Agenda

Saturday, September 12

6:30 a.m. – 5:15 p.m.  Registration

6:30 – 7:30 a.m.  Breakfast (Provided)

7:30 – 7:45 a.m.  Hospital Medicine 101 Pre-Course: Welcome From Course Directors  
(Separate registration required.)

7:45 – 8:45 a.m.  Hospital Medicine 101 Pre-Course: Lab Rats to the Rescue – A Quick Review of  
Laboratory Medicine  
(Separate registration required.)

Andrew Herber, PA-C

At the conclusion of this session, participants should be able to:
- Interpret abnormal lab values commonly found in hospitalized patients
- Determine a differential diagnosis for specific lab abnormalities
- Develop a strategic approach to ordering labs in hospitalized patients

8:45 – 9:45 a.m.  Hospital Medicine 101 Pre-Course: Abdominal Imaging Review  
(Separate registration required.)

Mary Connell, MD

At the conclusion of this session, participants should be able to:
- Identify basic anatomy on an abdominal and pelvic radiograph
- Better identify normal from abnormal abdominal radiographs
- Identify basic anatomy of the abdomen on computed tomography imaging

9:45 – 10 a.m.  Break

10 – 11 a.m.  Hospital Medicine 101 Pre-Course: The Nuts and Bolts of Hyponatremia  
(Separate registration required.)

Lise Harper, MD, MPH

At the conclusion of this session, participants should be able to:
- Recognize the clinical significance of hyponatremia in hospitalized patients
- Discuss a practical approach to differentiate between causes of hyponatremia in the hospital setting
• Identify the appropriate management of hyponatremia based on the etiology

11 a.m. – 12 p.m.  
**Hospital Medicine 101 Pre-Course: Chest Imaging Review**  
*(Separate registration required.)*

Michael Morris, MD

At the conclusion of this session, participants should be able to:
• Identify how to properly interpret chest radiographs, including identification of atelectasis, infiltrate, edema, and ARDS
• Identify how to properly interpret chest CTs, including identification of pulmonary emboli
• Determine correct positioning of NG tubes, central venous catheters, and PICC lines

12 – 1 p.m.  
**Lunch (On Your Own)**

1 – 5:15 p.m.  
**Point-of-Care Ultrasound Pre-Course**  
*(Separate registration required.)*

Adrijana Anderson, PA-C; Shiloh Danley, NP-C; Janice Rorabeck, DNP, APRN, AGACNP-BC; Mace Ross, MBA, RDCS, RT(R); Andrew Walker, PSM, MS, PA-C; and Shaun Yang, MD, MPH

At the conclusion of this session, participants should be able to:
• Explain the indications for the use of bedside, point-of-care ultrasound
• Describe the basics of ultrasound technology and "knobology"
• Perform basic cardiac, lung, and eFAST ultrasound exams

1 – 1:15 p.m.  
**Pharmacology Review Pre-Course: Welcome From Course Directors**  
*(Separate registration required.)*

1:15 – 2 p.m.  
**Pharmacology Review Pre-Course: We've Got a Bleeder! Anticoagulant Reversal 101**  
*(Separate registration required.)*

Courtney McKinney, PharmD, BCCCP, BCPS

At the conclusion of this session, participants should be able to:
• Describe the pharmacology of commonly used anticoagulants and how these factors influence reversal
• Match commonly used parenteral and enteral anticoagulants to their associated reversal agent
• Recall the dosing recommendations for commonly used reversal agents
• Given a patient case, design an appropriate reversal strategy including need and timeline for reversal, agent selection, and dose
2 – 3 p.m.  
**Pharmacology Review Pre-Course: Antibiotics in the Hospitalized Patient**  
*Separate registration required.*  

Darcy Wooten, MD, MS

At the conclusion of this session, participants should be able to:
- State the spectrum of activity for the most commonly used antibiotics among hospitalized patients
- De-escalate antibiotics using clinical data and evidence-based medicine
- Apply data from clinical trials to shorten the duration of antibiotics

3 – 3:15 p.m.  
**Break**

3:15 – 4 p.m.  
**Pharmacology Review Pre-Course: Opioids – Practice Essentials**  
*Separate registration required.*  

Julie Lehn, PharmD, BCGP

At the conclusion of this session, participants should be able to:
- Select the most appropriate agent(s) to treat a patient’s pain
- Perform equianalgesic conversions from one opioid entity to another
- Strategically establish an appropriate dosing regimen for patient controlled analgesia (PCA)
- Convert opioids from one dosage form to another

4 – 4:45 p.m.  
**Pharmacology Review Pre-Course: Pressing Your Luck – The Use of Vasopressors in Patients With Shock**  
*Separate registration required.*  

Alicia J. Sacco, PharmD, BCCCP

At the conclusion of this session, participants should be able to:
- Explain the role of vasopressors in patients with shock
- Discuss differences in the pharmacology of vasopressors
- Discuss the literature behind vasopressors used in practice
- Select the appropriate vasopressor(s) when given a patient case

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**Sunday, September 13**

7 a.m. – 5 p.m.  
**Registration**

7 – 8 a.m.  
**Exhibits and Breakfast (Provided)**

8 – 8:15 a.m.  
**Welcome From Course Directors**
8:15 – 9:15 a.m.  **Pneumonia in the Hospitalized Patient**
Jennifer Palermo, PA-C

At the conclusion of this session, participants should be able to:
- Differentiate the following types of pneumonia: community-acquired, hospital-acquired, ventilator-associated, and aspiration
- Review the diagnostic tools available for hospitalized patients with pneumonia
- Identify when a patient should be transferred to the ICU
- Discuss the appropriate treatment of each type of pneumonia

9:15 – 10:15 a.m.  **Debugging Sepsis**
Andrew Walker, PSM, MS, PA-C

At the conclusion of this session, participants should be able to:
- Describe the pathophysiology of sepsis
- Recognize and initiate appropriate therapy for sepsis quickly
- Discuss novel approaches to sepsis treatment

10:15 – 10:30 a.m.  **Exhibits/Break**

10:30 – 11:30 a.m.  **Dude, Where's My Blood: Hospital Cases of Anemia**
Andrew Herber, PA-C

At the conclusion of this session, participants should be able to:
- Assess different types of anemia from common laboratory findings
- Integrate evidence-based guidelines for transfusion therapy
- Explain the impact of hospital-acquired anemia on patient outcomes

11:30 a.m. – 12:30 p.m.  **Tales From the Inpatient World: Ways to Improve Your Inpatient Care, Avoid Harming Patients, and Stay Out of the Courtroom**
Erik Summers, MD, CMO, FACP

At the conclusion of this session, participants should be able to:
- Identify common causes of medical errors in the inpatient setting
- Name attributes of successful inpatient providers who give excellent patient care
- Note cases where medical errors occurred in the hospital
- Identify side effects of IV blood pressure medications that could lead to patient harm

12:30 – 1:30 p.m.  **Exhibits and Lunch (Provided)**
1:30 – 2:15 p.m. **Fear the Flow: COPD and Asthma Exacerbations in the Hospitalized Patient**

Stephanie Jalaba, MMS, PA-C

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

- Recognize the complexity of COPD and asthma and the morbidity and mortality associated with decompensated disease
- Determine the appropriate diagnostics and testing that may be necessary for hospitalized patients with COPD and asthma exacerbations
- Employ knowledge of various methods of measuring and delivering oxygen
- Distinguish the need for certain treatment options including but not limited to systemic steroids, inhaled anticholinergics, beta agonists, glucocorticoids, antibiotics, and other adjuvant therapies
- Assess severity of illness and determine which patients may need a higher level of care

2:15 – 3 p.m. **Pre-Operative Medical Assessment**

Adrijana Anderson, PA-C

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

- Outline components of a pre-operative medical assessment in patients undergoing non-cardiac surgery
- Discuss how to best optimize patients before surgery in order to decrease surgical risk
- Review pharmacologic interventions that can significantly improve surgical outcomes

3 – 3:15 p.m. **Exhibits/Break**

3:15 – 4:15 p.m. **Toxicology in the Hospitalized Patient**

Ayrn D. O’Connor, MD, FACMT

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

- Obtain an appropriate history and physical exam for patients with toxicologic manifestations
- Recognize common toxidromes seen in the hospitalized patient
- Discuss the indications, contraindications, dosages, and side effects of the currently available antidotes and antivenins
4:15 – 5 p.m.  
**Acute Withdrawal Syndrome in the Hospitalized Patient**

Ayrn D. O’Connor, MD, FACMT

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

- List the agents that can cause life-threatening acute withdrawal syndrome
- Anticipate and recognize the signs of acute withdrawal from GABA-agonists
- Discuss the pathophysiology of acute withdrawal and benzo-resistant withdrawal
- Describe the treatment of acute withdrawal syndrome and list the drugs that should be avoided

5 – 6 p.m.  
**Networking Event**

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**Monday, September 14**

7 a.m. – 5 p.m.  
**Registration**

7 – 8 a.m.  
**Exhibits and Breakfast (Provided)**

8 – 9 a.m.  
**Bad Blood: Management of Acute GI Hemorrhage**

Christina R. Bergin, MD, FHM

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

- Order and correctly interpret appropriate laboratory and diagnostic tests for a patient admitted with acute GI bleeding, with a focus on those that will indicate disease severity and differentiate between common etiologies of upper and lower GI bleeds
- Perform appropriate stabilization and treatment of acute GI blood loss, including rapid hemodynamic resuscitation and an evidence-based approach to transfusion therapy
- List the indications for early specialty consultation, including gastroenterology, interventional radiology, and surgery
- Explain the indications for and risks/benefits of medical, pharmacologic, endoscopic, and surgical treatment modalities for GI bleeds
- Identify goals and criteria for hospital discharge, including measures of clinical stability
9 – 10 a.m. **Facilitating a “Good” Death: Tools for Expert End-of-Life Care for the Dying Hospitalized Patient**

Hannah Farfour, DNP, APRN, AGNP-C

At the conclusion of this session, participants should be able to:
- Discuss communication tools to facilitate difficult conversations with patients and families
- Describe ways to enhance code status discussions
- Identify ways to help patients establish reasonable goals
- Recognize the commonly used medications for end-of-life symptom management
- Give examples of helpful interventions for end-of-life care and communication for special populations

10 – 10:15 a.m. **Exhibits/Break**

10:15 – 11:15 a.m. **Less Pain...Huge Gain**

Julie Lehn, PharmD, BCGP

At the conclusion of this session, participants should be able to:
- Utilize information gained during the patient interview to select the most appropriate agent(s) to treat a patient’s pain
- Identify appropriate adjuvant therapies for managing pain
- Establish the most appropriate mode of delivery for opioids (IV, PCA, ER, IR, SL)
- Safely and strategically titrate or wean a patient’s opioids

11:15 a.m. – 12:15 p.m. **Renal Response Team: Managing Patients With Kidney Disease**

Mira T. Keddis, MD, FACP

At the conclusion of this session, participants should be able to:
- Discuss the epidemiology and common causes of hospitalizations in patients with kidney disease
- Identify the evaluation and management of unique complications in the hospitalized dialysis patient
- Recognize the different types of binding resins used for treatment of hyperkalemia
- Identify what to use and what not to use for pain medications in dialysis patients

12:15 – 1:15 p.m. **Lunch (Provided)**
1:15 – 3 p.m.  

**First Breakout Session (Choose One)**  

**ABGs: Let’s Talk About Gas!**  
Andrew Walker, PSM, MS, PA-C and Janice Rorabeck, DNP, APRN, AGACNP-BC  

At the conclusion of this session, participants should be able to:  
- Analyze an ABG to determine the primary acid-base disorder  
- Recognize compensation and mixed acid-base disorders  
- Discuss advanced concepts such as anion gap, corrected gap, and delta gap  
- Formulate differential diagnoses for acid-base disorders and apply to clinical scenarios and decision making  

**Approach to the Neurologic Examination and Clinical Pearls**  
Mohan Kottapally, MD  

At the conclusion of this session, participants should be able to:  
- Identify pitfalls of the neurologic examination  
- Properly perform all aspects of the neurologic examination  
- Discuss coma syndromes and mimics  

**Basics of 12-Lead ECG Interpretation**  
Lindsey Kriz, DNP, RN, AGACNP, FNP and M. Cecilia Tagle-Cornell, ACNP  

At the conclusion of this session, participants should be able to:  
- Identify components of the 12-Lead ECG waveforms  
- Employ a systematic process to evaluate and analyze 12-Lead ECGs  
- Recognize common ECG dysrhythmias and other abnormalities  

**Hospital Internal Medicine Meets Critical Care: Patient Cases**  
Erin Stutz, PA-C, MPAS and Adrijana Anderson, PA-C  

At the conclusion of this session, participants should be able to:  
- Identify critically ill patients that warrant early resuscitation  
- Recognize acute respiratory failure and review initial management options  
- Categorize the differences between hypertensive urgency and emergency  
- Determine which types of shock can occur simultaneously  
- Discuss up-to-date treatment guidelines for sepsis
Respiratory Care of the Hospitalized Patient: From Oxygen Delivery Systems to Mechanical Ventilation

Amelia Lowell, RRT, RCP; Margie Amity, MSN, ACNP-BC; Lonnie Earl, RRT; and Curtis Saczalski, RRT

At the conclusion of this session, participants should be able to:
- Describe the etiology and symptoms of respiratory failure
- Identify the appropriate intervention to support a patient in respiratory failure
- Initiate the appropriate intervention and manipulate settings based on clinical findings

3 – 3:15 p.m. Break

3:15 – 5 p.m. Second Breakout Session (Choose One)
- ABGs: Let’s Talk About Gas!
- Approach to the Neurologic Examination and Clinical Pearls
- Basics of 12-Lead ECG Interpretation
- Hospital Internal Medicine Meets Critical Care: Patient Cases
- Respiratory Care of the Hospitalized Patient: From Oxygen Delivery Systems to Mechanical Ventilation

Tuesday, September 15

7 a.m. – 5 p.m. Registration

7 – 8 a.m. Breakfast (Provided)

8 – 9:45 a.m. Third Breakout Session (Choose One)
- ABGs: Let’s Talk About Gas!
- Approach to the Neurologic Examination and Clinical Pearls
- Basics of 12-Lead ECG Interpretation
- Hospital Internal Medicine Meets Critical Care: Patient Cases
- Respiratory Care of the Hospitalized Patient: From Oxygen Delivery Systems to Mechanical Ventilation

9:45 – 10 a.m. Break
10 – 11 a.m.  
**How Can You Mend a Broken Heart?**
Brian W. Hardaway, MD
At the conclusion of this session, participants should be able to:
- Identify the most common conditions leading to decompensated heart failure
- Identify patient profiles of the acutely decompensated heart failure patient and the specific treatments aimed at the respective profiles
- Identify strategies to reduce heart failure re-admission

11 a.m. – 12 p.m.  
**Diabetic Ketoacidosis in the Hospitalized Patient**
Erin Stutz, PA-C, MPAS
At the conclusion of this session, participants should be able to:
- Compare and contrast diabetic ketoacidosis (DKA) and hyperosmolar hyperglycemic state
- Review the most common inciting events and provoking factors that contribute to the development of DKA
- Discuss treatment guidelines while implementing concepts with patient cases
- Identify both disease and treatment related complications that arise during management

12 – 1 p.m.  
**Lunch (Provided)**

1 – 2 p.m.  
**Thromboembolic Disease in the Hospitalized Patient**
Lori A. Porter, DO, FHM
At the conclusion of this session, participants should be able to:
- Review the incidence, prevalence, and cost of hospital-acquired VTE
- Identify how to risk assess hospitalized patients into low, moderate, and high risk categories for VTE
- Review outcomes of current method of risk stratifying using "three bucket model"
- Delineate the "strong risk factors" for VTE
- Identify patient populations in the hospital that should get extended prophylaxis upon discharge

2 – 3 p.m.  
**Neurologic Emergencies for Non-Neurologists**
Mohan Kottapally, MD
At the conclusion of this session, participants should be able to:
- Discuss basic neuroanatomy
- Complete a prompt and proper assessment of someone experiencing a
neurologic emergency

- Outline the management of acute ischemic stroke, hemorrhagic stroke, aneurysmal subarachnoid hemorrhage, increased intracranial pressure, status epilepticus, spinal cord injury, and neuromuscular disorders

3 – 3:15 p.m. Break

3:15 – 4:15 p.m. The 3 D's of Psychiatry Consultation: Delirium, Decision-Making, and Depression

Andrea Waxman, MD

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

- List the common elements of a delirium work-up and management
- List the Appelbaum Criteria for decision-making capacity
- Discuss treatment options for depression in a hospitalized patient
- Describe factors considered in a suicide risk assessment for a depressed hospitalized patient

4:15 – 5 p.m. ABCs of ACS in the Hospitalized Patient

Tamara Redden, DNP, FNP

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

- Identify hospitalized patients at increased risk for acute coronary syndrome (ACS)
- Analyze testing results to diagnose ACS, including NSTEMI and STEMI
- Develop treatment plan for ACS based on current guidelines
- Describe appropriate medications for treatment of ACS

Wednesday, September 16

7 a.m. – 12:45 p.m. Registration

7 – 8 a.m. Breakfast (Provided)

8 – 9 a.m. Having Panic About Taking Care of a Kidney Transplant Patient? Urine Luck: How to Tackle Common Renal Transplant Problems

Stephanie R. Park, MSN, ACNP-BC

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

- Summarize steps to evaluate acute kidney injury in the setting of renal transplant
- Identify approaches to treatment of urinary tract infections and pyelonephritis in kidney transplant patients
• Evaluate and manage leukopenia and neutropenia in the setting of renal transplant
• Identify common drug regimens used in the setting of renal transplant

9 – 10 a.m.  Managing Cirrhosis and Understanding When to Refer for Liver Transplant Evaluation
Shari Perez, DNP, ANP, AGACNP-C
At the conclusion of this session, participants should be able to:
• Discuss the major complications and medical management related to cirrhosis
• Identify the major diagnoses and criteria for referral for liver transplantation
• Discuss the role of palliative care for the non-transplant patient with cirrhosis

10 – 10:30 a.m.  Break for Hotel Check-Out

10:30 – 11:30 a.m.  Cancer Complications: Making a Timely Diagnosis and Correctly Intervening
Brenda Shinar, MD, FACP
At the conclusion of this session, participants should be able to:
• Diagnose and manage acute spinal cord compression
• Diagnose and manage neutropenic fever
• Diagnose and manage tumor lysis syndrome
• Diagnose and manage emergent complications of immunotherapy for cancer

11:30 a.m. – 12:30 p.m.  Heart Rhythms: The Fast, the Slow, and the Ugly
J. Peter Weiss, MD, MSc
At the conclusion of this session, participants should be able to:
• Identify differential diagnosis of arrhythmias
• Provide basic treatment for arrhythmias
• Discuss stroke prevention in atrial fibrillation

12:30 – 12:45 p.m.  Closing Remarks

*This agenda may be updated or modified without notification.