

2024 39th Annual Family Medicine Review

April 3-5, 2024 • Doubletree – Austin
6505 North Interstate 35, Austin, TX 78752

This program is designed to provide practical diagnostic and therapeutic information covering the broad scope of clinical practice. There is an emphasis on common diseases, practical therapeutics, and controversial issues.

Learning Objectives:

Upon Completion of this activity, the attendee should be able to:

- Identify appropriate therapies determined by evidence-based rationales and individual patient information.
- Implement effective clinical strategies for diagnosing and managing a wide array of challenging problems in clinical scenarios
- Evaluate, classify, and review emerging methods for screening, diagnosis and treatment of conditions/diseases seen in primary care
- Restate current pharmacology protocols in diagnosing, treating, and managing various health conditions.
- Describe updates in clinical decision tools for screening and differential diagnosis of diseasescardiogenic shock

Click Here for Registration

<https://ce.bswhealth.com/2024FamMedReview>

Physicians: \$950

Advanced Practice Providers: \$850

Other: \$800

Residents: \$750

ACCREDITATION: The A. Webb Roberts Center for Continuing Medical Education of Baylor Scott & White Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

DESIGNATION: The A. Webb Roberts Center for Continuing Medical Education of Baylor Scott & White Health designates this live activity for a maximum of 21 *AMA PRA Category 1 Credits™*. Physicians should claim only the 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.

PLANNERS DISCLOSURES: John Manning, MD and Sarah Hovland, MD do not have any relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.

DAY 1: Wednesday, April 3, 2024

7:15 AM	Registration and Breakfast	
8:00 AM	Menopause Update	Kelsey Kelso, MD
9:00 AM	BREAK	
9:15 AM	Diarrhea	Chris Johnson, MD
10:15 AM	BREAK	
10:30 AM	Hepatitis C Diagnosis and Management	Sarah Hovland, MD
11:45 AM	LUNCH: In Flight Emergencies – “Is There A Doctor On The Plane?”	Brian Moore, MD
1:00 PM	Things Emergency Physicians are Talking About in 2024	Bobby Greenburg, MD
2:00 PM	BREAK	
2:15 PM	ADHD	Neelam Konnur, MD
3:15 PM	BREAK	
3:30 PM	Failure to Thrive	Cassie Huynh, MD
4:30 PM	ADJOURN	

DAY 2: Thursday, April 4, 2024

7:15 AM	Registration and Breakfast	
8:00 AM	Dermatology for Primary Care	Chad Housewright, MD
9:00 AM	BREAK	
9:15 AM	Intro to Neurology – A Review	Jeff Clark, DO
10:15 AM	BREAK	
10:30 AM	Congestive Heart Failure Management	Ebere Chukwu, MD
11:45 AM	LUNCH: Weight Loss Medications	Tyler Smith, DO
1:00 PM	Delirium	Michaela Marziale, MD
2:00 PM	BREAK	
2:15 PM	Abnormal Uterine Bleeding	Russell Fothergill, MD
3:15 PM	BREAK	
3:30 PM	RBC & WBC (all you need to know)	Campbell Garland, DO
4:30 PM	ADJOURN	

DAY 3: Friday, April 5, 2024

7:15 AM	Registration and Breakfast	
8:00 AM	Alcohol Addiction	Daniel Lavin, DO
9:00 AM	BREAK	
9:15 AM	Chronic Cough	Randy Holdgraf, MD
10:15 AM	BREAK	
10:30 AM	Classical Hematology: 3 Good Questions & How to Answer Them	Christian Cable, MD
11:45 AM	LUNCH: Wound Care Basics	Ryan Beaver, DO

Breakout Session 1 (select one)

1:00 PM	Workshop 1: Flexible Laryngoscopy Hands-On Experience (Emphasis On Swallow Evaluation)	Randy Holdgraf, MD
1:00 PM	Workshop 2: Taping Techniques For Plantar Heel Pain	Douglas Murdoch, DPM
1:00 PM	Workshop 3: Wound Care – Case Based Learning	Ryan Beaver, DO and Hector Ramirez, MD
2:30 PM	BREAK	

Breakout Session 2 (select one)

2:45 PM	Workshop 1: Flexible Laryngoscopy Hands-On Experience (Emphasis On Swallow Evaluation)	Randy Holdgraf, MD
2:45 PM	Workshop 2: Taping Techniques For Plantar Heel Pain	Douglas Murdoch, DPM
2:45 PM	Workshop 3: Wound Care – Case Based Learning	Ryan Beaver, DO and Hector Ramirez, MD
4:15 PM	ADJOURN	

Exhibitor Agreement

Activity Title:	39th Annual Family Medicine Review
Activity Date:	April 3-5, 2023
Location:	Doubletree Hotel, 6505 IH 35 North Austin, TX 78752
Company Name <i>(as it should appear on acknowledgements)</i>	
Contact Person	
Email Address	
Telephone Number	Office: _____ Cell: _____
Name of Representative(s) Attending	
Exhibit	<p><u>\$2,500.00 Exhibit Fee</u> Each exhibit space includes a 6' tabletop exhibit space and two chairs.</p> <p><input type="checkbox"/> I need electricity.</p> <p><input type="checkbox"/> Special Needs: If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act, please check here () and we will contact you.</p>
Submit Payment Online	<p>https://ce.bswhealth.com/2024FamMedReview - Exhibitor Tab</p> <p>Federal Tax Identification Number: 46-3131350</p>
Email the completed form to	Susan.Mraz@BSWHealth.org
If you are paying by check, please mail to this address.	<p>Baylor Scott and White Health A Webb Roberts Center for Continuing Medical Education Susan Mraz CME Coordinator 2401 S 31st Street – MS-26-A443, Temple, TX 76508 Office: 214-724-7609 Fax: 214-820-4169</p>

Signature of authorized company representative

Signature AWRC representative

Printed Name of authorized company representative

Printed Name of AWRC representative

Date

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Baylor Scott & White Health</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ Nonprofit Corporation - IRC Section 501(c)(3) </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>1</u></p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 3500 Gaston Avenue</p> <p>6 City, state, and ZIP code Dallas, TX 75246</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
4	6	-	3	1	3	1	3	5	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Lore Norton</i>	Date ▶ 1/3/23
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Baylor Scott & White
HEALTH

301 N. Washington Ave,
Dallas, TX 75246
www.bswhealth.com

Incoming ACH/Wire Instructions for Baylor Scott & White Health

Bank Name	Bank of America, Texas 901 Main Street Dallas, Texas 75202
ABA/Routing	026009593 (wire) 111000025 (ACH)
SWIFT Code	BOFAUS3N (foreign wires)
Account Name	Baylor Scott & White Health
Account Number	488038441415
Bank Contact Name	Taryn Hart
Bank Contact Phone	(214) 209-1825
BSWH Contact Name	Kimberly Hughling
BSWH Contact Phone	(254) 215-9280