

# **COURSE SCHEDULE**

# **SUNDAY, SEPT. 29**

8:00 am - 8:25 am

## Beyond the Basics: How to Make Money and Grow Your Wealth Through Investments

James M. Dahle, MD, FACEP

Billions of dollars and millions of hours are spent annually chasing the full spectrum of acute coronary syndrome, from STEMI to stable angina. The speaker will discuss the past, present, and future of ACS in the setting of high-sensitivity troponins, improved risk stratification, advanced coronary artery imaging, and accelerated diagnostic care protocols. Lastly, the speaker will discuss a paradigm shift from STEMI to occlusive myocardial infarction.

8:00 am - 8:25 am

#### Beyond the Basics: Unstable Angina, High Sensitivity Troponin, OMI, Gender Differences in ACS

Tarlan Hedayati, MD, FACEP

Billions of dollars and millions of hours are spent annually chasing the full spectrum of acute coronary syndrome, from STEMI to stable angina. The speaker will discuss the past, present, and future of ACS in the setting of high-sensitivity troponins, improved risk stratification, advanced coronary artery imaging, and accelerated diagnostic care protocols. Lastly, the speaker will discuss a paradigm shift from STEMI to occlusive myocardial infarction.

8:00 am - 8:25 am

## **Contract Nightmares: Due Process, Indemnification Clauses and Non-Competes**

Rachel A. Lindor, MD, JD

Every major EM organization signed a letter to CMS demanding physician due process rights. Does your current contract force you to waive your due process rights? Did you agree to provide reimbursement to your employer whose negligence may have contributed to your patient's injuries by signing an indemnification clause? Can you work for the across-town competitor ED or are you bound by a non-compete clause?

8:00 am - 8:25 am

#### **Mastering Lifelong Learning: Calming the Chaos of Continuing Education**

Salil K. Bhandari, MD

Too much information, too little time. Podcasts, vodcasts, websites, blogs.... oh my! How do you access information to maintain skills? During residency, there is a wealth of organized resources and educational content, but what about life after residency? There is a barrage of available resources, but how do we weed through the noise to keep up with the most current practices? What are the most effective resources to access at the bedside? Or even in between shifts? The speaker will provide high-yield online and offline resources for the experienced provider seeking continuing resources at the bedside and beyond.

8:00 am - 8:45 am

## escapED: An ED Trauma Escape Room (Group 1)

Christopher Hogrefe, MD, FACEP

Escape rooms represent an incredibly entertaining and challenging experiences designed to test a person and/or group's ability to solve puzzles, think critically, and work as a team. It is time to liven up the Scientific Assembly further with an educational ED-based escape room. Groups of ten participants will be tasked with solving numerous ED trauma-related puzzles as a group in order to save their patient before he expires. Can you do so in thirty minutes or less? The clock is ticking...

8:00 am - 8:50 am

#### **Critical Kids in the Community: What Now?**

llene A. Claudius, MD, FACEP; Alfred D. Sacchetti, MD, FACEP

Many children in the ED require stabilization and then transfer. The speakers will focus on the management of such children outside the confines of a tertiary care children's hospital and share perspectives from both the sending and receiving facilities. Information will be presented on Pediatric Readiness as well as practical approaches to case-based scenarios. The central role of the community ED in critical care pediatrics will be stressed.

8:00 am - 8:50 am

## **Super Strategies to Help Your ED Super Utilizers**

Bret Nicks, MD, MHA, FACEP

What happens to the patient who presents to the ED night after night? How can emergency medicine help the system coordinate care to prevent further ED visits and hospital admissions? In this lecture, the speaker will share innovative and proven strategies that can help participants identify super-utilizers and create a coordinated discharge plan to prevent further recidivism.

8:00 am - 8:50 am

## **Ten Most Commonly Missed Radiographic Findings in the ED**

Danielle D. Campagne, MD, FACEP

As an emergency physician, you need to know the most commonly missed radiographic findings that can lead to morbidity & malpractice. The speaker will highlight the most commonly missed x-ray & CT findings by emergency physicians, and discuss strategies for reading these films so that you don't miss one of these findings on your next shift.

8:00 am - 8:50 am

## To Err is Human: Prevention and Disclosure

Catherine A. Marco, MD, FACEP

Medical errors are considered a nearly inevitable issue in clinical practice. How common are medical errors? Should they be disclosed to patients and families? What are the best risk management strategies to address medical errors? These and other issues will be addressed in this session.

#### **Procedural Ultrasound Lab 1**

Christopher T. Stem, MD

Procedural Ultrasound helps clinicians safely perform an increasing number of common, rare, and even heroic procedures. The Procedural Ultrasound lab provides deliberate practice with expert feedback on a variety of Ultrasound-quided procedures including venous access, pericardiocentesis, thoracentesis, paracentesis, arthrocentesis and lumbar puncture.

8:00 am - 9:50 am

## **Transvenous Pacemaker Lab 1**

Brian Stettler MD. FACEP

Patients with unstable bradycardias frequently require the insertion of a transvenous pacemaker as part of their initial ED resuscitation. Although this is a relatively common procedure in the hospital setting, it isn't done all that often in the emergency department. The procedure for insertion of a transvenous pacemaker is straightforward but creates quite a bit of anxiety for providers who haven't inserted one in a while. This lab will teach you the steps of pacemaker insertion and what to do once it has been placed. Participants completing this workshop will gain confidence in taking care of this group of critically ill patients. (This Lab is limited in the number of participants.)

8:30 am - 8:55 am

#### **How to Give a Killer Talk**

Jason Wagner, MD, FACEP

Do your learners fall asleep or pull out their phones when you lecture? Do you struggle with how to effectively present your data? Do your slides need an extreme makeover? Do you want to make your lectures more interactive? Many educators struggle to provide high-quality, effective lectures. Their impact can be limited by poor presentation style, distracting slide design, and lackluster delivery. While drawing on the available literature, this talk will explain and exemplify five key points for making lectures more interesting and keeping an audience's attention. Come learn the ABCs of resuscitating a boring lecture!

8:30 am - 8:55 am

## Palpitations, Passing Out and Pediatric Chest Pain: When to Worry?

Sean M. Fox, MD, FACEP

Pediatric ECGs are not just little pieces of paper. The speaker will explain what to expect on a "normal" Pediatric ECG and how that changes as the child ages. Cases highlighting what is potential clues to ominous conditions will also be discussed.

8:30 am - 8:55 am

## Precision in Practice: Achieving Diagnostic Excellence in Patients with Ruptured Abdominal Aortic Aneurysm (rAAA)

Andrew J. Matuskowitz, MD

A patient who presents with a possible rAAA is therefore a time-sensitive emergency, and prompt recognition of this rare condition can clearly save lives. Rapid bedside ultrasound can also screen for this condition. The US Preventive Services Task Force recommends screening of all men over the age of 65 who have ever smoked and selectively in women and men who have never smoked. However, such screening occurs in only 4-26% of appropriate individuals, with disparity in individuals of color and lower socioeconomic conditions — the very population often treated in emergency department. Finding an aneurysm early allows for proper monitoring of its size and elective surgical stent placement (with a very low mortality/morbidity) once the size reaches the established threshold.

8:30 am - 8:55 am

## **Tiny Heroes: Boosting Pediatric Readiness in the Emergency Room**

Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS

All EDs must be prepared to receive, assess, and at a minimum, stabilize and transfer acutely ill and injured children, yet not all are prepared for the sickest of children. Pediatric readiness programs are designed to help these EDs improve care for all children who present to the ED.

8:45 am - 9:30 am

## escapED: An ED Trauma Escape Room (Group 2)

Christopher Hogrefe, MD, FACEP

Escape rooms represent an incredibly entertaining and challenging experiences designed to test a person and/or group's ability to solve puzzles, think critically, and work as a team. It is time to liven up the Scientific Assembly further with an educational ED-based escape room. Groups of ten participants will be tasked with solving numerous ED trauma-related puzzles as a group in order to save their patient before he expires. Can you do so in thirty minutes or less? The clock is ticking...

9:00 am - 10:30 am

**General Session** 

9:30 am - 10:15 am

## escapED: An ED Trauma Escape Room (Group 3)

Christopher Hogrefe, MD, FACEP

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12:30 pm - 12:55 pm

## Diagnostic Dilemma: No Fracture on X-Ray? Now What?

Korin Hudson, MD

Many orthopedic injuries that emergency physicians care for are not associated with fractures. When there is no fracture a deeper knowledge of the anatomy and mechanism allows the astute clinician to make the diagnosis. The presenter will discuss orthopedic "nonfractures" that are relevant to emergency physicians like ruptured quadriceps tendon, ruptured biceps tendon, sternoclavicular joint dislocation, and acromioclavicular injury. Including basic musculoskeletal ultrasound.

12:30 pm - 12:55 pm

## **Low Flow, High Stakes: Cardiogenic Shock**

Tarlan Hedayati, MD, FACEP

Recognizing cardiogenic shock can be challenging and identifying one of it's many causes can be even more challenging. In this lecture, we will discuss the diagnosis, exam features and treatment of cardiogenic shock

12:30 pm - 12:55 pm

## Metabolic Disasters in Kids: Lethal Disorders You Have Never Heard of And How to Treat Them

Ilene A. Claudius, MD, FACEP

How do you detect and treat the child with a metabolic disorder or undiagnosed inborn error of metabolism (IEM)? Additionally, how do you care for a patient with a known IEM who is symptomatic? The presenter will cover a rational and reasonable approach to managing these complicated children.

12:30 pm - 1:15 pm

## escapED: An ED Trauma Escape Room (Group 4)

Christopher Hogrefe, MD, FACEP

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12:30 pm - 1:20 pm

## **Bored of Boarding: Managing the Challenge**

Bret Nicks, MD, MHA, FACEP

ACEP worked with the Gordon and Betty Moore Foundation to develop a quality measure for the rare rAAA diagnosis that will be ready for implementation on ACEP's national registry. The measure will not only help with the rapid identification of rAAA cases, increasing their chances of survival, but also provide a screening tool for AAA cases.

12:30 pm - 1:20 pm

## From Rags to Riches: Personal Finance for the Early Career EP

James M. Dahle, MD, FACEP

That first paycheck you receive as an attending is a big change of living cheaply throughout your education. Developing good financial habits from day 1 as an attending is a necessity. The speaker will discuss the need-to-know core basics of investing, personal finance, asset protection, and retirement planning. This course is geared toward the recent graduate with a special focus on implementing good habits in personal finance.

12:30 pm - 1:20 pm

## **Game On! Dermatology Jeopardy**

Catherine A. Marco. MD. FACEP

How well do you know your emergency dermatology? In this fast-paced, competitive game setting, you can test your knowledge against colleagues, and review common dermatologic presentations and therapies.

12:30 pm - 1:20 pm

#### **GOTCHA! The Medical Chart: Anticipating the Lawyer's Review**

Rachel A. Lindor, MD. JD

During this interactive course, the speaker will review emergency medicine charts & discuss how wording factors into lawsuits. You will learn how specific charting can help you avoid getting sued and/or win the case if there is litigation.

12:30 pm - 1:20 pm

## **Puzzle the Pros: Airway Edition**

Megan Fix, MD, FACEP; Jason Wagner, MD, FACEP; Brian Driver, MD

Difficult airways can be a challenge in the ED, and at times the next best step may not be perfectly clear. In this interactive discussion, our panel of experienced airway experts will each present a challenging difficult airway case followed by a discussion of options while allowing for audience participation via comments and questions. Learn the outcome of each case presented along with potential opportunities for improvement and practical take-home points from the case.

12:30 pm - 1:20 pm

## Responsibility in Response: Seeking Best Practices for Response to Humanitarian Crises - Sponsored by the International Section

Tsion Firew, MD, FACEP; Diana Cimpoesu, MD, PhD, FESEM, FERC, FCCP; Shada Rouhani, MD, MPH; Corey Bills, MD, MPH; Sean Kivelehan, MD, MPH; Ashley Pickering, MD, MPH (Moderator)

This panel will introduce ACEP24 attendees to panelists working in the sphere of development and humanitarian crisis. We will explore the importance of EM research while providing quality care, education, and response in these settings. Attendees will have the opportunity to understand challenges and best practices in both research and engaging with organizations providing emergency care and response in conflict zones.

12:30 pm - 2:20 pm

## **Procedural Ultrasound Lab 2**

Christopher T. Stem, MD

Procedural Ultrasound helps clinicians safely perform an increasing number of common, rare, and even heroic procedures. The Procedural Ultrasound lab provides deliberate practice with expert feedback on a variety of Ultrasound-guided procedures including venous access, pericardiocentesis, thoracentesis, paracentesis, arthrocentesis and lumbar puncture.

12:30 pm - 2:20 pm

#### **Transvenous Pacemaker Lab 2**

Brian Stettler MD, FACEP

Patients with unstable bradycardias frequently require the insertion of a transvenous pacemaker as part of their initial ED resuscitation. Although this is a relatively common procedure in the hospital setting, it isn't done all that often in the emergency department. The procedure for insertion of a transvenous pacemaker is straightforward but creates quite a bit of anxiety for providers who haven't inserted one in a while. This lab will teach you the steps of pacemaker insertion and what to do once it has been placed. Participants completing this workshop will gain confidence in taking care of this group of critically ill patients. (This Lab is limited in the number of participants.)

1:00 pm - 1:25 pm

## **Mandatory MRIs: When Is It Really Needed?**

Kevin M. King, MD, FACEP

Getting MRIs in the ED can be difficult, especially during off hours. But in what cases do we need to advocate for an emergent MRI? This case-based lecture will go over situations when it is appropriate for the ED physician to vigorously pursue an MRI in the ED and when you can tell your consultant that it can be obtained as an out-patient.

1:00 pm - 1:25 pm

## **Pediatric Sexual Assault: What Do You Need to Know?**

Jodi G. Wieters, MD

When children present to the emergency room with concern about sexual assault, what do we need to know as an emergency medicine provider? Genital trauma and medical conditions mimics can be in the differential diagnosis. This course will help the provider differentiate between these conditions and make the best disposition.

1:00 pm - 1:25 pm

## **Psychedelics: A Trip Down Hippie Lane**

Christian A. Tomaszewski, MD, MS, MBA, FACEP

The use of mushrooms and other psychedelics to treat psychiatric conditions is an up-and-coming field. Review different types of psychedelics, their clinical uses and potential pitfalls.

1:15 pm - 2:00 pm

## escapED: An ED Trauma Escape Room (Group 5)

Christopher Hogrefe, MD, FACEP

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1:45 pm - 2:10 pm

## **Code Negotiate: Strategies for Emergency Medicine Contract Wins**

Sudave Mendiratta, MD

What do looking for your first job, buying a new house, and discussing the upcoming contract for your large group have in common? They all require skill in negotiating. Having the requisite knowledge can markedly improve outcomes for all parties involved. Come hear the expert teach the foundation of understanding the negotiating process and share tips to becoming the best negotiator you can be.

1:45 pm - 2:35 pm

## **Avoiding Pediatric Airway Panic: Advanced Pediatric Airway Management**

Alfred D. Sacchetti. MD. FACEP

Do you panic when there is an agitated, semiconscious infant or toddler with a compromised airway? The ability to manage a child's airway quickly is one of the most important lifesaving skills an emergency physician can possess. The speaker will address indications for invasive vs. non-invasive airway management, RSI, correct drug dosages, unique indications for pharmacologic agents, & tube dimensions for children of various ages. Airway management in neonates & other useful airway management tips will also highlight how to provide meaningful quality care for this special population.

1:45 pm - 2:35 pm

## **Diagnostic Dilemma: Fever, Aches, and Maybe A Rash**

TBA

Patients with fever, myalgias, and a rash can be a mystery. In this case-based session, participants will discover steps to evaluating these patients and getting the correct diagnosis.

1:45 pm - 2:35 pm

## Diagnostic Dilemma: High-Risk Cases in Ortho

Rachel A. Lindor, MD, JD

Rhabdomyolysis, Compartment syndrome, high-pressure injection injuries, open fractures, septic arthritis, and Osteomyelitis - these are just a few of the high-risk orthopedic emergencies in the ED.

1:45 pm - 2:35 pm

## **Game On! Radiology Jeopardy**

Catherine A. Marco, MD, FACEP

This game show will challenge the audience to interpret ED imaging using an audience response system! You and your colleagues will compete to describe important findings of radiographs and CT scans applicable to working in the ED.

1:45 pm - 2:35 pm

## Is Al Going to Take My Job? (Nancy J. Auer Lecture)

Christian Rose, MD

All has been compared to the advent of antibiotics in its potential to revolutionize healthcare. As Al seismically shifts the healthcare workforce and emergency medicine, will it steal your job? The speaker will summarize Al in healthcare today and how Al will alter the foreseeable future. Most importantly, the speaker will tell you how to remain essential and gainfully employed.

1:45 pm - 2:35 pm

#### **Resuscitation in the Streets: What You Need to Know**

Shira A. Schlesinger, MD, MPH, FACEP

Review recent hot topics in EMS literature. In this fast-paced presentation, an EMS expert will discuss the most important articles impacting care before the patient reaches your hospital. Review the literature surrounding how the sickest patients in the streets are cared for by EMS. If you work at an EMS base station, interface with EMS personnel in the ED, or are an EMS medical director, this is the talk for you.

1:45 pm - 2:35 pm

## The ICU is Not Ready for Your Critical Patient, Are You?

Carrie E. Harvey, MD

Few patients are at greater risk in the ED than the boarding ICU patient. Beyond the initial lines, tubes, and resuscitation are you ready to deal with the crashing ICU boarder? This session will prepare you to optimize your management of ICU-bound patients while anticipating how to best move their care forward while awaiting a bed upstairs.

1:45 pm - 2:35 pm

#### The Shoulder Workshop

Danielle D. Campagne, MD, FACEP

This workshop will get participants small group training and hands-on instruction so that they can perform an efficient shoulder examination, dislocation reduction, and shoulder joint injection.

2:00 pm - 2:45 pm

## escapED: An ED Trauma Escape Room (Group 6)

Christopher Hogrefe, MD, FACEP

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2:15 pm - 2:40 pm

#### **Foot and Ankle Fractures Made Easy**

Landon R. Mueller, MD

Foot and ankle fractures are frequently encountered in emergency medicine practice. A basic understanding of typical fracture patterns and classification systems inform treatment and follow-up recommendations, allowing for enhanced communication with orthopedic consultants. Radiographically occult foot and ankle fractures present diagnostic challenges in the emergency department and may warrant advanced imaging. Recognition of these fractures is critical to appropriate treatment and timely follow-up to ensure optimal outcomes.

3:30 pm - 4:15 pm

## escapED: An ED Trauma Escape Room (Group 7)

Christopher Hogrefe, MD, FACEP

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3:30 pm - 5:20 pm

## **Procedural Ultrasound Lab 3**

Christopher T. Stem, MD

Procedural Ultrasound helps clinicians safely perform an increasing number of common, rare, and even heroic procedures. The Procedural Ultrasound lab provides deliberate practice with expert feedback on a variety of Ultrasound-guided procedures including venous access, pericardiocentesis, thoracentesis, paracentesis, arthrocentesis and lumbar puncture.

3:30 pm - 5:20 pm

#### **Transvenous Pacemaker Lab 3**

Brian Stettler MD, FACEP

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3:45 pm - 4:10 pm

## **Diagnostic Dilemma: Working Up the Immunocompromised Patient**

TBA

Patients can be immunocompromised for various reasons: malignancy, transplant, taking biologics. Find out the latest on taking care of these patients.

3:45 pm - 4:10 pm

## **Imaging Overtesting and Overuse: Just How Dangerous Is It?**

Kevin M. King, MD, FACEP

Modern medicine is rife with overtesting and overuse and emergency medicine is not immune. Overtesting is expensive, time-consuming, and a poor use of limited resources. But just how dangerous is overtesting to patients? This course will take a close look at several key drivers of overtesting, with a special eye on imaging. How bad is one CT scan for a patient? Does age matter? How bad are many CTs, over many years? What are the other downstream effects of over-imaging?

3:45 pm - 4:35 pm

## A Tale of Two Candidates: Exploring the Health Agendas of Each Presidential Contender

TRA

Representatives for each of the US Presidential Candidates will present the top healthcare priorities for each candidate and answer questions on the candidate's health policy agenda.

3:45 pm - 4:35 pm

## **Atrial Fibrillation 2024: Case-Based Controversies**

Tarlan Hedayati, MD, FACEP; Jeffrey Tabas, MD, FACEP; Megan Fix, MD, FACEP

Atrial fibrillation is common and controversial: Is rate control superior to rhythm control? Should patients with afib be cardioverted? What is the best rate control agent? These questions and more will be reviewed as emergency cardiovascular experts debate the evidence, guidelines, and best practices.

3:45 pm - 4:35 pm

## **Case-Based GU Emergencies**

TBA

Participants will learn and discuss in small groups to work through male genitourinary emergency cases in a team-based learning format. In this interactive format, participants will learn and/or review techniques for these procedures, best practices, and approaches.

3:45 pm - 4:35 pm

#### **Challenging ECG Cases From the Frontlines**

Benjamin Cooper, MD

ECG interpretation is a core skill for the emergency clinician. Join the speaker as they review challenging patient cases with confusing ECGs and learn the expert's interpretation.

3:45 pm - 4:35 pm

## **OB, Ohh No: The Critically III Pregnant Patient**

Carrie E. Harvey, MD

There are few things scarier to the emergency physician than the crashing pregnant patient. This session will review the hemodynamic and respiratory changes that happen over pregnancy and how to leverage them to your advantage when you're caring for a patient who is pregnant and also critically ill.

3:45 pm - 4:35 pm

## Pediatric Sepsis: Challenges in Identifying and Managing the Septic Child in the Emergency Department - Sponsored by the PEM Section

Elizabeth Alpern, MD, MSCE; Fran Balamuth, MD, PhD, MSCE; Halden F. Scott, MD, MSCS; Paul Ishimine, MD (Moderator)

"Sepsis imposes a substantial global health burden and is a leading cause of death in children worldwide. Recent advances in pediatric sepsis have resulted in a new definition of sepsis which emphasizes the importance of infection-related organ dysfunction; new approaches to screening and identification of sepsis; and new treatment paradigms. The focus of this State-of-the-Art presentation will be on importance of the early emergency department identification and management of the child with sepsis.

The first portion of this program will consist of a didactic component, in which speakers will discuss the scope of pediatric sepsis, review approaches to screening and identification of children with sepsis, introduce the new definition of sepsis, the Phoenix Sepsis Score, and discuss an evidence-based approach to the management of children with sepsis, septic shock and organ dysfunction. The second portion of the presentation will be a roundtable discussion with these sepsis experts which will include an opportunity for audience members to ask questions to this group."

3:45 pm - 4:35 pm

#### **Puzzle the Pro! Perplexing Pediatric Patients**

Sean M. Fox, MD, FACEP, FAAP (Moderator); Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS; Alfred D. Sacchetti, MD, FACEP

Many pediatric patients that you encounter will challenge your diagnostic and therapeutic skills. The presenters will discuss some of their most esoteric or convoluted illnesses that presented with mundane ED findings. While these complex pediatric patients vex and perplex ED providers, the value of thorough history taking and physical examination, and a keen "clinical intuition" will be reinforced.

3:45 pm - 4:35 pm

## **Under Pressure: How Cognitive Load and Emotional Intelligence Impact Clinical Performance**

Jason Wagner, MD, FACEP

It's another hectic day in the Emergency Department, and you find yourself in a heated disagreement with a consultant. As you try to get them to see your side of the story, you feel the blood flow into your face as your capillaries dilate while your eyes narrow and the volume of your voice increases. "The Beast" is raising its hackles inside of you, and you have a choice to make. Do I feed "The Beast" or do I tamp down my emotions? The former feels so good in the moment, and right now the latter seems impossible to accomplish. So which is it? The ED is an inherently busy place filled with noise, variety, and chaos. While we've become adept at functioning in this environment, we all experience cognitive overload from time to time. This lecture will introduce you to the concept of Cognitive Load Theory and through interactive examples, induce cognitive overload on the audience in real time. We will then use interactive tools to delve into the world of Behavioral Economics and Emotional Intelligence discussing how prior experiences and current cognitive load impact our decision-making and actions in the ED. Finally, we will discuss methods to recognize and mitigate the potential negative consequences of stress and heuristics on our clinical performance.

4:15 pm - 4:40 pm

## **Beyond the Basics: Chest Imaging**

Thomas D. Striegel DO

Interpretation of a chest x-ray is a fundamental skill for emergency physicians who are often the first to review images before a radiologist. Critical decisions about immediate life-saving therapy can depend on expert chest x-ray skills, & subtle hints for crucial diagnoses can lie in the image. The speaker will review the secrets of master radiologists, sharing diagnostic pearls & pitfalls for medical, surgical, & traumatic conditions.

4:15 pm - 4:40 pm

## **Dead Tired: The Impact of Fatigue on Patient Safety and Physician Wellness**

Torree M. McGowan, MD, FACEP

The unique challenges of staffing 24/7 operations like emergency departments create significant stress on physicians due to the effects of scheduling. This lecture will explore the impacts of acute and chronic fatigue on patient safety, as well as examine the literature regarding overtime hours and the impact of overnight operations. Recommendations from other high-risk industries like nuclear energy and aviation will be used to help craft a set of guidelines to encourage safer emergency department operations.

4:15 pm - 5:00 pm

## escapED: An ED Trauma Escape Room (Group 8)

Christopher Hogrefe, MD, FACEP

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5:00 pm - 5:45 pm

## escapED: An ED Trauma Escape Room (Group 9)

Christopher Hogrefe, MD, FACEP

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# **COURSE SCHEDULE**

# **MONDAY, SEPT. 30**

8:00 am - 8:25 am

## **Beyond the Pain: Treating Sickle Cell in the ED**

George C. Willis, MD, FACEP

Critically ill patients with sickle cell disease can create a challenge for the emergency physician. This course will review current resuscitation strategies for the ill sickle cell patient beyond pain crisis.

8:00 am - 8:25 am

## **Diagnostic Dilemma: Syncope and Near Syncope**

Andrew Matuskowitz, MD

Dramatic differences exist in how syncope is managed across providers and geographies regarding evaluation and disposition decisions. The speaker will review the recent literature and discuss key clinical decision rules that you must know when caring for patients presenting with a transient loss or near loss of consciousness.

8:00 am - 8:25 am

## **Top 5 Legal Risks in Five Minutes or Less**

Diana Nordlund, DO, JD, FACEP

Emergency medicine is a high-risk specialty. Recognizing these five common sources of medical malpractice claims and lawsuits, in addition to cultivating practice and documentation strategies, reduces the risk of becoming a defendant!

8:00 am - 8:50 am

## "Joining Together" is a Synonym for Unions: What Are the Pearls and Pitfalls?

Rita A. Manfredi-Shutler, MD. FACEP: Kristen Nordenholz, MD: Harry Severance, MD

It is possible to imagine a reorganization of emergency medicine so that the focus is squarely on promoting the health of patients and much less on the business of medicine. This has led to an increased interest in the unionization of doctors and healthcare workers. Some healthcare worker strikes have already occurred. However, unionization can take many different forms and there are multiple approaches to follow. Some physicians might organize in small physician-only groups whereas other doctors join large pre-existing union locals and form wall-to-wall unions which include nurses, EMTs, pharmacists, and any staff working in the hospital. Collective bargaining is available to majority unions but even with a pre-majority, there are potential advantages and disadvantages of unionizing. There is debate about whether physicians can or should strike, what additional power joining a union brings, and which rules and ethics must be considered. A panel of wellness experts will explore basic questions about the pros and cons of unionizing and the different structures of unions. There will be an interactive discussion with the audience to examine some of the ethical debate and practical considerations specific to emergency medicine.

8:00 am - 8:50 am

## **Board Busters: High Yield Review for ABEM Written Boards**

James Ahn MD

Whether you're a resident with an ITE exam encroaching, a new graduate preparing to take your ABEM written board exam for the first time, or a seasoned doc looking to review high-yield core content for your recertification - this lecture is for you! Uncover strategic insights and review high-yield content in this concise session designed to elevate your confidence and performance on the written boards.

8:00 am - 8:50 am

## **Coffee House Chat: Embracing Diversity in Medicine**

Vonzella A. Bryant, MD, FACEP; Jailyn Avila MD, RDMS; Italo Milton Brown, MD

In this course, faculty from various backgrounds will discuss the importance of embracing diversity in medicine, and emergency medicine, with a focus on the experiences of those who are Underrepresented in Medicine (URM). The discussion will feature junior and senior faculty who understand the ever-evolving landscape of medical education. Faculty will provide insights into their journeys and careers in medicine and will highlight ongoing opportunities to continue to promote diversity and inclusion in attendees' professional spheres.

8:00 am - 8:50 am

## **Diagnostic Dilemma: Dizziness**

Rebecca Hellmann, DO

Posterior circulation is the culprit for 25% of strokes and 25% of patients presenting with vertigo will have a stroke. But not all dizziness is a stroke. During this case-based approach, the speaker will review the subtle clues that will help you determine the difference between posterior stroke, BPPV, and explore the controversial role of the HINTS exam.

8:00 am - 8:50 am

## Under Pressure: Understanding Transfer System Strain to Improve the Healthcare System - Sponsored by the Rural Section

Emily Bartlett, MD; Heather Marshall Vaskas MD, FACEP; Peter Pruitt, MD; Kjirsten Swenson, MD; Margaret Greenwood-Ericksen, MD, MSc (Moderator)
Unprecedented levels of ED boarding and inpatient crowding are resulting in severe interhospital transfer system dysfunction, which is disproportionately harming rural patients.
This SOTA will provide participants with cutting-edge knowledge on the research and policy regarding transfer system strain, with a focus on rural health disparities and innovative solutions. The discussions will focus on identifying threats to the interhospital transfer system, understanding the which populations are most vulnerable, and describing innovative solutions to this crisis.

8:00 am - 8:50 am

## **Visual Toxicology Workshop Session 1**

Gillian A. Beauchamp, MD

Use your senses to solve these interesting diagnostic & treatment challenges that could present at your own ED. A visual display of cases, including a wide range of products & plants, will be presented. (This workshop is limited to 90 participants).

#### **Advanced Airways Technique Lab 1**

Megan Fix, MD, FACEP

"Emergency physicians must be experts in airway management. This lab is designed to provide hands-on experience in several key emergency airway management techniques and adjuncts including bougies, supraglottic airways, cricothyrotomy, video-laryngoscopy, and flexible scopes. Devices will include Glidescope, C-mac, Airtraq, King Vision, and intubating bronchoscopes."

8:00 am - 9:50 am

## **Mothers and Babies: Emergent Delivery and Pediatric Resuscitation Lab 1**

Joelle Borhart, MD, FACEP; Amanda B. Price, MD

In this lab, you will get hands-on practice with emergent and difficult deliveries, neonatal resuscitation, and critical pediatric procedures using simulation mannequins. After this session, you will feel more comfortable and confident with those rare but high-stakes situations with deliveries, resuscitation, and procedures for sick children.

8:30 am - 8:55 am

#### **Common Conundrums In The First Month of Life**

Theresa Ann Walls, MD, MPH

There is more than just fever and sepsis to worry about in neonates. Jaundice, umbilical stump problems, bleeding from various places, circumcision complications, formula shortages, and failure to gain weight are all complaints that are commonly seen in the emergency department during the first 30 days of life. Get prepared to expertly handle the common conjundrums.

8:30 am - 8:55 am

## **Digital Mastery: Elevating Your EHR Efficiency**

Christian Rose, MD

Join us for a high-energy session packed with tips and tricks to turbocharge your workflow without breaking a sweat! This session will focus on practical strategies and time-saving techniques to streamline documentation, improve workflow, and ultimately enhance the quality of your patient care.

8:30 am - 8:55 am

## **Leadership Lessons: Making an Impact Throughout Your Career**

Christopher B. Colwell, MD. FACEP

Learn from the mistakes of others! Avoid the pitfalls of those in leadership roles. Take your role to a new level and review strategies on how to mitigate any damage already done!

8:30 am - 8:55 am

## **Unmasking Unconscious Nonverbal Communication**

James G. Adams, MD, FACEP

Are your nonverbal gestures congruent with your verbal message when communicating with patients and colleagues? Are there subtle ways to use your nonverbal body language to help deliver an important and congruent message and then decipher if that message is being received positively or negatively? Recognize what the feet, arms, hands, fingers, eyes, and mouth are unconsciously saying while communicating with others. Become conscious of non-verbal gestures used that help influence and reinforce your credibility versus sabotage you as an authority, expert witness or defendant.

9:00 am - 9:25 am

## **Diagnostic Dilemma: Gray Issues in Older Adults**

Nida F. Degesys, MD, FACEP

Geriatric patients can present with common illnesses in uncommon ways. Nausea can represent an acute myocardial infarction and confusion can be the result of a multitude of issues. In this case-based session, learn how to diagnose causes of confusion, fatigue, and more!

9:00 am - 9:25 am

## **GI Impactions, Perforations and Foreign Bodies**

David Carlberg, MD

As Emergency Physicians we see a broad range of GI pathology, from the benign to the life-threatening. Join us for a discussion on common GI emergencies in adults ranging from esophageal impactions/perforations to rectal foreign bodies. After this course, the attendee will be able to describe the evaluation and management of the above conditions as well as when specialist involvement is needed.

9:00 am - 9:25 am

#### **Pearls for Procedural Sedation**

Steven T. Haywood, MD, FACEP

Procedural sedation is a defining skill for emergency medicine & a practice area fraught with risk & regulatory oversight. Join the speaker for a review of the best practices in procedural sedation in a fast-paced, case-based format. Discuss cases that didn't go as planned & develop strategies to manage the inevitable complications. The regulatory issues surrounding this area of practice will be discussed, as well as how to work with your hospital to provide the best full-spectrum sedation care possible.

9:00 am - 9:50 am

## How AI Will Help You in the Emergency Department - Sponsored by the HIT Section

Mark Baker, MD, FACEP, FAMIA; Emily M. Hayden, MD, MHPE; Michael Gillam, MD, FACEP; Margaret Greenwood-Ericksen, MD, MSc

Three presenters will discuss processing power and how it has and will impact the ability for artificial intelligence to be used in emergency medicine. Existing data will be discussed. Current and potential future applications will be presented, such as use of large language models to simplify documentation.

9:00 am - 9:50 am

## Coffee House Chat: Working as a Woman in the ED

Diane M. Birnbaumer, MD, FACEP; Starr Knight, MD; Gillian Schmitz, MD, FACEP; Christina L. Shenvi, MD, MBA, PhD, FACEP

A perspective on working as a female in the emergency department. This course will review cases submitted by the membership and discuss them with a diverse group of women emergency physicians.

#### **Hacked: Tips and Tricks for Trauma in the ED**

Christopher Hogrefe, MD, FACEP

Have you ever wondered in what manner your colleagues have "hacked" the system to optimize the care of trauma patients in the Emergency Department? Is one chest tube size better than another? What can I do to really evaluate for a cerebrospinal fluid leak? Is there a better way to perform that crash central line? What's the best practice for the agitated trauma patient. Well, if these types of questions have crossed your mind, then we have a session for you. This session will detail a litany of evaluation, management, and procedural nuggets that will assuredly be useful in the Emergency Department.

9:00 am - 9:50 am

## **Liability Concerns and Controversies Working With Non-Physician Providers**

Diana Nordlund, DO, JD, FACEP

Non-physician provider (NPP) supervision and incurred liability is a frequent concern expressed by ACEP physicians. A physician-attorney and non-physician provider will co-present with an experienced non-physician provider to address: NPP training, supervising physician liability, and independent practice.

9:00 am - 9:50 am

## **Tame the Shame: Addressing Metric Shaming**

Tracy G. Sanson, MD, FACEP; Robert W. Strauss, MD, FACEP

Hospitals and payers seek to measure every aspect of care. In this session, we will discuss how metrics are being used as surrogates for quality, cost, and outcomes. We will explore the effects of employers leveraging unblinded metric data to change physician behavior and best practices for reducing metric shaming.

9:00 am - 9:50 am

## **Ultrasound-Guided ACLS Resuscitation**

Jennifer Carnell, MD, FACEP

How did your last ACLS resuscitation go? Unclear as to the underlying cause? Was it medication or fluids that was really needed? Not sure when to cease heroic efforts? Ultrasound gives valuable information in guiding resuscitation efforts; we just have to know how to use it during this critical time. Join our speaker & learn proper timing, alternate windows & become a master at US-guided ACLS resuscitation.

9:30 am - 10:20 am

## **Handy Diagnoses and Treatments: Hands and Fingers**

Scott E. Young, DO

You asked for it and you got it! Building on our popular hand courses from fractures to dislocation reductions to nail bed injuries, felons and ring entrapments. One hour will give this important topic the time it deserves to discuss hand injury tips, tricks, and pitfalls.

9:30 am - 10:20 am

#### The Green ED

Matthew Strehlow, MD

Emergency medicine physicians are the experts in environmental and disaster medicine. EM must now lead at the intersection of community, climate, and health to strengthen our specialty and our planet for future generations of providers and patients. The speaker will discuss cost-conscious changes that can be made today in your EDs and health systems.

10:00 am - 10:25 am

## **New Drugs for Obesity: What You Need to Know**

Megan B. Osborn, MD, MHPE, FACEP

Over the past few years, several drugs for treating obesity have come on the market. With this trend comes an increase in patients presenting to the emergency department with side effects. This course will focus on exploring the new (and old) classes of medications used to treat obesity, including the indications, contraindications, and side effects. The course will discuss how to manage and disposition patients who present to the emergency department with obesity medication related side effects.

10:00 am - 10:50 am

## Coffee House Chat: Brewing Success in the Transition from Resident to Attending

Jeff Siegelman, MD; James Ahn, MD; Chris Doty, MD

Join us for an engaging discussion as we unravel the art of transitioning from residency to becoming an attending in Emergency Medicine. This interactive session is designed to provide valuable insights, share personal experiences, and offer practical strategies to empower emerging physicians on their journey to success.

10:00 am - 10:50 am

#### **Diagnostic Dilemma: Swollen Joints**

TBA

There's the patient who limps into the emergency department or is holding their arm. The joint is swollen - what do you want to know? What should be examined? What's in your differential? The speaker will engage the audience in a case-based discussion of swollen joint cases.

10:00 am - 10:50 am

## Emergency Care Research and Health Policy: Clinical Innovation and Telehealth The Brooks F. Bock Lecture and Abstract Session

Nicholas M. Mohr, MD, MS, FACEP

In this annual Research Forum Keynote Lecture, Dr. Mohr will provide an overview of the frontier of telehealth in acute unscheduled care, including innovation during the public health emergency, telehealth-focused research, and its use in improving patient care.

10:00 am - 10:50 am

## **Resuscitative Ultrasonography**

Jailyn Avila MD, RDMS; Jason Fields, MD, FACEP

The practicing emergency physician needs to be able to utilize ultrasound effectively in the evaluation of the critically ill patient. The speaker will highlight the use of ultrasound to perform an RUSH exam, discuss the use of FALL and BLUE protocol, how to dynamically monitor and measure the IVC in the setting of hypovolemic shock, & to detect pericardial effusion and perform ultrasound-guided pericardiocentesis. Consider joining the lab Resuscitative Ultrasonography Lab to put the lessons learned in this course to practical use.

#### The Future is Now: Al in the ED

Christopher Alban, MD; Michael Gillam, MD; Rizwan Pasha, MD; Todd Brian Taylor, MD, FACEP

The ACEP Board has tasked the ACEP HIT Committee with educating members about health informatics resources. Speakers will present the current status of AI use in Emergency Medicine as well as future potential. Audience participation will be welcomed.

10:00 am - 10:50 am

## **Wellness Tools that Drive Change**

Al'ai Alvarez, MD, FACEP; Nicole J. Battaglioli, MD, FACEP; Arlene Chung, MD, FACEP; Annahieta Kalantari, DO, FACEP

Physician burnout is a high-priority problem in medicine with no one-size-fits-all solution. Personal resilience is often targeted as a point of improvement. However, personal resilience only addresses a small driver of burnout. This session introduces a multifaceted approach to combating physician burnout and provides tools to allow attendees to make changes at personal and systems levels. This workshop is divided into 3 parts. In the first, attendees will learn new evidence-based data on stress and how to teach these new concepts at their institutions. The second part focuses on reprioritizing professional goals and tasks. The final part will arm attendees with strategies on how to successfully institute systems changes in their workplaces. This is an interactive workshop that incorporates active adult learning theories. Attendees should expect to work independently and in small groups during the various break-out sessions throughout the workshop. Attendees are also encouraged to bring any current ideas they have about institutional changes to promote wellness but should not be discouraged if they have none.

10:00 am - 10:50 am

## Who's your MVP? TIPS for MIPS!

Stephen Epstein, MD, FACEP

CMS started 3 MIPS reporting and documentation options in 2023, MIPS Value Pathways (MVPs), traditional MIPS, and the APM Performance Pathway (APP). The transition to mandatory MVP reporting will continue. ACEP submitted an emergency medicine-specific pathway to CMS that will be an option for EPs. The speaker will review the details of this new pathway.

10:30 am - 10:55 am

## As a Matter of Fact...Factor Deficiencies

Marilyn J. Heine, MD. FACEP, FACP, FCPP

Patients with factor deficiencies rarely require emergency care, but when they do, require swift intervention. Emergency physicians should develop a strategy for dealing with these patients

12:30 pm - 12:55 pm

## Beyond the Basics: Jedi Echo for the ED: Advanced Echocardiography for the Emergency Physician

Starr Knight, MD

Many emergency providers are now familiar with basic point-of-care echocardiography. There are also advanced, relevant components that are easier to obtain and can change management in the ED. Learn these simplified techniques and apply them on your next shift.

12:30 pm - 12:55 pm

## **Beyond the Basics: Pediatric Cardiac POCUS**

Christopher T. Stem, MD

Point-of-care ultrasonography is increasingly being utilized in the evaluation of pediatric patients. Come evaluate can't miss chest pain diagnosis that can be evaluated by POCUS.

12:30 pm - 12:55 pm

## Feedback to The Future: How to Give and Receive Feedback Well

Christina L. Shenvi, MD, MBA, PhD, FACEP

Feedback is an essential element of improving our skills and developing expertise. But feedback might as well be a four-letter word for how excited we are to receive it and give it. We often also find ourselves tripping up over our words or being too harsh when giving feedback. This session will outline how to give feedback well using principles from fields such as music, sports, and education. One of the keys is creating an environment of both high expectations and psychological safety. The other side is being able to receive feedback well. This session will show how we can use a growth mindset to reframe how we receive feedback and turn it into action.

12:30 pm - 1:20 pm

## (Not) Up Next: Waiting Room Medicine (James D. Mills Memorial Lecture)

Diana Nordlund, DO, JD, FACEP

No beds in your departments? Managing patients in the waiting room? Discuss risks and solutions.

12:30 pm - 1:20 pm

## Coffee House Chat: What's Next? Strategies for Reinventing Your Career in Uncertain Times

James G. Adams, MD, FACEP; Arlene Chung, MD, FACEP; Jay A. Kaplan, MD, FACEP

We often discuss the concept of burnout within the ever-changing landscape of Emergency Medicine, including decreased reimbursement, physician compensation, and job opportunities, as well as increased requirements, regulations, and litigation potential. In this maelstrom, many EM physicians may look towards non-traditional paths to supplement or supplant their careers. Should you obtain a new degree or certification? What administrative roles are available? What do you need to know about developing new products? What other jobs can best utilize the unique skillset we provide while maintaining job satisfaction? The speaker will explore options for EM Physicians wishing to transition into non-traditional work settings and channel their passion and hobbies into career success.

12:30 pm - 1:20 pm

# **Game On! Eye Can See the Problem**

Lauren M. Westafer, DO, FACEP

Game on! This game show will use images to display pathology from the eyes. Come guess the diagnosis and learn about the management of ocular disorders!

12:30 pm - 1:20 pm

## **Literature Review: Trauma 2024**

Christopher B. Colwell, MD, FACEP

Trauma in 2024! Trauma management has been considered cook-book medicine, but there is still ongoing research to support changes in the management of patients. A review of this year's top articles will be presented, with insight as to how to modify your standard of practice.

## 12:30 pm - 1:20 pm

## **Ultrasound-Guided Regional Nerve Blocks**

Jennifer Carnell, MD, FACEP

Regional anesthesia is a useful skill to have in the ED. Although landmarks can be helpful in delivering effective regional anesthesia, ultrasound has become an invaluable tool in providing localized anesthesia with great accuracy and allowing to provide nerve blocks that might not have easily identifiable landmarks. This course will cover the various uses of ultrasound to assist in nerve blocks through case presentations.

## 12:30 pm - 1:20 pm

#### **Visual Toxicology Workshop Session 2**

Gillian A. Beauchamp, MD

Use your senses to solve these interesting diagnostic & treatment challenges that could present at your own ED. A visual display of cases, including a wide range of products & plants, will be presented. (This workshop is limited to 90 participants).

#### 12:30 pm - 2:20 pm

#### **Advanced Airways Technique Lab 2**

Megan Fix, MD, FACEP

"Emergency physicians must be experts in airway management. This lab is designed to provide hands-on experience in several key emergency airway management techniques and adjuncts including bougies, supraglottic airways, cricothyrotomy, video-laryngoscopy, and flexible scopes. Devices will include Glidescope, C-mac, Airtraq, King Vision, and intubating bronchoscopes."

## 12:30 pm - 2:20 pm

## Mothers and Babies: Emergent Delivery and Pediatric Resuscitation Lab 2

Joelle Borhart, MD, FACEP; Amanda B. Price, MD

In this lab, you will get hands-on practice with emergent and difficult deliveries, neonatal resuscitation, and critical pediatric procedures using simulation mannequins. After this session, you will feel more comfortable and confident with those rare but high-stakes situations with deliveries, resuscitation, and procedures for sick children.

## 1:00 pm - 1:25 pm

## A Fighting Chance for the Fulminant Liver: Management Pearls for Acute Liver Failure

#### David Carlberg, MD

Acute liver failure, acute hepatic necrosis, fulminant liver failure - by any name, you know it's bad. From acetaminophen to amanita, this course will cover why your patient's liver is failing fast and what measures you can take to turn the tide. The speaker will discuss key considerations in the treatment of your acute liver failure patients including etiology specific therapies, neuroprotection strategies and common mistakes in supportive care of these critically ill patients.

## 1:00 pm - 1:25 pm

#### **Emergency Hematology: A Bloody Good Refresher!**

Megan B. Osborn, MD, MHPE, FACEP

Ever had a CBC come back with more values in red than the blood it came from? We've all been there. Hematologic emergencies are considered amongst the most frustrating for the emergency physician. Pathways are complicated, and mistakes in management can have short and long-term dire consequences. This course will give a fun, practical, and timely review of hematology so that your next patient encounter won't leave the blood draining from your face.

## 1:00 pm - 1:25 pm

## "YOUR Specialty: The Rewards of Getting InvolvED"

Gillian Schmitz, MD, FACEP

Contributing to physicians' burnout is the sense of a lack of control over their practice. This course offers concrete ways to take action on personal, institutional, local, state and national levels to take back control of your practice.

## 1:45 pm - 2:10 pm

## Crisis Clockwork: Decoding the Waiting Game in Emergency Rooms

#### Aimee K. Moulin, MD, FACEP

Federal Express notes that "Waiting is frustrating, demoralizing, agonizing, aggravating, annoying, time-consuming, and incredibly expensive" - something we intuitively know from our own and our patients' experiences. Much has been written in business and service literature about managing the waiting experience. This course will familiarize emergency practitioners with current approaches and practical tips to improve the ED experience for themselves and their patients, as well as offer 8 specific strategies for managing ED wait times.

## 1:45 pm - 2:10 pm

## **Pitfalls in Abdominal Imaging**

Joshua S. Broder, MD, FACEP

Abdominal pain is one of the most common chief complaints in the emergency department and often diagnostic imaging plays a critical role in the workup. In many cases, the results of the imaging reveal the presence or a concerning diagnosis. However, in some instances, the imaging test fails to establish the diagnosis or provides potentially misleading information. This lecture will discuss the pitfalls of various imaging modalities such as conventional radiography, CT, and ultrasonography. The potential errors in choosing incorrect the modality, image interpretation, and understanding the radiologist report will also be discussed.

#### 1:45 pm - 2:10 pm

## The Right Resuscitation for Right Heart Failure: Avoiding the Spiral of Death

TRA

The Right ventricle is sometimes called the forgotten ventricle, and diagnosing RV failure and pulmonary hypertension in the ED can be challenging. Nevertheless, it is imperative for ED physicians to be able to recognize and appropriately manage RV failure. The speaker will utilize case-based discussion that emphasizes proper management strategies and common pitfalls to avoid in patients with RV failure in order to avoid the "spiral of death".

## 1:45 pm - 2:35 pm

## **Clinical Pearls from the Recent Medical Literature 2024**

Sanjay Arora, MD; Michael Menchine, MD, MPH

Speakers will review and analyze the second half of the most significant studies published throughout the medical literature in the past two years. Each article presented will be assessed to determine its relevance to the practice of clinical emergency medicine.

1:45 pm - 2:35 pm

## Coffee House Chat: Is it Possible? Future Optimism and Joy in Emergency Medicine

Al'ai Alvarez, MD, FACEP; Amanda Deutsch, MD; Rita A. Manfredi-Shutler, MD, FACEP; Zachary Testo, MD; Tracy G. Sanson, MD, FACEP

The worldwide pandemic has shaken EM to its roots and upended the equilibrium of our healthcare teams: physicians, nurses, advanced practice providers, and administrators. Since the start of the pandemic in 2020, 31 percent of all healthcare workers have thought about quitting, 18 percent have left medicine altogether, and 12 percent have been laid off. Moral injury is pervasive, and optimism and joy in emergency medicine are at an all-time low. Research clearly shows that singular individual interventions are not the entire answer to regaining joy while working in the ED; rather, system innovations and changes are critical for the well-being of the emergency physician. This discussion between two wellness experts will explore strategies to expand joy and optimism in EM. Tactics discussed will be those from the National Academy of Medicine, the Institute for Healthcare Improvement, and additional approaches that can be adapted and employed in your emergency department.

1:45 pm - 2:35 pm

## **Critical Care Case Discussions Workshop**

Roderick Fontenette, MD, FACEP

As ED providers, we are often forced to make difficult decisions about a patient's care with very limited information. When patients are critically ill, these decisions become time sensitive and even more challenging. This workshop will give you the chance to think through some difficult critical care cases in the ED with your peers. You will be provided with some clinical cases and associated questions to discuss in small groups prior to coming together as a large group to discuss the optimal management and potential challenges in caring for these critically ill patients. Come ready to exchange ideas!

1:45 pm - 2:35 pm

## From Paper to Patient: Recent Advances in Emergency Electrocardiography That Will Save a Life

Amal Mattu, MD, FACEP

Tremendous advances have been made in the field of electrocardiography in the past several years. We are now able to detect subtleties that may demonstrate early disease and change management and save lives. Join experts in reviewing electrocardiographic pearls uncovered in years of bench studies. Once you have finished this review, you will have new knowledge and skills in ECG analysis and understand the literature behind it.

1:45 pm - 2:35 pm

#### **Game On! Head and Neck**

Lauren M. Westafer, DO, FACEP

Game on! This game show will use images to display pathology from the nasopharynx and neck. Come guess the diagnosis and learn about the management of head and neck disorders!

1:45 pm - 2:35 pm

#### What I Learned in My First Year As a Department Leader

Nida F. Degesys, MD, FACEP

Describe transitions in leadership and lessons learned. Tips and tricks for success in this leadership role will be discussed.

2:15 pm - 2:40 pm

## **Common Cancer Conundrums and Five "Can't-Miss" Oncologic Emergencies**

Marilyn J. Heine, MD, FACEP, FACP, FCPP

Cancer patients are a unique population in the emergency department. While some will present to the ED with life-threatening diagnoses, others present for symptomatic control of bothersome symptoms. This course will discuss the management of cancer patients who present when outpatient therapies aren't enough to relieve their symptoms. The course will specifically cover the management of intractable nausea/vomiting, intractable pain, mucositis, and dehydration, among others.

2:15 pm - 2:40 pm

## **Emotional Intelligence: Augment Your El Through Mindful Listening**

Jay A. Kaplan, MD, FACEP

Emotional intelligence has been touted as a more powerful determinant of good leadership than technical competence, IQ, or vision; and it's composed of skills we can all learn and improve on. The speaker will provide practical advice and tips to help you determine your El strengths and weaknesses; deal with difficult people, receive feedback, and demonstrate El in the workplace. In addition, the speaker will discuss how mindful listening keeps team members more engaged, fosters new ideas, and allows others to learn and grow.

2:15 pm - 2:40 pm

#### Seeing Soundwaves: Ocular US

Starr Knight, MD

While your differential for vision changes may be great, the dilated eye exam is a thing of the past in the ED. Harness the power of soundwaves & put a probe on the eye to discover what might be going on without the help of an ophthalmologist. This session will review the basics of ocular ultrasound & ways to incorporate it into your practice.

3:30 pm - 5:20 pm

## **Advanced Airways Technique Lab 3**

Megan Fix, MD, FACEP

"Emergency physicians must be experts in airway management. This lab is designed to provide hands-on experience in several key emergency airway management techniques and adjuncts including bougies, supraglottic airways, cricothyrotomy, video-laryngoscopy, and flexible scopes. Devices will include Glidescope, C-mac, Airtraq, King Vision, and intubating bronchoscopes."

3:30 pm - 5:20 pm

## **Mothers and Babies: Emergent Delivery and Pediatric Resuscitation Lab 3**

Joelle Borhart, MD, FACEP; Amanda B. Price, MD

In this lab, you will get hands-on practice with emergent and difficult deliveries, neonatal resuscitation, and critical pediatric procedures using simulation mannequins. After this session, you will feel more comfortable and confident with those rare but high-stakes situations with deliveries, resuscitation, and procedures for sick children.

3:45 pm - 4:10 pm

## **Bradycardias: Moving Fast When Your Patient is Slow**

Matthew Strehlow, MD

Moving fast when your patient's heart rate is slow can save their life. Using a case based format, the speaker will review the identification, management, and disposition of patients with bradyarrhythmia due to conduction blocks, drugs, and other causes. Emphasis will be placed on optimizing treatment protocols and on therapeutic myths and controversies.

3:45 pm - 4:10 pm

## **Burned Beyond Recognition: Burnout's Cost and Its Solutions**

Arlene Chung, MD, FACEP

Despite having the highest resiliency rates in the House of Medicine, emergency physicians also have the highest rates of burnout. What if half the people on your team providing care to your patients were burned out? That sad fact has become today's unsettling reality. However, when you measure quality in your ED, all of those measures get dramatically worse with burnout. This presentation delineates the causes of burnout and a detailed suite of pragmatic solutions to combat it in your ED.

3:45 pm - 4:10 pm

## **Fast and Furious Pumping the Brakes on Tachycardias**

George C. Willis, MD, FACEP

Wide complex tachycardia can make the most experienced emergency provider sweat. Combining current evidence & a rational approach to diagnosis & management, the speaker will discuss how best to care for these patients while maximizing the opportunity for rhythm diagnosis.

3:45 pm - 4:35 pm

## A Transplant, a LVAD, and A Critical Trauma Patient Walk Into Your ED...

Christopher Hogrefe, MD, FACEP; Annahieta Kalantari, DO, FACEP; Andrew J. Matuskowitz, MD

Complex, quaternary patients often do not live geographically close to the hospitals that they get a large portion of their care. They may have to seek care in a local community hospital. The panel will work through cases of these special populations in hospitals with limited resources.

3:45 pm - 4:35 pm

## **Business Ownership Models in Emergency Medicine**

Stephen Epstein, MD, FACEP; Gillian Schmitz, MD, FACEP; TBA

The landscape of emergency medicine ownership and employment models has changed dramatically along with the healthcare system at large, including decreased physician ownership, increased corporate and private equity investment, and increased group consolidation. This lecture provides a framework to define different business ownership models and evaluate them across a variety of dimensions that affect physician satisfaction. It will also review current literature and advocacy efforts on the relationship between ownership models and physician satisfaction.

3:45 pm - 4:35 pm

## **Coffee House Chat: Innovative Solutions to the ED Nursing Crisis**

Deborah B. Diercks, MD, MSc, FACEP; Thom A. Mayer, MD, FACEP; TBA

While crisis is an often overused term, it is inadequate to capture the magnitude of the issue facing EDs at all levels of the country. Witness the fact that it was featured in the Sunday New York Times, "front page, above the fold". And it shows no signs of dissipating. Creative and innovative solutions are needed, and now! This chat will outline this critical issue, state parameters and perimeters, but most importantly: discuss actionable solutions.

3:45 pm - 4:35 pm

## Hidden Horrors: Unveiling Human Trafficking and Intimate Partner Violence in Emergency Medicine

Jaime H. Hope, MD, FACEP

Human trafficking is not happening just in large cities or on the coasts, it is happening in your ED. This course will help you recognize patients who may be victims of trafficking and arm you with the knowledge and resources to help these patients.

3:45 pm - 4:35 pm

## The Physiologically-Difficult Airway: Steps to Prevent Your Patient's Inevitable Demise

Steven T. Haywood, MD, FACEP

Emergency medicine physicians are masters of the emergent airway. Although we are quite familiar with the anatomically difficult airway, predicting the physiologically difficult airway is more of a mystery. Several physiological parameters may predict catastrophic outcomes during or immediately after intubation. In this talk, the speaker will discuss predictors of the physiologically-difficult airways, and strategies to mitigate disastrous outcomes.

4:15 pm - 4:40 pm

## Belonging: The Intersection of Diversity, Equity and Inclusion and Physician Well-Being

Al'ai Alvarez, MD, FACEP

Diversity is key to the success of medicine, yet despite efforts, trends have not been reassuring. Underrepresented in medicine encounter barriers such as imposter syndrome, microaggression, and implicit bias. Developing infrastructure addressing these barriers promotes resilience and inclusivity. Belonging is critical in efforts to advance equity and inclusion. This course will present concepts and then discuss solutions from a panel of presenters.

4:15 pm - 4:40 pm

## **Dealing with Dementia: What Cards Do You Have in Your Deck?**

Christina L. Shenvi. MD. MBA. PhD. FACEP

Your patient with dementia is agitated but needs an evaluation. Can you simply give Ativan? This course will discuss the best strategies for taking care of agitated patients with dementia.

4:15 pm - 4:40 pm

## **The Agitated Trauma Patient**

Christopher B. Colwell, MD, FACEP

Are you sure you want to sedate that trauma patient? Managing the traumatically injured patient who presents agitated can be a challenge. This speaker will review the key management issues when dealing with the agitated trauma patient along with the determination of capacity and sedation of the agitated and head injured patient.



# **COURSE SCHEDULE**

# TUESDAY, OCT. 1

8:00 am - 8:25 am

#### **Burn Resuscitation Bootcamp**

Emily Rose, MD, FACEP

Five case studies will be used to highlight the current top five critical elements in resuscitation strategies for care of the burn patient.

8:00 am - 8:25 am

## **Diagnostic Dilemma: Abdominal Pain That Isn't**

Diane M. Birnbaumer, MD. FACEP

Many diseases present as acute abdominal pain but are not due to an acute abdominal process ranging from common pathology to systemic diseases muddling the picture. The speaker will discuss a variety of these 'masqueraders' using a case-based approach & the work-up of these symptoms & diseases.

8:00 am - 8:25 am

## **How to Evaluate a New Job and Negotiate the Contract**

Arlene Chung, MD, FACEP

From community to academic, ED jobs and contracts are as varied as our clinical sites. What should new grads and veterans alike look out for when evaluating job offers and what are effective negotiating strategies?

8:00 am - 8:25 am

## Spinal Pathology: Striking the Right "Cord" With Your Diagnostic Skills

Andrew D. Perron, MD, FACEP

Clinicians are presented with a myriad of neurological signs and symptoms every day in the ED. Spinal cord pathology is the one area that clinicians are afraid of missing due to the presence of conditions that lead to long-term morbidity and mortality and are treatable. Join the speaker in developing an approach to examining the patient with potential spinal cord pathology; from trauma to infection, acquiring the correct approach for imaging of the spine, and how to initiate treatment in those conditions that truly need emergent therapy.

8:00 am - 8:50 am

## **Diagnostic Dilemma: Bizarre Behaviors**

Bruce M. Lo, MD, MBA, RDMS, FACEP

Your psychotic patient could be dying. This course will help you learn how to identify common medical diseases that can masquerade as primary psychiatric diseases in adults and children. Through case-based scenarios, the speaker will provide you with the key findings that can you help to differentiate medical from psychiatric, which will be a load off of both of your minds.

8:00 am - 8:50 am

## **Empowering Your Time: How To Do More of What Matters with Less Distraction**

Christina L. Shenvi, MD, MBA, PhD, FACEP

Too often we are busy without being productive. Our days are full without being fulfilled. We have too much on our plates and not enough time for the things that matter. We do not just need a better calendar or a better app to manage our time. We need to completely rethink how we approach our time. Do you ever find yourself in a vicious cycle of procrastinating, and then feeling guilty about it? Have you ever noticed that you withhold effort on certain tasks when there is a risk of failure? Have you ever wondered why you procrastinate doing certain tasks and not others? This session will draw on the literature around procrastination, willpower, focus, distraction, and multi-tasking and will lead you through a structured approach to setting goals, avoiding procrastination, and working both strategically and efficiently. Learn to create and stick to a schedule that reflects your values.

8:00 am - 8:50 am

#### From the ED to ECMO: Resuscitating the Critically III Cardiac Patient - Sponsored by the Critical Care Section

Max Hockstein, MD, MS, FACEP; Kari Gorder, MD; Nicholas Johnson, MD, FACEP, FCCM, FAHA; TBA; Katherine Pollard, MD (Moderator)

"Can do you do CPR on an LVAD patient these days? How do you diagnose cardiogenic shock without a Swan? What is a "hub and spoke" model for cardiogenic shock care? Who needs to be transferred and who can be admitted to a community facility? When would you start an inotrope over a pressor? When should we call for ECMO in the ED? Patients with complex cardiac conditions of varying acuity—such as home inotrope use, durable ventricular support devices and those post-cardiac transplant – are becoming more prevalent and living longer. Consequently, acute presentations of cardiac emergencies, including cardiogenic shock, are on the rise. When these patients become critically ill, most present to the health care system the same way: through the Emergency Department.

In this multidisciplinary and interactive panel led by leaders in the field of cardiac critical care, we will discuss the resuscitation and care of the critically ill cardiac patient through all phases of care pertinent to physicians and other health care providers in the Emergency Department. Our panel will be inclusive of all practice environments and resources, focusing on the practicalities of treating this special patient population with up-to-date, data driven pearls and pitfalls for the resuscitation bay."

8:00 am - 8:50 am

## **Literature Review: Cardiology 2024**

Amal Mattu, MD, FACEP

Medical journals are abound with cardiology articles, and numerous multi-center trials have recently been published. New drugs are being introduced, existing medications have changing indications, and diagnostic and management strategies are being evaluated. Which of these articles should change your practice? The speaker will review the most important cardiology articles from the past year's literature.

8:00 am - 8:50 am

## The First 60 Minutes: Initial Management of the Critically III Infant

Richard M. Cantor, MD, FACEP

Critically ill kids are scary! Fortunately, the critically ill child is rare even in the pediatric ED. Unfortunately, this rarity can often lead to discomfort in the management of these patients. Due to the subtle signs & symptoms of illness in children, the initial management is frequently delayed & sub-optimal which can lead to poor outcomes. The presenter will illustrate & highlight the important findings that can alert clinical providers to the child who is critically ill. Evidence-based strategies that will lead to improved clinical outcomes & save lives will be discussed.

## **Pediatric and Neonatal Critical Procedures Lab 1**

Steven C. Scarboro, MD, FACEP

Performing emergency procedures on sick infants and children can be stressful and frustrating. During this hands-on lab you will be given an opportunity to obtain hands-on practice in several life-saving procedures. Seldinger technique, intraosseous line placement, umbilical vein catheters, and airway management techniques, including intubation, laryngeal mask airway, and needle cricothyrotomy will be demonstrated. (This lab is limited to participants.)

8:00 am - 9:50 am

## **Resuscitative Ultrasonography Lab 1**

Jailyn Avila MD, RDMS; Jason Fields, MD, FACEP

The practicing emergency physician needs to be able to utilize ultrasound effectively in the evaluation and management of the critically ill patient. This hands-on lab will take the principals learned in the "Resuscitative Ultrasonography" lecture and put it to practical use. With guidance from our expert panel, you will practice how to optimize your most critical ultrasound views and utilize them to treat your sickest patients. (Prior attendance in "Resuscitative Ultrasonography" is required. This lab is limited to 30 participants.)

8:00 am - 9:50 am

#### **Ultrasound-Guided Regional Anesthesia Lab 1**

Jennifer Carnell, MD, FACEP

During this hands-on lab, participants will perform simulations of all the regional anesthesia blocks described in the lecture: distal forearm, brachial plexus, femoral, cluneal, paraspinal, popliteal, etc. Attendees will employ the use of phantoms, patient models, & their fellow participants themselves as anatomic fodder. A representative sample of currently available ultrasound machines will be used. (This lab is limited to 30 participants.)

8:30 am - 8:55 am

## **Anticoagulation Reversal: Part of the ABCs of Resuscitation**

Michael Gibbs. MD

Anticoagulation complicates the management of many critically ill & injured patients. With the numerous novel anticoagulants that exist, the reversal of these medications has become even more challenging. An approach that emphasizes the initial resuscitation of critically ill patients on anticoagulants will be discussed.

8:30 am - 8:55 am

#### **Legal Considerations in Miscarriage Management**

Emily Ager, MD, MPH; Sophia Spadafore, MD

Studies show that medication management of miscarriage is improved with the addition of Mifepristone to misoprostol. Mifepristone is routinely and safely prescribed in ambulatory clinics and telemedicine settings making it amenable for use in the Emergency Department. However, EM physicians still do not prescribe mifepristone for several reasons, including lack of familiarity with the drug, lack of prescribing authority due to special prescribing requirements (REMS) put in place by the FDA, and the off-label use of mifepristone. Other barriers may include conflation with abortion, as it is the same drug used for medication abortion and the ongoing litigation around Mifepristone. Despite these factors, mifepristone is safe and legal to use and can be integrated into ED care. This talk will review the Mifepristone and evaluate legal considerations around prescribing the medication.

8:30 am - 8:55 am

## The Most Difficult Disposition

Lauren Southerland, MD

How many times a shift are you faced with the problem of admitting an older adult just for placement in a higher level of care? Or boarding them in your ED for days? What about the older patient who you think is medically safe to go home, but it is 3am and you are unsure whether they can get home or be at home safely? What about when the nursing facility sends someone to the ED and refuses to take them back? We will discuss this common difficult disposition scenarios and possible solutions, including ED-community health partnerships, self-neglect evaluations by Adult Protective Services, and county services like guardianship boards which can expedite services for your difficult disposition patients.

8:30 am - 9:20 am

## **Diagnostic Dilemma: Pint-Sized Pediatric Ingestions**

Sean P. Nordt, MD, PharmD

Poisoning accounts for about 7% of all accidents in children under 5 years and in about 2% of all childhood deaths in the developed world. Prompt diagnosis and treatment of these children remain the mainstay of management. Brush up on accidental ingestions from the benign to the lethal.

9:00 am - 9:25 am

## **Beyond the Basics: Managing Pain in the Post-Opioid Era**

Alexis M. LaPietra, DO, FACEP

Alternatives to opioids for pain control is a continually changing environment. Hear about what medications and techniques work and which may not be providing the relief for which your patient was hoping.

9:00 am - 9:25 am

## How to Start, When to Stop: Resuscitation Considerations in the Older Adult

Katren R. Tyler, MD, FACEP

Caring for critically ill patients is difficult at baseline. When you add the complex physiology and potential complications that can come with advanced age, your job becomes even harder. This lecture will focus on the challenges we can expect when caring for the critically ill, geriatric patient. Additionally, it will address the difficult question of how to know when enough is enough using shared decision making.

9:00 am - 9:25 am

#### In Pace of Emergency: When Pacemakers Malfunction

Brian Parker, MD, MS

"While rare, pacemaker complications can become life-threatening if not recognized & acted upon quickly. By reviewing cases & their accompanying ECG's, clinicians will gain valuable tools in evaluating & treating patients with symptoms caused by critical pacemaker malfunctions."

9:00 am - 9:25 am

## **Malpractice Cases Related to Psychiatric Patients**

Kurtis A. Mayz, JD, MD, MBA, FACEP

Patients presenting with psychiatric diagnoses in the ED are increasing in volume. Many practitioners struggle with the appropriate placement of these patients. The legal concerns related to the management and transfer of these patients are challenging. The speaker will provide medico-legal expertise related to legal precedent to best advise current EM providers.

## Sickle Cell Disease: New Therapies, Ongoing Disparities and Guidance in Emergency Management - Sponsored by EDSC3

Caroline Freiermuth, MD, MHS, FACEP; Patricia Kavanagh, MD; Aisha Terry, MD, MPH, FACEP; David Brousseau, MD (Moderator)

As a group, individuals with sickle cell disease (SCD) experience significant health inequities compared to other diseases. They have access to fewer resources (including outpatient clinicians and therapies) which leads to worse outcomes, compounded by structural racism and disease stigma. Over the past decade, research in SCD has increased dramatically. The increased research investment led to the approval of new treatment options and a robust research pipeline, including non-opioid options to manage acute pain crises. This session will review the current state-of-the-art evidence of SCD, its management in the ED, and the impact of these new therapies on ED care. We will also highlight a sickle cell point of care tool, housed in the ACEP point of care tools library, to raise awareness of resources that can help to guide management for those practicing in emergency department settings.

9:00 am - 9:50 am

## **Fatal Imaging Myths That Will Change Your Practice**

Joshua S. Broder, MD, FACEP

Over the last few decades, the array of imaging modalities available to emergency physicians has exploded. From cutting-edge ultrasound to the plain film radiograph, each modality has its myths and misconceptions which can result in potentially fatal misdiagnosis or delay. Can an X-ray rule out free air, obstruction, or aortic dissection? Can a normal ovarian ultrasound rule out ovarian torsion? Using clinical cases and actual images, the presenter will discuss several clinical scenarios where multiple imaging modalities could be applied and the benefits of each.

9:00 am - 9:50 am

#### **Literature Review: Geriatric Medicine**

Danya Khoujah, MBBS, MEHP, FACEP

The rapid increase in the number of older adults seen in the emergency department combined with complex medical and social needs has prompted research ranging from screening at triage to how we can safely disposition patients and everything in between. This short lecture reviews 3-5 recently published articles in a case-based manner (Specific objectives will depend on articles chosen closer to the time of the presentation, likely covering the following topics: delirium, hospital-at-home & other initiatives to decrease admissions, falls, polypharmacy)

9:00 am - 9:50 am

#### Top 10 Antibiotic Mistakes in the ED

TBA

On a daily basis we prescribe a multitude of medications with various mechanisms of action to treat a broad range of disease, but are we doing our patient's a disservice? Who better than an ED pharmacist to help us recognize potential pitfalls when prescribing antibiotics? Do all of these patients really need the broad spectrum gram-positive, gram-negative, & anaerobic coverage vanc & Zosyn combination provides?

9:30 am - 9:55 am

#### **Bloody Hell: GI Bleed Management in the ED**

Benjamin C. Smith, MD, FACEP

The gastrointestinal bleed patient is usually not difficult to identify but determining the severity, source & emergent management of these patients can occasionally be difficult. This course will focus on emergency department identification, resuscitation & early management of both upper and lower GI bleeding. An evidence-based approach & current recommended early therapeutic options will also be discussed.

9:30 am - 9:55 am

## **Life Saving Trauma Procedures**

Starr Knight, MD

Your trauma patient is dying. Are you ready to perform these life saving procedures? Attend this course to review the critical life-saving procedures in trauma care in the ED, including cricothyrotomy, thoracotomy, & peri-mortem c-section.

9:30 am - 9:55 am

#### **Tricks, Ticks and Tips for Wilderness Medicine**

Nicholas Connors, MD, FACEP

Going on a hike or a nature adventure, the EM physician is always prepared. After this course, you will be ready for you next emergency in the wilderness.

9:30 am - 9:55 am

## **Tubes In, Still Blue: Rescue Strategies for Hypoxic ED Patients**

Maxwell A. Hockstein, MD. FACEP

Severe hypoxemic respiratory failure presents challenges in resuscitating the critically ill patient. Many times, our usual approach to airway management in the ED is not sufficient. In this case-based lecture, you will learn the approach to successful management of these challenging patients.

10:00 am - 10:25 am

## An ED Shift is a Marathon, Not a Sprint: Everything I Need to Know I Learned in Distance Running

Kimberly Sokol, MD

Have you ever been midway through an ED shift and suddenly felt as if you've hit a wall, where each decision you face feels impossible to make? What about going through an entire shift without ever hitting the wall, then the very next day hitting it only 20 minutes in? You are not alone, and this very same phenomenon happens to endurance athletes, as well. Luckily, we can apply those same techniques learned by marathon runners to avoid them from hitting "the wall" to our time spent as ED providers, from warm-up to cool-down and everything in between, to help prevent from hitting that decision-induced wall regularly while on shift.

10:00 am - 10:25 am

## **Beyond the Basics: Evidence-Based Approach to Pulmonary Embolism**

Jaron Raper, MD

Pulmonary embolism is a complex disease to diagnose, with a plethora of tools and strategies proposed over the last several decades to assist the clinician in their decision-making. This session will discuss the diagnostic decision tools and strategies that have evidence-based support from the last decade, culminating in the outline of a practical diagnostic algorithm for frontline providers, simplifying decision-making at the point of care.

10:00 am - 10:25 am

#### **Pediatric Rashes You Need to Know**

Emily Rose, MD, FACEP

Do children with rashes still stump you? The speaker will review pediatric rashes on all skin types, from classic childhood exanthemas to unusual & life-threatening cutaneous disorders.

10:00 am - 10:25 am

## Tales of a Wimpy Diaphragm: Caring for Acute Neuromuscular Respiratory Failure

TBA

As an often overlooked cause of acute respiratory failure, neuromuscular disease can catch us by surprise. When not recognized, it can lead to precipitous respiratory failure amongst other complications. In this case based lecture, the speaker will prepare you to catch this diagnosis on your next shift and ensure you're ready to set these patients up for success.

10:00 am - 10:50 am

## **Game On! ECG Games: Seize the Iron Throne!**

William J. Bradv. MD. FACEP

Compete with colleagues and test your skills in EKG interpretation in a low-stakes gaming format. The winners in categories of faculty, residents, and students will receive prizes. The answers to this will be covered in depth during the "don't fall for this- EKGs of syncope you just can't miss" talk. Join this expert in finding & utilizing electrocardiographic pearls buried in years of bench studies.

10:00 am - 10:50 am

#### **Literature Review: Pediatric Emergency Medicine 2024**

Richard M. Cantor, MD, FACEP

The speaker will review the recent literature from the past twelve months & discuss those articles that could affect the way you treat pediatric patients.

10:00 am - 10:50 am

## Strike While The Iron Is Hot: How To Expand Your Independent Group (Colin C. Rorrie, Jr. Lecture)

Michael A. Granovsky, MD, FACEP; Thom A. Mayer, MD, FACEP

There exists a generational opportunity for Independent Group growth. The current environment is unique and has not existed for decades. The clinical value of your local group is appreciated, but you need the financial insights and leadership culture to be successful.

10:00 am - 10:50 am

## The Crashing PE Patient

Colin G. McCloskey, MD

The crashing patient with a presumed or confirmed pulmonary embolism can generate anxiety regarding aspects of management. The speaker will focus on the pearls and pitfalls around hemodynamic resuscitation of patients with a massive PE, including pitfalls in volume resucitation, intubation and thrombolysis.

10:00 am - 10:50 am

## The Rapid and High-Yield Neuro Exam

Andrew William Asimos, MD, FACEP; Andrew D. Perron, MD, FACEP; Bruce M. Lo, MD, MBA, RDMS, FACEP

How fast can you do a neuro exam? What are the most important elements of a neuro exam? Learn how to do a quick, targeted neuro exam for increased speed and accuracy on your next shift!

10:30 am - 10:55 am

## **Beyond the Basics: Social Medicine That Matters Most in the Trenches**

Italo Milton Brown, MD

Although designed for medical emergencies, EDs have become a common place where patients seek help for various social concerns. In the ED, we care not only for patients who present with heart attacks and strokes but also for those with a variety of social ills such as homelessness, poverty, and hunger. It is estimated that only 20% of a patient's health is shaped by medical care while social and economic factors account for 40% of health outcomes, highlighting the importance of concurrent medical and social interventions to advance patient health outcomes. In this lecture, we will discuss the latest innovations in addressing social determinants of health and options to implement these strategies within your departments.

10:30 am - 10:55 am

# Clear as Mud: C-Spine Clearance

Dina Wallin, MD, FACEP

Spinal cord imaging & injury is a major aspect of the evaluation of most trauma patients in both adults & children. It is necessary to understand the biomechanics of head & neck trauma to help determine the extent of injury. Several cervical spine clearance rules exist and will be reviewed. Additionally, critical historical and physical exam findings that can better guide imaging decisions will be discussed.

10:30 am - 10:55 am

#### **Diagnostic Dilemma: Abdominal Pain in Pregnancy**

Luz M. Silverio, MD, FACEP

Abdominal pain in pregnancy is a common complaint, but what if the pain isn't related to the pregnancy? This case-based presentation will cover CAN'T MISS diagnoses of abdominal pain in pregnant patients as well as their clinical presentation and management.

12:30 pm - 12:55 pm

#### **ED Warriors: Unveiling the Code to Shielding Our Frontline**

TRA

While workplace violence in the Emergency Department is an unfortunate reality, this lecture aims to unveil proactive strategies for prevention while also equipping physicians with best practices to navigate and mitigate incidents when they inevitably occur.

12:30 pm - 12:55 pm

## **Hypertensive Emergencies: Drugs, Drips and Drops**

William J. Brady, MD, FACEP

Hypertension is an extremely common condition that is treated by emergency physicians on a daily basis. Several hypertensive emergencies necessitate the use of antihypertensive drip medications. The speaker will highlight common hypertensive emergencies and which antihypertensive drip medications to use. Useful pearls and pitfalls when dealing with the hypertensive patient will also be discussed.

12:30 pm - 12:55 pm

## It's Tearing Up My Heart! Pearls and Pitfalls in the Management of Aortic Dissection

George C. Willis, MD. FACEP

Diagnosing aortic dissection (AD) can be challenging but the apporpriate management once the diagnosis is made is critical and fraught with potential error. The speaker will discuss current evidence-based management of AD as well as potential pitfalls to avoid perilous outcomes

12:30 pm - 12:55 pm

## **Opiate Withdrawal in the ED: Treat or Street**

Alexis M. LaPietra, DO, FACEP

This lecture will focus on the management considerations of the resuscitation and acute management of opiate withdrawal as it is seen in the emergency department. How should these clinical issues be addressed? Where & how should these patients be dispositioned? These questions & more will be answered during this session.

12:30 pm - 2:20 pm

## **Pediatric and Neonatal Critical Procedures Lab 2**

Steven C. Scarboro, MD, FACEP

Performing emergency procedures on sick infants and children can be stressful and frustrating. During this hands-on lab you will be given an opportunity to obtain hands-on practice in several life-saving procedures. Seldinger technique, intraosseous line placement, umbilical vein catheters, and airway management techniques, including intubation, laryngeal mask airway, and needle cricothyrotomy will be demonstrated. (This lab is limited to participants.)

12:30 pm - 2:20 pm

## **Resuscitative Ultrasonography Lab 2**

Jailyn Avila MD, RDMS; Jason Fields, MD, FACEP

The practicing emergency physician needs to be able to utilize ultrasound effectively in the evaluation and management of the critically ill patient. This hands-on lab will take the principals learned in the "Resuscitative Ultrasonography" lecture and put it to practical use. With guidance from our expert panel, you will practice how to optimize your most critical ultrasound views and utilize them to treat your sickest patients. (Prior attendance in "Resuscitative Ultrasonography" is required. This lab is limited to 30 participants.)

12:30 pm - 2:20 pm

## **Ultrasound-Guided Regional Anesthesia Lab 2**

Jennifer Carnell, MD, FACEP

During this hands-on lab, participants will perform simulations of all the regional anesthesia blocks described in the lecture: distal forearm, brachial plexus, femoral, cluneal, paraspinal, popliteal, etc. Attendees will employ the use of phantoms, patient models, & their fellow participants themselves as anatomic fodder. A representative sample of currently available ultrasound machines will be used. (This lab is limited to 30 participants.)

1:00 pm - 2:30 pm

## **Closing General Session**

TBA

3:30 pm - 3:55 pm

## **Beyond the Basics: DKA**

George C. Willis, MD, FACEP

Adult and pediatric diabetic ketoacidosis is one of the most common life-threatening complications of the growing epidemic of diabetes in the US. Timely recognition is essential to initiating appropriate management in the ED. During this case-based interactive discussion, the speaker will review cases of diabetic emergencies beyond the basics of starting an insulin drip and address controversies surrounding management DKA. Best evidence will be summarized in practical strategies to bring back to your ED.

3:30 pm - 3:55 pm

## ReimbERsement 101: The latest in ED payments, Critical Care, Shared Visits, and Observation

Michael A. Granovsky, MD, FACEP

With the new 2024 documentation changes for emergency medicine, significant changes will go into effect for the documentation of critical care, shared visits with non-physician providers, and observation medicine. The speaker will review the guidelines to help emergency physicians maximize reimbursement.

3:30 pm - 3:55 pm

## **Staying Cool with Pediatric Fever**

Emily Rose, MD, FACEP

What's the latest treatment for a child with a fever? What are the updates in different age groups- 0-21 days, 22-30 days, 30-60 days? Do I need to LP anymore?

3:30 pm - 4:20 pm

## **Beyond the Basics: Decoding Dangerous ECGs**

TRA

Detection of acute ischemia and infarction on ECG is critical. Unfortunately, in patients with bundle branch blocks, LVH, and other obscuring conditions AMI detection can be challenging. The speaker will discuss common pitfalls and expert tips in the recognition of ACS in these patients.

3:30 pm - 4:20 pm

## **Discussing ED Goals of Care: Palliative Care Workshop**

Tammie E. Quest, MD; Cynthia Price, MD

Trying to have a goals of care in a busy emergency department can be daunting task, but asking a patient or family "Do you want everything done?" is often not in the patient's best interest. This workshop will begin with a didactic session and then small group discussions

3:30 pm - 4:20 pm

## Diversity, Equity and Inclusion: Where We Are, Where We Are Going, and Best Practices To Get There (Leon L. Haley, Jr. Memorial Lecture)

Italo Milton Brown, MD

A diverse workforce is optimal for the success of teams and organizations. This course will review the progress that has been made in EM and the improvements in outcomes thus far. Techniques that can improve the diversity of EM physicians at your workplace will also be discussed. Join us to learn how to work towards a workforce that better represents our patient populations.

3:30 pm - 4:20 pm

## Leadership is Worthless...But Leading is Priceless: Lessons for Emergency Medicine

Thom A. Mayer, MD, FACEP

Leadership is worthless because it is a noun; just something you say. But leading is priceless because it is a verb-something you do as an emergency physician all day, every day. Thousands of books and millions of articles ask the wrong question: "How can I become a leader?" The right question is: "How will I lead myself, my team, and my family today?" And the most toxic, demoralizing, demeaning, and demonic term possible is "future leader," implying as it does that leading is in the future when you become worthy of being The Boss or in the C-Suite. You are already a leader, so leave the "Someday" of leadership behind for the liberating "Today!" of Leading. Because the leader you are looking for is you! This contrarian talk explores the details of how this liberating insight is applied by every emergency physician, wherever they are and wherever they practice.

3:30 pm - 4:20 pm

## Mistakes You Do Not Want to Make in Pediatric Patients

Richard M. Cantor. MD. FACEP

Besides the obvious challenges of children's nonverbal clues & their unique illnesses, the speaker will explain what key features of childhood illnesses should "raise the red flag" & how not to be missed.

3:30 pm - 4:20 pm

#### **Puzzle the Pro: Dueling ECG Cases**

William J. Brady, MD, FACEP; Amal Mattu, MD, FACEP

Puzzle the Pro! Expert cardiology gurus will duel it out, sending one another ECGs. They'll try and stump one another in a "no-holds-barred" emergency cardiology interpretation extravaganza.

3:30 pm - 5:20 pm

## **Pediatric and Neonatal Critical Procedures Lab 3**

Steven C. Scarboro, MD, FACEP

Performing emergency procedures on sick infants and children can be stressful and frustrating. During this hands-on lab you will be given an opportunity to obtain hands-on practice in several life-saving procedures. Seldinger technique, intraosseous line placement, umbilical vein catheters, and airway management techniques, including intubation, laryngeal mask airway, and needle cricothyrotomy will be demonstrated. (This lab is limited to participants.)

3:30 pm - 5:20 pm

## **Resuscitative Ultrasonography Lab 3**

Jailyn Avila MD, RDMS; Jason Fields, MD, FACEP

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3:30 pm - 5:20 pm

## **Ultrasound-Guided Regional Anesthesia Lab 3**

Jennifer Carnell, MD, FACEP

During this hands-on lab, participants will perform simulations of all the regional anesthesia blocks described in the lecture: distal forearm, brachial plexus, femoral, cluneal, paraspinal, popliteal, etc. Attendees will employ the use of phantoms, patient models, & their fellow participants themselves as anatomic fodder. A representative sample of currently available ultrasound machines will be used. (This lab is limited to 30 participants.)

4:00 pm - 4:25 pm

## **Pitfalls of Alcohol Use Disorder**

Alexis M. LaPietra, DO, FACEP

AUD is a common medical problem in the ED. Unfortunately, the perceived lack of tools or medications leads to dead-end treatment. But changing the paradigm is possible. You can learn how to identify it, how to treat withdrawal, and updated EBM with practice patterns overlooked by many ED clinicians.

4:00 pm - 4:25 pm

## ReimbERsement 201: Procedures! RU Missing Out On RVUs?

Michael A. Granovsky, MD, FACEP

Procedures are the bread and butter for emergency physicians, but the RVU reimbursement can vary widely with subtle differences in documentation. The speaker will review the nuances of procedural documentation to maximize reimbursement for procedures you are already doing.

4:00 pm - 4:25 pm

## Stroke Chameleons: Neuro Findings You Can't Miss

Roderick Fontenette, MD, FACEP

Serious conditions can be missed on initial emergency department visits due to subtle neurologic signs that are not readily apparent on the standard, rapid neurologic exam. This lecture focuses on tips and tricks to pick up these subtle neurologic deficits and avoid missing deadly diagnoses and subsequently. lawsuits!



# **COURSE SCHEDULE**

# **WEDNESDAY, OCT. 2**

8:00 am - 8:25 am

## **Beyond the Baiscs: Household Dangers**

Andrew Koons, DO

Millions of Americans take over-the-counter (OTC) products each year to treat illnesses. It is important to understand that although these products are legal and thought to be benign, they can still pose a medical risk

8:00 am - 8:25 am

## **Emergency Delivery: The Baby is On The Way!**

Sara L. Manning, MD, FACEP

No matter how naturally a pregnant woman delivers her child, if it's in your ED, it becomes an emergency delivery. During this course, the speaker will discuss the management of complications associated with an emergency delivery, identifying necessary equipment, sharing videos of maneuvers for problem deliveries, and identifying patients who cannot be transferred to labor and delivery. Are you and your facility prepared for this event?

8:00 am - 8:25 am

#### **Practical Tips in Geriatric Pharmacology**

Jennifer Koehl, PharmD, BCPS

Can you medicate your geriatric patient the same way you would other adult patients? This course discusses medication principles for geriatric patients.

8:00 am - 8:50 am

## **Acid Base That Actually Matters: A Case-Based Approach**

Zachary Repanshek, MD

Acid base rules are easily mastered, but when does pH really matter? During this interactive "choose your own adventure" discussion, the speaker will lead you down the rabbit hole of hydrogen ions into an emergency wonderland where pH status actually makes a difference. Utilizing patient cases from toxicology, metabolic disorders, trauma, & other emergencies, the speaker will guide you & your patient safely beyond the Henderson Hasselbalch equation by providing a common sense approach to acid base emergencies that actually matter.

8:00 am - 8:50 am

## **Expert Witness Workshop: Protect Yourself and Advocate for the Underserved**

Nishi Kumar, MD; William Weber, MD, MPH

Expert witness work harnesses your knowledge to explain medical concepts to the legal system. Legal writing strengthens your own documentation while opening up opportunities for extra income and medical advocacy. This interactive workshop co-taught by an attorney and physician will discuss principles of legal writing and "standard of care" before working through your own practice case and discussing ways to build your credentials.

8:00 am - 8:50 am

## **Puzzle the Pros: Resuscitation Edition**

Sara E. Crager, MD; Skyler A. Lentz, MD, FACEP

When caring for the critically ill, there are often times when the next best step is not perfectly clear. In this interactive discussion, our panel of experienced EM-intensivists will each present a clinical case of a challenging, critically ill patient. The panel will discuss the options for initial stabilization of the patient while allowing for audience participation. The presenter will then wrap up the case with a conclusion of how things turned out, what they feel could have been improved upon and a practical take-home point gleaned from the case.

8:00 am - 8:50 am

## Shock in the ED: It's Not All Sepsis and Lactates

Peter DeBlieux, MD, FACEP

Shock comes in a variety of shapes and sizes. Emergency physicians have to think beyond sepsis and recognize that lactate is not the end-all-be-all in shock. This session will provide a framework to help providers recognize the full spectrum of shock states and help tailor your treatment in an expert manner

8:00 am - 8:50 am

## **Should I Tube This? Evidence Based Pulmonary Interventions**

Colin G. McCloskey, MD; Matthew A. Roginski, MD

Between non-invasive positive pressure and high flow oxygen devices, indications for reaching for an endotracheal tube in the ED seem less and less. This dynamic session between two EM-Intensivists will provide you with the cutting edge evidence to decide which pulmonary pathologies need what level of support.

8:30 am - 8:55 am

## MCI Toolkit: Get Ready for the Next Mass Casualty Incident

Shira A. Schlesinger, MD, MPH, FACEP

Mass casualty events are not as uncommon as they once were. Each MCI is another opportunity for us to learn how to perfect our response. Leave this lecture with those lessons learned from a variety of MASCAL events and a definitive action plan to implement at your center.

8:30 am - 8:55 am

#### **Snakes, Scorpions and Spiders, Oh My!**

Craig G. Smollin, MD

Watch where you step! As more people are exploring the great outdoors during the pandemic, let's review how to manage classic snake, spider, and scorpion envenomation.

8:30 am - 9:20 am

## **Literature Review: Infectious Disease**

Greg Moran, MD

So many journals, so little time. Let an expert in the field help you stay updated on the latest in the infectious disease realm. The speaker will review recent literature on infectious diseases, old diseases with new treatments, & new diseases with old treatments. Make sure you have the information to use the right drugs for the bad bugs!

8:30 am - 9:20 am

#### What You Should Know @Telehealth

Emily M. Hayden, MD, MHPE

Emergency medicine physicians are often portrayed as the available. We the healthcare safety net, push beyond limits to care for our patients. One avenue is also telehealth. Many of us think of telehealth encompassing our primary care and subspecialists like tele-neurologist and tele-psychiatrist but acute care is also being transformed by the digital revolution. Where does EM fit into this paradigm? How do we harness our clinical acumen through a video screen?

9:00 am - 9:25 am

## **Diagnostic Dilemma: Cranial Nerve Conundrums**

Rahul Bhat, MD, FACEP

Subtle cranial nerve dysfunction can be the tip of a neurologic disaster. When do patients with facial paralysis need brain imaging? Do all third nerve palsies result from posterior communicating artery aneurysms? Which patients with vertigo require neuro-imagining? Using a case-based format, the speaker will reveal how subtle cranial nerve findings can be the tip of a neurologic iceberg catastrophe.

9:00 am - 9:50 am

#### **Become a Star at your Deposition: An Insider's Workshop**

TBA

An experienced emergency physician & attorney will present a medical case for the audience to manage with a leading charge of malpractice. A voluntary participant will be deposed. Key pitfalls & pearls of depositions will be demonstrated & discussed.

9:00 am - 9:50 am

## **Beyond the Basics: Emergency Care for Transgender Patients**

Sara L. Manning, MD, FACEP

The ability to provide sensitive & effective care for transgender patients is a basic cultural competency for emergency physicians. Yet, emergency physicians receive little formal training on the medical care of this population which contributes to healthcare disparities. This presentation will help its attendees be able to care for this vulnerable and often marginalized population.

9:00 am - 9:50 am

## **Diagnostic Dilemma: High-Risk Headaches**

Andrew William Asimos, MD, FACEP

Most headaches, 90%, are relatively benign primary headaches; migraine, tension, and cluster. The other 10% are secondary headaches, caused by separate underlying processes, with vascular, infectious, or traumatic etiologies, and they are potentially life-threatening. This course will cover important pathophysiologic features of the most common types of life-threatening headaches, the key historical and physical examination information emergency clinicians must obtain, the red flags that cannot be missed, and the current evidence for best-practice testing, imaging, treatment, and disposition of these high-risk causes of headaches.

9:00 am - 9:50 am

## NPPs and Me: Best Practices in Utilization of Nonphysician Providers

James Augustine, MD, FACEP; Robert M. Hughes, DO

Emergency departments are busier than ever, and ever-growing numbers of PAs and NPs are working clinically alongside emergency physicians. This can be both challenging and beneficial to both junior and senior faculty and presents a new avenue for teaching, clinical efficiency, and improvements in patient care. This panel will discuss strategies to manage new and senior NPPs in your department, ways to efficiently utilize their skills to improve patient care and department metrics, and how to increase the APPs knowledge base and skills.

9:00 am - 9:50 am

## Post-ROSC Care: You Got a Pulse, What Now?

Jennifer G. Wilson, MD, FACEP

Post cardiac arrest care has a tremendous impact on patient survival and quality of life. The evidence behind post arrest care are evolving annually. Using a case-based format, join along as our expert speaker discusses their evidence-based approach to post arrest care.

9:00 am - 9:50 am

## Sign Here Please: Informed Consent, AMA, and Attestations...See You in Court?

Kurtis A. Mayz, JD, MD, MBA, FACEP

Patient signatures, physician signatures... are there times when we want to be cautious about the content of the document being signed? With the continued rise of patient autonomy comes increasing risk to EPs of dual-prolonged lawsuits alleging medical malpractice AND lack of informed consent. What about signing resident's charts and patients who leave against medical advice? An MD/JD will use cases to illustrate numerous barriers to the informed consent process. Who can provide consent? Is a written form required? Is the physician obligated to discuss his/her competence? When isn't informed consent required? How do courts evaluate claims of inadequate informed consent?

9:30 am - 9:55 am

## A-B-C-D of Obesity in the ED

Maria Lawrynowicz, MD

Weight bias is the most common and socially acceptable form of bias amongst physicians. Even the term obesity is outdated and this condition has been recharacterized as Adiposity-Based Chronic Illness. How is it that 41.9% of the population is considered obese and yet, most studies exclude patients with obesity from their cohort? Here we will summarize the evidence and best practices around A-B-C-D of Obesity in the ED or the airway, breathing, circulation and drug considerations when treating our patients with obesity.

9:30 am - 9:55 am

## **Cannabis Chronicles: High Yield Pearls**

Andrew Koons, DO

As the legalities of cannabis continue to change in each state, we aim to discuss the forms available, potential toxicities, and pediatric exposures

9:30 am - 9:55 am

## Stop Calling it Burn Out: It's Moral Injury

Andrea Austin, MD, FACEP, CHSE

Burnout is an overused term to describe the crisis of consciousness happening in emergency medicine. Many emergency physicians love being an emergency doctor and care deeply for their patients. They're confronting moral injury with unsafe, unethical, and profits over patients and physician tactics utilized by both for-profit and non-profit in name only employers. In this session, we'll unpack what is moral injury, review case examples of moral injury that is at the root of burnout, and practical strategies for decreasing moral injury in emergency medicine.

10:00 am - 10:25 am

## **Neurocritical Care: Resuscitating the Brain**

Bruce M. Lo, MD, MBA, RDMS, FACEP

Critical care resuscitation is one of the most challenging aspects of the ED physicians' practice. Ensuring a focus on resuscitation of the brain during acute critical illness is very important. The expert speaker will describe techniques in a case based format to optimize brain pathophysiology during resuscitation. Literature supported evidence will be described and implemented for best practice recommendations.

10:00 am - 10:25 am

#### **Weathering the Electrical Storm**

Sara E. Crager, MD

Electrical storm is a state of cardiac electrical instability that can be very stressful and difficult to manage. As a low-frequency, high-stakes event, it's helpful to have a well-thought-out algorithm already in your back pocket. Our speaker will prepare you so that you are ready to jump right into the storm at a moment's notice!

10:00 am - 10:50 am

## **Anatomically Difficult Airway: From Micrognathia to Morbid Obesity**

Colin G. McCloskey, MD

Sometimes a difficult airway is unexpected, other times you recognize it immediately and start sweating. Reduce that future stress by learning techniques to handle recognizable difficult airway situations.

10:00 am - 10:50 am

## **Beyond the Basics: Stroke Care 2024**

Roderick Fontenette, MD, FACEP

Diagnostic and therapeutic interventions for patients with ischemic symptoms continue to evolve. Using a case-based approach, the speaker will explore the latest data regarding selection criteria for IV tPA, endovascular therapy for large vessel occlusion ischemic strokes, and EMS routing policies for suspected acute stroke. The controversies regarding thrombolytic agents in acute stroke also will be explored.

10:00 am - 10:50 am

## Crossing the Border: Navigating Migrant Medicine in U.S. Emergency Departments

Sarah Bezek, MD

As ever-growing numbers of migrants are coming to the United States to escape persecution and disease in their home countries, EDs are tasked with caring for ill travelers when they arrive in American cities. This lecture will discuss common medical problems and challenges migrants face during their journey to the United States. We will learn about the most common illnesses affecting migrants as they travel and arrive in the United States. Learners will also learn about common infections in unvaccinated travelers and the best diagnostic and treatment strategies.

10:00 am - 10:50 am

#### Designed to Fail: Applying Aviation Insights to Enhance Patient Safety in Your ED

Torree M. McGowan, MD, FACEP; Jerimy Maclellan

The typical Emergency Department is poorly designed to optimize human performance for optimal safety. Human factors analysis studies the interaction of people with their environment and how those interactions can enhance or hinder performance. Dr. McGowan partners with aviation safety expert Jeremy Maclellan to discuss human factors innovations developed for the airline industry and how those innovations can be adapted to improve physician wellbeing and patient safety.

10:00 am - 10:50 am

## **Literature Review: Top Articles in Critical Care**

Skyler A. Lentz, MD, FACEP; Matthew A. Roginski, MD

Critical care practice and evidence are constantly evolving, don't miss this fast-paced session so your practice does not get left in the dust. During this interactive discussion, the speakers will review the newest evidence in critical care that will impact your care in the ED. The speakers will provide a brief summary of the article and then debate the merits of its application to your practice in the ED.

10:00 am - 10:50 am

## Stopping Suicide Suddenly: Advances in ED Suicide Interventions - Sponsored by the Public Health and Injury Prevention Section

Romeo Fairley, MD, MPH, FACEP; Robert De Lorenzo, MD, MSM, MSCI, FACEP; Scott A. Simpson, MD, MPH (Moderator)

Suicidality is a national crisis and lack of acute treatment options contributes to boarding patients and ED overcrowding. Emerging pharmacological and behavioral interventions hold promise to alleviate the suicide risk, but are they ready for use in the ED? This presentation will synthesize the relevant literature regarding advances in acute treatment of suicidal patients, with focus on the evidence for safety and efficacy. Highlighted therapies include Ketamine and Crisis Response Planning (CRP), a brief cognitive-behavioral intervention.

10:00 am - 10:50 am

## **Under Pressor: Utilizing IV Pressors in the ED**

Peter DeBlieux, MD, FACEP

The emergency physician is an expert at the diagnosis of sick vs. not sick. Once that determination is made it is vital to select the right pharmacologic agent to stabilize the patient. Having a handle on exactly what vasopressor or inotrope are most effective for the crashing patient is key to optimizing their outcomes. This session will help you enhance your patients care by comparing and contrasting various vasoactive agents in your resuscitation arsenal.

10:30 am - 10:55 am

#### **Beyond the Basics: Head CTs in the ED**

TBA

The evaluation of head CT scans is quickly becoming a necessity for emergency physicians. The speaker will go beyond the basics and discuss the nuances of reading head CT scans and illustrate invaluable pearls. A refresher of normal anatomy will be complemented by an advanced case-based review of pathologic conditions, including trauma, fractures, hemorrhage, infarcts, edema, hygroma, and shear injuries. The speaker also will discuss methods to avoid errors associated with reading head CT scans.

10:30 am - 10:55 am

# Beyond the Bullet: Unpacking the Impact of Gun Violence on the Practice of EM

TBA

As gun violence continues to surge, it has tragically not only become the leading cause of pediatric deaths in the US but has also cast a profound impact that touches the lives of a majority of our patients. Delve into the epidemiology, clinical considerations, and the broader societal context surrounding firearm-related injuries in this impactful lecture that aims to provide EM physicians with a comprehensive understanding of the far-reaching implications of gun violence within our practice.

10:30 am - 10:55 am

**Locums: Too Good to Be True?** 

Pamela Ross. MD

Travel, flexibility, and amazing income. Is locum work really an option for employment? Understand the history of locum work and the projected future of EM practice. Attend this session to demystify this type of practice and learn if a career in locums is right for you.

11:00 am - 11:25 am

## **Beyond the Basics: HEENT Anesthesia and Nerve Blocks**

Robert M. Hughes, DO

Facial wounds can be a frightening & painful experience for the patient and provider. Using illustrative cases, the presenter will describe the anatomic approach to facial nerve blocks. These blocks may be used for local anesthesia to repair such regional facial trauma as eyelid lacerations or oral trauma & dental pain.

11:00 am - 11:25 am

## **Beyond the Basics: Leveraging Medicaid Opportunities**

Dennis Hsieh, MD, JD

Social Determinants of Health (SDOH) lead many vulnerable patients to come to the emergency department. ACEP has supported placing social workers in every emergency department and there has been some movement towards payment for screening for SDOH challenges. Until now there has not been a systematic way to pay for staffing and strategies to address social determinants of health. With Medicaid waivers and innovation across the country, in the form of 1115 and 1915 state-based waivers, this has changed. Medicaid around the country is now paying for substance use navigators, social workers, community health workers, and other staff to be placed in emergency departments. Medicaid is not only paying for staffing in emergency departments, but also for concrete interventions, such as transitional housing, shelters, medical respite, and food. It is also paying to place challenging patients in nontraditional settings such as board and care and skilled nursing facilities. Despite all of this, there are very few emergency departments and hospitals that understand how to leverage all of these new programs to help both patients and the providers caring for them. This talk focuses on California's Medicaid Waiver, CalAIM, and details both the opportunities presented by CalAIM as well as the mechanics of how to leverage these opportunities into actual resources for front-line emergency providers. This is an unprecedented opportunity to address the challenges with social determinants of health that are currently underutilized. This talk hopes to educate and galvanize emergency providers to work with their departments and hospitals to leverage this opportunity.

11:00 am - 11:25 am

## Diagnostic Dilemma: Use or Abuse? Pediatric Fractures and Their Causes

Julia Magana, MD

Little Johny has a broken arm. Suzie has a broken leg. Using illustrative interactive cases, the speaker will review findings of accidental & nonaccidental injuries in children and sharpen your ability to distinguish between the two.

11:00 am - 11:25 am

## X-treme Resuscitation: Critical Care in the Wild

Cheyenne Falat, MD

Emergency physicians will encounter patients presenting with heat stroke and/or hypothermic arrest. The emergency physician must know how to efficiently and effectively provide life-saving interventions in these disease processes with otherwise high mortality. The speaker will discuss procedures that can bring a hypothermic patient from "cold and dead" to "warm and alive."

11:00 am - 11:50 am

## CODE ICH: A Call to Action - Sponsored by E-QUAL

TJ Milling, MD, FACEP; Latha Ganti, MD, MS, MBA, FACEP; Madeleine Puissant, MD, PhD; Kori Zachrison, MD, MSc (Moderator); Ope Adeoye, MD, MS (Moderator) Intracerebral hemorrhage (ICH) is currently the least treatable and most devastating form of stroke. Just like acute ischemic stroke, ICH causes progressive time-dependent brain injury, starting with ongoing bleeding that occurs disproportionately in the first few hours, then progressive damage to surrounding tissue caused by hemotoxicity. Quality care for acute ischemic stroke includes multiple time-based performance measures, yet measure development for ICH is in its nascency. In this session experts will describe and define a vision for the future emergency management of ICH, with a focus on the first hours in both community and academic medical centers.

11:30 am - 11:55 am

## **Beyond the Basics: Failed Intubation - Now What?**

Colin G. McCloskey, MD

Nothing is more stressful for the emergency physician than a "cannot intubate, cannot ventilate" airway scenario. To stay out of trouble, the emergency physician must possess the skills to troubleshoot when an airway is more challenging than initially anticipated. Join us for a discussion on anticipating a difficult airway and management of a failed airway.

11:30 am - 11:55 am

## **Designer Tox: What's New in the Drug Supply?**

Andrew Koons, DO

As we enter the fourth wave of the opioid epidemic, the landscape of the drug supply continues to change. Review what's in the latest drug supply and its clinical implications

11:30 am - 11:55 am

## **ECLS and Extraordinary Measures in Cardiac Arrest**

Jennifer G. Wilson, MD, FACEP

Extraordinary cases call for extraordinary measures. The speaker will review the evidence behind ECMO-enhanced cardiac life support and other heroic measures for patients in cardiac arrest following failure of conventional cardiopulmonary resuscitation. Course participants will learn the who, when, where, why, and how of these rapidly maturing interventions.

11:30 am - 12:20 pm

## **Crashing Tox Patient**

Craig G. Smollin, MD

Your patient comes into the ED in critical condition & starts deteriorating. The patient does not respond to the usual therapies. Maybe he took some pills? Maybe he ingested something? During this case-based lecture, the speaker will discuss how to approach the undifferentiated tox patient and what to consider when your tox patient starts crashing & the usual therapies aren't working.

11:30 am - 12:20 pm

#### Little People, Big Lawsuits

Kurtis A. Mayz, JD, MD, MBA, FACEP

18 years...kid has got you for 18 years! The pediatric emergency medicine physician attorney speaker will identify high-risk areas of medical malpractice unique to pediatric patients, discuss liability linked to the use of consultants, and address the duty to warn of differences specific to our pediatric patient population.

11:30 am - 12:20 pm

## **Peri and Postpartum Emergencies**

Sara L. Manning, MD, FACEP

Perinatal patients can be alarming but don't worry! We have you covered with this course on high-yield peripartum emergencies including postpartum hemorrhage, eclampsia, peripartum cardiomyopathy, and intimate partner violence.

11:30 am - 12:20 pm

## Ventilator Management: Where's the Easy Button?

Peter DeBlieux, MD, FACEP

That vent alarm keep alarming? How much longer until the ICU has a bed? With longer boarding times in the ED we have to be comfortable managing the ventilated patients for longer than the first hours of their time in the hospital. This session will arm you with the skills to thoughtfully consider your settings and troubleshoot when your next ventilated patient crashes.

12:00 pm - 12:25 pm

#### **Beyond the Basics: The Life-Threatening Asthmatic**

Matthew A. Roginski, MD

A dose of steroid and albuterol heals all, but what happens when it doesn't? Are you prepared for the next case of status asthmaticus to hit your ED? Asthmatics, whether pediatric or adult, are notoriously difficult to manage on the ventilator and this session will prepare you for the day your patients life will depend on your expertise in managing the sick asthmatic.

12:00 pm - 12:25 pm

## **Diagnostic Dilemma: Dyspnea**

Sara E. Crager, MD

Dyspneic patients presenting to the ED can have impressive presentations as they starve for air. However, not all that's dyspneic is hypoxia. To optimize your patient's outcomes you must understand the underlying physiology of their respiratory failure. This quick review will provide you with the tools to recognize the types of respiratory failure & how to intervene in each.

12:00 pm - 12:25 pm

## **Lytes Out! Electrolytes Gone Wrong**

Zachary Repanshek, MD

Electrolyte emergencies often present with subtle clinical manifestations yet may require critical interventions. The speaker will navigate evidence-based management of severe electrolyte disturbances in a case based fashion.

12:30 pm - 12:55 pm

## **Hot and Heavy: Non-Infectious Causes of Fevers**

Roderick Fontenette, MD, FACEP

Fever is a common presenting complaint to the emergency department, however, not all fevers are infectious. Emergency physicians need to be aware of the vast differential of a febrile patient, the non-infectious causes of fever, and the management and treatment of these causes. The presenter will review several non-infectious cases of fever in adult and pediatric patients and discuss their diagnosis and management.

12:30 pm - 12:55 pm

## **Photo Finish: Forensic Facts Best Practices in the ED**

Ralph Rivello, MD, MS; Heather Rozzi, MD, FACEP

Following violent events, victims often seek care in the ED. Emergency Physicians provide excellent patient care but often miss opportunities for forensic care, documentation, and evidence collection for these patients. For the past several years, the presenters have coordinated the Forensic Facts column in ACEP Now. This lecture, which focuses on topics such as sexual assault, child abuse, intimate partner violence, and ballistics, will highlight several concepts, facts, and tips presented over the years in a short case vignette format.

12:30 pm - 12:55 pm

## **Quick Doc: Providers in Triage**

Thom A. Mayer, MD, FACEP

Can you augment flow in your ED by placing a physician or non-physician provider in triage? Is this a myth? Find out from those who have done it. Are there any data to support this practice? The presenter will lead you through proven strategies to expedite care in your ED.