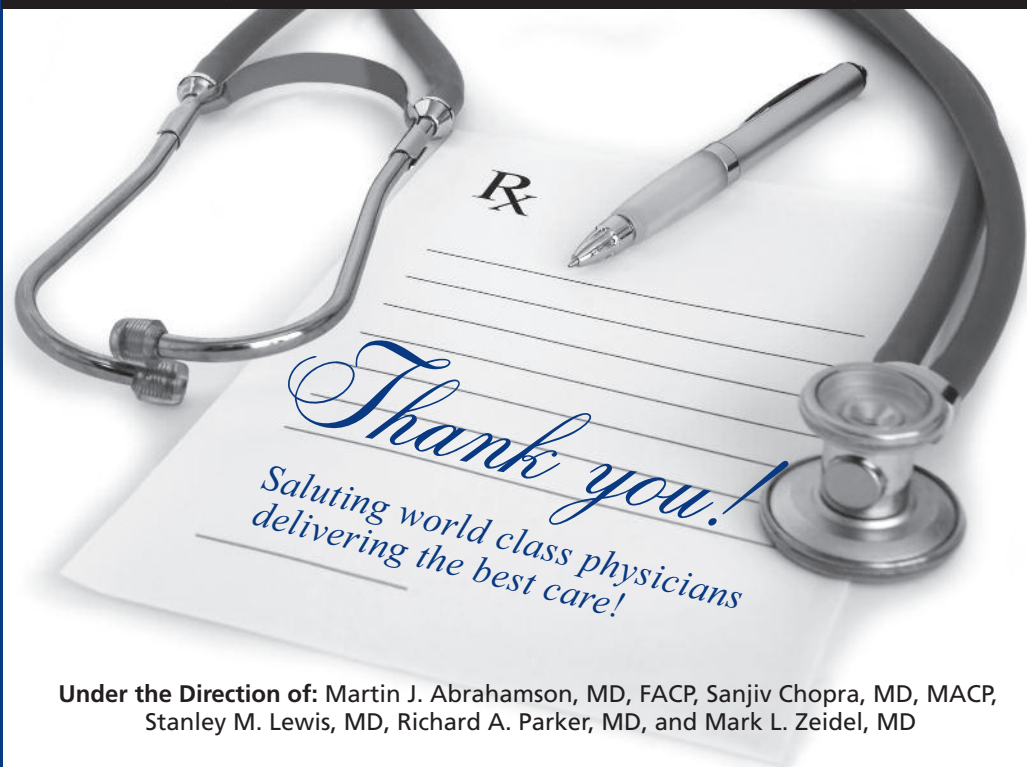


6.25 CME Credits –
1.5 Risk Management
Hours

Beth Israel Deaconess Medical Center and
Beth Israel Deaconess Physician Organization present the third annual

Physician Education Day

Saturday, March 20, 2010 – Marriott Boston Copley Place



Under the Direction of: Martin J. Abrahamson, MD, FACP, Sanjiv Chopra, MD, MACP,
Stanley M. Lewis, MD, Richard A. Parker, MD, and Mark L. Zeidel, MD

*A Complimentary Continuing Medical
Education Program Offered by:*



**Beth Israel Deaconess
Medical Center**



Harvard Medical School
Department of Continuing Education

**BETH ISRAEL DEACONESS
PHYSICIAN ORGANIZATION**
Affiliated with Beth Israel Deaconess
Medical Center

Beth Israel Deaconess Medical Center and Beth Israel Deaconess Physician Organization present the third annual

Physician Education Day



COURSE OBJECTIVES

This program is designed to provide physicians affiliated with Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center and members of Beth Israel Deaconess Physician Organization with timely information and relevant updates on some of the most recent and exciting advances in our various disciplines. We are all so busy in our hectic schedules that unless we engage in a specific conversation with colleagues in different specialties, we are often unaware of the remarkable and stellar work that is being done at our medical center. Please join us for a day of learning and networking that promises to be informative and rewarding.

FACULTY

COURSE DIRECTORS

MARTIN J. ABRAHAMSON, MD, FACP
SANJIV CHOPRA, MD, MACP
STANLEY M. LEWIS, MD
RICHARD A. PARKER, MD
MARK L. ZEIDEL, MD

FACULTY

MARTIN J. ABRAHAMSON, MD, FACP
MARK D. ARONSON, MD
SANJIV CHOPRA, MD, MACP
BRUCE F. COHEN, MD
MARK B. GARNICK, MD
CHARLES HAFFAJEE, MD
ROBERT C. HAGBERG, MD
CAROLINE C. KIM, MD
RACHEL NARDIN, MD
RICHARD A. PARKER, MD
JORDAN PIEL, MS, CCC-SLP
CYNTHIA WAGNER, MS, CCC-SLP

GENERAL INFORMATION

Accreditation

Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Harvard Medical School designates this educational activity for a maximum of 6.25 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This program is designed to meet the requirements for 1.5 hours of Risk Management Credit in Massachusetts.

Course Location

All sessions will be held at the:
Marriott Boston Copley Place
110 Huntington Avenue
Boston, MA 02116
800-228-9290
www.marriott.com/boston

NOTE: A limited number of rooms have been reserved for this conference. Please specify that you are attending this meeting to receive the reduced rate of \$209.

Parking

A reduced parking fee of \$16 has been arranged for this program. Validation stickers will be provided onsite at registration.

Childcare Services

Childcare service is available for children 8 and under through Parents In A Pinch, Inc., at no charge for physicians attending the program. The agency will provide the appropriate number of screened and trained childcare providers based on maintaining the following ratios: 2:1 for children under age 3; and 4:1 for children 3-8 years of age. They will provide organized activities, arts and crafts, toys, books, games, and videotapes. The hotel will provide meals and snacks. **Space is limited.**

To register, you must complete the Childcare Registration Form.

If you wish to ask specific questions of the Agency, contact them directly at 617-739-5437 or through their website at www.parentsinapinch.com.

Questions

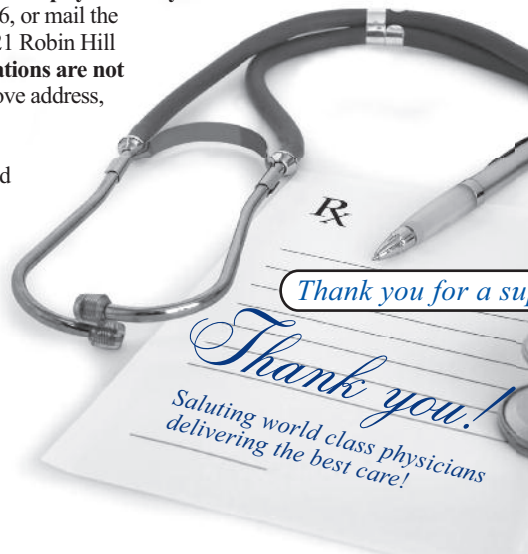
Please feel free to direct any questions about this program to Jennifer Schwartz, in the Network Development Office, at 617-667-7311 or jschwartz@bidmc.harvard.edu.

REGISTRATION INFORMATION

You may register online at www.agrimeetings.com/physicianday or fax the completed application form to 978-304-0936, or mail the completed registration form to Agri Meetings, 21 Robin Hill Road, Danvers, MA 01923. **Telephone registrations are not accepted.** Inquires should be directed to the above address, made by phone: 978-304-0935 or by e-mail: info@agrimeetings.com. Upon receipt of registration, a confirmation letter will be emailed to the address listed on the registration form.

Online Information

To view course information online, go to www.agrimeetings.com/physicianday



Saturday, March 20, 2010

8:00am – 8:45am

Registration and Continental Breakfast

8:45am – 8:55am

Introduction and Welcome

Martin J. Abrahamson, MD, FACP
Sanjiv Chopra, MD, MACP
Stanley M. Lewis, MD
Richard A. Parker, MD
Mark L. Zeidel, MD

8:55am – 9:30am

The Massachusetts Health Reform Experiment: Is It Really Working?

Rachel Nardin, MD

9:30am – 10:15am

Anatomy of Malpractice: Effect on Physicians

Richard A. Parker, MD

10:15am – 10:35am

Refreshment Break

10:35am – 11:10am

Moles and Melanoma: What You Need to Know

Caroline C. Kim, MD

11:10am – 11:45am

OB/GYN Emergencies

Bruce F. Cohen, MD

11:45am – 12:20pm

Adventures in Liverland

Sanjiv Chopra, MD, MACP

12:20pm – 1:40pm

Lunch Break

1:40pm – 2:15pm

Selected Issues in Diabetes Care

Martin J. Abrahamson, MD, FACP

2:15pm – 2:50pm

Alcoholism: A Disease We Can't Afford to Miss

Mark D. Aronson, MD

2:50pm – 3:00pm

Rejuvenation Exercises

3:00pm – 3:45pm

Controversies on Prostate Cancer Screening: Making the Inexplicable, Understandable

Mark B. Garnick, MD

3:45pm – 4:15pm

Voice, Speech and Swallowing; A Primer for the PCP

Cynthia W. Wagner, MS, CCC-SLP
Jordan Piel, MS, CCC-SLP

4:15pm – 5:00pm

Medical and Surgical Management of Atrial Fibrillation

Charles Haffajee, MD
Robert C. Hagberg, MD

Physician Education Day

MARCH 20, 2010

REGISTRATION FORM

First Name _____ Last Name _____

Degree _____

I am a PCP _____ Specialist _____ PCP/Specialist _____ Other (indicate) _____

Specialty _____

Hospital Affiliation _____

Mailing Address

Street _____

Floor/Suite _____

City _____ State _____ Zip _____

Daytime Phone _____ Daytime Fax _____

Email _____

I will attend the luncheon: YES _____ NO _____

Special meal requirements: _____

Return this form via fax (978-304-0936) or mail to:

Agri Meetings, 21 Robin Hill Road, Danvers, MA 01923

This form can be completed online at www.agrimeetings.com/physicianday

CHILDCARE REGISTRATION

Name of physician attending program: _____

Phone: _____

In case of an emergency, contact:

Name: _____ Phone: _____

March 20, 2010/ Location during childcare: Marriott Boston Copley Place

Child's Name	Age	Food Allergies	Special Instructions

Authorization for care: I authorize the childcare providers referred by Parents In A Pinch to care for my child(ren). I have listed any conditions or instructions I would like followed by the childcare providers.

Parents signature _____ Date _____

Parents In A Pinch, Inc.

Professional screened childcare for home, business & special events

Please return the completed signed Childcare Registration Form by Friday, March 12th to:

Fax to 978-304-0936 or mail to Agri Meetings, 21 Robin Hill Road, Danvers, MA 01923

Space is limited. Parents In A Pinch and BIDMC cannot accept children without this completed form by the above deadline. Confirmation will be sent with receipt of registration.

Source Code: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z