

INTERNAL MEDICINE FOR PRIMARY CARE: CARDIOLOGY/EAR, NOSE, AND THROAT/ NEUROLOGY

**Las Vegas, NV - Bellagio Hotel and Casino
January 30 - February 1, 2026**

Friday, January 30, 2026

7:00 am

Registration and Breakfast

7:30 am - 8:30 am - Cardiology

Primary & Secondary Prevention of CAD

Definitions; AHA/ACC and other lipid guidelines updates; HDL Cholesterol: The good cholesterol?; Metabolic syndrome and/or obesity; Who needs treatment and how much; The role of lifestyle changes, exercise and cardiac rehabilitation; Drug therapy updates; Risk calculation

8:30 am - 9:30 am - Cardiology

Work-up of Patients with Suspected CAD

Risk factor evaluation and risk assessment models; Test selection including ECG, echo, nuclear and newer imaging modalities (including discussion of appropriate use criteria--AUC); The usefulness of CT scanning; The role of bio markers and EBCT; Suspected CAD in special populations (women, diabetics, the elderly)

9:30 am - 9:40 am

Coffee Break

9:40 am - 10:40 am - Cardiology

Heart Failure

Etiologies and stages of heart failure; ACC/AHA Heart Failure Guidelines; Heart failure with reduced EF (HFrEF) and heart failure with preserved EF (HFpEF); Determining patients for referral using biomarkers, eg NT Pro BNP; Treatment options: ACE inhibitors, ARBs, ARNI, beta blockers, mineralocorticoid receptor antagonists, SGLT2i; The role of devices in treatment and antiplatelet drugs; Issues related to the hospitalized patient with acute decompensated heart failure and readmissions

10:40 am - 11:40 am - Neurology

Evaluating Weakness

Using the history and physical examination to distinguish weakness from non-specific symptoms; characteristics of neurological diseases that produce weakness; presentations of representative diseases of the nervous system

11:40 am - 12:40 pm - Neurology

Headaches & Migraines

Basic headache mechanisms; headache history: characteristics, precipitating factors, medical conditions; migraine: common tension, classic, treatment, complicated, cluster, sinus; trigeminal neuralgia; Giant Cell Arteritis; brain tumor; subarachnoid hemorrhage; emergency room treatment

12:40 pm

Session Adjourns

Saturday, January 31, 2026

7:00 am

Registration and Breakfast

7:30 am - 8:30 am - Neurology

Alzheimer's & Other Dementias

Definition; statistics; neurological changes of normal aging; pathology; etiological theories; vascular dementias; investigations; social issues; symptomatic treatment; research therapies

8:30 am - 9:30 am - Neurology

Parkinson's Disease & Other Movement Disorders

Epidemiology; cardinal features; secondary features; pathology; neurochemistry; differential diagnosis; treatment; complication; other movement disorders; neuroleptic- induced movement disorders; chorea

9:30 am - 9:40 am

Coffee Break

9:40 am - 10:40 am - Cardiology

Hypertension

The 2017 AHA/ACC Hypertension Guidelines; The 2024 ESC Guidelines for hypertension; Approaches to treatment thresholds and goals; Choices for initial and combination therapy; Resistant hypertension; Treating special populations: diabetics, the elderly, patients with renal failure

10:40 am - 11:40 am - ENT

Evaluation of the Neck Mass

Patients presenting with masses in the neck are challenging and worrisome. The diagnostic and therapeutic process is described. A method for evaluating the mass, guidance on when imaging studies are indicated, and when immediate or routine referral to ENT becomes appropriate is discussed.

11:40 am - 12:40 pm - ENT

Antimicrobial Therapy in Treating Sinusitis

Symptoms, signs and examination findings helpful in diagnosing sinusitis are outlined. When to use systemic and topical agents as well as emerging resistance to these agents is discussed. Imaging studies and proper referral to specialists is described with clarity.

12:40 pm

Session Adjourns

Sunday, February 1, 2026

7:00 am

Registration and Breakfast

7:30 am - 8:30 am - ENT

Allergic Rhinitis

The lecture will focus on a review of the basic allergic pathways that affect the body. Special emphasis will be given to the nasal and sinus regions, with discussion to include diagnostic testing and modes of treatment, including avoidance, pharmacotherapy and immunotherapy

8:30 am - 9:30 am - ENT

A Primary Care Approach to Sudden Hearing Loss

When a patient presents with sudden hearing loss, accurate differentiation of sensorineural versus conductive loss is essential. Techniques to make that differentiation, testing and treatment strategies will be discussed; Urgent treatment and when to refer for audiometric testing and ENT referral will be outlined

9:30 am

Conference Adjourns

Target Audience

This program is targeted to office-based primary care providers and other health professionals with updates in primary care medicine

Learning Objectives

Upon completion of this program, participants should be better able to:

- Implement lifestyle changes as well as lipid and cholesterol guidelines for the prevention of CAD
- Describe the work-up, risk assessment and test selection of patients with suspected CAD
- Implement treatment strategies reflective of recent guidelines and current evidence based medicine for heart failure
- Explain current concepts in the diagnosis and treatment of hypertension
- Utilize history and physical examination to distinguish weakness from non-specific symptoms
- Describe the differential diagnosis of headaches and migraines
- Discuss evidence-based management options for Alzheimer's disease
- Evaluate weakness and recognize cardinal features of Parkinson's disease as well as other movement disorders
- Identify when imaging and/or referral to an ENT is necessary for patients presenting with a neck mass
- Recommend appropriate systemic and/or topical antimicrobial agents for the treatment of sinusitis
- Review the basic allergic pathways that affect the body, with particular emphasis on the nasal and sinus regions
- Accurately differentiation between sensorineural and conductive hearing loss

Disclosure of Relevant Financial Relationships

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Accreditation Statements

Joint Accreditation for Interprofessional Continuing Education



In support of improving patient care, Medical Education Resources is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This activity was planned by and for the healthcare team, and learners will receive 12 Interprofessional Continuing Education (IPCE) credits for learning and change.

Physician Credit Designation

AMA PRA Category 1 Credits™

Medical Education Resources designates this live activity for a maximum of 12 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Board of Internal Medicine MOC Recognition (ABIM)



Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 12 (part II) MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

American Academy of Family Physicians (AAFP)

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

American Osteopathic Association (AOA)

These programs are approved for 12 hours in Category 2-A by the American Osteopathic Association.

American College of Emergency Physicians (ACEP)

This program is approved by the American College of Emergency Physicians for a maximum of 12 hours of ACEP Category I credit.

Canadian Physicians

The American Academy of Family Physicians (AAFP) and the College of Family Physicians of Canada (CFPC) have a bilateral reciprocal certification agreement whereby: CME/CPD activities held across the Canada - U.S. border are certified according to the nationality of the primary target audiences regardless of where the providers are located. The activities will be reviewed according to the criteria of the certifying organization.

Nursing Credit Designation

American Nurses Credentialing Center (ANCC)

Medical Education Resources designates this live activity for a maximum of 12 ANCC nursing contact hours. Nurses will be awarded contact hours upon successful completion of the activity.

This activity is designated for 4.5 ANCC pharmacotherapeutic contact hours.

American Academy of Nurse Practitioners (AANP)

The American Academy of Nurse Practitioners (AANP) Certification Board recognizes and accepts continuing education (CE) contact hours from activities approved by AMA, ACCME, ANCC, AANP, AAFP and AACN.

California Board of Registered Nursing

Medical Education Resources is approved by the California Board of Registered Nursing, Provider Number 12299, for 12 contact hours.

Physician Associates Credit Designation

American Academy of Physician Associates (AAPA)



Medical Education Resources has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 12 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

Pharmacy Accreditation

Accreditation Council for Pharmacy Education (ACPE)



Medical Education Resources (MER) designates this live continuing education activity for 12 contact hours (1.2 CEUs) of the Accreditation Council for Pharmacy Education.

Universal Program Number: JA0003680-0000-21-XXX-L01-P

Participants will be required to sign in at the start of the program and/or complete a program evaluation.

Credits will be uploaded into CPE Monitor within 60 days of the activity.

This activity is certified as Knowledge-based CPE.