

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

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

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.