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JULY PROGRAM:
**Geriatric Symposium
for Primary Care**



Continuing Medical Education
Presents

Geriatric Symposium for Primary Care

**Lake Health
Physicians:
SAVE 40%**

**Wednesday, July 27, 2011
7:00 am – 12:30 pm
Holiday Inn Express Hotel
and Suites LaMalfa
Mentor, Ohio**

**Registration and Breakfast
7:00 – 7:50 am**

Nan Nelson, MD
Program Chairman

Jeffrey Siminovitch, MD
Director, Medical Education

Excellence through Education
A Continuing Medical Education
Program Designed for Physicians

Planning Committee

Jeffrey Siminovitch, MD; Khalil Azem, MD; Laura M. Bailey, MD; Ahmad Banna, MD; Wendy J. Clinger, MD; Michael D. Gaugler, MD; Julia A. Heng, MD; Gary Kammer, MD; Matthew M. Keum, MD; David Kosnosky, DO; Prem L. Mehandru, MD; Ted Nichols, MD; Louis J. Novak, MD; Steven M. Schwartz, MD; James A. Turbett, MD; Lisa Ballinger, BA; Joyce Capretta, RN, BSN; Terry Grano, BSN, RN; Sally Haaser, CPMSM, CPCS; Susan Kruger, BS; Cathy Murch, MLIS; Leighsa Parisi, RN; Jerry Peters; Elwood Walters; Nancy Mitchell, PharmD.

Educational Certification

- Lake Health is accredited by the Ohio State Medical Association to provide continuing medical education for physicians.
- Lake Health designates this educational activity for a maximum of 4.0 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.
- Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.
- Nurses can apply the Non-Physician Attendance Certificate toward their 24 hours of contact hours needed for renewal of nursing license. Certificate will provide 4 contact hours.
- Lake Health is approved by the Ohio State Board of Pharmacy as an In-State provider of continuing pharmacy education. This educational activity has been approved for 4 Pharmacy CEUs.

Disclaimer Statement

The materials published and provided in conjunction with continuing medical education activities are intended solely for the purposes of supplementing continuing medical education programs for qualified health care professionals. Anyone using the materials assumes full responsibility and all risk for their appropriate use. In no event should the information in the materials be used as a substitute for professional care.

Americans with Disabilities Act

The Lake Health Medical Staff Education Committee will take reasonable steps to ensure that no physically challenged individual is discriminated against because of absence of auxiliary aids and services. If special arrangements or diet are required for an individual to participate in the activity, please contact the CME office at (440) 602-6432 at least 10 days prior to the scheduled date.

Refund and Late Registration Policy

Registration refund requests received more than 48 hours before the CME activity will be honored less a \$20.00 processing fee. Less than 48 hours before the CME activity, refund request will be denied. **THERE WILL BE A \$10.00 LATE REGISTRATION FEE FOR ON-SITE REGISTRATION.**

Conference Location:

**Holiday Inn Express
Hotel and Suites LaMalfa**
5783 Heisley Road
Mentor, Ohio 44060
440-357-0384

Directions from Cleveland:

Take OH-2 East toward Euclid/I-90/Erie PA
Continue on I-90 East
Bear LEFT on OH-2 East
Take OH-44/Heisley Road exit toward
Grand River–Turn RIGHT on Heisley Road
0.2 miles on the LEFT

Due to varying temperatures in meeting rooms, attendees may wish to bring a sweater or jacket to the seminar.

NEXT PRIMARY CARE SYMPOSIUM:

Annual Cancer Symposium
Wednesday, September 28, 2011

Program Chairman
Mark Bergman, MD

For Further Information Call:

Lisa Ballinger 440-602-6432
or
Lake Health Continuing Medical Education
440-953-6082 • 440-602-6432

Disclosure Information

All planners and faculty in a position to control content will disclose to activity participants all relevant financial relationships with commercial interests. Disclosures will be made prior to the commencement of the activity. Acceptance of funding in support of this program does not constitute endorsement of any product or manufacturer.

Who Should Attend

This educational activity is designed to address the specific needs and interests of primary care physicians as well as other health care providers. The information will be useful for primary care physicians, hospitalists, physician assistants, nurse practitioners, nurses, pharmacists, and any other health care professional with an interest in caring for the geriatric patient.

Program Schedule

7 – 7:50 AM	Registration and Breakfast
7:50 – 8 AM	Welcome & Introductory Remarks Jeffrey Siminovitch, MD
8 – 8:10 AM	Moderator Nan E. Nelson, MD
8:10 – 9:00 AM	Depression, Anxiety and Delirium Bahman Sharif, MD
9:00 – 9:50 AM	Treatment and Management of Dementia Stephen Baum, MD
9:50 – 10:40 AM	Pain Management in the Elderly Debra K. Weiner, MD
10:40 – 11:00 AM	BREAK
11:00 – 11:50 AM	Evaluating Falls in the Elderly Benjamin L Walter, MD
11:50-12:30 PM	Evaluating Competency Lori Stevic-Rust, PhD, ABPP
12:30 PM	Adjournment

Needs Assessment and Practice Gap

Subjects for this symposium were selected by the education committee based on past participant request, physician focus group recommendations, expert opinion, current literature, and hospital initiatives.

Learning Objectives

Following the presentations, the participants will be able to:

Depression, Anxiety and Delirium

1. Differentiate among depression, anxiety and delirium.
2. Identify major causes of depression, anxiety and delirium in the elderly.
3. Describe strategies for treatment of depression, anxiety and delirium in the elderly.

Treatment and Management of Dementia

1. State the basic neuropathology of dementia.
2. Discuss the indications for FDA-approved drug therapy for Alzheimer's disease
3. List some of the community services available to support the caretakers of dementia patients

Pain Management in the Elderly

1. Know 3 key principles of aging that should be used to guide pain management in older adults.
2. Identify appropriate treatment targets in the older adult with chronic pain.
3. Describe the stepped care management of nociceptive pain.

Evaluating Falls in the Elderly

1. List criteria for a positive screen for falls
2. Describe the components of postural control
3. Perform a differential diagnosis of instability
4. Identify management strategies to promote stability and reduce fall risk

Evaluating Competency

1. Recognize skills required for informed decision making.
2. Identify factors and conditions associated with competency.
3. Understand the role of undue influence.
4. Review the steps in the process of evaluating competency.

Educational Design

Participants will have the opportunity to attend lectures, review case presentations, participate in pre-and post-lecture quizzes, and question and answer sessions.

Registration Fees

Includes breakfast, break and materials.

Registration Deadline: July 15 , 2011

Fee: \$65 Physicians/Dentists

\$40 Lake Health Physicians, and Allied Health Professionals

\$35 Lake Health Employees/ Non-Physicians/ Retired Physicians

\$20 Students and Residents

There will be an additional \$10 added to on-site registration fees. Includes breakfast, break and materials.

Faculty

Stephen Baum, MD

Lake Health Physician Group, Mentor Internal Medicine
Alzheimer's Association of Greater Cleveland

Nan E. Nelson, MD

Program Chair
Premier Behavioral Health
Lake Health

Lori Stevic Rust, PhD, ABPP

Clinical Psychologist
Medical Director, Integrative Medicine, Lake Health

Bahman Sharif, MD

Premier Behavioral Health
Lake Health

Benjamin L Walter, MD.

Assistant Professor of Neurology
Medical Director, Deep Brain Stimulation (DBS) Program,
Movement Disorders Center
University Hospitals - Case Medical Center

Debra K. Weiner, M.D.

Professor of Medicine, Anesthesiology & Psychiatry
Program Director, Geriatric Medicine Fellowship, U. of Pittsburgh
Staff Physician, VA Pittsburgh GRECC

Please register me for the symposium entitled:
Geriatric Symposium for Primary Care
Wednesday, July 27, 2011

Detach and Mail

Registration Deadline:
July 15, 2011

Name _____
Phone _____ Fax _____
Title: (Circle One): MD DO PA RN Pharmacist
Retired Physician Other _____
Specialty: _____
Email address: _____
LH Department: _____
(Mandatory for Lake Health discount)
(Please print name as you would like it to appear on certificate)

Address _____ # Street _____ City _____ Zip _____

Enclosed is my check in the amount of \$ _____
*Additional \$10 Fee for On-site registration

Make Check Payable To:
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MEDICAL STAFF EDUCATION FUND

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