HEAD & NECK ULTRASOUND PRACTICUM

Featuring
Nicole Massoll, MD
Rachel Redman, MD
Jennifer Odle, BS, CT (ASCP)

October 2, 2010

University of Arkansas for Medical Sciences
Shorey Building, Fourth Floor

Sponsored by
The College of Medicine, Department of Pathology
WHO SHOULD ATTEND

At the end of this conference, the participant will:

• Have reviewed ultrasound neck anatomy and ultrasound terminology
• Have reviewed features of thyroid nodules and lymph nodes
• Have practiced ultrasound techniques on phantom neck and real time mock patients

This intensive one day review is designed for practicing Cytopathologists, residents, and other physicians who have the desire to remain abreast of current issues in cytology.

ACCREDITATION

The University of Arkansas College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The UAMS College of Medicine designated this educational activity for a maximum of 6.5 AMA PRA Category 1 credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in this activity.

DISCLOSURE POLICY

It is the policy of the University of Arkansas for Medical Sciences (UAMS) College of Medicine to ensure balance, independence, objectivity, and scientific rigor in all sponsored or jointly sponsored educational activities. All individuals who are in a position to control the content of the educational activity (course/activity directors, planning committee members, staff, teachers, or authors of CME) must disclose all relevant financial relationships they have with any commercial interest(s) as well as the nature of the relationship. Financial relationships of the individual’s spouse or partner must also be disclosed, if the nature of the relationship could influence the objectivity of the individual in a position to control the content of the CME. The ACCME describes relevant financial relationships as those in any amount occurring within the past 12 months that create a conflict of interest. Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation, or evaluation of the CME activity.

FOR ADDITIONAL INFORMATION

Sara L. Thompson, M.Ed.
SLThompson@uams.edu
(501) 686-5115
October 2, 2010

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:30-8:00AM</td>
<td>Registration and Breakfast</td>
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<tr>
<td>8:00-8:50AM</td>
<td><strong>Basics of Ultrasound Machines and Terminology</strong></td>
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<td>Nicole Massoll, MD</td>
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<td>9:00-9:50AM</td>
<td><strong>Ultrasound Anatomy of the Neck</strong></td>
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<td>Nicole Massoll, MD</td>
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<td>10:00-10:15AM</td>
<td>Break</td>
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<td>10:15-11:00</td>
<td><strong>Ultrasound Features of Thyroid Nodules and Lymph nodes</strong></td>
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<td>Nicole Massoll, MD</td>
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<tr>
<td>11:00-11:20</td>
<td><strong>How to Perform Neck Ultrasonography</strong></td>
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<td>Rachel Redman, MD</td>
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<td>11:20-11:40</td>
<td><strong>Adding Ultrasound to Your FNAs</strong></td>
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<td>Rachel Redman, MD</td>
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<td>11:40-12:30</td>
<td>Lunch</td>
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<td>12:30-1:00</td>
<td><strong>Demonstration of Ultrasound</strong></td>
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<td>1:00-2:00</td>
<td><strong>Hands-On Practice with Blue Phantoms</strong></td>
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<td>2:00-2:20</td>
<td>Break</td>
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<tr>
<td>2:20-3:30</td>
<td><strong>Hands-On Practice with Mock Patients</strong></td>
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<td>3:30-4:30</td>
<td><strong>What You Need to Start Your Own Ultrasound FNA Clinic</strong></td>
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**REGISTRATION**

The registration fee entitles the participant to all didactic lectures, demonstrations and practice sessions, course materials, continental breakfast, breaks and lunch. Registration is confirmed upon receipt of fee. We are unable to process any registration without payment.

**Registration Fees**
Physicians: $1,200
Residents/Fellows: $500

To request a refund, send a written/faxed request to the Department of Pathology, attn: Sara Thompson. Refunds requested after September 15 will be charged a $75.00 fee.

**ACCOMMODATIONS**

Several Little Rock hotels offer discounted rates for the university. When making reservations, be sure to indicate your UAMS affiliation.

Central Little Rock
Hilton Little Rock Metro Center
925 South University Avenue (501) 664-5020

Downtown Little Rock
Courtyard by Marriott
521 President Clinton Avenue (501) 975-9800

West Little Rock
Embassy Suites
11301 Financial Center Parkway (501) 312-9000
Registration Form: 2010 UAMS Cytopathology Conference: Little Rock, Arkansas

Name and Credentials_____________________________________________________________
Address_____________________________________________________________________
City_______________________________State______________________________Zip_________
Daytime Phone________________________________ Email______________________________

October 2, 2010

Conference Registration Fees:

- □ Physicians
  - $1,200.00
- □ Resident/ Fellow
  - $500.00

TOTAL PAYMENT ENCLOSED $ ____________________

METHOD OF PAYMENT:

VISA MASTERCARD DISCOVER

Card Number______________________________________________________________
Expiration Date___________________________________________________________
Printed Name of Card Holder______________________________________________
Last 4 digits of attendee SSN ___________

Complete and return to:

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