Together We Can:
Improve Patient Outcomes in Pediatric Surgery

UW Health surgeons who specialize in pediatric surgery invite you to discuss current innovations for improving patient outcomes. Sessions include presentations for the medical and surgical approach to improving outcomes in this patient sector. A buffet dinner is included. Reservations are required.

Tuesday, September 23
Milwaukee Ale House - Grafton
1208 13th Avenue • Grafton, WI 53024

Dr. Ostlie will present on chest wall and empyema and Dr. Leys will present on GERD.

5:00 - 5:30 pm   Registration and buffet dinner
5:30 - 6:00 pm   Presentation by Daniel Ostlie, MD on Chest Wall Deformities
6:00 - 6:10 pm   Q & A
6:10 - 6:40 pm   Presentation by Charles Leys, MD on Gastroesophageal Reflux
6:40 - 6:50 pm   Q & A
6:50 - 7:20 pm   Presentation by Daniel Ostlie, MD on Current Management of Empyema in Children
7:20 - 7:30 pm   Q & A

Reservations
Contact Kassie Hefty at khefty@uwhealth.org or (608) 890-5793

[ See back side ]
PLANNING COMMITTEE
Daniel Ostlie, MD
Surgeon-in-Chief
American Family Children’s Hospital
Chief, Pediatric Surgery
Department of Surgery
UW School of Medicine and Public Health

Charles Leys, MD
Associate Professor of Surgery
UW School of Medicine and Public Health

Cheryl Pieper
Provider Advocacy Director,
UW Health – UWHC

Cathy Means, MS
Office of Continuing Professional Development

CREDIT
Accreditation Statement
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University of Wisconsin School of Medicine and Public Health and UW Health. The University of Wisconsin School of Medicine and Public Health is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement
The University of Wisconsin School of Medicine and Public Health designates this live activity for a maximum of 2 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Education Units
The University of Wisconsin-Madison, as a member of the University Continuing Education Association (UCEA), authorizes this program for .2 continuing education units (CEUs) or 2 hours.

Policy on Faculty and Sponsor Disclosure
It is the policy of the University of Wisconsin School of Medicine and Public Health that the faculty, authors, planners, and other persons who may influence content of this CME activity disclose all relevant financial relationships with commercial interests in order to allow CME staff to identify and resolve any potential conflicts of interest. Faculty must also disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. Detailed disclosures will be made in the activity handout materials.

Intended Audience and Scope of Practice
This CME activity is intended for primary care physicians, physician assistants, advanced practice nurses, nurses and other health care professionals.

Elements of Competence
This CME activity has been designed to change learner competence and focuses on the American Board of Medical Specialties areas of patient care and procedural skills, and medical knowledge.

Practice Gaps/Needs and Objectives
Chest Wall Deformities
1. Recognize the two types of chest wall deformities in children.
2. Describe the indications for surgical intervention for chest wall deformities.
3. Discuss the timing of surgical intervention and/or bracing.

Gastroesophageal Reflux – Current Surgical Intervention in Infants and Children
1. Identify patients that may benefit from surgical intervention in GERD
2. Explain the advances in surgical approach that has led to improved outcomes
3. Improve knowledge base around ongoing evidence-based care for pediatric patients with GERD.

Current Management of Empyema in Children
1. Identify clinical factors that differentiate empyema from interstitial pneumonia
2. Describe why fibrinolysis is superior to surgical intervention for empyema
3. Improve knowledge surrounding indications for fibrinolytic therapy for pediatric empyema.