



Children & Youth with Epilepsy (CYE) TeleECHO™ Clinic Project ECHO® (Extension for Community Healthcare Outcomes) Session 3 Agenda

ECHO MEDICAL SPECIALISTS: *Yuri Brosgol, MD; Virginia Lin, CPNP;*

TARGET AUDIENCE: Physicians, Nurse Practitioners, Nurses, Pharmacists, Medical Assistants, other Healthcare Professionals

OBJECTIVES:

1. Educate healthcare providers in patient care, treatment, and management of epilepsy in children and youth.
2. Expand access to specialty care in New York.

TOPIC **Role of the Primary Care Provider**

MEETING ID **965 238 9634** **AUDIO CONNECTION:**

IP Address **http://echo.zoom.us** **VIDEO CONNECTION:**

CONFERENCE DATE **December 17, 2015** **TIME: 8:00 - 9:00 a.m.**

Time	Organization	Presenter(s)	Tele-Connection
8:00 a.m.	Welcome	Ruby Marshall-Reynolds	On-site
8:05 - 8:10	Introductions	All	
	Housekeeping Rules / Updates	Ruby Marshall-Reynolds	
8:10 - 8:30	Didactic Presentation – Role of the Primary Care Provider	Dr. Yuri Brosgol	Video
8:30 - 8:45	Patient Case Presentation	Virginia Lin, CPNP	On-site
8:45 - 8:55	Q & A	Conference Participants	Video/Audio
8:55	Close	Ruby Marshall-Reynolds	On-site

CLINIC “REMINDERS”

- **HIPAA Compliance:** All patient information will be de-identified during Clinic. Door to Telehealth room must be closed, and “*do not disturb*” sign posted.
- **Pagers/Cell Phones:** All pagers and cell phones must be muted during Clinic. Please leave the room to answer a phone call/page. Please mute local microphone when other sites are presenting to prevent feedback.
- **Accreditation:** Maimonides Medical Center, Office of Continuing Medical Education is accredited by the Medical Society of the State of New York to provide continuing medical education for physicians. The Office of Continuing Medical Education designates this continuing live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)™*. Participants should claim only credit commensurate with the extent of their participation in the activity.

THIS TeleECHO SESSION MAY BE AUDIO AND VIDEO RECORDED. YOUR PARTICIPATION CONFIRMS YOUR CONSENT TO THIS RECORDING

PLEASE NOTE: IF PARTICIPATING VIA AUDIO, PLEASE ANNOUNCE YOUR NAME AND YOUR LOCATION. THANK YOU.