THE EIGHTH ANNUAL
ADULT HOSPITAL MEDICINE
BOOT CAMP
SEPT. 28 – OCT. 2, 2016
INDIANAPOLIS, IN
Welcome!

AAPA and the Society of Hospital Medicine (SHM) are pleased to welcome you to the Eighth Annual Adult Hospital Medicine Boot Camp. We hope Boot Camp will be a fulfilling educational journey for you. Thank you for helping to make our conference a success!

Sincerely,

Areeba Kara, MD, MS, FACP
Anne Martin, AGACNP-BC, MScN (Education), MScN ACNP
Jennifer Palermo, MMS, PA-C
Course Directors

Stay Connected

Complimentary Wi-Fi is offered in the meeting space at the JW Marriott. Please follow the steps below to connect:

1. Connect to the wireless network “JWMarriott-MEETING”
2. Go to http://login.globalsuite.net
3. Enter passcode “BOOTCAMP” along with your name

CME Support

Financial Support

This activity is supported by an educational grant from Allergan.

This activity is supported by an independent educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

This activity is supported by an educational grant from Merck.

This activity is supported by an educational grant from Novo Nordisk, Inc.

In-kind Support

Educational equipment for the Bedside Ultrasound Pre-Course has been provided by an equipment loan grant from GE Healthcare.

General Information

Accreditation Statements

The Boot Camp 2016: Hospital Medicine 101 Pre-Course, offered Sept. 28, 2016, has been reviewed and is approved for a maximum of 4 AAPA Category 1 CME credits by the AAPA Review Panel. PAs should claim only those hours actually spent participating in the CME activity.

The Boot Camp 2016: Bedside Ultrasound Pre-Course, offered Sept. 28, 2016, has been reviewed and is approved for a maximum of 3 AAPA Category 1 CME credits by the AAPA Review Panel. PAs should claim only those hours actually spent participating in the CME activity.

The Boot Camp 2016: Reimbursement Workshop for PAs and NPs in Hospital Medicine, offered Sept. 28, 2016, has been reviewed and is approved for a maximum of 28 AAPA Category 1 CME credits by the AAPA Review Panel. PAs should claim only those hours actually spent participating in the CME activity.

The Eighth Annual Adult Hospital Medicine Boot Camp General Course, offered Sept. 29 - Oct. 2, 2016, has been reviewed and is approved for a maximum of 28 AAPA Category 1 CME credits by the AAPA Review Panel. PAs should claim only those hours actually spent participating in the CME activity.

These programs were planned in accordance with AAPA’s CME Standards for Live Programs and for Commercial Support of Live Programs.

The Adult Hospital Medicine Boot Camp 2016 Self-Assessment, the optional online self-assessment CME program, has been reviewed and is approved for a maximum of 5 AAPA Category 1 Self-Assessment CME credits by the AAPA Review Panel. PAs should claim only the credit commensurate with the extent of their participation in the activity. This program was planned in accordance with AAPA’s CME Standards.

This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. Therefore, before prescribing any medication, please review the complete prescribing information, including indications, contraindications, warnings, precautions and adverse effects. The information presented is that of the contributing faculty and does not necessarily represent the views of AAPA, SHM and/or any named commercial entity providing financial support.
Accessing Electronic Handouts

Electronic handouts provided by conference faculty are available under My Curriculum on Learning Central.

1. Log into Learning Central at [cme.aapa.org](http://cme.aapa.org) using your AAPA username and password. If you don’t know your user credentials, or are unable to log in, please contact [cme@aapa.org](mailto:cme@aapa.org).

2. Click the My Curriculum tab and select The Eighth Annual Adult Hospital Medicine Boot Camp General Course, Boot Camp 2016: Hospital Medicine 101 Pre-Course, Boot Camp 2016: Bedside Ultrasound Pre-Course, or Boot Camp 2016: Reimbursement Workshop for PAs and NPs in Hospital Medicine.

3. Click on the yellow Select or Resume button on the top right of the page.

4. Navigate to the Activity Material section and click on the PDFs to open the session handouts.

Accessing the Online Self-Assessment CME Activity

Please use the following steps to complete the Adult Hospital Medicine Boot Camp 2016 Self-Assessment CME activity:

1. Log into Learning Central at [cme.aapa.org](http://cme.aapa.org) using your AAPA username and password. If you don’t know your user credentials, or are unable to log in, please contact [cme@aapa.org](mailto:cme@aapa.org).

2. Click the My Curriculum tab and select the Adult Hospital Medicine Boot Camp 2016 Self-Assessment activity.

3. Click on the yellow Select or Resume button on the top right of the page.

4. Navigate to the Pre-Assessment section. This pre-assessment must be completed prior to midnight on Thursday, Sept. 29, 2016.

5. After the conference, complete the post-assessment. You will have until Oct. 31, 2016 to complete the post-assessment.

6. Upon successful completion of the post-assessment, your CME certificate is generated. You must complete both the pre-assessment and the post-assessment and score at least 70 percent on the post-assessment to earn AAPA Category 1 Self-Assessment CME credit.

Accessing the Course Evaluation and CME Certificate

Your feedback helps us plan future conferences; therefore, your completion of a course evaluation is a prerequisite for a CME certificate. The course evaluation/CME certificate will be available on AAPA’s Learning Central starting on Oct. 2, 2016. You will have until Nov. 4, 2016 to complete the evaluation.

Please use the following steps to complete the course evaluation and receive your CME certificate:

1. Log into Learning Central at [cme.aapa.org](http://cme.aapa.org) using your AAPA username and password. If you don’t know your user credentials, or are unable to log in, please contact [cme@aapa.org](mailto:cme@aapa.org).

2. Click the My Curriculum tab and select The Eighth Annual Adult Hospital Medicine Boot Camp General Course, Boot Camp 2016: Hospital Medicine 101 Pre-Course, Boot Camp 2016: Bedside Ultrasound Pre-Course, or Boot Camp 2016: Reimbursement Workshop for PAs and NPs in Hospital Medicine.

3. Click on the yellow Select or Resume button on the top right of the page.

4. Navigate to the Evaluation section and click on the Launch button to open and complete the survey.

5. View your certificate under My Transcript.
### Pre-Courses: Wednesday, Sept. 28

#### On-site Registration
First Floor, White River Prefunction

#### 6:30 a.m. – 5:30 p.m.

#### 7:30 – 7:45 a.m.
First Floor, White River F

**Hospital Medicine 101 Pre-Course: Welcome From Course Directors**
Areeba Kara, MD, MS, FACP
Jennifer Palermo, MMS, PA-C
Anne Martin, AGACNP-BC, MScN (Education), MScN ACNP

#### 7:45 – 8:45 a.m.
First Floor, White River F

**Hospital Medicine 101 Pre-Course: EKGs You Need to Know**
Anne Martin, AGACNP-BC, MScN (Education), MScN ACNP

At the conclusion of this presentation, participants should be able to:
- Describe a systematic approach to EKG interpretation
- Compare and contrast the diagnostic utility between rhythm strips, telemetry monitoring and 12-lead EKGs
- Recognize important and commonly encountered EKG abnormalities in the hospital and their clinical correlates

#### 8:45 – 9 a.m.
First Floor, White River Prefunction

#### Break

#### 9 – 10 a.m.
First Floor, White River F

**Hospital Medicine 101 Pre-Course: Lab Rats to the Rescue: Inpatient Cases in Lab Medicine**
Andrew Herber, PA-C

At the end of this presentation, participants should be able to:
- Interpret commonly ordered labs on hospitalized patients
- Correlate abnormal lab results with clinical scenarios
- Discuss the utility of laboratory testing in the inpatient setting

#### 10 – 11 a.m.
First Floor, White River F

**Hospital Medicine 101 Pre-Course: Evaluation of Commonly Ordered Imaging Studies in Hospitalized Patients**
John Kindler, MD

At the end of this presentation, participants should be able to:
- Describe a systematic approach to the interpretation of CXRs and KUBs
- Review CXR interpretation with a focus on line positioning, differentiating ileus vs. obstruction, and identifying free air
- Review chest CT interpretation with a focus on identifying pulmonary emboli
- Review KUB interpretation with a focus
### 11 a.m. – 12 p.m.
**Hospital Medicine 101 Pre-Course: Antibiotic Review**
Jenny Baenziger, MD, FAAP

First Floor, White River F

At the end of this presentation participants should be able to:

- Review major antibiotic classifications
- List and describe the rationale for first line antibiotic treatment for commonly encountered infections in inpatients (urinary tract infections, pyelonephritis, skin and soft tissue infections and diverticulitis)
- List second line antibiotic choices for patients with allergies
- Describe common side effects of frequently used antibiotics

### 12 – 1:15 p.m.
**Lunch (on your own)**

### 1:15 – 4:15 p.m.
**Reimbursement Workshop for PAs and NPs in Hospital Medicine**
Tricia Marriott, PA-C, MPAS, MJ Health Law, CHC

First Floor, White River F

At the end of this presentation participants should be able to:

- Avoid allegations of fraud and abuse by understanding and implementing proper billing and reimbursement rules for PAs and NPs and the associated physician documentation requirements
- Describe efficiencies and opportunities to maximize utilization of PAs and NPs as providers on the hospital medicine team
- Discuss the current compliance landscape and trends in regulatory enforcement
- Dispel myths and misunderstandings regarding the utilization of PAs and NPs and billing for the services they provide
- Access Medicare manual citations and contractor guidance for common policies such as shared visits and observation services

### 1:15 – 4:15 p.m.
**Bedside Ultrasound Pre-Course**
W. Graham Carlos, MD
Emily Cochard, MD
Khalil Diab, MD
Zachary Fulkerson, MD, PhD
Zachary Hartsell, MHA, PA-C
Andrew P. Walker, PSM, MS, PA-C

First Floor, White River G-J

At the end of this presentation participants should be able to:

- Describe basic ultrasound physics and basic machine function
- Demonstrate the correct technique in using the ultrasound probe and equipment interface
- Discuss the utility of ultrasound in supplementing the clinical exam to detect effusions, ascites, pneumothoraces and deep venous thromboses
- Assess cardiac function and volume status using bedside ultrasound
- Perform a Focused Assessment with Sonography in Trauma (FAST) exam
## General Course: Thursday, Sept. 29, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>6:30 a.m. – 5 p.m.</td>
<td>On-site Registration</td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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<tr>
<td>6:30 – 7:15 a.m.</td>
<td>Continental Breakfast (provided)</td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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<tr>
<td>7:15 – 7:30 a.m.</td>
<td>Welcome From Course Directors</td>
<td>Third Floor, JW Grand Ballroom 6</td>
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<tr>
<td></td>
<td>Areeba Kara, MD, MS, FACP</td>
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<td>Jennifer Palermo, MMS, PA-C</td>
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<td>Anne Martin, AGACNP-BC, MScN (Education), MScN ACNP</td>
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<tr>
<td>7:30 – 8:30 a.m.</td>
<td>COPD: Where Do We Go From Here?</td>
<td>Third Floor, JW Grand Ballroom 6</td>
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<td>Andrew P. Walker, PSM, MS, PA-C</td>
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<td>At the end of this presentation participants should be able to:</td>
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<td>• Review the causes and clinical presentation of a COPD exacerbation</td>
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<td>• Determine the appropriate disposition of a patient presenting with a COPD exacerbation</td>
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<td>• Discuss the evaluation and management of a COPD exacerbation</td>
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<td>• Review the role of nebulized vs. MDI therapy in a COPD exacerbation</td>
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<td>• Discuss the risk factors predisposing to readmission in COPD patients and strategies to mitigate the risk</td>
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<td>• Review emerging therapeutic interventions</td>
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<tr>
<td>8:30 – 9:30 a.m.</td>
<td>Basics of Pre-Operative Medical Assessment</td>
<td>Third Floor, JW Grand Ballroom 6</td>
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<td>Jennifer R. Hur, MD</td>
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<td>At the end of this presentation participants should be able to:</td>
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<td>• Outline the necessary components of an effective pre-operative medical consultation</td>
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<td>• Recommend cost-effective pre-operative testing</td>
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<td>• Identify medical comorbidities that confer elevated risk of cancellation or peri-operative complications</td>
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<td>• Recommend basic pre-operative medication management</td>
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<tr>
<td>9 – 10 a.m.</td>
<td>Exhibits</td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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<td>9:30 – 10 a.m.</td>
<td>Break</td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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<tr>
<td>Time</td>
<td>Session Title</td>
<td>Speaker(s)</td>
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<tr>
<td>10 – 11 a.m.</td>
<td>Atrial Fibrillation Management</td>
<td>Deepak Bhakta, MD, FACP, FACC, FAHA, FHRS, CCDS</td>
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<tr>
<td>11 a.m. – 12 p.m.</td>
<td>Inpatient Management of Patients With Heart Failure</td>
<td>Irmina Gradus-Pizlo, MD, FACC, FASE</td>
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<tr>
<td>11:30 a.m. – 1:30 p.m.</td>
<td>Exhibits</td>
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<tr>
<td>12 – 1:30 p.m.</td>
<td>Lunch (provided)</td>
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<tr>
<td>1:30 – 2:30 p.m.</td>
<td>Ischemic Stroke and TIA</td>
<td>Laura Tormoehlen, MD</td>
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<tr>
<td>2 – 3 p.m.</td>
<td>Exhibits</td>
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</table>

**Atrial Fibrillation Management**

At the end of this presentation participants should be able to:

- Explain indications, contraindications and mechanisms of action of pharmacologic agents used to treat atrial fibrillation
- Risk stratify patients with atrial fibrillation and determine the need for anticoagulation
- Determine when cardioversion or ablation is indicated
- Discuss the appropriate anticoagulant agents to utilize

**Inpatient Management of Patients With Heart Failure**

At the end of this presentation participants should be able to:

- Explain underlying causes of heart failure and precipitating factors leading to exacerbation
- Differentiate features of systolic and diastolic dysfunction and explain the common etiologies of each
- Describe the indicated tests required to evaluate heart failure, including assessment of left ventricular function
- Risk stratify patients with heart failure

**Ischemic Stroke and TIA**

At the end of this presentation participants should be able to:

- Review the causes of ischemic and hemorrhagic strokes
- Describe the anatomic localization of a stroke based on clinical presentation
- Discuss the management of acute stroke including diagnostics and blood pressure control
- Review current guidelines regarding secondary risk factor reduction in stroke prevention
- List the current stroke quality measures and discuss the hospitalist provider’s role in achieving these
- Discuss a safe transition out of the hospital following a stroke
### 2:30 – 3 p.m.
**Break**
Third Floor, JW Grand Ballroom 6 Prefunction

### 3 – 4 p.m.
**Glucose Control in the Hospitalized Patient**
David Allaben, PA-C
Third Floor, JW Grand Ballroom 6

At the end of this presentation participants should be able to:

- Review the current recommendations for glycemic control in hospitalized patients
- Discuss adverse outcomes associated with hypoglycemia
- Describe the evaluation and management of DKA and hyperosmolar hyperglycemia
- Calculate basal-bolus insulin dosing in hospitalized patients

### 4 – 5 p.m.
**Rapid Response Teams**
Katie Colone, RN, BSN, CCRN, MSN, ACNP-BC
Sheila Zielinski, RN, DNP, FNP-BC, ACNP-BC
Third Floor, JW Grand Ballroom 6

At the end of this presentation participants should be able to:

- Review data supporting the role of rapid response teams
- Describe common clinical scenarios where patients require urgent bedside evaluation
- Determine the role of a rapid response team and factors that affect the effectiveness of those teams
- Explain appropriate management plans for patients being evaluated by the rapid response team

### 5 – 7 p.m.
**Welcome Reception and Exhibits**
Third Floor, JW Grand Ballroom 6 Prefunction

### General Course: Friday, Sept. 30, 2016

#### 6:30 a.m. – 5:30 p.m.
**On-site Registration**
Third Floor, JW Grand Ballroom 6 Prefunction

#### 6:30 – 7:30 a.m.
**Continental Breakfast (provided)**
Third Floor, JW Grand Ballroom 6 Prefunction

#### 7:30 – 8:30 a.m.
**Sorting Out Syncope: Deadly Drop or Frivolous Faint?**
Bart Besinger, MD
Third Floor, JW Grand Ballroom 6

At the end of this presentation participants should be able to:

- Differentiate between the clinical presentations of syncope and seizure
- Identify life-threatening causes of syncope
- Implement a systematic approach to the patient with syncope
- Explain the limitations of various syncope decision instruments
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>8:30 – 9:30 a.m.</td>
<td>Hospital Acquired Infections</td>
<td>Third Floor, JW Grand Ballroom 6</td>
<td>Curtis A. Wright, MD, FHM</td>
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<td>At the end of this presentation participants should be able to:</td>
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<td>• Review the epidemiology and risk factors associated with healthcare-acquired infections (C. diff, CLABSI and CAUTI)</td>
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<td>• Discuss evidence based strategies to prevent C. diff, CLABSI and CAUTI</td>
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<tr>
<td>9 – 10 a.m.</td>
<td>Exhibits</td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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<tr>
<td>9:30 – 10 a.m.</td>
<td>Break</td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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<td>10 – 11 a.m.</td>
<td>From To Err is Human to Now</td>
<td>Third Floor, JW Grand Ballroom 6</td>
<td>LeeAnn Cox, MD</td>
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<td>At the end of this presentation participants should be able to:</td>
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<td>• Discuss the impact and expanse of medical error</td>
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<td>• Discuss interventions and improvements made since to err is human</td>
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<td>• Assess error for the contributions to ensure meaningful quality improvement</td>
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<td>• Discuss the role of providers in safety</td>
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<tr>
<td>11 a.m. – 12 p.m.</td>
<td>Palliative Care: Essential Conversations in Advanced Illness</td>
<td>Third Floor, JW Grand Ballroom 6</td>
<td>Alexia M. Torke, MD, MS</td>
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<td>At the end of this presentation participants should be able to:</td>
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<td>• Assess advance care planning preparation and readiness</td>
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<td>• Conduct a goals of care conversation</td>
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<td>• Describe steps in a family meeting with surrogate decision makers</td>
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<td>• Describe three ways to provide emotional support to patients or families</td>
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<tr>
<td>11:30 a.m. – 1:30 p.m.</td>
<td>Exhibits</td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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<tr>
<td>12 – 1:15 p.m.</td>
<td>Lunch (provided)</td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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</table>
### 1:15 – 3:15 p.m. Breakout Sessions I

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Session Name</th>
<th>Speakers</th>
<th>At the end of this presentation participants should be able to:</th>
</tr>
</thead>
</table>
| 1:15 – 3:15 p.m. | Third Floor, JW Grand Ballroom 6 | **A Day in the Life of a Hospital Internal Medicine NP/PA**       | Zachary Hartsell, MHA, PA-C  Jennifer Palermo, MMS, PA-C                  | - List differential diagnoses for commonly encountered inpatient medical conditions  
- Develop diagnostic and treatment plans for commonly encountered inpatient medical conditions  
- Appropriate manage calls from bedside nurses |
|               |                               | **What’s All the Fuss About Documentation?**                     | Cheryl Ericson, MS, RN, CCDS, CDIP                                        | - Discuss how provider documentation is translated into coded data  
- Explain why some diagnoses require additional supportive documentation  
- Identify common documentation issues when translating a diagnosis into an ICD-10-CM code  
- Distinguish documentation that can be accurately captured by ICD-10-CM code from documentation that is likely to result in a query |
|               |                               | **Hospital Internal Medicine Journal Club**                      | Areeba Kara, MD, MS, FACP  Deanne T. Kashiwagi, MD                         | - Identify relevant studies to hospital medicine that have been published within the past year  
- Interpret evidence from recent studies in order to apply the results to clinical practice |
|               |                               | **ABG Interpretation**                                           | Emily Cochard, MD  Christopher Kniese, MD  Joseph P. Smith, MD             | - Discuss indications for obtaining an arterial blood gas  
- Demonstrate a systematic approach to interpret arterial blood gases  
- Determine potential underlying etiologies of abnormal arterial blood gases |

### 2:30 – 3:30 p.m. Exhibits

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>2:30 – 3:30 p.m.</td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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</tbody>
</table>

### 3:15 – 3:30 p.m. Break

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>3:15 – 3:30 p.m.</td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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</tbody>
</table>
### Breakout Sessions II

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>3:30 – 5:30 p.m.</td>
<td><strong>A Day in the Life of a Hospital Internal Medicine NP/PA</strong></td>
<td>Third Floor, JW Grand Ballroom 6</td>
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<td><strong>What's All the Fuss About Documentation?</strong></td>
<td>Third Floor, JW Grand Ballroom 7</td>
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<tr>
<td></td>
<td><strong>Hospital Internal Medicine Journal Club</strong></td>
<td>Third Floor, JW Grand Ballroom 8</td>
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<td></td>
<td><strong>ABG Interpretation</strong></td>
<td>Third Floor, JW Grand Ballroom 9-10</td>
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### General Course: Saturday, Oct. 1, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>6:30 am – 5:30 p.m.</td>
<td><strong>On-site Registration</strong></td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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<tr>
<td>6:30 – 7:30 a.m.</td>
<td><strong>Continental Breakfast (provided)</strong></td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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<td>7:30 – 8:30 a.m.</td>
<td><strong>Common Hospital Medicine Cases: Alcohol and the Liver</strong></td>
<td>Third Floor, JW Grand Ballroom 6</td>
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<td>Amber Brooks-Gumbert, MMS, PA-C</td>
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<td>At the end of this presentation participants should be able to:</td>
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<td></td>
<td>• Identify signs and symptoms of alcohol intoxication, ketoacidosis and withdrawal</td>
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<td>• Differentiate between ESLD and acute alcoholic hepatitis</td>
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<td>• Develop an evidence-based treatment plan for alcohol withdrawal</td>
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<td>• Discuss evaluation and management of hepatic encephalopathy and spontaneous bacterial peritonitis</td>
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<td>• Define end-stage liver disease (ESLD)</td>
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<td>• Discuss common findings associated with ESLD</td>
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<tr>
<td>8:30 – 9:30 a.m.</td>
<td><strong>Diagnosing Spells in the Hospital</strong></td>
<td>Third Floor, JW Grand Ballroom 6</td>
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<td>Joseph Drazkowski, MD</td>
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<td>At the end of this presentation participants should be able to:</td>
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<td></td>
<td>• Discuss the differential diagnosis of spells in the hospital</td>
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<td>• Discuss an approach to the workup of spells in the hospital</td>
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<td>• Identify key features of seizures vs. imitators of seizures</td>
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<tr>
<td>9:30 – 10 a.m.</td>
<td><strong>Break</strong></td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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### Management of the Hospitalized Patient With Pneumonia

Adriana Krstic, MMS, PA-C

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>10 – 11 a.m.</td>
<td><strong>Management of the Hospitalized Patient With Pneumonia</strong></td>
<td>Third Floor, JW Grand Ballroom 6</td>
<td>Adriana Krstic, MMS, PA-C</td>
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<td>At the end of this presentation participants should be able to:</td>
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<tr>
<td></td>
<td>• Differentiate the following types of pneumonia: community-acquired, hospital-acquired, and ventilator-associated</td>
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<td>• Identify the patients who require hospitalization (according to PSI vs. CURB-65 criteria)</td>
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<td>• Discuss the appropriate treatment of each type of pneumonia, as well as the duration</td>
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<td>• Identify when to cover for MRSA, pseudomonas, and multi-drug resistant organisms</td>
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<tr>
<td>11 a.m. – 12 p.m.</td>
<td><strong>Common Inpatient Medical Errors: Tips and Tricks to Avoid Harming Patients</strong></td>
<td>Third Floor, JW Grand Ballroom 6</td>
<td>Erik Summers, MD</td>
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<td>At the end of this presentation participants should be able to:</td>
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<td>• Discuss risk factors for errors in patient care in the hospital setting</td>
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<td>• List commonly made errors in the hospital setting</td>
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<td>12 – 1:30 p.m.</td>
<td><strong>Lunch (on your own)</strong></td>
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<tr>
<td>1:30 – 2:30 p.m.</td>
<td><strong>New Treatment Strategies for an Old Problem: Management of Hypertensive Urgency and Emergency</strong></td>
<td>Third Floor, JW Grand Ballroom 6</td>
<td>Amber Brooks-Gumbert, MMS, PA-C</td>
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<td>At the end of this presentation participants should be able to:</td>
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<tr>
<td></td>
<td>• Define hypertension according to JNC 7/8 guidelines</td>
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<td>• Define hypertensive urgency and emergency</td>
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<td>• Discuss the pathophysiology of hypertensive urgency and emergency</td>
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<td>• Identify signs and symptoms associated with hypertensive urgency/emergency</td>
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<td>• Choose appropriate pharmacologic agents to treat hypertensive urgency/emergency</td>
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<td>• Develop treatment goals for specific disease states related to or caused by hypertensive urgency/emergency</td>
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<td>2:30 – 3:30 p.m.</td>
<td><strong>Management of Venous Thromboembolism</strong></td>
<td>Third Floor, JW Grand Ballroom 6</td>
<td>Erin E. Stutz, MPAS, PA-C</td>
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<td>3:30 – 4:30 p.m.</td>
<td><strong>Hyponatremia: An Overview of Evaluation and Management</strong></td>
<td>Third Floor, JW Grand Ballroom 6</td>
<td>Timothy Broach, MD</td>
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<td>4:30 – 5:30 p.m.</td>
<td><strong>Cognitive Capacity for Informed Decision Making</strong></td>
<td>Third Floor, JW Grand Ballroom 6</td>
<td>Michael Metrick, MD</td>
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**General Course: Sunday, Oct. 2, 2016**

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<th>Time</th>
<th>Session</th>
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<tr>
<td>6:30 a.m. – 1 p.m.</td>
<td><strong>On-site Registration</strong></td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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<td>6:30 – 7:30 a.m.</td>
<td><strong>Continental Breakfast (provided)</strong></td>
<td>Third Floor, JW Grand Ballroom 6 Prefunction</td>
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<td>7:30 – 8:30 a.m.</td>
<td><strong>Sepsis: The Billion Dollar Enemy</strong>&lt;br&gt;Joshua Pinner, MD</td>
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<td>Third Floor, JW Grand Ballroom 6</td>
<td>At the end of this presentation participants should be able to:</td>
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<td>8:30 – 9:30 a.m.</td>
<td><strong>Geriatric Medicine For PAs and NPs in Hospital Medicine</strong>&lt;br&gt;Robert S. Young, MD, MS</td>
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<td>Third Floor, JW Grand Ballroom 6</td>
<td>At the end of this presentation participants should be able to:</td>
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<tr>
<td>9:30 – 10:30 a.m.</td>
<td><strong>Care of the Hospitalized GI Patient</strong>&lt;br&gt;Christen K. Dilly, MD</td>
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<td>Third Floor, JW Grand Ballroom 6</td>
<td>At the end of this presentation participants should be able to:</td>
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<td>10:30 – 11:30 a.m.</td>
<td><strong>Transfusion Medicine Update</strong>&lt;br&gt;Jennifer Palermo, MMS, PA-C</td>
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<tr>
<td>Third Floor, JW Grand Ballroom 6</td>
<td>At the end of this presentation participants should be able to:</td>
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### Sepsis: The Billion Dollar Enemy
- Review the new sepsis and septic shock definitions
- Review the new SEPSIS-3 criteria
- Discuss how to recognize sepsis early
- Review management and treatment of sepsis
- Describe the indications for therapeutic agents including fluids, vasopressors, antibiotics, and steroids in the treatment of sepsis
- Identify methods hospitals are utilizing to improve sepsis recognition

### Geriatric Medicine For PAs and NPs in Hospital Medicine
- Discuss commonly encountered problems, including delirium, dementia, and depression
- Discuss medication challenges when treating these problems in the hospital
- Review community resources available to the elderly after discharge to home
- Review tips on discussing code status with patients in the hospital

### Care of the Hospitalized GI Patient
- Evaluate and manage the patient with a suspected GI bleed
- Evaluate and manage the patient with acute pancreatitis
- Recognize and manage common GI emergencies
- Prevent and manage constipation in the hospitalized patient

### Transfusion Medicine Update
- Describe the appropriate patient and clinical situation to transfuse blood products
- Determine the appropriate type and amount of blood products to transfuse
- List common transfusion reactions
- Select the appropriate reversal agent for common anticoagulants
11:30 a.m. – 12:30 p.m.  Hospital Internal Medicine NP/PA Staffing Models and Usage
Third Floor, JW Grand Ballroom 6
Zachary Hartsell, MHA, PA-C

At the end of this presentation participants should be able to:

- Recognize the different practice models available to NPs and PAs in hospital medicine
- Identify situations when shared visits can be applied and when they cannot
- Perform a basic return on investment productivity analysis based on the current hospitalist productivity model

12:30 – 12:45 p.m.  Closing Remarks
Third Floor, JW Grand Ballroom 6
The Eighth Annual Adult Hospital Medicine Boot Camp Faculty

David Allaben, PA-C
Indiana University Health Physicians
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Jenny Baenziger, MD, FAAP
Indiana University School of Medicine
Eskenazi Hospital Center
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Bart Besinger, MD
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Deepak Bhakta, MD, FACP, FACC, FAHA, FHRS, CCDS
Indiana University Health Physicians
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Timothy Broach, MD
Indiana University Health Physicians
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Amber Brooks-Gumbert, MMS, PA-C
Mayo Clinic Hospital
Phoenix, Ariz.
Disclosures: No relevant commercial relationships to disclose

W. Graham Carlos, MD
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Emily Cochard, MD
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Katie Colone, RN, BSN, CCRN, MSN, ACNP-BC
Indiana University Health Physicians
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

LeeAnn Cox, MD
Richard L. Roudebush VAMC
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Khalil Diab, MD
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Christen K. Dilly, MD
Indiana University Health Physicians
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Joseph Drazkowski, MD
Mayo Clinic Hospital
Phoenix, Ariz.
Disclosures: Research – Neuropace, Neurovista, Artemis; Consultant – Union Pacific Railroad

Cheryl Ericson, MS, RN, CCDS, CDIP
DHG Healthcare
Charleston, S.C.
Disclosures: No relevant commercial relationships to disclose

Zachary Fulkerson, MD, PhD
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Irmina Gradus-Pizlo, MD, FACC, FASE
Indiana University School of Medicine
Indianapolis, Indiana
Disclosures: No relevant commercial relationships to disclose

Zachary Hartsell, MHA, PA-C
Wake Forest Baptist Medical Center
Winston-Salem, N.C.
Disclosures: No relevant commercial relationships to disclose

Andrew Herber, PA-C
Mayo Clinic Hospital
Rochester, Minn.
Disclosures: No relevant commercial relationships to disclose

Jennifer R. Hur, MD
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Areeba Kara, MD, MS, FACP
Indiana University Health Physicians
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Deanne T. Kashiwagi, MD
Mayo Clinic Hospital
Rochester, Minn.
Disclosures: No relevant commercial relationships to disclose

John Kindler, MD
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose
Christopher Kniese, MD
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Adriana Krstic, MMS, PA-C
Mayo Clinic Hospital
Phoenix, Ariz.
Disclosures: No relevant commercial relationships to disclose

Tricia Marriott, PA-C, MPAS, MJ Health Law, CHC
AAPA-CHLM
Alexandria, Va.
Disclosures: Employment – AAPA

Anne Martin, AGACNP-BC, MScN (Education), MScN ACNP
Indiana University Health North Hospital
Carmel, Ind.
Disclosures: No relevant commercial relationships to disclose

Michael Metrick, MD
Indiana University Health at Methodist Hospital
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Jennifer Palermo, MMS, PA-C
Mayo Clinic Hospital
Phoenix, Ariz.
Disclosures: No relevant commercial relationships to disclose

Joshua Pinner, MD
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Joseph P. Smith, MD
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Erin E. Stutz, MPAS, PA-C
University of Rochester Medical Center
Rochester, N.Y.
Disclosures: No relevant commercial relationships to disclose

Erik Summers, MD
Wake Forest Baptist Medical Center
Winston-Salem, N.C.
Disclosures: No relevant commercial relationships to disclose

Alexia M. Torke, MD, MS
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Laura Tormoehlen, MD
Indiana University Health Physicians
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Andrew P. Walker, PSM, MS, PA-C
Mayo Clinic Hospital
Phoenix, Ariz.
Disclosures: Stockholder - Novavax Inc.

Curtis A. Wright, MD, FHM
Eskenazi Hospital Center
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Robert S. Young, MD, MS
Indiana University School of Medicine
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose

Sheila Zielinski, RN, DNP, FNP-BC, ACNP-BC
Indiana University Health Physicians
Indianapolis, Ind.
Disclosures: No relevant commercial relationships to disclose
Exhibit Information
Thank you to the following exhibitors for their support of the Eighth Annual Adult Hospital Medicine Boot Camp. Please be sure to stop by their booths on Thursday and Friday!

Exhibit Schedule
Thursday, September 29
9:00 – 10:00 a.m.
11:30 a.m. – 1:30 p.m.
2:00 – 3:00 p.m.
5:00 – 7:00 p.m. (during Welcome Reception)

Friday, September 30
9:00 – 10:00 a.m.
11:30 a.m. – 1:30 p.m.
2:30 – 3:30 p.m.

Exhibiting Companies

AstraZeneca
AstraZeneca is a global, science-led biopharmaceutical business with innovative medicines that help millions of patients worldwide. At AstraZeneca, science is at the core of everything we do. But more than that, science is who we are. AstraZeneca has a bold ambition to break through conventional thinking and deliver new life-changing medicines in cardiovascular, metabolic, respiratory, inflammation/autoimmunity and oncology. Our people are working with leading institutions to better understand disease, identify potential new drugs and accelerate drug development for patients throughout the world.

Want to learn more?
Contact Deborah Ross at deborah.ross@astrazeneca.com.

Pfizer and Bristol-Myers Squibb are partners in a worldwide collaboration. This global alliance combines both Bristol-Myers Squibb’s and Pfizer’s long-standing strengths in drug development and commercialization.

Want to learn more?
Contact Danielle Friedman at Danielle.Friedman@pfizer.com.

Indiana University Health values the education, experience and specialty focus of more than 500 Advanced Practice Providers. We know these individuals play a key role in creating an environment of collaborative care, resulting in a strong group dynamic and a highly dedicated team of healthcare providers. The Advanced Providers of IU Health offer patient care in a wide range of specialized healthcare settings, including outpatient primary care, surgical, acute care and telemedicine.

Want to learn more?
Contact Chelsie Trusler at ctrusler@iuhealth.org.

CEP America is one of the largest physician partnerships in the United States, offering highly satisfying career opportunities for physicians and advanced providers. Our democratic structure and collaboration across all specialties ensure our PAs have a voice and work together for the patient—from the ED to inpatient care to post-acute care. There are many opportunities for PA leadership, allowing you to choose the career path that is right for you.

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Support your PA Foundation and empower PAs to:

- Give back locally and globally
- Improve community health
- Inspire and support the next generation of PAs
- Engage patients in their own healthcare

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