BSMC
BEST SCIENCE MEDICINE COURSE

Small Group Workshop:
Excellent or Excrement: A Beginner's Guide to Sorting Out Research Claims

Thursday, May 5, 2016

In this interactive workshop simple rules about randomization (and how it is manipulated), blinding, selective reporting, statistical vs. clinical significance, and other issues will be discussed. Besides RCTs, participants will learn why cohort studies should rarely change practice and how to sort out meta-analyses from the metaphysical. The workshop will include small group and individual-led work. The goal is to teach common misinterpretations, tricks to quickly sort out key features, and make evidence use a little easier. Bring your questions and your inner skeptic.

This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for 3.25 Mainpro-C credits.

*****LIMITED TO 40 PARTICIPANTS*****

TIME: 9:00 am registration; 9:30 am to 4:00 pm *(Coffee/muffins on arrival and lunch included)*

PLACE: Coquihalla Room, 2nd floor, 1190 Hornby Street, Vancouver, BC
(St. Paul's Hospital Dept. of Family and Community Medicine offices – ***Note: this is not in the hospital***)
No onsite parking – paid parking at St. Paul's Hospital and 2 block walk to venue or paid parking at Hornby and Helmcken Streets

PRESENTERS: G. Michael Allan, MD, CCFP, Tina Korownyk, MC, CFFP, Mike Kolber, MD, CCPF and James McCormack, BSc Pharm, PharmD

Fee: $300; All Students & Residents $200 *(Students/Residents must provide a letter from your program director confirming your status.)*

FAX OR EMAIL YOUR REGISTRATION WITH CREDIT CARD PAYMENT ONLY TO:
Best Science Medicine Course c/o Portfolio Conference Planning
1383 Homer Street, Vancouver, BC V6B 5M9
tel: 604.685.4888 fax: 604.685.5787 email: registration@portfolio-inc.com

A confirmation will be emailed to you prior to the Workshop.
If you do not receive a confirmation, please call our office to ensure you are registered. Thank you.

Please print or type ❑ **Dr.** ❑ **Mr.** ❑ **Ms.** ❑ **Mrs.** **(please check one)**

First Name: _____ **Last Name:** _____

Address: _____ **City, Prov:** _____

PC: _____ **Tel:** _____ **Email:** _____

I am a ❑ Family Physician ❑ Pharmacist ❑ Nurse Practitioner ❑ Naturopathic Physician ❑ Specialist ❑ Other _____

I am a ❑ Student/Resident. Please specify ❍ Family Practice ❍ Pharm D Student ❍ Pharmacy Resident

Payment by: ❑ Visa ❑ MasterCard Amount Authorized $_____

Card # _____ Expiry Date ____/____ 3-digit code _____

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