



PRIMARY CARE CONFERENCES
EXCEPTIONAL CME | EXTRAORDINARY LOCATIONS

WWW.MER.ORG

**INTERNAL MEDICINE FOR PRIMARY CARE:
EMERGENCY MEDICINE/NEPHROLOGY/
PALLIATIVE CARE/PSYCHIATRY**

**Walt Disney World® Resort, FL - Disney's Contemporary Resort
February 5 - 8, 2026**

Thursday, February 5, 2026

7:00 am

Check-In

7:30 am - 8:30 am - Nephrology

Should All Patients with CKD be on SGLT2 Inhibitors?

Sodium-glucose transporter 2 inhibitors (SGLT2i) represent a major advance in the treatment of patients with diabetes in kidney disease when added onto renin-angiotensin system blocking drugs. Increasing evidence indicates that this class of drugs provides both kidney and cardiovascular benefits to patients with chronic kidney disease, regardless of diabetes status. Primary care providers need to know which patients should be prescribed these drugs as they clearly not only reduce morbidity but also mortality in CKD patients with or without diabetes. This lecture will provide the most up to date use of SGLT2i in patients with CKD, including evidence-based guidelines/goal directed medical therapy.

8:30 am - 9:30 am - Nephrology

Glomerulonephritis 101

Glomerulonephritis is an important cause of chronic progressive kidney disease and can be difficult to detect and diagnose. This case based lecture will provide primary care providers with the knowledge and tools on when to suspect glomerulonephritis, how to differentiate from other causes of kidney disease. IgA nephropathy, the most common cause of glomerulonephritis, will be discussed as an example of differentiating glomerulonephritides and participants will learn about the mechanisms of action and how to prescribe three FDA approved treatments for patients with this particular glomerular disease.

9:30 am - 9:40 am

Coffee Break

9:40 am - 10:40 am - Nephrology

Managing Diabetic Kidney Disease: New Insights and Therapies

Chronic kidney disease attributed to diabetes is the leading cause of kidney failure globally. The disease is incurable and kidney disease once established typically progresses and is associated with excessive morbidity and mortality. This presentation will provide up to date information on how to detect, diagnose and manage chronic kidney disease and review recently completed and ongoing clinical trials designed to improve kidney outcomes. The lecture will also discuss when and how to use non-steroidal mineralocorticoid receptor antagonists and Glucagon-like peptide-1 (GLP-1) agonists in clinical practice.

10:40 am - 11:40 am - Psychiatry

Depression and Suicide

Assessment of depressive symptoms in adults; Assessment and mitigation of suicide risk; Treatment of depression

11:40 am - 12:40 pm - Psychiatry

Anxiety Disorders

The nature of anxiety; Generalized anxiety disorder, panic disorder, social anxiety disorder and post-

traumatic stress disorder; etiology and diagnosis; Co-occurring conditions; Treatment options for these disabling conditions

12:40 pm

Session Adjourns

Friday, February 6, 2026

7:00 am

Arrival

7:30 am - 8:30 am - Psychiatry

Substance Use Disorders

Substance abuse history-taking to encourage patient honesty; Accurate diagnosis; Use of screening tools; Brief intervention; Recovery and treatment options; Motivational interviewing; Family symptoms and codependency

8:30 am - 9:30 am - Psychiatry

The Complexity of Adult ADHD

ADHD in adults with an emphasis on symptom identification; Co-occurring conditions; Psychiatric and medical differential diagnosis; evidence-based and FDA approved pharmacological treatments

9:30 am - 9:40 am

Coffee Break

9:40 am - 10:40 am - Nephrology

Primary Care Primer on Electrolytes

Electrolyte and acid-base disorders are common findings in clinical practice. They can arise from genetic and acquired diseases and can be associated with commonly prescribed medications. This case-based lecture focuses on the disturbances in and interactions between serum sodium, potassium, and bicarbonate. It reviews the pathophysiology, diagnosis and management of these common imbalances.

10:40 am - 11:40 am - Palliative

Medicare Hospice Benefit

Which patients are eligible? What is palliative care? What does the Medicare benefit provide for patients and families?

11:40 am - 12:40 pm - Palliative

Palliative Care for the PCP: Symptom Management

Symptom management; Symptom management of dyspnea and cough, pain, nausea and vomiting, constipation, and agitation, at the end of life

12:40 pm

Session Adjourns

Saturday, February 7, 2026

7:00 am

Arrival

7:30 am - 8:30 am - Palliative

Prognostication for the PCP

Estimating life expectancy for patients with life-limiting illnesses such as CHF, Alzheimer's dementia, Parkinson's disease, end stage renal disease

8:30 am - 9:30 am - Palliative

Addressing Goals of Care

Definition of POA, DNR, DNI, DNH, MOLST, POLST; Techniques on how to address goals of care, both in acute crisis as well as when the patient has chronic issues

9:30 am - 9:40 am

Coffee Break

9:40 am - 10:40 am - Emergency Med

Common Office-Based Emergencies

Office-based evaluation of shortness of breath, chest pains, abdominal pain, syncope, seizure and endocrine related problems. Criteria for transfer to an emergency department will also be discussed.

10:40 am - 11:40 am - Emergency Med

Wound Care for the Primary Care Office

The office is an appropriate setting for the treatment of minor wounds. This presentation will provide an understanding of how to evaluate wounds, to properly suture wounds, and subsequent wound management. Criteria for transfer to an emergency department will also be discussed.

11:40 am

Session Adjourns

Sunday, February 8, 2026

7:00 am

Arrival

7:30 am - 8:30 am - Emergency Med

Psychiatric Emergencies in Primary Care

Most patients with a mental illness come to the office for evaluation and treatment of their complaint. This presentation will review those common psychiatric conditions including depression, anxiety, and substance use disorder. Suicide risk assessment is essential to this evaluation process.

8:30 am - 9:30 am - Emergency Med

Toxicology Emergencies Commonly Seen in the Office

Patients may walk into the clinic who have taken a toxic substance or drug overdose. It is important to do a detailed history, look for physical clues and determine if the patient has a toxidrome. The presentation will aid in determining who needs to go to emergency room and who can be treated in the office.

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:

- Describe evidence-based guidelines for the use of SGLT2 inhibitors in patients with CKD
- Describe treatment options for hematuria and glomerulonephritis
- Identify strategies to detect and treat diabetic kidney disease
- Review the pathophysiology, diagnosis, prevention and management of common electrolyte imbalances
- Describe symptoms that move depression to plans for suicide
- Review current evidence for the treatment of anxiety disorders
- Describe strategies for identifying and treating substance use disorders
- Compare the benefits and side effect profiles of pharmacologic treatment options for ADHD
- List details about the Medicare hospice benefit
- Describe the primary care approach to palliative medicine including symptom management
- Recognize the importance of prognosis in decision making for seriously ill patients
- Define and establish goals of care with patients and their families
- Recognize when common complaints such as abdominal pain require urgent referral to the emergency department
- Evaluate and manage minor wounds
- Discuss the importance of suicide risk assessment in patients presenting with psychiatric emergencies
- Utilize history and physical exam to determine if a patient has a toxidrome

Disclosure of Relevant Financial Relationships

Medical Education Resources ensures balance, independence, objectivity, and scientific rigor in all our educational activities. In accordance with this policy, MER identifies financial relationships with its instructors, content managers, and other individuals who are in a position to control the content of an activity. All relevant financial relationships have been mitigated by MER to ensure that all scientific research referred to, reported, or used in a CE activity conforms to the generally accepted standards of experimental design, data collection, and analysis. MER is committed to providing learners with high-quality CE activities that promote improvements or quality in healthcare, and not the business interests of an ineligible company.

Disclaimer

The content, views and opinions presented in this educational activity are those of the authors and do not necessarily reflect those of Medical Education Resources. The authors have disclosed if there is any discussion of published and/or investigational uses of agents that are not indicated by the FDA in their presentations. Before prescribing any medicine, primary references and full prescribing information should be consulted. Any procedures, medications, or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patient's conditions and possible contraindications or dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities. The information presented in this activity is not meant to serve as a guideline for patient management.

Accreditation Statements

Joint Accreditation for Interprofessional Continuing Education



JOINTLY ACCREDITED PROVIDER™
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 16 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 16 *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 16 (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 16 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 16 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 16 ANCC nursing contact hours. Nurses will be awarded contact hours upon successful completion of the activity.

This activity is designated for 5.5 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 16 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 16 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 16 contact hours (1.6 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.