDAY, AUGUST 6, 2004

7:00 a.m.  Registration, Exhibits and Continental Breakfast

7:15 a.m.  Emergency Department Burn Management

Stephan J. Miller, MD

Patients with significant burns pose many challenges to the practicing clinician. This session will provide an overview of the pathophysiology of burns and discuss management strategies for the initial resuscitation and management.

At the conclusion of the session, participants should be able to:
- Recite the pathophysiology and natural history of burns.
- Describe the initial wound care in burns.
- List indications for referral of patients to burn centers.

8:00 a.m.  Current Concepts in the Management of Chemical Warfare

Matthew D. Sztajnkrycer, MD

Since September 11, 2001, there is an increased awareness within the medical community regarding the potential threat from weapons of mass destruction. This session will provide an update on issues pertaining to medical preparedness and issues relating to the management of such previously unthinkable events.

At the conclusion of the session, participants should be able to:
- Review the START triage system and its applications to chemical agents.
- Describe the management of vesicant (blister) agents.
- Discuss the etiology and management of seizures in nerve agent exposure.
- Review the efficacy and indications for 2-PAM and the newer oxime agents.

8:45 a.m.  The Difficult Airway: Identification and Management

Robert J. Vissers, MD

“I can’t see the cords”. This undesirable intubation scenario may be predicted, and potentially avoided, by recognizing the difficult airway prior to administration of medications that may worsen a patient’s outcome. Participants will learn a rapid and effective method to screen for a potentially difficult airway in the emergency setting, illustrated through case presentations.

At the conclusion of the session, participants should be able to:
- Describe features associated with difficult bag-valve-mask.
- Identify potentially difficult airways.
- Describe alternative airway management techniques from RSI.

9:15 a.m.  Break

9:30 a.m.  Pitfalls in Pediatric Orthopedics

James E. Colletti, MD

The musculoskeletal system of the child differs from that of the adult in multiple respects. These differences are important in recognizing the pattern of bony injury unique to the pediatric population. Furthermore, the physical examination and radiographic findings of pediatric orthopedic injuries can be difficult to interpret. This session will present important aspects of diagnosis, radiographic interpretation, and clinical management of these often challenging cases.

At the conclusion of the session, participants should be able to:
- Compare and contrast the differences between the adult and pediatric musculoskeletal system.
- Discuss the clinical presentation of common pediatric orthopedic injuries.
- Define the differences in the classifications of pediatric physeal injuries.
- Describe an approach towards the evaluation of the limping child.
Management of Radiation Injuries
Matthew D. Sztajnkrycer, MD

Between 1944 and 2002, a total of 428 radiation accidents have been documented worldwide, with 133,815 persons exposed and 134 fatalities. Health effects from radiation exposure are a concern to the emergency physician due to the ubiquitous nature of radioactive materials found in common medical settings, research facilities, industrial sites, and nuclear power plants, as well as the potential for terrorist events. The purpose of this presentation is to review the effects and management of radiation injuries.

At the conclusion of the session, participants should be able to:
- Describe basic aspects of radiation physics.
- List the signs and symptoms of acute radiation syndrome and discuss the utility of these for mass casualty triage.
- Discuss issues regarding internal and external contamination, and risks to healthcare workers and facilities.
- Review basic radiation injury management strategies.

Geriatric Emergencies: Uncommon but Important Causes of Altered Mental Status
Kristine M. Thompson, MD

Elderly patients with altered mental status pose diagnostic dilemmas due to the large differential diagnosis and the inability to obtain a comprehensive history. Though many cases can be explained by commonly encountered disorders such as infection or medication reactions, there are several less common illnesses and injuries that must be considered. This session will provide a review of the presentation, diagnostic evaluation, and treatment of these disorders.

At the conclusion of the session, participants should be able to:
- List four uncommon but important causes of altered mental status in the elderly patient.
- Describe the classic presentation of each disorder and discuss the atypical features that could be encountered in the geriatric patient.
- Describe the diagnostic evaluation and critical ED interventions in each case.

Scalp and Facial Lacerations
Stephan J. Miller, MD

Scalp and facial lacerations present many challenges to the emergency physician. This session will describe the complications of various lacerations and discuss management strategies for optimally treating these injuries.

At the conclusion of the session, participants should be able to:
- Describe the complications of scalp and facial lacerations.
- Utilize several techniques to optimally manage scalp and facial lacerations.
- List indications for consultation for management of scalp and facial lacerations.

C-Spine Interpretation
Annie T. Sadosty, MD

Cervical spine injury is a major cause of morbidity after trauma. Appropriate ordering and interpretation of cervical spine radiographs remains an important facet of emergency medicine in order to minimize the sequelae from these potentially devastating injuries. This session will review criteria for obtaining radiographs as well as discuss an approach toward interpreting them.

At the conclusion of the session, participants should be able to:
- List the indications for ordering a cervical spine series.
• Recite an algorithmic approach towards interpreting cervical spine radiographs.
• Describe common cervical spine injuries using such an algorithm.

12:45 p.m. Panel Discussion
1:00 p.m. Adjourn

SATURDAY, AUGUST 7, 2004

7:00 a.m. Registration, Exhibits and Continental Breakfast
7:15 a.m. Thoracic Aortic Dissection: Don’t Miss This Diagnosis!
            Robert L. Rogers, MD
Aortic dissection is a highly lethal chest pain entity. This session will provide tools to decrease the chances of missing this diagnosis. Anatomy, risk factors, specific atypical and subtle presentations, and a review of newer literature will be discussed.

At the conclusion of the session, participants should be able to:
• Review pertinent anatomy and risk factors for aortic dissection.
• Review common atypical and subtle presentations of thoracic aortic dissection.
• Describe physical examination and radiographic pitfalls in the diagnosis of thoracic aortic dissection.
• Discuss common reasons that the diagnosis is missed or delayed and describe a useful approach towards minimizing medico-legal risk.
• Discuss recent literature pertaining to thoracic aortic dissection.

8:00 a.m. Lessons from Lawyers
            Eric T. Boie, MD
Medical malpractice is a feared outcome of the practice of Emergency Medicine that every emergency clinician hopes to avoid. This case-based, interactive session will examine high-risk medico-legal encounters in Emergency Medicine, providing strategies to help the participant avoid the snake pit of litigation. Topic areas to be covered include informed consent, diagnostic testing errors, and high-risk patient encounters.

At the conclusion of the session, participants should be able to:
• Define key legal concepts germane to the practice of Emergency Medicine.
• Identify high-risk patient populations.
• Incorporate practice management strategies that help minimize the risk of litigation.
• Conquer the fear of litigation through the power of knowledge.

8:45 a.m. Rashes 101: Common Dermatologic Conditions and How to Manage Them
            Jennifer A. Lisowe, MD
This interactive, case-based session will focus on the diagnosis and management of dermatologic conditions that commonly present to the Emergency Department. Emphasis will be placed on therapeutic regimens.

At the conclusion of the session, participants should be able to:
• Distinguish common cutaneous infestations and select appropriate treatments.
• Manage the three most frequent complications of dermatologic surgery.
• Differentiate allergic contact dermatitis, stasis dermatitis, and cellulitis.
• Choose appropriate treatment regimens for urticaria, atopic dermatitis, and rhus dermatitis.

9:30 a.m. Break
9:45 a.m. Racing Medicine: Medical Care in NASCAR

Paul A. Kozak, MD

NASCAR is rapidly becoming one of the most popular sporting events in the U.S. This session will provide an overview of safety innovations and the medical care provided for participants in a NASCAR race from the perspective of a NASCAR physician.

At the conclusion of the session, participants should be able to:
• Identify the safety challenges presented by high-speed stock car racing.
• Summarize recent innovations to enhance driver safety.
• Describe injury patterns seen in stock car drivers.

10:15 a.m. Sedation of the Pediatric Patient

Mark S. Mannenbach, MD

Pediatric patients pose several unique challenges, including that of often requiring sedation for various procedures or diagnostic studies. This session will review several commonly used agents for pediatric sedation and will highlight potential indications for each based on the patient’s unique characteristics or the indication for sedation.

At the conclusion of the session, participants should be able to:
• Identify key components of safe and effective sedation for pediatric patients.
• Discuss the advantages and disadvantages of commonly used sedative agents.
• Formulate a plan to improve the safety of pediatric sedation in his/her own practice.

10:45 a.m. Regional Blocks in the ED

Robert J. Vissers, MD

Emergency clinicians frequently perform procedures which may be painful. Mastery of regional anesthesia techniques is vital to ensure a painless experience for the patient and to facilitate success. Using a case-based format, a variety of regional techniques will be introduced.

At the conclusion of the session, participants should be able to:
• Discuss the different pharmacologic properties of local anesthetics.
• Describe the indications for local, regional, and nerve blocks.
• Explain the techniques of intra-articular, hematoma, and Bier blocks.

11:15 a.m. Break

11:30 a.m. Update on the Management of Atrial Fibrillation

Wyatt W. Decker, MD

Atrial fibrillation is one of the most common dysrhythmias encountered in the emergency department. Recent advances in the treatment of atrial fibrillation can improve the way you manage this disorder. Indications for admission also will be discussed.

At the conclusion of the session, participants should be able to:
• Discuss the pathophysiology of atrial fibrillation.
• Describe the efficacy, safety, and potential role of established and newer treatments for atrial fibrillation.

12:15 p.m. Rapid-Fire Cases

Annie T. Sadosty, MD

In this interactive session, Dr. Sadosty will review a variety of classic Emergency Medicine cases with discrete learning objectives. Here, audience members will interpret data to narrow the differential diagnosis and/or arrive at the actual diagnosis.

At the conclusion of the session, participants should be able to:
• Interpret common Emergency Department data in a case-based format.
• Utilize data to narrow the differential diagnosis of said cases.

1:00 p.m. Closing Comments, Evaluation and Adjourn
**Course Directors**

Wyatt W. Decker, MD
Chair, Department of Emergency Medicine
Assistant Professor, Mayo Clinic
College of Medicine
Mayo Clinic, Rochester, Minnesota

Deepi G. Goyal, MD
Assistant Program Director, Mayo Emergency Medicine Residency Program
Assistant Professor, Mayo Clinic
College of Medicine
Mayo Clinic, Rochester, Minnesota

**Guest Faculty**

Rich Klasco, MD, FACEP
Assistant Professor of Emergency Medicine
University of Colorado
Chief Medical Officer, Thomson MICROMEDEX
Greenwood Village, CO

Robert L. Rogers, MD
Assistant Program Director
Emergency Medicine and Combined Emergency Medicine/Internal Medicine Residency
Department of Surgery/Division of Emergency Medicine and Department of Medicine
University of Maryland School of Medicine
Baltimore, Maryland

Robert J. Vissers, MD, FACEP
Assistant Professor, Residency Director
Department of Emergency Medicine
University of North Carolina, Chapel Hill
Chapel Hill, North Carolina

**Mayo Clinic in Jacksonville**

Kristine M. Thompson, MD
Senior Associate Consultant
St. Luke’s Hospital
Assistant Professor, Mayo Clinic College of Medicine

**Mayo Clinic in Scottsdale**

Paul A. Kozak, MD
Consultant
Mayo Clinic Hospital, Phoenix
Instructor, Mayo Clinic
College of Medicine

**Mayo Clinic in Rochester**

Eric T. Boie, MD
Consultant
Chair, Practice Committee
Assistant Professor of Emergency Medicine, Mayo Clinic College of Medicine

James E. Colletti, MD
Senior Associate Consultant
Division of Pediatric Emergency Medicine and Department of Emergency Medicine
Assistant Program Director, Mayo Emergency Medicine Residency Program
Instructor of Pediatrics, Mayo Clinic College of Medicine

Anuradha Luke, MD
Senior Associate Consultant
Instructor of Emergency Medicine, Mayo Clinic College of Medicine

Mark S. Mannenbach, MD
Consultant, Division of Pediatric Emergency Medicine and Department of Emergency Medicine
Division Head, Pediatric Emergency Medicine
Assistant Professor of Pediatrics, Mayo Clinic College of Medicine

Thomas D. Meloy, MD
Consultant
Assistant Professor of Emergency Medicine, Mayo Clinic College of Medicine

Stephan J. Miller, MD
Senior Associate Consultant
Instructor of Emergency Medicine, Mayo Clinic College of Medicine

Annie T. Sadosty, MD
Program Director, Mayo Emergency Medicine Residency Program
Assistant Professor, Mayo Clinic College of Medicine

Matthew D. Szlajnjkrycer, MD
Senior Associate Consultant
Assistant Professor of Emergency Medicine, Mayo Clinic College of Medicine

Henry J. Schiller, MD
Consultant
Department of Trauma, Critical Care & General Surgery

**Mayo Health Systems**

Jennifer A. Lisowe, MD
Department of Dermatology, Owatonna Clinic
Owatonna, Minnesota
REGISTRATION

Mayo Clinic High Risk Emergency Medicine

August 4-7, 2004 Fairmont Chateau Whistler Resort, Whistler, British Columbia, Canada

Mail form and payment to:
Mayo School of Continuing Medical Education
200 First St SW
Rochester, MN 55905

Telephone: 800-323-2688 or 507-284-2509
Fax: 507-284-0532
Website: www.mayo.edu/cme
E-Mail: cme@mayo.edu

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

Name ____________________________________________________________________________________________________
First Name                  Middle Name or Initial     Last Name

Degree: ☐ MD     ☐ DO     ☐ PA     ☐ NP     ☐ Other __________________________

Type of certificate requested: ☐ AMA Category 1 credit     ☐ ACEP     ☐ Non-MD

Medical Specialty __________________________

Preferred mailing address: ☐ Business     ☐ Home

Institution / Company Name ____________________________________________________________

Work address ________________________________________________________________

City __________________________ State/PV __________ ZIP/PC __________ Country __________

Home address ________________________________________________________________

City __________________________ State/PV __________ ZIP/PC __________ Country __________

Home telephone (_____) _____________________ Business telephone (_____) _____________________ FAX (_____) _____________________

Int’l Telephone Country code City code Phone _____________________

E-mail Address ____________________________________________________________

Please check if you have special accommodation or dietary needs and indicate specific need(s):
__________________________________________________________________________

REGISTRATION FEES

Physicians – $650 (USD) $ ___________
Residents, Physician Assistants and Nurse Practitioners – $550 (USD) $ ___________

Total Payment Enclosed: $ ___________

Payment Method
☐ Check Enclosed (make checks payable to Mayo Foundation)
☐ Credit Card ☐ Visa ☐ MasterCard ☐ Discover

Card Number __________________________________________________ Expires MO/YR _______________________

Signature ___________________________ Date _______________________

R2004M229
Mayo Clinic High Risk Emergency Medicine

AUGUST 4-7, 2004

THE FAIRMONT CHATEAU WHISTLER

WHISTLER, BRITISH COLUMBIA, CANADA

For more information (reference R2004M229), contact:

Mayo School of Continuing Medical Education

Telephone: 1-800-323-2688 or 507-284-2509
Fax: 507-284-0532 Website: www.mayo.edu
E-mail: cme@mayo.edu

© 2004, Mayo Press • Printed in USA