

ADULT HOSPITAL MEDICINE  
**BOOT CAMP**



SEPT. 29 – OCT. 3, 2021

NASHVILLE, TN

## Agenda

### Wednesday, September 29, 2021

6:30 a.m. – 6:00 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 Lab Medicine** *(Separate registration required.)*

Andrew Herber, PA-C

The following lecture is a rapid review of commonly ordered labs on hospitalized patients. Lecture is case based, high energy, and entertaining. Discussion focuses on differential diagnosis associated with high and low values of the aforementioned, as well as common trends noted in specific disease states requiring hospitalization. Lecture includes multiple interactive case studies encouraging audience participation and aid in driving home key concepts and clinical pearls. After attending this lecture the participant should be better prepared to navigate through the multiple laboratory abnormalities often associated with complex hospitalized patients.

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 a.m.

**Break**

9 – 10 a.m.

**Hospital Medicine 101 Pre-Course: Do you have the guts? : Introduction into abdominal imaging for Hospitalists** *(Separate registration required.)*

Amith Skandhan, MD

In this rapid pace overview of abdominal imaging, the faculty would go over the basics of abdominal X-rays and things to look for, KUB interpretation, including identification of ileus, obstruction, fecal impaction, free air, megacolon, and constipation. An additional overview of the basics of Abdominal CT interpretation and common hospital medicine-related CT scan cases will be discussed.

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

- KUB interpretation, including identification of ileus, obstruction, fecal impaction, free air, megacolon and constipation
- Interpret common abdominal CT Scan findings
- Recognize common hospital medicine related disease processes which need Abdominal CT scan

10 – 10:15 a.m.

**Break**

10:15 – 11:15 a.m.

**Hospital Medicine 101 Pre-Course: Caring for the Acutely Ill Kidney Transplant Recipient** *(Separate registration required.)*

Beatrice P. Concepcion, MD, MS

This session will equip the audience with the basic knowledge and skills that are necessary in evaluating and managing an acutely ill kidney transplant recipient.

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

- Review immunosuppressive medications and common drug interactions and side effects related to these
- Discuss the evaluation and management of acute kidney injury in kidney transplant recipients
- Discuss the evaluation and management of common signs/symptoms and diseases in kidney transplant recipients that require hospital admission

11:15 – 11:30 a.m.

**Break**

11:30 a.m. – 12:30 p.m.

**Hospital Medicine 101 Pre-Course: Chest Imaging Review** *(Separate registration required.)*

Pat Whitworth III, MD

This session will provide an overview of thoracic anatomy with focus on radiographic correlates and clinical relevance, present a practical chest radiograph search pattern, review support devices (and their correct positions) important to hospital medicine often seen on chest radiographs, and describe and demonstrate pathologies commonly

encountered on chest radiographs. It will also review commonly encountered pathologies on chest CT.

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

- Identify important anatomy on chest radiographs
- Implement a CXR search pattern and a chest CT search pattern
- Identify and evaluate typical support devices seen on CXR
- Diagnose common pathologies seen on CXR
- Diagnose common pathologies seen on chest CT

12:30 – 1:30 p.m.

**Lunch (on own)**

1:30 - 1:45 p.m.

**Pharmacology Review Pre-Course: Welcome From Course Directors**  
*(Separate registration required.)*

1:45 – 2:30 p.m.

**Pharmacology Review Pre-Course: Anticoagulants and Reversal Agents in the Hospitalized Patient** *(Separate registration required.)*

Sarah Berardi, PharmD, BCPS, BCCP

Oral, subcutaneous, and intravenous anticoagulants are widely utilized for a variety of indications in patients admitted to the hospital. These high-risk medications must be monitored appropriately for signs and symptoms of bleeding, among other parameters specific to each agent. If patients require an emergent surgery or experience bleeding, they will require rapid and complete reversal of anticoagulation. This continuing education will discuss currently available reversal agents and strategies for select anticoagulants widely utilized in the inpatient setting.

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

- Identify the mechanism of action of each anticoagulant and where it inhibits the clotting cascade
- Describe risks, advantages, and disadvantages of each reversal agent and blood product
- Identify the reversal agents approved for each of the anticoagulants
- Given patient specific factors, recommend the appropriate reversal agent and a comprehensive monitoring plan

2:45 – 3:45 p.m.

**Pharmacology Review Pre-Course: More than Vancomycin: Practical Pearls for Prescribing Antimicrobials in the Hospital Setting** *(Separate registration required.)*

Christopher Bland, PharmD, FCCP, FIDSA, BCPS

The purpose of this session is to become familiar with antimicrobials used in the hospital setting along with practical pearls within each agent. In addition, antimicrobial stewardship opportunities will be outlined to optimize overall therapy.

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

- Define the most common antimicrobials used in hospital practice
- Delineate practical pearls within each antimicrobial for optimized use
- Describe opportunities for antimicrobial stewardship within the hospital setting

3:45 - 4 p.m.

### **Break**

4 – 4:45 p.m.

### **Pharmacology Review Pre-Course: The Painful Truth Regarding Opioids** *(Separate registration required.)*

Karen Bills, EMT-P, BS, MS, PharmD

This program is an in-depth dive into the pharmacology of opioids used in the hospital setting. We will discuss the metabolism, side effects, drug interactions, and common prescribing errors of opioids. You will understand the best opioid to prescribe for different patient populations depending on age, renal/liver function, and allergy status. There will be a brief discussion regarding the abuse potential of this drug class and the use of opioid antagonists.

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

- Discuss the pharmacology of opioids used in the hospital setting
- Recognize the mechanism of opioid allergies and the cross reactivity between the different classes
- Differentiate between opioids use in preoperative, perioperative, and the postoperative settings
- Discuss common errors made in discharge prescribing of opioids

4:45 – 5 p.m.

### **Break**

5 – 6 p.m.

### **Pharmacology Review Pre-Course: Pressed for Time: Vasopressors for Patients with Shock** *(Separate registration required.)*

Alicia Sacco, PharmD, BCCCP

Vasopressors are utilized in patients with shock refractory to adequate fluid resuscitation. There are several agents that possess different mechanisms of action, as well as pharmacologic profiles and adverse effects. This session will discuss when to use each vasopressor agent,

pertinent monitoring parameters, and goal patient outcome variables. Additionally, the literature behind various agents will be briefly discussed as it pertains to patients with shock. At the end of the presentation, attendees should be able to select the appropriate vasopressor when presented with a patient case.

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
- Identify adjunct agents for blood pressure support in patients with hypotension

#### **Thursday, September 30, 2021**

7 a.m. - 6 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.

**So You Think That You Can't Breathe: Hospital Respiratory Cases**

Adrijana Anderson, MMS, PA-C

A fun, case-based lecture on all things "respiratory"! Updated guidelines and helpful tips for the diagnosis and management of common conditions such as PE, pneumonia, ARDS, hemoptysis, COPD, etc.

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

- Define and classify acute respiratory failure
- Review oxygen supplementation techniques
- Discuss appropriate use of NPPV
- Outline the updated CAP guidelines
- Diagnose acute respiratory distress syndrome and review the best treatment options for this condition

9:15 - 9:30 a.m.

**Break**

9:30 - 10:30 a.m.

**Debugging Sepsis**

Andrew Walker, PSM, MS, PA-C

One out of every three patients that die in the hospital today have sepsis. What can you do to recognize this syndrome sooner? What treatments should you initiate first, and which have the best evidence

to reduce mortality? Discover novel therapies to treat an ancient illness as we debug sepsis.

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

10:30 - 10:45 a.m.

### **Exhibits/Break**

10:45 - 11:30 a.m.

### **Dude, Where's My Blood**

Andrew Herber, PA-C

The following presentation is a fast paced, cased based, high-energy presentation on the multiple etiologies of anemia. Lecture reviews acute, chronic, micro, macro, and hemolytic anemias. Audience will work through cases and interpret findings to determine likely etiology of anemia and best treatment. Lecture will also discuss evidence-based guidelines regarding transfusion practices as well as impact of hospital acquired anemia on patient outcomes.

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

- Recognize common laboratory findings associated with different types of anemia
- Describe the workup of anemia
- Review evidence-based guidelines on transfusions
- Describe impact of hospital acquired anemia on patient outcomes

11:30 - 11:45 a.m.

### **Exhibits/Break**

11:45 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 C. Summers, MD, FACP

Faculty will be reviewing cases where patient harm occurred and will be discussing why it occurred and how to avoid these issues in your future practice. The focus will be on minimizing errors and giving good patient care.

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 - 2:30 p.m.

**COVID-19 and Cognitive Outcomes including Long-Covid**

Wes Ely, MD

This will be an evidence-based conversation about the impact of COVID-19 on patients both outpatient and inpatient, including the acute and long-term effects on brain function and functional recovery.

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

- Recognize the role of COVID-19 and subsequent cognitive impairment
- Describe the relationship between ICU Care and post-intensive care syndrome (PICS)
- Discuss the Epidemiology of Long-Covid

2:30 - 2:45 p.m.

**Break**

2:45 - 3:45 p.m.

**Perioperative Medicine Pearls**

Elizabeth Rice, MD

This session will discuss a systematic approach to performing a pre-operative evaluation of risk. In addition, we will discuss testing, interventions and medication changes to consider to address identified risk of perioperative morbidity and mortality.

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

- Use a systematic approach to pre-operative evaluation
- Choose appropriate testing indicated as part of the evaluation
- Institute interventions to lower risk of post-operative complications

3:45 – 4 p.m.

**Exhibits/Break**

4 – 5 p.m.

**Pain Management in the Hospitalized Patient**

Andrew J. B. Pisansky, MD, MS

Pain management is an essential part of caring for the hospitalized patient. Responsible pain management involves consideration of the mechanisms of pain, selection of non-opioid analgesics based on the likely mechanisms of pain, and safe use of opioids. Opioid management in the hospital setting will be reviewed, as well as strategies for

responsible prescribing of opioids at the time of discharge from the hospital.

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

- Describe mechanisms of pain
- Describe specific classes of non-opioid pain medications and how they relate to each mechanism of pain
- List risk factors for poor pain control and modifying factors in pain management
- Perform simple opioid conversion calculations and adjust for cross tolerance
- Describe an appropriate opioid taper prescription for discharge planning

5 - 5:15 p.m.

#### **Exhibits/Break**

5:15 - 6 p.m.

#### **A Win for Them & a Win for You: How Hospitalists Can Reduce Harms from Alcohol Use Disorders**

Eileen Barrett, MD MPH, SFHM and Krystle Apodaca, DNP, FHM

Have you taken care of patients with alcohol withdrawal where you've thought 'Help! There's GOT to be more we can do for them?!' Join us - this session is for you! Providing medications for alcohol use disorder can improve patient outcomes, reduce readmissions, and be remarkably rewarding for clinicians. In this interactive session, participants will review and discuss approaches to providing evidence-based, person-centered care to hospitalized patients with alcohol use disorders and withdrawal. The session will be case-based, practical, and engaging, and with practice-changing tips and strategies to harness treatment guidelines to improve care.

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

- Use case-based learning to adopt tools for reducing harms to patients with alcohol withdrawal
- Describe how to overcome barriers to clinicians prescribing medications for alcohol use disorders
- Explain pros and cons of prescribing medications for alcohol use disorders

6 - 7 p.m.

#### **Networking Event**

**Friday, October 1, 2021**

7 a.m. – 5:30 p.m.

#### **Registration**



7 - 8 a.m.

### **Exhibits and Breakfast (Provided)**

8 - 9 a.m.

### **Hemocult Classics: The Hospitalist's Management of Acute GI Bleeding**

Amanda Stark, PA-C

This lecture will provide a case-based approach to the hospitalist's management of both upper and lower GI bleeding. We will cover initial stabilization strategies, diagnostic options to localize and treat an acute bleeding source, and endoscopic and pharmacologic management. We will also discuss special considerations for certain patient populations, such as patients with liver disease and patients on anticoagulation or antiplatelet therapy.

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

- Develop a differential diagnosis for a patient presenting with hematemesis, hematochezia or melena
- Discuss initial stabilization and resuscitative measures for a patient presenting with a GI bleed
- Recognize indications for different endoscopic and radiologic diagnostic studies for localizing and treating source of GI bleeding
- Discuss pharmacologic management of acute GI bleed management as well as secondary prophylaxis

9 - 9:15 a.m.

### **Break**

9:15 – 10:15 a.m.

### **Building Confidence around End of Life Management**

Martha K. Presley, MD, JD

Taking care of the dying patient is a core competency of the generalist in the hospital. Build confidence and improve your comfort with care of the end-of-life patient by gaining a greater understanding of prognostication, learning how that can inform and support compassionate goals of care conversations and gaining clarity around symptom management in the acutely dying patient. Hone your palliative care skills by adding invaluable communication and medication pearls to your end-of-life toolkit.

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

- Estimate the prognosis for the seriously ill patient
- Conduct serious illness conversation using the SPIKES model
- Make a medical recommendation about serious illness care
- Discuss end-of-life medication options and caring for the actively dying patient

10:15 - 10:30 a.m.

**Exhibits/Break**

10:30 - 11:30 a.m.

**A Tale of Two Rivals: Anticoagulation and Transfusion Medicine**

Stephanie Jalaba, MMS, PA-C

This session demystifies the ever-evolving, complex topics of anticoagulation and transfusion medicine. Utilizing the latest evidence-based guidelines and a case-based approach, topics such as choosing the right anticoagulant, special considerations with anticoagulation such as reversal options, the appropriate use of blood product transfusions, and recognizing transfusion reactions will be discussed. Learners practicing in any acute care capacity will find this session useful to their practice.

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

- Describe different options for anticoagulation including the latest guideline updates for treatment of VTE
- Briefly discuss anticoagulation reversal
- Demonstrate knowledge of the current transfusion guidelines and appropriate transfusion methods
- Distinguish transfusion reactions and discuss appropriate work-up

11:30 – 11:45 a.m.

**Break**

11:45 a.m. - 12:45 p.m.

**Cased-based tips and tricks for the inpatient with kidney disease**

Kevin Hageman, DO

The objective of this talk is to provide real-world, nephrology-centric patient scenarios. Participants think through the etiology of the presenting problem and discuss the work-up and treatment. The session cover AKI, hyponatremia, hyperkalemia, obstructive uropathy, and a primer on glomerular disorders.

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

- Identify the etiology of and management of AKI
- Manage obstructive uropathy
- Identify the etiology of and management of hyponatremia
- Identify the etiology of and management of hyperkalemia
- Recognize glomerular disorders

12:45 - 1:45 p.m.

**Lunch (Provided)**

1:45 – 3:30 p.m.

**First Breakout Session (Choose One)**

## **Interpretation of the Electrocardiogram**

Travis Richardson, MD

This session will consist of rapid review of a large number of ECG tracings with an emphasis on mechanistic interpretation. Topics covered will include vectorcardiography, rhythm identification, conduction abnormalities, cardiac electronic device behavior, and ECG identification of myocardial infarction. Audience participation will be strongly encouraged.

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

- Comprehend how normal cardiac depolarization generates the 12 lead ECG
- Describe how alterations in ventricular activation change the 12 lead ECG, such as in BBB or VT
- Identify ECG changes indicative of acute myocardial infarction
- Differentiate sinus rhythm, atrial fibrillation, SVT and VT
- Identify normal cardiac electronic device behavior on ECG

## **Hospital Internal Medicine Meets Critical Care: Patient Cases Breakout Session**

Adrijana Anderson, MMS, PA-C

Interactive, case-based session about common presentations of a decompensating patient in the hospital setting, with helpful tips on how to best manage these situations.

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

- Identify patients who warrant evaluation by a critical care team and discuss early resuscitative measures
- Evaluate the patient with early sepsis
- Recognize acute respiratory failure and review initial management strategies
- Determine which types of shock can occur simultaneously
- Discuss the transition out of the intensive care unit, as well as common post-ICU complications.

## **Let's Talk About Gas: ABG Interpretation Made Easy**

Stephanie Jalaba, MMS, PA-C and Andrew Walker, PSM, MS, PA-C

Do you experience nausea, bloating, and abdominal discomfort when asked to interpret an ABG? Join us as we delve into the fundamental steps of understanding a patient's acid-base status. The faculty will take the session up a notch and practice differentiating mixed disorders and

calculating gap equations. By the end of this session, you'll be able to apply what you've learned to clinical cases. Let's talk about gas!

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
- Formulate differential diagnoses for acid-base disorders
- Apply ABG to clinical scenarios and decision making

### **Life in the Fast Lane: Career Advancement for the Busy Professional**

Krystle Apodaca, DNP, FHM

Want to advance in your career but are too busy with being an excellent clinician, or life in general, to add one more thing? This course will give you practical and efficient tools for professional development. With time-saving insight to professional goal setting, establishing an effective mentor relationship, and producing scholarly work you can confidently advance your career. This course will start your journey to professional development in the fast lane!

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

- Identify 1 method of professional goal setting for career advancement
- Discuss 2 characteristics of an effective mentoring relationship
- Identify 2 modes for producing scholarly publications

3:30 - 3:45 p.m.

### **Break**

3:45 – 5:30 p.m.

### **Second Breakout Session (Choose One)**

#### **Interpretation of the Electrocardiogram**

#### **Hospital Internal Medicine Meets Critical Care: Patient Cases**

#### **Let's Talk About Gas: ABG Interpretation Made Easy**

#### **Life in the Fast Lane: Career Advancement for the Busy Professional**

## **Saturday, October 2, 2021**

7 a.m. - 5 p.m.

### **Registration**

7 - 8 a.m.

### **Breakfast (Provided)**

8 - 9:45 a.m.

### **Third Breakout Session (Choose One)**

#### **Interpretation of the Electrocardiogram**

**Hospital Internal Medicine Meets Critical Care: Patient Cases**

**Let's Talk About Gas: ABG Interpretation Made Easy**

**Life in the Fast Lane: Career Advancement for the Busy Professional**

9:45 - 10 a.m.

**Break**

10 – 10:45 a.m.

**Heart Failure: A Hospitalist's Handbook**

Ian Campbell, MD

An optimal approach to acute congestive heart failure combines knowledge from contemporary conceptions of pathophysiology with time-honored bedside assessment skills.

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

- Describe the clinical pathophysiology of heart failure
- Develop a rational approach to heart failure diagnosis
- Explain standard therapies for heart failure in the hospital

10:45 - 11 a.m.

**Break**

11 a.m. - 12 p.m.

**Common Symptoms, Uncommon Neurological Problems: Part 1**

Michael Leddy, PA-C, MMS, MAED

Often, we are presented with a patient who has a list of nonspecific complaints, or just one very specific chief complaint. These statements lead us into our history and physical exam with the goal of diagnosing the problem and developing the appropriate treatment. Frequently, nonspecific complaints and symptoms as well as unusual exam findings are discounted over even overlooked. However, in the realm of neurologic disease it is often found that these common symptoms are due to serious underlying neurologic problems that if overlooked, can have devastating consequences.

This presentation uses actual case studies collected over twelve years in both the hospital and outpatient setting, to illustrate how minor differences in the history alone can direct the importance of a detailed neurologic exam and specific diagnostic testing. The cases are brief with less than a five-minute history, yet certain subtle points are emphasized so that key diagnoses are made.

This is part one of the series with part two being presented later in the conference.

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

- Recognize that often common symptoms are the result of uncommon problems

- Identify that key history points make the diagnosis
- Further explain the pathophysiology of uncommon neurologic disease

12 – 1:30 p.m.

**Lunch (On Own)**

1:30 – 2:15 p.m.

**Increasing the Quality in High Value Care**

Mary Lacy, MD, FHM, FACP

A frequent definition of high value care is quality divided by cost, though many clinicians associate high value care with only cost-reduction. Improvement in the quality of care can, by this definition, also improve the value of care and often, simultaneously reduce costs. In this talk, we will explore the definition of high value care and the status of high value care in the US. We will then explore several hospital-acquired infections that contribute to key quality indicators for hospitals and explore successful interventions to improve rates of hospital acquired infections through the lens of quality improvement and high value care.

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

- Describe high value care in the context of overuse and underuse of medical services
- Explain the connection between quality improvement and high value care in the hospital setting
- List at least one hospital acquired infection where quality improvement work has successfully improved quality, safety, and value of care

2:30 – 3:30 p.m.

**Common Symptoms, Uncommon Neurological Problems: Part 2**

Michael Leddy, PA-C, MMS, MAED

Often, we are presented with a patient who has a list of nonspecific complaints, or just one very specific chief complaint. These statements lead us into our history and physical exam with the goal of diagnosing the problem and developing the appropriate treatment. Frequently, nonspecific complaints and symptoms as well as unusual exam findings are discounted or even overlooked. However, in the realm of neurologic disease it is often found that these common symptoms are due to serious underlying neurologic problems that if overlooked, can have devastating consequences.

This presentation uses actual case studies collected over twelve years in both the hospital and outpatient setting, to illustrate how minor

differences in the history alone can direct the importance of a detailed neurologic exam and specific diagnostic testing. The cases are brief with less than a five minute history, yet certain subtle points are emphasized so that key diagnoses are made.

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

- Recognize that often common symptoms are the result of uncommon problems
- Identify that key history points make the diagnosis
- Further explain the pathophysiology of uncommon neurologic disease

3:30 - 3:45 p.m.

**Break**

3:45 - 4:30 p.m.

**Y’All Gonna Make Me Lose My Mind: How to Approach Delirium in the Hospitalized Patient**

Amber Brooks-Gumbert, MMS, PA-C

Delirium can have lasting affects far beyond hospitalization. Taking care of these patients can offer unique challenges. This session will discuss the different aspects of caring for patients with delirium in the hospital.

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

- Explain the lasting impact delirium has on patients and their families
- Recognize the risk factors for developing delirium in the hospital
- Recognize delirium in the hospitalized patient
- Develop strategies for delirium prevention

4:30 - 4:45 p.m.

**Break**

4:45 – 5:30 p.m.

**Management of Acute Coronary Syndrome in the Hospitalized Patient**

William Finley, AGACNP-BC

During this session, the attendee will be able to recognize the signs and symptoms as well as be able discuss the initial management of ACS in the hospitalized patient. Additionally, the attendee will be able to recognize and treat post ACS complications and provide appropriate discharge and follow-up.

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

- Recognize and differentiate between unstable angina, non-ST elevation myocardial infarction, and ST elevation myocardial infarction

- Discuss invasive and non-invasive management of the ACS patient
- Identify and manage post ACS complications
- Discuss the appropriate follow-up of the ACS patient

**Sunday, October 3, 2021**

7 a.m. - 12:45 p.m.

**Registration**

7 - 8 a.m.

**Breakfast (Provided)**

8 - 9 a.m.

**Inpatient Endocrinology: It's More Than Just Sliding the Scale Insulin**

Krista Suojanen, MD

This session is designed to increase your comfort in management with one of the most common comorbidities in the hospital (diabetes) as well as increase your knowledge of some less common, but potentially life threatening endocrinologic diseases. Although underlying principles and pathophysiology will be discussed, the focus will be on the day-to-day management of these disorders.

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

- Describe the importance of normoglycemia in hospitalized patients
- Initiate or modify inpatient diabetes regimens to obtain better glucose control
- Identify and treat thyroid storm and myxedema
- Differentiate between sick euthyroid syndrome and thyroidal illness
- Recognize and treat adrenal insufficiency

9 - 9:15 a.m.

**Break**

9:15 – 10:15 a.m.

**The Personalized Approach to Inpatient Management of Decompensated Cirrhosis**

Manhal Izzy, MBChB

In this session, there will be an overview of the hepatic decompensation manifestations which often are the main reasons for hospital admission of patients with cirrhosis. The session will discuss the optimal most up to date medical approach to managing these manifestations.

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

- Effectively treat hepatic encephalopathy
- Manage different types of ascites



- Identify the approach to acute kidney injury in patients with cirrhosis

10:15 - 10:45 a.m.

**Break for Hotel Check-Out**

10:45 - 11:45 a.m.

**Burnout: Better than Rust?**

Daniel Roberts, MD

Burnout is prevalent and impacts not only health care providers but the care their patients receive and the success of the system as a whole. For too long, NP and PA burnout was unstudied and underreported, but as that has begun to change, troubling data and exciting opportunities for change are emerging.

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

- Differentiate burnout from stress and depression
- Describe the prevalence of and risks for burnout among NPs and PAs
- Outline steps workplaces can take to mitigate burnout

11:45 a.m. – 12:00 p.m.

**Break**

12 - 12:45 p.m.

**Recognition and Management of Cardiac Arrhythmias in the Hospitalized Patient**

William Finley, AGACNP-BC

During this session, the attendee will be able to recognize and discuss the initial management of the most common cardiac arrhythmias experienced by the hospitalized patient.

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

- Recognize and treat Atrial Fibrillation/ Atrial Flutter
- Recognize and treat Ventricular Tachycardia
- Recognize and treat Ventricular Fibrillation
- Recognize and treat 2nd and 3rd degree heart block

12:45 – 1:00 p.m.

**Closing Remarks**

Pre-recorded (Virtual Only)

**Basics of 12-Lead ECG Interpretation Breakout Session**

Darwin Brown, PA-C

During this session, the attendee will be able to recognize and discuss the initial management of the most common cardiac arrhythmias experienced by the hospitalized patient.

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

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

\* This agenda may be updated or modified without notification.