THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Save the Date

Hospital Medicine Symposium 2017

Friday, October 6, 2017

7:30am – 4pm

The Grand Event Center

820 Goodale Blvd.

Columbus, OH 43212

Approved for 7.5 *AMA PRA Category 1 Credit*(s)™

Contact Beth.Liston@osumc.edu for more information

Register Online

https://ccme.osu.edu/ConferenceDetail.aspx?ID=1936

You must be logged into an Ohio State CME account to register.

If you need assistance, contact the CME office at (614) 293-3576.

PRELIMINARY AGENDA

7:30 – 8:00 Breakfast and Registration

8:00 – 9:00 High Value Care; Things We Do for No Reason

9:00 – 10:00 Healthcare Reform, Impact for Hospitalists

Break-out session 1

Room A

10:15 – 11:00 **Acute Pancreatitis**

11:00 – 11:45 **New Directions in C. Diff Management**

11:45 – 12:30 **Inpatient Hypertension Management**

Room B

10:15 – 11:00 **Optimizing Medication Delivery Systems**

11:00 – 11:45 **Malnutrition in the Hospital**

11:45 – 12:30 **Teaching Clinical Reasoning Skills**

12:30 – 1:30 **Lunch, Updates in Hospital Medicine**

Room C - Drop-in Practice Session

10:15-12:30 **Vascular Access Using Ultrasound**

Break-out session 2

Room A

1:45 – 2:30 **Geriatrics Pearls for the Hospitalist**

2:30 – 3:15 **Inpatient Sleep**

3:15 – 4:00 **Contrast Nephropathy**

Room B

1:45 – 2:30 **Reducing Length of Stay**

2:30 – 3:15 **Observation Units**

3:15 – 4:00 **Safe Discharges and Care Transitions**

Room C - Drop-in Practice Session

1:45-4:00 **Vascular Access Using Ultrasound**

REGISTRATION FORM

COURSE FEES

Early Registration Fee (*through Friday, Sept 22*)

o Physician - $ 125 o Other Healthcare Professional - $ 50

Registration Fee (*after Friday, Sept 22*)

o Physician - $ 150 o Other Healthcare Professional - $ 75

Suffix: Mr. Mrs. Ms. Miss. Dr.

Name: _____

Degree(s): _____

Specialty: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

E-mail* _____

**** A valid email address is required. Failure to provide an email address will delay the processing of your registration and CME credits.***

o Check Enclosed *(Made payable to The Ohio State University)*

o Credit Card *(Visa, MasterCard, Discover & American Express accepted)*

CC#: _____ Exp Date: _____

Billing Address: _____

☐ Check if same as above

Mail registration and payment to: OSU Center for Continuing Medical Education
600 Ackerman Rd - #E2057
P.O. Box 182721
Columbus, OH 43202

Accreditation Statement

The Ohio State University Center for Continuing Medical Education (CCME) is accredited by the Accreditation Council for Continuing Medical Education (ACCME®) to provide continuing medical education for physicians.

AMA Credit Designation Statement

The Ohio State University Center for Continuing Medical Education (CCME) designates this live activity for a maximum of 7.5 *AMA PRA Category 1 Credit*(s)™. Physicians should only claim credit commensurate with the extent of