



Hospital Medicine Essentials

August 30 - September 2, 2026
Nashville, TN

For PAs and NPs



Agenda

DoubleTree by Hilton Hotel Nashville Downtown

Sunday, August 30, 2026

12:00 p.m. – 5:30 p.m. **On-Site Registration**

1 - 1:15 p.m. **Welcome Remarks**

1:15 – 2 p.m. **Resiliency and Wellness**

Rusty Holman, MD

Session information coming soon!

2 – 3 p.m. **What to order & initial interpretation of Head CT's & MRI's**

Matthew Johnson, PA-C

This session will be an in depth review of Brain/head CT's & MRI's. The different types and which one to choose and why will be included. Also, there will be a review of a systematic approach to review/interpret results. Learned knacks & must knows will also be discussed. Attendees should leave with a good review of different scans, modalities and a skillset to initially interpret & when to call the specialist.

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

- Discuss what is the best study and why
- Discuss initial interpretations- how to read brain CT's and MRI
- Illustrate systematic approach to reviewing scans
- Illustrate clinical pearls and good to know

3 – 3:30 p.m. **Exhibits/Break**

3:30 – 4:30 p.m. **Intracerebral Hemorrhage Essentials: From Diagnosis to Discharge for Hospital Medicine APPs**

Margarethe Goetz, PhD, PA-C

Intracerebral hemorrhage is one of the more complex clinical diagnoses encountered in hospital medicine, sometimes requiring rapid, coordinated, interdisciplinary care. This presentation addresses recognition and management of ICH, including blood pressure control, coagulopathy reversal, and indications for specialty consultation. Secondary complications, inpatient care priorities and real-world patient barriers are addressed.

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

- Recognize important clinical and radiographic features of ICH
- Initiate time-sensitive acute management include blood pressure control and coagulopathy reversal
- Anticipate and manage secondary complications
- Apply a bundled framework connecting acute ICH to long term inpatient care decisions
- Develop a patient-centered discharge plan accounting for real-world barriers to recovery

4:30 – 5:30 p.m.

Gasping for Breath: An Approach to Acute Respiratory Failure

Lynnsey Moss, MD

In this session, we will define and review acute hypoxic and hypercapnic respiratory failure. From there, we'll review illness scripts for common diagnoses and highlight when to suspect less common causes as we work to build a differential using a case-based approach. From there, we'll discuss when to initiate NIPPV, how to determine initial settings, how to titrate NIPPV, and when to escalate to intubation.

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

- Define acute respiratory failure and describe the subtypes
- Develop a comprehensive differential diagnosis for acute respiratory failure
- Describe the indications and contraindications to NIPPV
- Identify strategies when using NIPPV and when to use them
- Explain the principles of titrating NIPPV and identify when to escalate to intubation

5:30 – 6:30 p.m.

Welcome Reception

Monday, August 31, 2026

7 a.m. - 6 p.m.

On-Site Registration

7 – 7:45 a.m.

Breakfast (Provided)

8:15 - 9 a.m.

Clear as Day: Cutting Through the Gray to Find the Red Flags

Brandon White, DO

In the monochromatic world of radiology, missing a subtle detail can have life-altering consequences. "Clear as Day" is designed to sharpen your clinical vision, transforming the chaotic "shades of gray" on a chest X-ray into a structured map of actionable insights. This session moves beyond guesswork, providing a high-speed, systematic framework to eliminate "satisfaction of search" and uncover hidden dangers.

We will focus on developing a "radiographic radar" to instantly detect high-stakes red flags—from the tension pneumothorax hiding in the periphery to the widened mediastinum lurking in the shadows. By mastering a repeatable search pattern, you will learn to cut through visual noise, identify acute pathologies with confidence, and triage "sick versus not sick" patients with precision. Join us to refine your approach and ensure that when it comes to critical findings, your interpretation is always clear as day.

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

- Apply a standardized, systematic approach to evaluate all anatomical components of a chest radiograph
- Demonstrate the ability to rapidly recognize specific "red flag" signs for life threatening pathologies
- Differentiate between incidental findings and acute pathologies that require immediate intervention, effectively triaging the "sick versus not sick" patient based on radiographic evidence

8:15 a.m. – 12:30 p.m. **Stayin' Alive** (*Separate registration required.*)

Christopher Bates-Withers, MMS, PA-C, CAQ-HM, CAQ-CVTS

This workshop will focus on the clinical skills, processes and critical resource management needed to stabilize the acutely decompensating inpatient. Emphasis will be placed on respiratory emergencies, and on recognition and early intervention for acute respiratory failure.

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

- Discuss the common etiologies and pathophysiology of acute respiratory failure.

- Discuss management options for acute decompensation in COPD and pneumonia including oxygen delivery modalities and strategies for the hypoxic patient
- Demonstrate clinical procedures for crisis patient stabilization, including endotracheal intubation and troubleshooting of the difficult airway
- Discuss current standards of care for inpatient stroke response, and strategies to minimize delays in care
- Synthesize knowledge about acute care stabilization to demonstrate patient management in simulations and small group exercises

9 – 10 a.m.

Hypotension, Hypoperfusion, and the Management of Shock

Lynnsey Moss, MD

In this session, we will explore what defines shock and identify the various phenotypes using a case-based approach with a goal of building a framework for describing and evaluating shock. From there, we will use this framework to discuss initial management and strategies to provide hemodynamic support. Finally, we will highlight common “red flags” and identify when a patient’s course is not following the expected course.

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

- Define shock
- Identify the phenotypes of shock
- Describe initial approaches to hemodynamic support
- Recognize diagnostic red flags

10 - 10:30 a.m.

Exhibits/Break

10:30 a.m. – 11:30 a.m. **Not Just Tired: Diagnostic and Managing Hypoactive Delirium at the Bedside**

Kate Wooldridge, MD, SFHM

Hypoactive delirium is the most common-and most frequently missed-form of acute encephalopathy in hospitalized patients. Often mistaken for fatigue, depression or "just not engaging," it carries significant risk when unrecognized. This session provides a practical bedside approach to identifying and managing hypoactive delirium in real time. Participants will learn how to quickly recognize delirium using brief, validated tools and apply a structured, stepwise workup that prioritizes high-yield, reversible causes such as medications, infection and metabolic derangements. Through case-based discussion, we will focus on evaluation, when to escalate testing and how to initiate immediate management strategies including medication adjustments and targeted

nonpharmacologic interventions. The goal is to leave with a clear, actionable framework that can be applied on your very next patient encounter.

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

- Recognize hypoactive delirium using brief, validated bedside tools and distinguish it from sedation, depression and baseline cognitive impairment
- Apply a structured, stepwise workup for acute encephalopathy that prioritizes high-yield, reversible causes
- Initiate management strategies at the bedside and evidence-based nonpharmacologic interventions

11:30 a.m. – 12:30 p.m. **Put the Shark Before The Horse: Applying Roadmaps for Clinical Reasoning at the Bedside**

Chase J Webber, DO, FACP, Zeynep Kubilay, MD, Matthew Sweeney, MD

Diagnostic errors are common and frequently lead to permanent disability or even death. Effective clinical reasoning saves lives, but few universal strategies to improve reasoning exist. Hospitalists and APPs should model diagnostic excellence, but where do we start?

This session will discuss how to pivot from a possibilistic to a probabilistic approach using two interactive tools: (1) the Four-Square Prioritized Differential (FSPD) and (2) the Diagnostic Time Out (DTO). The FSPD is a 2x2 visual aid that empowers APPs to rapidly prioritize differentials based on acuity and illness script matching. The DTO is a pocket card that guides through a “time out” similar to what is done before procedures. The DTO encourages clinicians to systemically review a case in the face of clinical uncertainty and delineate the next steps moving forward.

Participants in the session will leave confident and inspired to integrate these tools into practice in any clinical environment.

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

- Discuss the importance of using a probabilistic approach to clinical reasoning.
- Prioritize a differential diagnosis by likelihood using the Four-Square Prioritized Differential Method and evaluate risk for potential harm
- Model a diagnostic time out on rounds to voice and act upon clinical uncertainty

12:30 p.m. – 1:15 p.m. **Lunch (Provided)**

1:15 p.m. - 2 p.m.

Loud Signals: A Practical Approach to Acute Agitation

Kate Wooldridge, MD, SFHM

Acute agitation is a high-stakes clinical scenario requiring rapid assessment and decisive action. This session provides a practical, bedside approach to managing the acutely agitated patient, emphasizing safety, structured decision-making, and diagnostic direction. Participants will learn how to assess risk for violence, apply a simple framework to distinguish common causes of agitation—including delirium, substance use, mood disorders, and psychosis—and initiate targeted management. Through case-based discussion, this session highlights how to avoid common pitfalls and move efficiently from initial response to targeted diagnosis and care.

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

- Assess risk for violence using observable behaviors and clinical context to guide immediate safety decisions
- Differentiate common causes of acute agitation (delirium, substance use, mood disorders and psychosis as etiologies) using a rapid bedside framework
- Initiate a stepwise management approach including verbal de-escalation, environmental modification and appropriate use of pharmacologic agents

1:15 p.m. – 5:30 p.m.

Sound Insights: Mastering Bedside POCUS for the Modern Hospitalist

(Separate registration required.)

Brandon White, DO, Amy Harvey, PA-C, Lynnsey Moss, MD, Angela Leclerc, MPAS, PA-C

In the fast-paced inpatient setting, the ability to see beneath the surface is a game-changer for elite clinical care. "Sound Insights" is an immersive, hands-on workshop designed to bridge the gap between physical examination and definitive diagnosis. We strip away the complexity of ultrasound, starting with the essentials of knobology to ensure you control the image, rather than the machine.

Under the guidance of our expert faculty, you will engage in high-yield training covering the "Hospitalist Essentials": Focused Echo, Lung, FAST, DVT, and Vascular Access. Through this mentored, deliberate practice, you will acquire the tools to rapidly differentiate causes of respiratory distress, evaluate hemodynamic status, and perform procedures with pinpoint accuracy. This

session isn't just about scanning—it's about equipping you with the real-time data needed to make faster, safer, and more confident clinical decisions. Join us and transform your diagnostic toolkit with the power of point-of-care ultrasound.

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

- Demonstrate proficiency in ultrasound "knobology," including the adjustment of gain, depth, and probe selection, to optimize image quality and minimize artifacts across various inpatient body habitus
- Perform and interpret core POCUS exams—Focused Echocardiography, Lung, FAST, DVT, and Vascular Access—to answer specific clinical questions at the bedside
- Begin application of POCUS findings to differentiate causes of acute dyspnea, shock, and hypotension, using "sound insights" to accelerate diagnostic timelines and improve the safety of ultrasound-guided procedures

2 p.m. - 3 p.m.

Abdominal Pain

3 – 3:30 p.m.

Exhibits/Break

3: 30 p.m. – 4:30 p.m.

Electrolyte Disturbance Hyponatremia

Session information coming soon!

4: 30 p.m. – 5:30 p.m.

Antimicrobial Stewardship Essentials: Practical Bedside Decision-Making for the Hospital Clinician

Laura Bobbitt, PharmD, BCIDP, Sharon Onguti, MD, MPH, FACP

Antimicrobial stewardship is a core component of safe, high-quality hospital care. This interactive, case-based session will provide practical approaches to diagnostic stewardship, empiric antibiotic selection, antibiotic timeouts, and recognition of antibiotic-associated harms. Participants will work through real-world inpatient scenarios to learn how to interpret laboratory and microbiology data, distinguish infection from colonization or contamination, and make thoughtful antibiotic decisions across common clinical syndromes. Emphasis will be placed on bedside application and strategies clinicians can immediately incorporate into daily practice.

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

- Apply principles of diagnostic stewardship to improve interpretation of microbiology and laboratory data and reduce inappropriate antibiotic use
- Select appropriate empiric antibiotic therapy using patient-specific risk factors, likely pathogens, and local stewardship principles
- Incorporate antibiotic timeouts, de-escalation strategies, and harm reduction principles into routine clinical practice
- Differentiate infection from colonization, contamination, and noninfectious mimics using clinical and laboratory data

Tuesday, September 1, 2026

7 a.m. – 5:30 p.m. **On-Site Registration**

7 – 8 a.m. **Breakfast (Provided)**

8:15 - 9 a.m. **Decompensated Cirrhosis: A Bedside Guide to Inpatient Management**

Michelle Lewis, MD

This lecture will guide participants through an admission of a decompensated cirrhosis and complications frequently seen in the inpatient setting. The lecture will focus on how to diagnose, recognize and manage decompensated cirrhosis.

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

- Diagnose end stage liver disease
- Recognize the complications of cirrhosis
- Manage the complications of cirrhosis
- Recognize when to refer patient to a transplant center

8:15 a.m. – 12:30 p.m. **Stayin' Alive** (*Separate registration required.*)

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9 – 10 a.m. **Wound Care**

Session information coming soon!

10 - 10:30 a.m. **Exhibits/Break**

10:30 a.m. – 11:30 a.m. **Acute Kidney Injury**

Session information coming soon!

11:30 a.m. – 12:30 p.m. **Reversal & Periprocedural Management of Anticoagulation**

Sarah Berardi, PharmD, 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 periprocedural management strategies for selecting 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
- Describe patient specific factors, recommend the appropriate reversal agent and a comprehensive monitoring plan
- Recommend periprocedural management strategy for each oral anticoagulant for non-emergent procedures

12:30 p.m. – 1:15 p.m. **Lunch (Provided)**

1:15 p.m. – 2 p.m. **Building your path: Mentorship for new APPs**

Meredith Beauregard, PA-C

In this session, participants will explore the roles and responsibilities of both mentors and mentees in medicine. We will review key concepts and terminology associated with mentorship, reflect on prior mentoring experiences, and develop strategies to foster effective mentoring relationships that support professional growth and long-term career development in medicine.

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

- Define and understand the terms associated with mentoring relationships
- Identify characteristics of effective mentoring relationships
- Apply mentorship principles to your career

1:15 p.m. – 5:30 p.m. **Sound Insights: Mastering Bedside POCUS for the Modern Hospitalist**
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2 p.m. – 3 p.m.

Closing the Gap: Evidence-Based DKA and Inpatient Glycemic Management

Taylor Bracco, DO

This session will provide evidence-based management of inpatient diabetes management (DM). Management of Diabetic ketoacidosis (DKA) will also be discussed.

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

- Describe inpatient glycemic management
- Illustrate DKA management
- Discuss oral agents and their role inpatient

3 p.m.- 3:30 p.m.

Exhibits/Break

3:30 p.m. – 4:30 p.m.

Chest Pain and ECG for the Hospitalist

Peter Liu, MD

This session is an overview of inpatient chest pain management. The discussion will cover acute coronary syndrome (ACS) and its differential diagnosis, as well as the differences between ACS and chronic coronary disease. ECG interpretation relevant to an evaluation for ACS will be discussed. A review of indications for antiplatelet and anticoagulation therapy related to coronary artery disease will also be offered.

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

- Confidently initiate management of inpatient chest pain
- Identify chest pain emergencies on ECG
- Utilize tools to risk stratify cardiac chest pain

4:30 p.m. – 5:30 p.m.

I Had Some Help: How to Call A Consult (and Feel Confident Doing It!)

Rebekah Mattox, MSN, AGAC-NP, FNP-BC

Calling a consult can be a daunting task for many providers. This session is aimed at helping PA's and NP's gain more confidence when calling a consult by focusing on effective communication, helpful tips to avoid or include when calling a consult, and by learning a standardized method to approach consults. Participants will be split into groups and given an H&P to practice calling a consult in "real-time" during this session.

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

- Identify at least three helpful recommendations when calling a consult
- Illustrate confidence in their communication skills when calling a consult
- Demonstrate CONSULT mnemonic as a standard method to approach consults

6:30 p.m. – 8:30 p.m. **Hot Chicken and High Spirits** *(Separate registration required.)*

Wednesday, September 2, 2026

7 a.m. – 12:30 p.m. **On-Site Registration**

7 – 8 a.m. **Breakfast (Provided)**

8 – 9 a.m. **Code Cancer: Emergencies You Can't Miss**

Holly Holt, PA-C

This session seeks to provide a case-based review of common oncologic emergencies encountered in the hospital setting. Participants will learn to recognize the clinical presentations and underlying pathophysiology of tumor lysis syndrome, malignancy-associated hypercalcemia, malignant spinal cord compression, superior vena cava (SVC) syndrome, and febrile neutropenia. Emphasis will be placed on interpreting key laboratory and diagnostic findings, identifying time-sensitive complications, and applying evidence-based management strategies. This session will also give practical information about utilizing diagnostic and clinical information to appropriately escalate care. Through clinically relevant examples, participants will gain practical tools to improve recognition, diagnostic accuracy, and early intervention in oncologic emergencies to optimize patient outcomes.

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

- Recognize the key clinical presentations and pathophysiologic mechanisms underlying common oncologic emergencies.
- Interpret relevant laboratory and diagnostic findings associated with oncologic emergencies, including electrolyte abnormalities, uric acid and renal function trends, neutrophil counts, inflammatory markers, and imaging findings, in order to guide timely

- Utilize clinical algorithms and guideline-based approaches to evaluate and manage febrile neutropenia, metabolic emergencies, and oncologic compression syndromes in the inpatient setting

9 – 10 a.m.

Rheumatology For Hospital Medicine

Kevin Byram, MD

This session will cover rheumatologic emergencies, rheumatology workups, as well as cover inflammatory vs non-inflammatory joint pain. Participants will also learn about immunosuppression and complications.

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

- Differentiate inflammatory vs. non-inflammatory joint pain using history, physical exam findings, and key laboratory markers (e.g., ESR, CRP, synovial fluid analysis), and apply this distinction to guide initial diagnostic and management decisions.
- Recognize and manage rheumatologic emergencies (e.g., septic arthritis, giant cell arteritis, vasculitis, catastrophic antiphospholipid syndrome) by identifying red flag symptoms and initiating timely treatment to prevent morbidity and mortality.
- Identify complications of immunosuppressive therapy (e.g., opportunistic infections, malignancy risk, cytopenias, hepatotoxicity) and implement appropriate screening, prophylaxis, and monitoring strategies.

10 – 10:30 a.m.

Break for hotel check-out

10:30 – 11:30 a.m.

Will Code for Hot Chicken: Optimal Coding and Billing Practices for Hospital PAs and NPs

Jodi Robbe, PA-C

This session will introduce PAs and NPs to the 2023 E/M Coding Guidelines and provide examples of how to use them to code hospital visits. HCC and risk adjustment will be discussed. The risks and benefits of AI generated documentation and need for provider oversight will be reviewed. Common compliance risks and pitfalls will be addressed.

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

- Utilize 2023 E/M coding guidelines to code a patient visit
- Identify common AI inaccuracies and mitigate
- Discuss common compliance challenges and discuss strategies to avoid
- Illustrate MCC and CC as it relates to coding

11:30 a.m. – 12:25 p.m. **The Clot Thickens: Managing Acute Ischemic Stroke**

Angela Leclerc, MSPA, PA-C

Acute ischemic stroke is one of the top five diagnoses encountered in patients admitted to the hospital. Advanced Practice Providers must be skilled at assessing acute ischemic stroke, potential complications associated with it and acute evaluation and management of the suspected stroke patient and complications. This session will review the standardized assessment of acute stroke patients, options for reperfusion and the potential complications associated with stroke and its treatment.

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

- Describe the utility and perform the NIHSS independently for rapid assessment of acute stroke
- Discuss reperfusion options in acute stroke
- Recognize potential acute complications of acute ischemic stroke

12:25 – 12:30 p.m. **Closing Remarks**

* This agenda may be updated or modified without notification.