

MEETING HIGHLIGHTS

Dear Colleagues:

On behalf of the Connecticut Chapter of the American College of Physicians, I am thrilled to invite you to the 2024 Annual Scientific Meeting, scheduled for Friday, October 18th at the Aqua Turf Club in Plantsville, CT.



This meeting is designed for general internists, subspecialty internists, hospitalists, allied health practitioners, residents, and medical students and will provide high quality educational content, CME and Maintenance of Certification credits, as well as time for networking with colleagues.

This conference is also about making personal contacts and getting involved in the CT ACP chapter. You'll engage with people who know your challenges and can share in finding solutions. Don't miss this important and educational meeting, [register today](#).

I look forward to seeing you on October 18th.

Sincerely,

Ruth Weissberger, MD, FACP Governor, Connecticut Chapter

FACULTY

Mariam Farhan, MD
Hartford Healthcare
Medical Group

Casey Godshall, MD
UCONN Health

Gerard Kerins, MD, MPA, FACP
Yale Medicine

Rick Martinello, MD
Yale Medicine,
Infectious Disease

Darilyn V. Moyer, MD, FACP, FRCP, FIDSA
Executive Vice President and

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SCHEDULE AT A GLANCE

6:30 AM

Poster Set up and Registration

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7:00 AM – 10:00 AM

Poster Session/Judging

8:45 AM – 9:45 AM

Women in Medicine Breakfast

*Diana Sewell, MD, FACP,
Naseema Marchant, MBBS, FACP, and
Darilyn V. Moyer, MD, FACP, FRCP, FIDSA*

9:50 AM – 10:35 AM

(Concurrent Sessions)

Cutaneous Clues to the Diagnosis:

Nail Signs of Systemic Disease

Amanda Zubek, MD

**Medical Care for Older Adults with
Intellectual Disabilities**

Gerard Kerins, MD, MPA, FACP

10:35 AM – 11:00 AM

Break

11:00 AM – 11:45 PM

(Concurrent Sessions)

Visual Art and the Art of Doctoring

Katelyn Norman, MD

Clinical Update on Diabetes

Anna Zinganshina, MD

11:45 PM – 12:45 PM

Doctor's Dilemma

*Jacqueline Savage, MD, FACP
and Mariam Farhan, MD*

Resident and Medical Student Events

These events have been planned with medical students and residents in mind, but all are welcome to attend.

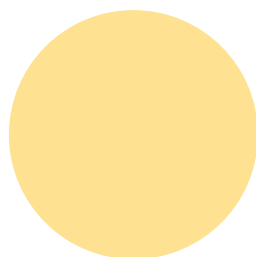
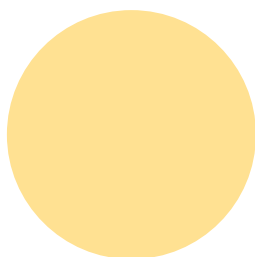
Residents and Students Abstract Competition

Residents and medical students across the state

Learning Objectives

At the conclusion of this activity the learner should be able to:

1. Identify important findings and lessons learned from clinical or academic projects that others could learn from.
2. Better understand the decision-making process when considering blood cultures.
3. Learn current diagnostic challenges and management strategies of skin and soft tissue infections.
4. Understand when to perform urinalysis and urine culture in a patient with an indwelling urinary catheter, and learn strategies to treat and prevent catheter-associated UTI.
5. Understand the factors underlying the evolution of misinformation, disinformation and malinformation.
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Plantsville, CT • October 18, 2024
REGISTRATION FEES

RM: 2525

Check one category that best applies. Registration fee includes continental breakfast, lunch, all scientific sessions and materials, and CME documentation.

| Categories | Register by Sept 18 th , 2024 | After Sept 18 th , 2024 |
|--|--|------------------------------------|
| <input type="checkbox"/> ACP Member | \$110 | \$140 |
| <input type="checkbox"/> ACP Resident Member | No Fee | No Fee |
| <input type="checkbox"/> ACP Medical Student Member | No Fee | No Fee |
| <input type="checkbox"/> Affiliate Member/Allied Health Professional | \$110 | \$140 |
| <input type="checkbox"/> Judge | \$100 | \$130 |
| <input type="checkbox"/> Non-Member Physician | \$140 | \$170 |
| <input type="checkbox"/> Non-Member Resident* | \$40 | \$70 |
| <input type="checkbox"/> Non-Member Student* | \$40 | \$70 |
| <input type="checkbox"/> Non-Member Allied Health Professional | \$130 | \$160 |
| <input type="checkbox"/> Other (guest/spouse) — if applicable | \$110 | \$140 |

*Non-member residents, students, and Allied Health Professionals must call to register: 800-ACP-1915 (M-F, 9AM - 5PM ET) in order to get the correct registration rate.



ACP #

Name

MD DO OTHER

Institution

Address

City

State

Zip

Daytime Phone

Fax

Email

PLEASE INDICATE YOUR ATTENDANCE AT THE FOLLOWING:

AM
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