EBM IN ENT:
Evidence-Based Best Practices in Common Ear, Nose and Throat Conditions

NOVEMBER 5, 2016

CHEVY CHASE CONFERENCE CENTER
The Sheikh Zayed Tower
The Johns Hopkins Hospital
1800 Orleans Street, Main Level
Baltimore, Maryland 21287

This activity has been approved for AMA PRA Category 1 Credits™.
Description
Ear, nose, and throat conditions such as hearing loss, sinusitis, allergic rhinitis, hoarseness, reflux, otitis media, sleep disordered breathing, and neck mass are very commonly encountered on medical practice—certainly by otolaryngologists, but also by internists, pediatricians, primary care physicians, and others. In fact, between 20-50% of presenting complaints in primary care medicine are related to these sorts of otolaryngologic disorders. In our current era in medicine which encourages evidence-based best practices in diagnosis, evaluation, imaging, and treatment, a number of clinical practice guidelines covering these conditions have recently been published. This CME course will provide high-yield review of the guidelines themselves, as well as describe the process by which guidelines are created and the role that guidelines such as these play in patient quality and safety initiatives. Lectures and case-based panel discussions will focus on effective, cost-conscious care of these common conditions, with emphasis on helping attendees incorporate these best practices into their own patient management pathways.

Who Should Attend
This activity is intended for internal medicine physicians, pediatricians, family practitioners, urgent care specialists, emergency room providers, otolaryngologists, physicians assistants, nurse practitioners, fellows, and residents.

Objectives
After attending this activity, the participant will demonstrate the ability to:
- Discuss the creation process for evidence-based clinical guidelines.
- Apply appropriate clinical guidelines in management of common ear complaints such as otitis media and hearing loss.
- Formulate evidence-based treatment approaches for common nasal complaints such as rhinitis and sinusitis.
- Identify best practices in management of other common ear, nose, and throat complaints such as hoarseness, reflux, and neck mass.

ACREDITATION STATEMENT
The Johns Hopkins University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT
The Johns Hopkins University School of Medicine designates this live activity for a maximum of 7.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

OTHER CREDITS
American Nurses Credentialing Center (ANCC) accepts AMA PRA Category 1 Credit™ from organizations accredited by the ACCME.
American Academy of Nurse Practitioners National Certification Program accepts AMA PRA Category 1 Credit™ from organizations accredited by the ACCME.
American Academy of Physician Assistants (AAPA) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Physician assistants may receive a maximum of 7.75 AAPA Category 1 CME credits for completing this program.

The Johns Hopkins University has approved this activity for 7.75 contact hours for non-physicians.

POLICY ON SPEAKER AND PROVIDER DISCLOSURE
It is the policy of the Johns Hopkins University School of Medicine that the speaker and provider globally disclose conflicts of interest. The Johns Hopkins University School of Medicine OCME has established policies in place that will identify and resolve all conflicts of interest prior to this educational activity. Detailed disclosure will be made in the instructional materials.

SYLLABUS
The syllabus will be accessible online and via your mobile device in the Cloud App prior to the activity.

EVALUATION AND OUTCOMES SURVEY
Post activity, an online evaluation form will be available to attendees to evaluate the activity and individual presentations and identify future educational needs. Upon completion of the evaluation, the learner must attest to the number of hours in attendance. Credits earned will be added to the learner’s transcript and immediately available for print.

A survey will be sent to all physician attendees within three months post activity to assist us in determining what impact this activity had on the learner’s practice.

EMERGENCY CALLS
On November 5, 2016, direct emergency calls to the Hopkins registration desk, 443-287-5426. Messages will be posted for participants.

AMERICANS WITH DISABILITIES ACT
The Johns Hopkins University School of Medicine fully complies with the legal requirements of the ADA and the rules and regulations thereof. Please notify us if you have any special needs.

REGISTRATION AND LOCATION
Saturday, November 5, 2016 • 7:30 - 8:00 a.m.
Chevy Chase Bank Conference Center
The Sheikh Zayed Tower,
The Johns Hopkins Hospital
1800 Orleans Street, Main Level
Baltimore, Maryland 21287

The Sheikh Zayed Tower is located on Orleans Street between Broadway and Wolfe Streets. Directions and campus parking information are available on our website under the contact us link at www.HopkinsCME.cloud-cme.com. The closest garage is the Orleans Street Garage, which is located on Orleans Street (Route 40) between Wolfe Street and Broadway. Handicapped parking is also available in the McElderry Street Garage. Johns Hopkins is smoke free.

FEES
REGISTRATION CUT-OFF DATE: October 30, 2016
Register Online: https://hopkinscme.cloud-cme.com/aph.aspx?P=5&EID=6623

Methods of Payment: We require payment prior to the start of the activity. On-site payments by credit card only. Foreign payments must be by credit card or with a U.S. Dollar World Money Order. The registration fee includes instructional materials, continental breakfast, refreshment breaks and lunch.

Physicians ................................................................. $ 225
Residents*/Fellows*/Nurses/NPs/PAs/Allied Health Professionals .......... $ 150 *with verification of status

You will receive a confirmation by e-mail. If you have not received it by October 30, 2016, call 410-502-9634 to confirm that you are registered. A transcript of attendance will be sent via email by December 19, 2016.

The Johns Hopkins University reserves the right to cancel or postpone any activity due to unforeseen circumstances. In this event, the University will refund the registration fee but is not responsible for travel expenses. Additionally, we reserve the right to change the venue to a comparable venue. Under such circumstances registrants will be notified as soon as possible.

LATE FEE AND REFUND POLICY
A $50 late fee applies to registrations received after 5:00 p.m. ET on October 30, 2016. A handling fee of $50 will be deducted for cancellation. An additional fee may apply for cancellation of other events, including workshops and social activities. Refund requests must be received by fax or mail by October 30, 2016. No refunds will be made thereafter. Transfer of registration to another Johns Hopkins activity in lieu of cancellation is not possible.

SYLLABUS
The syllabus will be accessible online and via your mobile device in the Cloud App prior to the activity.

EVALUATION AND OUTCOMES SURVEY
Post activity, an online evaluation form will be available to attendees to evaluate the activity and individual presentations and identify future educational needs. Upon completion of the evaluation, the learner must attest to the number of hours in attendance. Credits earned will be added to the learner’s transcript and immediately available for print.

A survey will be sent to all physician attendees within three months post activity to assist us in determining what impact this activity had on the learner’s practice.

EMERGENCY CALLS
On November 5, 2016, direct emergency calls to the Hopkins registration desk, 443-287-5426. Messages will be posted for participants.

AMERICANS WITH DISABILITIES ACT
The Johns Hopkins University School of Medicine fully complies with the legal requirements of the ADA and the rules and regulations thereof. Please notify us if you have any special needs.
Program
SATURDAY, NOVEMBER 5, 2016
7:30 -  8:00  Registration and Continental Breakfast
8:00 -  8:05  Welcome
David Eisele, MD
8:05 -  8:15  Introduction and Conference Goals
Lee Akst, MD
8:15 -  8:35  Pre-Test
Margaret Skinner, MD
8:35 -  8:55  Understanding the Alphabet Soup of EBM
Lisa Ishii, MD
Seth Schwartz, MD, MPH
9:15 -  9:35  Patient Quality: Bringing Guidelines Into Your Practice
Matthew Stewart, MD, PhD
9:35 -  9:50  Refreshment Break

Otology/Pediatrics
9:50 - 10:10  Otology I: Sudden Hearing Loss
Seth Schwartz, MD, MPH
10:10 - 10:30  Facial Plastics I: Bell’s Palsy
Lisa Ishii, MD
10:30 - 10:50  Otology II: Tinnitus
Matthew Stewart, MD, PhD
10:50 - 11:10  Facial Plastics II: Rhinoplasty
Lisa Ishii, MD
11:10 - 11:30  Otology III: Benign Paroxysmal Positional Vertigo
Yuri Agrawal, MD
11:30 - 12:00  Case-Based Discussion on Otology and Facial Plastic Guidelines
Yuri Agrawal, MD, Lisa Ishii, MD, Seth Schwartz, MD, MPH, Matthew Stewart, MD, PhD
12:00 - 12:45  Lunch

Laryngology/Rhinology
12:45 - 1:05  Laryngology I: Dysphonia
Lee Akst, MD
1:05 - 1:25  Rhinology I: Allergic Rhinitis
Sandra Lin, MD
1:25 - 1:45  Laryngology II: Extra-Esophageal Reflux
Simon Best, MD
1:45 - 2:05  Rhinology II: Adult Sinusitis
Murray Ramanathan Jr., MD
2:05 - 2:35  Case-Based Discussion on Laryngology and Rhinology Guidelines
Lee Akst, MD, Simon Best, MD, Sandra Lin, MD, Murray Ramanathan Jr., MD
2:35 - 2:50  Refreshment Break

H&N/Facial Plastics
2:50 - 3:10  Head and Neck I: Neck Mass in Adults
Wojtek Mydlarz, MD
3:10 - 3:30  Pediatrics I: Otitis Media and Tympanostomy Tubes
David Tunkel, MD
3:30 - 3:50  Head and Neck II: Thyroid Nodules
Ralph Tufano, MD, MBA
3:50 - 4:10  Pediatrics II: Tonsillectomy and Sleep-Disordered Breathing
Margaret Skinner, MD
4:10 - 4:40  Case-Based Discussion on Head and Neck and Pediatrics Guidelines
Wojtek Mydlarz, MD, Margaret Skinner, MD, Ralph Tufano, MD, MBA, David Tunkel, MD
4:40 - 5:00  Post-Test and Summary
Lee Akst, MD

You will receive an email notification to complete the evaluation form and to attest to the number of hours in attendance.
The registration desk will remain open during conference hours.
The Johns Hopkins University School of Medicine takes responsibility for the content, quality and scientific integrity of this CME activity.

TO REGISTER OR FOR FURTHER INFORMATION
Register Online .......................................................... https://HopkinsCME.cloud-cme.com/aph.aspx?P=5&EID=6623 (credit card and eCheck)
Register by Phone (credit card only) .................................... 410-502-9634
Register by Fax .................................................................. 866-510-7088
Confirmation/Certificates ................................................... 410-502-9634
General Information .......................................................... 410-955-2959
E-mail the Office of CME ........................................................................................................ cmenet@jhmi.edu
Follow us on Twitter: http://twitter.com/HopkinsCME
Facebook: http://www.facebook.com/HopkinsCME
Sponsoring Department Website:
http://www.hopkinsmedicine.org/otolaryngology/

NEW! Check out our mobile app CloudCME

ACKNOWLEDGMENT
Applications for commercial support from health care related industries are pending. A complete list of contributors will be provided in the syllabus. Please note that commercial support received is solely for the educational component of the activity and will not be used to provide food and beverage.

Please note: The Physician Payments Sunshine Act was enacted by Congress to increase public awareness of financial relationships between drug and medical device manufacturers and physicians. In compliance with the requirements of this Act, the commercial supporter/s of this activity may require the Johns Hopkins University School of Medicine to report certain professional information (such as name, address, National Provider Identifier (NPI), and State License number) of physician attendees who receive complimentary food and beverage in conjunction with a CME activity. The commercial supporter is required to submit the collected data to the Centers for Medicare and Medicaid Services which will then publish the data on its website.

This schedule is subject to change.
Registration Form

EBM in ENT: Evidence-Based Best Practices in Common Ear, Nose and Throat Conditions
Saturday, November 5, 2016

REGISTER Online: (credit card or e-check)
Fax: 866-510-7088  Phone: (credit card only) 410-502-9634

Or mail this form to the Johns Hopkins University, Office of Continuing Medical Education, P.O. Box 64128, Baltimore, Maryland 21264-4128. Include check payable to HOPKINS/80039705, or include credit card information below.

PAYMENT IS REQUIRED PRIOR TO THE START OF THE ACTIVITY

☐ I am a Johns Hopkins speaker for this activity.

Please type or print clearly:

last name  first name  m.i.  Hopkins faculty/staff only  JHED ID

Highest degree  primary specialty

For Physicians Only:
NPI – 10 digits  State License #  State of License

mailing address

city  state  ZIP  country

daytime telephone  fax number

e-mail (required)

☐ I wish to receive e-mail notices about upcoming CME activities.

What do you hope to learn by attending this activity?

______________________________________________________________

Please notify us if you have any special needs.

______________________________________________________________

Registration Fees
Physicians.................................................................$ 225
Residents*/Fellows*/Nurses/NPs/Allied Health Professionals ............$ 150
* with verification of status

The registration fee includes instructional materials and food and beverage. For registrations received after 5:00 p.m. ET on October 30, 2016, include a $50 late fee. On-site registrations are payable only by credit card.

Payment Type:
Total amount enclosed $ ____________

☐ Check (See instructions on top of form.)
☐ Credit Card: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Card #_________ - _________ - _________ - _______  Exp. Date ____________

Billing Zip Code ___________________________  Security Code ____________

Name on Card  Signature and Date