AAPA CONFERENCE ON DEMAND

# 2020 Cardiovascular Track

## Total AAPA Category 1 CME Credits: 15.5

---

**2020 Clinical Update in Heart Failure**

AAPA Category 1 CME: 1.25

**Description:** Heart failure is a common and complex clinical syndrome with a rising prevalence affecting more than 5 million Americans with >650,000 people diagnosed with new-onset heart failure annually. The cost of heart failure care in the United States is more than $30 billion a year, and there are more than 1 million patients hospitalized annually for heart failure in the United States. Data from clinical trials and other evidence-based literature around heart failure care expand at a rate so rapidly that many cardiology professional societies are forced to revise and provide a focused update to published clinical practice guidelines on the management of patients with heart failure. This session provides an evidence-based update on important studies published recently that either confirm or change the practices of clinicians in order to provide optimal management for patients with heart failure. This session is case-based with challenging questions/answers utilizing audience response.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Incorporate into clinical practice recently published literature evidence on new heart failure therapies and guidelines to provide optimal management
- Appraise precipitating etiologies of heart failure including causes for hospitalization and readmission for heart failure
- Compare prognostic importance and clinical relevance for certain cardiac biomarkers in patients with both acute and chronic heart failure

---

**Atrial Fibrillation: Thinning the Concerns about Thinning (or not Thinning) the Blood**

AAPA Category 1 CME: 1.25

**Description:** This session provides participants with a high-yield, evidence-based review of one of two key elements of management of atrial fibrillation; management of thromboembolic risk. It covers risk stratification methods (to predict both risk of a thromboembolic event and risk of a major bleeding event) and the various options available to help modify thromboembolic risk in patients with nonvalvular atrial fibrillation. In so doing, it serves as an archetypal example of how evidence-based medicine (necessarily involving not only the best-available evidence, but also clinical expertise and a patient's values and preferences) is fundamental in truly providing patients the best care possible.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Discuss two methods used to assist with stratification of thromboembolic and major bleeding risk in patients with nonvalvular atrial fibrillation
- Describe how shared decision-making can be implemented in making decisions about thromboembolic prophylaxis in nonvalvular atrial fibrillation

- Discuss key evidence surrounding the various antithromboembolic options in nonvalvular atrial fibrillation

---

**Basic ECG Workshop, Part I**

AAPA Category 1 CME: 1.25

**Description:** Interpreting 12-lead ECGs is an important skill for any clinician, although it can be a difficult skill to become comfortable with or even master. This session provides the participant with the basic skills needed to become more knowledgeable and comfortable in utilizing this important diagnostic tool. The activity is divided into two parts. Part I focuses on basic descriptive analysis of ECGs (determining heart rate, rhythm, calculating intervals, axis and R-wave progression. Part II focuses on evaluating several common ECG pathologies listed in the objectives. Support materials is provided to help with your development and reinforcement of learning this skill set.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Analyze the basic ECG components required to assess pathology to include heart rate, rhythm, axis and waveform intervals
- Develop a simple method to enable consistent assessments of unknown ECGs for common pathologies
- Identify the common variances within normal ECGs
- Interpret normal ECGs, Bundle Branch Blocks, IVCDs and Fascicular Blocks, using specific diagnostic criteria

---

**Basic ECG Workshop, Part II**

AAPA Category 1 CME: 1.25

**Description:** Interpreting 12-lead ECGs is an important skill for any clinician, although it can be a difficult skill to become comfortable with or even master. This session provides participants with the basic skills needed to become more knowledgeable and comfortable in utilizing this important diagnostic tool. The activity is divided into two parts. Part I focuses on basic descriptive analysis of ECGs (determining heart rate, rhythm, calculating intervals, axis and R-wave progression. Part II focuses on evaluating several common ECG pathologies listed in the objectives. Support materials is provided to help with your development and reinforcement of learning this skill set.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Analyze the basic ECG components required to assess pathology to include heart rate, rhythm, axis and waveform intervals

- Develop a simple method to enable consistent assessments of unknown ECGs for common pathologies
- Identify the common variances within normal ECGs
- Interpret normal ECGs, Bundle Branch Blocks, IVCDs and Fascicular Blocks, using specific diagnostic criteria

---

**Diabetes Case Studies: Navigating the Alphabet Soup of Treatment Options**

AAPA Category 1 CME: 1.25

**Description:** This interactive, case-based session features real world clinical scenarios to demonstrate optimization of diabetes treatment plans. The session explores critical decision-making when selecting from the variety of available anti-hyperglycemia agents with an effort at reducing complications and hypoglycemia. A review of cardiovascular outcomes data is included with a discussion on applying this data and current guidelines at the clinic level to help improve patient outcomes as well as clinicians' comfort with this evolving area of medicine.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Discuss the pathophysiology of type 1 and type 2 diabetes and how this directly applies to treatment recommendations
- Describe available treatment options including specific mechanisms of action and clinical considerations
- Review recent cardiovascular outcome trials results which have affected clinical guidelines, indications, and precautions
- Demonstrate the real-world application of selecting diabetes treatment options using clinical case studies

---

**DVT and PE**

AAPA Category 1 CME: 0.5

**Description:** Eighty percent of all patients with a DVT have an identifiable risk factor for thrombosis. With the most common cause of a pulmonary embolism being migration of a DVT, early and appropriate treatment is critical to decrease patient mortality and morbidity. This session provides evidence-based information on current identification and management of DVTs and PEs.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Determine a patient's risk for a DVT and base treatment methods on diagnostic criteria

- Incorporate evidence-based medicine for the diagnosis and treatment of DVTs and PEs into clinical practice as applicable

---

**Essential Risk Stratification for Practicing Evidenced-Based Medicine**

AAPA Category 1 CME: 0.75

**Description:** Risk stratification tools have become increasingly popular and are essential in the medical decision-making process of patient disposition. Risk stratification tools are highly tied to evidence-based medicine. These tools not only help with identifying and calculating risk but when used and documented correctly, can provide a safety net that can prevent adverse patient outcomes and potentially prevent liability. This session aims to ensure that the audience of existing risk stratification tools that can be used in everyday practice and to expose the learner to new tools that have come out in the last few years.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Discuss risk stratification calculations; when and why they are used
- Calculate and interpret the CHA2DS2-VASc Score for Atrial Fibrillation and Stroke Risk
- Calculate and interpret the HEART Score for Major Cardiac Events
- Calculate and interpret the Wells' Criteria and PERC Rule for DVT and PE
- Calculate and interpret the CURB-65 Score for Pneumonia Severity

---

**Intermediate ECG interpretation**

AAPA Category 1 CME: 1.25

**Description:** This session includes conduction abnormalities, probability of supraventricular versus ventricular tachycardia, and describe clinical significance. Discussion will include the clinical significance of electrical deflections on ECG, ECG changes in relation to physiological events, QRS axis shifts in relation to various disease states, ECG patterns for presence of myocardial ischemia, injury and infarction, presence of conduction abnormalities indicating bundle branch blocks, probability of supraventricular (SVT) vs. ventricular tachycardia (VT), and causes, clinical presentation and treatments for QT prolongation.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Describe clinical significance of electrical deflections on ECG
- Review ECG changes in relation to physiological events
- Analyze QRS axis shifts in relation to various disease states
- Evaluate ECG patterns for presence of myocardial ischemia, injury and infarction
- Determine the presence of conduction abnormalities indicating bundle branch blocks

AAPA CONFERENCE ON DEMAND

# 2020 Cardiovascular Track

## Total AAPA Category 1 CME Credits: 15.5

---

**Point-of-Care Ultrasound and COVID-19**

AAPA Category 1 CME: 1.25

**Description:** Point-of-care ultrasound (POCUS) has had a growing importance in a variety of clinical arenas over the past several years. With the recent development of COVID-19 in the United States, POCUS has become essential to many providers on the front lines. This session focuses on the basics of ultrasound and their applications in the care of patients with COVID-19. Participants will see scans from patients with COVID-19 and receive information on the rapidly progressing recommendations for pulmonary and cardiac ultrasound in this population.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Identify the benefits of use of POCUS in patients with COVID-19
- Recognize the ultrasound findings of normal lung and compare them with the findings seen in patients with COVID-19
- Identify signs of cardiac complications on ultrasound, including myocarditis, pericardial effusion and thrombosis
- Describe recommendations for decontamination of ultrasound equipment following use on COVID-19 positive patients

---

**The Icky, Squishy, and Smelly: Chronic Wound Care**

AAPA Category 1 CME: 1.5

**Description:** Chronic wounds imposes a drastic, devastating burden to quality of life. Unfortunately, one of the major complications of a non-healing wound is amputation, but below knee amputations have a 5-year mortality of 50%. This session explores ways to treat and heal chronic wounds to prevent amputations, decrease mortality, and increase the quality of life. Save a limb; save a life. This session is intended to cover the basics of chronic wound management, including initial wound evaluation, cleaning a wound choosing a dressing, antibiotic treatment if necessary, what NOT to do, when to refer, and patient education.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Recognize a chronic wound and describe distinguishing factors
- Identify the etiology of a non-healing wound
- Discuss treatment options for chronic wounds
- Assess the need for a multidisciplinary approach to wound healing

---

AAPA CONFERENCE ON DEMAND

# 2020 Cardiovascular Track

## Total AAPA Category 1 CME Credits: 15.5

---

**Top Ten Ways to Kill Kidneys in Clinical Practice**

AAPA Category 1 CME: 1.5

**Description:** PAs are taught and diligently try to adhere to the dictum, 'Primum non nocere', or 'First do no harm'. Unfortunately, it is very easy for PAs to inadvertently cause harm to the kidneys. The kidney is a very delicate and complex organ that is frequently threatened by disease but can also be harmed by failure to recognize or appropriately treat disease. Therefore, this session covers a broad spectrum of iatrogenic causes of renal injury that are commonly encountered by PAs in various practice settings. Among the topics to be discussed are errors relating to the diagnosis and treatment of acute and chronic kidney disease, prescribed and non-prescribed nephrotoxic agents, and the treatment of hypertension and heart failure. The session discusses ten common causes of iatrogenic kidney disease and provide recommendations for preventing them. It will be case-based, interactive and relevant to PAs in many fields of practice.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Distinguish reversible prerenal azotemia from acute intrinsic kidney injury using clinical and novel biomarker clues
- Recognize pitfalls in diagnosing and shortcomings in managing chronic kidney disease early enough to prevent progression
- Avoid therapeutic inertia in the treatment of hypertension, especially with respect to the new BP targets
- Avoid mishandling of diuretics and renin-angiotensin system blockers (ACEIs, ARBs) in the treatment of heart failure
- Discuss commonly encountered endogenous and exogenous nephrotoxins

---

**Understanding Diabetes Cardiovascular Outcome Trials**

AAPA Category 1 CME: 1.5

**Description:** Diabetes cardiovascular outcome trials provide a wealth of information regarding the cardiovascular safety of new generation diabetes drugs. Currently available diabetes medications have been shown to be safe, without unacceptable increase in cardiovascular risk, and some have been shown to offer reduction in risk. However, there is wide variability amongst these studies in terms of trial design, populations studied, and meaningfulness of the results. Comparisons of findings from one study to another is not possible without an accurate understanding of each trial's structure and populations. This session is designed to summarize the more relevant CVOTs in understandable terms so that the clinician can draw accurate and meaningful conclusions about drug options that can be applied to everyday practice.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Describe the purpose of Diabetes Cardiovascular Outcomes Trials ( CVOTs)
- Discuss the results of recent CVOTs
- Compare and contrast how study design for CVOTs performed on drugs within a class
- Explain the relevance of CVOT findings in every day clinical practice
- Identify where future research is needed in diabetes cardiovascular safety

---

**Vascular Leg Pain: Arterial vs. Venous Etiology**

AAPA Category 1 CME: 1

**Description:** Lower extremity pain has multiple etiologies, and in more than 35% of these patients a disorder of the vasculature is to blame. Peripheral artery disease leads to hypoperfusion of lower extremity musculature, due to arterial plaque formation and turbulent blood flow. Chronic venous insufficiency leads to lower extremity edema and varicosities due to venous hypertension. Both of these vascular disorders have modifiable risk factors and patient education can help ameliorate symptoms. Work up of patients with suspected vascular disease includes ankle-brachial indices and arterial or venous doppler duplex studies. Appropriate management of the root cause is important as unrecognized or untreated cases can result in complications such as osteomyelitis, chronic wounds and gangrene, which could require amputation. Arterial disease benefits from supervised exercise programs and tight control of comorbidities, while venous disease is primarily treated with compression hose and elevation.

**Learning Objectives:**
At the end of this session, the participant should be able to:

- Distinguish between the presenting symptoms of arterial and venous leg disease
- Recognize the difference in appearance of a lower extremity with arterial versus venous disease
- Discuss the different diagnostic studies available to differentiate between vascular diseases
- Formulate appropriate treatment plans for arterial and venous leg disease

---