## **Gastroenterology-Nutrition CME** Total AAPA Category 1 CME Credits: 16.25

### Case Studies in GI/Hepatology: Applying Knowledge to Real-life Clinical Scenarios

#### AAPA Category 1 CME Credits: 1

**Description:** This session uses a case-based approach to encourage application of critical thinking skills and reviews the latest evidence-based guidelines to formulate the most appropriate diagnosis and treatment plan for selected GI/Hepatology conditions that are commonly encountered in both the office and hospital settings.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Identify strategies to assess common GI/Hepatology-related complaints
- Use clinical reasoning to establish diagnoses for selected GI/Hepatology conditions
- Describe the medical management for selected GI/Hepatology conditions
- Review evidence-based clinical guidelines to improve patient outcomes
- Recognize complexities of clinical care using realistic scenarios

#### **Eradicating Hepatitis B and C**

#### AAPA Category 1 CME Credits: 1

**Description:** The national and international goal is to eradicate hepatitis B and C by the year 2030, but in the U.S. the opioid epidemic and a failure to utilize appropriate prevention and treatment measures have slowed progress towards this end. PAs must be aware of current guidelines and be able to apply them to their patient population in order to best aid in achieving the best care both for their patients and for the population as a whole. In this session current strategies and guidelines is reviewed, and a series of cases aimed at solidifying the application of this knowledge in the clinical context is highlighted.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Describe current national and international goals to eradicate hepatitis B and C (HBV and HCV) by 2030
- Describe the epidemiology of HBV and HCV infection and transmission in the U.S.
- Discuss ways in which PAs can contribute to achieving HBV and HCV eradication through prevention, testing, and treatment
- Describe specific interventions to detect, prevent, and treat HBV or HCV infection

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#### Fast 15: C. Difficile: Updates, Facts, and Fiction

AAPA Category 1 CME Credits: 0.5

**Description:** This session provides a brief review of recent C. difficile infection (CDI) guidelines from the Infectious Disease Society of America. It also covers the epidemiology, virulent sub-types, and clinical presentations indicating severity of the disease. The best diagnostic testing and treatment for initial and recurrent CDI is highlighted, as well as prevention strategies.

### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Discuss the epidemiology of C. difficile infection, risk factors, and clinical markers of severity
- List the best diagnostic testing for initial and recurrent C. diff infection
- Identify the current recommended treatment regimens based on initial or recurrent infection and severity
- Prevention strategies for C. diff infection as related in recent guidelines from Infectious Disease Society of America

### Fast 15: Colorectal Cancer Screening

AAPA Category 1 CME Credits: 0.5

**Description:** This session outlines the current epidemiology of the second leading cause of cancer death in U.S. It covers the newest colorectal cancer screening guidelines and the current screening modalities.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Discuss natural history of colorectal cancer and the adenoma to carcinoma sequence
- Become familiar with the latest colorectal cancer screening guidelines from the USPSTF, American Cancer Society, and GI societies
- Discern the available colorectal screening modalities, their sensitivity, and use in which patient population

### Fast 15: Hepatitis A

AAPA Category 1 CME Credits: 0.5

**Description:** This session covers recent updates to the hepatitis A immunization recommendations. Plus, briefly reviews the epidemiology and prevention of the disease.

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#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Describe the epidemiology of hepatitis A (HAV) infection and transmission in the U.S.
- Discuss the rationale for recent updates to the HAV vaccine recommendations
- Describe current challenges in HAV prevention

#### Getting to the Bottom of Anorectal Pathology

#### AAPA Category 1 CME Credits: 1

**Description:** Discussing anorectal symptoms can be embarrassing for both patients and providers, but is important in the workup and diagnosis of common anorectal pathology. Many anorectal pathologies have similar presenting characteristics and require a thorough exam and history. Common diagnoses including hemorrhoids, fissures, and anal ulceration have a variety of treatments which span from conservative therapy to surgical intervention. Less common diagnosis such as abscesses and fistulas have improved prognosis with early diagnosis. Any patient may be at risk for anorectal pathologies without easily recognizable risk factors. Anal intercourse is increasingly recognized among heterosexual men and women as well as men who have sex with men, and may expose individuals to anorectal STIs including HIV and HPV. HPV is the most common viral sexually transmitted infection and high-risk HPV types are associated with anal cancer. This session addresses various anorectal pathologies.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Identify anal and rectal anatomy in relation to anorectal pathology
- Develop an appropriate differential diagnosis for common anorectal symptoms
- Discuss clinical presentation, workup, and treatment of common anorectal pathologies including skin tags, fissures, hemorrhoids, and abscess/fistula
- Discuss clinical presentation, workup, and treatment of anorectal sexually transmitted infections

#### IHS: Rickets and Vitamin D Deficiency in Alaska Native Children

#### AAPA Category 1 CME Credits: 0.75

**Description:** This session is part of the Indian Health Services Symposium. The session addresses the high rates of rickets identified among Alaska Native infants and present evidence for the association between declining vitamin D concentrations in Alaska Native women of childbearing age with decreasing intake of traditional marine diet over time. A brief review of endogenous and dietary sources of vitamin D as well as results from recent Alaska specific vitamin D research is covered. A summary of the statewide efforts that were made to educate providers on the American Academy of Pediatrics

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recommendations for vitamin D supplementation and rickets prevention is discussed. For example pharmacy formularies were changed from vitamin A/D/E liquid to vitamin D drops to improve adherence; a statewide work group was formed and continues to evaluate rickets prevention. The important role that PAs have to ensure adequate Well Child Care in Alaska is highlighted.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Describe risk factors for vitamin D deficiency and rickets in children
- Recognize the role of infant vitamin D supplementation in the prevention of rickets
- Recognize the role of prenatal vitamin D deficiency in the risk of subsequent rickets

#### Inflammatory Bowel Disease: What You Need to Know

AAPA Category 1 CME Credits: 1

**Description:** The last few years have seen a dramatic development of new evaluation and treatment paradigms for patients with Inflammatory Bowel Disease. This session is designed to provide practical takeaway points that can be implemented in practice to provide optimal outcomes for patients with IBD.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Distinguish Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS)
- Recognize the workup of IBD
- Identify the various treatments for IBD
- Discuss the controversies surrounding IBD therapy

#### Just Feed Them Already! A Review of Nutrition Emergencies

#### AAPA Category 1 CME Credits: 1

**Description:** Anorexia nervosa has the highest fatality of all psychiatric diagnoses, partially due to the physiologic consequences of starvation. Nutritional rehabilitation of starved patients can also be deadly when complicated by refeeding syndrome and Wernicke's encephalopathy. This session provides a patient case-based review of anorexia nervosa, starvation, and the potential perils of nutritional rehabilitation. The session paints a memorable picture of these life-threatening nutrition emergencies. It serves to both ensure these highly fatal conditions are diagnosed in a timely manner and provide evidence-based information on diagnosis and treatment.

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#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Discuss the epidemiology of anorexia nervosa, refeeding syndrome, and Wernicke's encephalopathy
- Recognize the clinical manifestations of anorexia nervosa, refeeding syndrome, and Wernicke's encephalopathy
- Explain diagnosis and appropriate management of anorexia nervosa, refeeding syndrome, and Wernicke's encephalopathy
- Describe appropriate nutritional rehabilitation and maintenance therapies for a starved patient

### LFTs and Hepatitis ABCs

AAPA Category 1 CME Credits: 1

**Description:** Evaluation of hepatic function testing is crucial to the detection and diagnosis of hepatobiliary disease. In this session the participant will learn to differentiate pre-hepatic, hepatic, and post-hepatic jaundice by identifying specific patterns of elevations in hepatic function tests. An overview of the five most commonly encountered types of hepatitis and the serologic markers associated with each type is highlighted. Concepts is reinforced by incorporating patient cases depicting types of hepatobiliary disease.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Discuss the physiology behind the bilirubin pathway and the pathophysiology resulting from disruptions in the normal pathway
- Interpret hepatic function tests and their significance in common forms of hepatic disease
- Evaluate the etiologic factors, pathophysiology, and laboratory findings in viral hepatitis

#### My Tummy Hurts: Surgical Causes of Pediatric Abdominal Pain

AAPA Category 1 CME Credits: 1

**Description:** One of the first things taught in pediatrics curriculum is that kids are not 'little adults.' Not only are their body systems different and their treatments necessitate consideration of their size, but they also are not able to communicate their symptoms in the same ways as adults. Consequently, the art of diagnosis for pediatric patients requires a different skill set. When a pediatric patient is brought to the clinic by their parents with a chief complaint of abdominal pain, the differential diagnosis is broad. This session focuses on key etiologies of pediatric abdominal pain, which require surgical consultation and intervention. It covers pyloric stenosis, malrotation and volvulus, intussusception, appendicitis, and

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testicular torsion. There are fundamental aspects of the history and physical exam that clarify the differential and inform selection of diagnostic studies. With these tools a definitive diagnosis can be made and treatment can be initiated.

### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Identify key differences in the history of pediatric patients with abdominal pain
- Identify physical exam findings pertaining to surgical etiologies of pediatric abdominal pain
- Choose the appropriate diagnostic imaging and laboratory tests to aid in the diagnosis of pediatric abdominal pain
- Recognize common causes of pediatric abdominal pain necessitating surgical treatment

#### **OLE: Bariatric Surgery Overview and Post-operative Care**

AAPA Category 1 CME Credits: 1

**Description:** This session is part of the Obesity Leadership Edge Symposium. In 2016, 216,000 bariatric procedures were performed, which was an increase of 36 percent when compared to numbers from 2011. As the obesity epidemic continues and surgical training and education become more available, this number will most certainly continue to increase. It is vital for non-bariatric providers to gain knowledge in areas of postoperative care to recognize and treat bariatric surgery specific complications. This session reviews the main bariatric surgery procedures including; indications for surgery, appropriate candidates for surgery, pre-op workup, perioperative care, postoperative care, and long term follow-up. The session is designed for all PAs, but more specifically primary care and emergency department providers. it also includes clinical pearls, observations, and evidence-based medicine, as well as personal case history.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Describe the different bariatric surgical procedures
- Determine what makes a patient an appropriate candidate for surgery
- List preoperative testing routinely needed prior to surgery
- Recognize postoperative complications specific to bariatric surgery
- Describe long term follow-up strategies

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#### **OLE: How to Talk to Patients About Weight**

#### AAPA Category 1 CME Credits: 1

**Description:** This session is part of the Obesity Leadership Edge Symposium. Many PAs recognize the importance of discussing weight with their patients, yet feel unprepared to do so. Out of concern that they will make their patients uncomfortable, many avoid the topic. Research shows that patients want their clinicians to raise the topic and engage in productive discussions. They are reluctant to raise the topic out of fear that they will be blamed and shamed or offered simplistic solutions that don't address the complexities they face. Given that obesity is a chronic, progressive, relapsing disease, and that treatment improves outcomes, it is imperative that PAs are skilled at discussing weight with knowledge and sensitivity. Avoidance of the topic has a negative impact on the health of those with obesity and pre-obesity. This session outlines effective strategies to initiate and continue productive conversations about weight that can be incorporated into any practice setting.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Recognize obesity as a chronic, progressive, relapsing disease
- Discuss the importance of discussing weight with patients
- Discuss how a lack of clinical education about obesity affects PA's ability to discuss weight and obesity with knowledge and sensitivity
- Discuss how weight bias and stigma negatively affect clinicians and patients
- Review strategies for initiating and continuing discussions about weight and health

#### **OLE: Intermittent Fasting: Making a Quick Comeback**

#### AAPA Category 1 CME Credits: 1

**Description:** This session is part of the Obesity Leadership Edge Symposium. Dietary recommendations for weight loss have been revised many times and offer varying models. The ideal approach remains controversial and elusive. The intermittent energy restriction (IER), often shorted to intermittent Fasting (IF) models, once quite popular, has resurfaced. Typical of nutrition recommendations, there are several IF approaches, each carrying individual risks and benefits, varying levels of evidence, and application for obese patients with other co-morbid conditions. This session provides an overview of IF models, outcomes' evidence and application in the treatment of non-alcoholic fatty liver disease (NAFLD) and type 2 diabetes mellitus (T2DM), which often co-exist.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

• List the most commonly used dietary approaches in the U.S. today

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- Describe types of IER including the 5:2, alternate day energy restriction, and alternate day complete fasting
- Differentiate risks and benefits of IER models with consideration for physiologic mechanisms
- Assess available evidence of IER in terms of obesity management outcomes
- Consider IER as a treatment strategy in NAFLD and Type 2DM

#### **OLE: Nutritional Needs in Adults 50 Years and Older**

AAPA Category 1 CME Credits: 1

**Description:** This session is part of the Obesity Leadership Edge Symposium and outlines the assessment of nutrition in the older adult, as well as the etiology, evaluation, and treatment of malnutrition, over nutrition, and specific common nutrient deficiencies.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Recognize the clinical features and complications of four common under nutrition syndromes in older adults
- Identify and calculate basic nutritional needs in older adults
- Describe appropriate treatments for macronutrient and micronutrient deficiencies in older adults

#### **OLE: The Art and Science of Prescribing Anti-Obesity Medications**

AAPA Category 1 CME Credits: 1

**Description:** This session is part of the Obesity Leadership Edge Symposium. Obesity is a chronic, progressive, relapsing disease that is treatable. Effective treatment improves outcomes by preventing, reducing, or resolving complications, and improving quality of life. Pharmacotherapy is one of the four pillars of comprehensive obesity treatment and may increase adherence to the other three pillars of nutritional therapy, physical activity, and behavior modification. When skillfully prescribed, anti-obesity medications can be used safely and effectively. Using a seven-step process, this case-based session outlines how to select, initiate, titrate, and monitor the FDA approved anti-obesity medications using evidence-based clinical practice guidelines. Tips and strategies for personalized medication selection based on complications, co-morbid conditions, symptoms, patient preference, cost, and insurance coverage is highlighted.

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### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Discuss the role of pharmacotherapy in obesity treatment
- Review the criteria for patient eligibility for anti-obesity medications
- Review the available FDA-approved anti-obesity medications, including mechanism of action, contraindications, interactions, and adverse effects
- Discuss the benefits of using shared-decision making when selecting and monitoring response to anti-obesity medications
- Discuss how to initiate, titrate, and monitor response to medications, including criteria for continuation and discontinuation

### **OLE: Treating Obesity as Chronic Disease**

AAPA Category 1 CME Credits: 1

**Description:** This session is part of the Obesity Leadership Edge Symposium. Obesity has long been considered merely a consequence of poor lifestyle choices and as a risk factor for other disease rather than as a disease itself. Mounting evidence suggests that there are specific pathophysiology that result in obesity and makes it very challenging to control the disease. This session starts by reviewing the prevalence of obesity nationally as well as globally and its burden on patients' health and impact on economy. Historical and ongoing debate of obesity recognized as risk factor versus disease will be discussed and review multiple major organizations' views on obesity as chronic disease and how it can fit into chronic disease model. This session addresses how to diagnose obesity and stage it appropriately by measuring obesity related complications and will end with the review of various treatment modalities.

#### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Recognize obesity as chronic disease
- Describe the method of screening, making the diagnosis, and evaluating complications
- Develop an overall approach to care (lifestyle/medical/surgical interventions)

#### The Forgotten Organ: the Gut Microbiome

AAPA Category 1 CME Credits: 1

**Description:** We are colonized with microbes. These microbes help to circulate hormones, inactivate foreign substances, up regulate our immune system, facilitate metabolism, and more. Among other

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things, our gut microbiome plays a critical role in our gut physiology, and impacts nutrition, infectious disease, and the gut-brain connection.

### **Educational Objectives**

At the conclusion of this session, participants should be able to:

- Discuss the body's symbiotic relationship with its own natural flora
- Describe the critical role of the gut-brain connection
- Describe how gut microbiome affects the nervous and limbic system, immune system, and nutritional status
- List common methods to evaluate the gut microbiome
- Describe methods to improve the gut microbiome's physiology and function