

University of Arizona
Department of Pediatrics
PO Box 245073
Tucson, AZ 85724-5073

13th Annual

PEDIATRICS IN THE DESERT



OCTOBER 29, 2011

Arizona Health Sciences Center
Arizona Cancer Center
Kiewit Auditorium
1501 N. Campbell Avenue
Tucson, Arizona

Sponsored for CME credit by:
The University of Arizona College of Medicine
at the Arizona Health Sciences Center

Presented By:

Department of Pediatrics
Steele Children's Research Center
University Medical Center/
Diamond Children's Medical Center



NEEDS ASSESSMENT:

Perceptions of the Pediatric Education Committee, requests from community physicians, and previous educational evaluations were used to determine the content of this conference. A questionnaire sent several years ago to general physicians in Tucson showed an 88% interest in a one-day conference that would cover topics discussed in the Pediatric Grand Rounds offered by the department. The number of attendees and the comments received over the years verifies the need for this activity.

PRACTICE GAP:

The Practice Gaps addressed in this activity were determined by: New information on a disease or problem; recent changes in standards of care; lack of some knowledge and/or the application of changes in therapy for the disease or problem.

This year, a survey of community physicians demonstrated a lack of knowledge about best practices in office-based treatment of gastroesophageal reflux, confusion about office-based diagnosis and management of routine pediatric eye conditions, and inability to accurately diagnose renal disease based on abnormalities on a screening urinalysis. Further, data from the American Board of Pediatrics show that a majority of pediatric health care providers do not fully understand abnormalities in clotting and thus perform inappropriate or ineffective laboratory evaluations on their patients. These Practice Gaps will be addressed and reviews of pediatric dermatology and metabolic syndrome will be offered in the 13th Annual Pediatrics in the Desert CME conference.

TARGET AUDIENCE:

Physicians, health care professionals, nurses.

EDUCATIONAL OBJECTIVES:

After completion of the conference, the participant will be able to:

1. Identify current methods of diagnosis and treatment of diseases affecting health of children.
2. Identify applicable relevant research in the subspecialty fields.
3. Improve patient outcomes by applying learned knowledge to professional practices.

COURSE DESCRIPTION:

This will be our thirteenth annual one-day conference covering clinical topics in Pediatrics useful to general pediatricians, health care professionals and nurses in the community. This conference will provide an up-to-date review of these topics.

PLANNING COMMITTEE:

Sean Elliott, M.D., Conference Director
Stephanie L. Samson, Conference Coordinator
Pediatric Education Committee
Janice Menuey, CME Coordinator

CONTINUING EDUCATION CREDIT:

The University of Arizona College of Medicine at the Arizona Health Sciences Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Arizona College of Medicine at the Arizona Health Sciences Center designates this live activity for a maximum of 4.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

University Medical Center is a provider approved by the California Board of Registered Nursing, Provider Number CEP 10039 for 5.4 contact hours.

Each participant will receive a Certificate of Attendance after the conference.

PROGRAM AGENDA:

- 8:30–8:55 a.m. Registration and Continental Breakfast
- 8:55-9:00 Welcome
- 9:00-9:45 **Lumps and Bumps**
Ronald Hansen, MD
- 9:50-10:35 **Atypical Reflux: Acid, Nonacid and Everything in Between**
Rana Ammourey, MD
- 10:35-10:50 Break
- 10:50-11:35 **Conjunctivitis and Nasal Lacrimal Duct Obstruction**
Joseph Miller, MD
- 11:35-12:30 Lunch
- 12:30-1:15 **Hematuria and Proteinuria in Primary Care Settings**
Rouba Garro, MD
- 1:15-1:30 Break
- 1:30-2:15 **Metabolic Syndrome in Children and Adolescents**
Mark Wheeler, MD
- 2:20-3:05 **Anemia, Bleeding and Clotting Disorders: The Hematologist's Version of the ABC's**
Puja Gupta, MD

SPEAKERS:

Rana Ammourey, MD
Assistant Professor, Pediatrics (Gastroenterology)
The University of Arizona, Tucson, Arizona

Rouba Garro, MD
Assistant Professor, Pediatrics (Nephrology)
The University of Arizona, Tucson, Arizona

Puja Gupta, MD
Assistant Professor, Pediatrics (Hematology/Oncology)
The University of Arizona, Tucson, Arizona

Ronald Hansen, MD
Chief, Pediatric Dermatology, Phoenix Children’s Hospital
Professor, Pediatrics and Dermatology
The University of Arizona, Tucson, Arizona

Joseph Miller, MD
Professor and Department Head, Ophthalmology and Vision Science
The University of Arizona, Tucson, Arizona

Mark Wheeler, MD
Associate Professor, Pediatrics (Endocrinology)
The University of Arizona, Tucson, Arizona

REGISTRATION AND TUITION:

Tuition fee of **\$50** covers the costs of course materials, continental breakfast and lunch.

**Make checks payable to:
UA DEPARTMENT OF PEDIATRICS**

Please return your completed registration form and check or cash (sorry, credit cards not accepted) no later than October 21, 2011 to:

Stephanie Samson, Pediatric Education Office
1501 N Campbell Avenue, PO Box 245073
Tucson, AZ 85724-5073
(This is not considered a tax-deductible contribution.)

CANCELLATION POLICY:

All refund requests must be received in writing by October 24, 2011. No refunds will be made after this date.

For further information, contact Stephanie Samson at ssamson@peds.arizona.edu or (520) 626-4657.



Persons with a disability may request a reasonable accommodation by calling (520) 626-4657.

REGISTRATION FORM

(Please attach a business card or print LEGIBLY)

Name: _____

Title (please circle): MD DO RN LPN NP RT

Other: _____ Specialty: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact phone: _____

E-mail: _____

RN License# (REQUIRED to receive certificate): _____
if applicable

<u>FOR OFFICE USE ONLY</u>	
DATE RECEIVED: _____	
PAID BY: CASH CHECK (#) _____	