

## ABDOMINAL DISORDERS

<p><b>Itis Smorgasbord: Diverticulitis, Typhlitis, Adenitis &amp; More!</b> <i>Smith, Benjamin C</i></p>	<p>Many patients present to the emergency department and are diagnosed with an “itis” like diverticulitis, colitis, typhlitis, epiploic appendagitis, or mesenteric adenitis. During the session, the speaker will explain the pitfalls in making these diagnoses, the differences in workup and treatment, and the long-term ramifications for the patients. In addition the proper disposition and follow up for these patients will be discussed.</p>
<p><b>Sick To My Stomach: The Critically Ill Patient with Abdominal Pain</b> <i>Smith, Benjamin C</i></p>	<p>The unstable patient with abdominal pain demands a targeted approach to diagnosis and management. A variety of etiologies including vascular catastrophes, viscus perforations, abdominal compartment syndrome and complications of chronic intestinal conditions need to be considered. This lecture will be a case based discussion on how the ED provider can quickly and accurately identify and treat conditions leading to the critically ill abdominal pain patient.</p>
<p><b>Cruising the Literature: Updates in GI Emergencies</b> <i>Rezaie, Salim R</i></p>	<p>Staying on top of the newest literature can be difficult at times. Is there new evidence on these ‘bread and butter’ patients we see in the ED? Come listen up to a succinct and digestible summary of practice changing literature on the management of acute gastrointestinal diseases.</p>
<p><b>Banded But Broken: Post Bariatric Procedure Patient in the ED</b> <i>Palter, Joseph S</i></p>	<p>Bariatric surgery is becoming an increasingly popular procedure and inevitably you will start to see the complications of these procedures walk into your ED, are you ready to care for them? What should we be looking for? What imaging should we be using? This lecture will examine the special considerations for the evaluation of abdominal complaints for patient who have had a bariatric procedure done.</p>
<p><b>Bloody Hell: GI Bleed Management in the ED</b> <i>Rezaie, Salim R</i></p>	<p>The gastrointestinal bleed patient is usually not difficult to identify but determining the severity, source &amp; emergent management of these patients can occasionally be difficult. This course will focus on emergency department identification, resuscitation &amp; early management of both upper and lower GI bleeding. An evidence-based approach &amp; current recommended early therapeutic options will also be discussed.</p>
<p><b>Buoyant Bellies: Sick Cirrhotic Patients in the ED</b> <i>Palter, Joseph S</i></p>	<p>The bleeding cirrhotic is a patient we are all aware of, but these chronically ill patients get sick in other ways as well. This lecture will focus on disease processes that these patients present to the ED for beyond the bleeding esophageal variceal.</p>
<p><b>Abdominal Pain That Isn’t: The Masqueraders</b> <i>Birnbaumer, Diane M</i></p>	<p>There are a number of diseases that present as acute abdominal pain but are not due to an acute abdominal process ranging from common pathology such as a pulmonary embolism to more rare systemic diseases including porphyria and cannabinoid hyperemesis syndrome also confusing the picture. The speaker will discuss a variety of these ‘masqueraders’ using a case-based approach &amp; the work-up of these symptoms &amp; diseases</p>
<p><b>How I Learned to Love Treating Chronic Abdominal Pain &amp; Vomiting</b> <i>Li, Joyce</i></p>	<p>Chronic gastrointestinal complaints can be some of the most frustrating cases in the ED. They are rarely satisfying for both the patient and provider, but with a few key concepts you can help both the patients and you! In addition this session will review the treatment options available for these patients.</p>

# AIRWAY, ANESTHESIA, ANALGESIA

<p><b>What? Best Practices for Post-Intubation Sedation</b> <i>McCloskey, Colin G</i></p>	<p>Secured the airway – check. So, what next? Intubated patients require some form of sedation. What are the best agents to reach for initially – opiates, benzos, perhaps both? What are the other effective sedative options in our armamentarium? What about paralytics – what are the pearls &amp; pitfalls of paralyzing patients who have just been intubated? This presentation will provide useful pearls for effectively managing patients in the immediate post-intubation period.</p>
<p><b>The Unexpected Difficult Airway: How to Avoid It &amp; How to Manage It</b> <i>Gibbs, Michael Alfred</i></p>	<p>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 identify the potentially difficult airway before a management approach is chosen &amp; skillfully executed. In addition, a sophisticated understanding of contemporary airway rescue devices &amp; techniques is crucial.</p>
<p><b>Upper Body Regional Nerve Blocks</b> <i>Nagdev, Arun</i></p>	<p>With an opioid epidemic on our hands we need to look to alternate therapies for pain management. This presenter will review various nerve block techniques that you can perform in the ED.</p>
<p><b>Cruising the Literature: Updates in Airway Management</b> <i>Mallema, Haney</i></p>	<p>While the act of intubation may not be novel, there have been some advancements made to help physicians succeed. These include the use of ultrasound for intubation, capnography, the finger boogie and bed up head up positioning.</p>
<p><b>Alternative Pain Management Workshop</b> <i>Igor Middlebrook, DO, MS; Katherine Vlasica, DO; LaPietra, Alexis M; Nachat, Arian</i></p>	<p>We are in a opioid crisis. What are our alternative options to helping people with acute &amp; chronic pain besides pills? This workshop will provide insight on alternatives we can use or recommend to our patients suffering such as OMT, acupuncture, and acupuncture.</p>
<p><b>Classical Cric &amp; New Techniques</b> <i>Gibbs, Michael Alfred</i></p>	<p>When you can't ventilate or oxygenate your next step may be cricothyrotomy. This lecture will go through the steps to make the call to cric or scalpel finger bougie technique.</p>
<p><b>Paranoid to Paralyze: How to Safely Perform Awake Intubations</b> <i>Mallema, Haney</i></p>	<p>The act of ordering paralytics can be nervewracking, but few airway cases will cause more trepidation than when a paralytic may be too dangerous to use. The presenter will discuss clinical situations when paralytics may be catastrophic &amp; when awake intubations are required. Strategies &amp; techniques to safely &amp; effectively perform awake intubations will be discussed.</p>
<p><b>Pearls for Procedural Sedation</b> <i>Haywood, Steven T</i></p>	<p>Procedural sedation is a defining skill for emergency medicine &amp; a practice area fraught with risk &amp; 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 &amp; 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.</p>
<p><b>Avoiding Pediatric Airway Panic: Advanced Pediatric Airway Management</b> <i>Sacchetti, Alfred D</i></p>	<p>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, &amp; tube dimensions for children of various ages. Airway management in neonates &amp; other useful airway management tips will also highlight how to provide meaningful quality care for this special population.</p>
<p><b>The LMA is in! Now What?</b> <i>Braude, Darren A</i></p>	<p>This presentation is based on our Expert Clinical Management article in Annals of Emergency Medicine 2019. Extraglottic airway devices are becoming much more common so that ED providers need an organized approach to how to assess function, optimize management and appropriately exchange these devices whether placed in the ED or placed before arrival to the ED. Depending on time allotted this talk could be a full review of extraglottic airway devices and their role, when to place, how to place, etc. or could focus just on management after they are placed.</p>

# CARDIOVASCULAR DISORDERS

<p><b>ACLS Guidelines 2021: What's New &amp; Why</b> <i>Berg, Cameron K</i></p>	<p>AHA/ACC guidelines were new in 2020 and specific updates happen every year. The speaker will discuss the latest recommendations, the evidence behind them, and what will change your practice.</p>
<p><b>Acute Limb Ischemia: Red, White, or Blue - What to Do?</b> <i>Diercks, Deborah B</i></p>	<p>Time is critical when caring for the cold, hypoperfused extremity. Venous and arterial occlusion are managed differently and it is imperative that providers identify the cause early and accurately. Join the speaker as they discuss how to quickly determine whether limb ischemia is caused by venous or arterial occlusion and which interventions are needed to “salvage that leg”.</p>
<p><b>Cruising the Cardiology Literature: 2021</b> <i>George C. Willis, MD, FACEP</i></p>	<p>Medical journals 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.</p>
<p><b>Rapid Rule Out of Acute MI: Understanding the Troponins</b> <i>Tabas, Jeffrey</i></p>	<p>Cardiac biomarkers have dramatically improved early detection of acute myocardial infarction as well as subtle cardiac damage. The speaker will describe current troponin testing and outline a diagnostic approach to maximize the efficiency and effectiveness of cardiac troponin testing for AMI exclusion.</p>
<p><b>Cardiac Arrest Care Debate: What Works vs What We Do</b> <i>Diercks, Deborah B; Rezaie, Salim R</i></p>	<p>New evidence is challenging our long established practices during the care of patients in cardiac arrest. Emergency medicine experts in cardiac resuscitation will break down the evidence and challenge our thinking, and each other, while discussing recent literature on topics ranging from medication administration to ECMO.</p>
<p><b>Aortic Dissection: Don't Miss This Diagnosis</b> <i>Willis, George C</i></p>	<p>Thoracic aortic dissection is an uncommon but extremely lethal condition. New risk stratification rules using D Dimer are now available. The speaker will discuss the utility of risk scores and diagnostic tests as they review key findings in making the diagnosis. Additionally, participants will learn the current recommendations for stabilization and treatment.</p>
<p><b>Bundle Branch Block Unblinded - Identifying Acute MI</b> <i>Tabas, Jeffrey</i></p>	<p>Detection of acute ischemia and infarction in patients with bundle branch blocks on ECG can be challenging. The speaker will discuss a systematic approach as well as common pitfalls in the recognition of ACS in patients with right and left bundle branch block.</p>
<p><b>Breaking VAD: When a Broken Heart Fails</b> <i>Berg, Cameron K</i></p>	<p>More LVADs are placed every year. Are you prepared to manage these patients when their devices go bad? Join the speaker in understanding the components of these devices &amp; the potential problems. The speaker will explore how to troubleshoot the these devices providing specific guidelines &amp; recommendations.</p>
<p><b>Myocarditis: Detecting a Subtle Killer</b> <i>Fix, Megan</i></p>	<p>Myocarditis rarely presents in a straightforward, textbook fashion with chest pain and pulmonary congestion. Instead, myocarditis often presents subtly mimicking gastrointestinal or respiratory viral illnesses. The speaker will review the presentations and diagnostic strategies necessary to clarify this confounding diagnosis.</p>
<p><b>Pain in the Neck: Diagnosis &amp; Treatment of Vertebral &amp; Carotid Dissections</b> <i>Broder, Joshua S</i></p>	<p>Arterial neck vessel dissections can have profound neurological implications leading to classic stroke pictures clinically. The treatment of dissections of the neck vessels and classic embolic strokes are very different. Join the speaker in defining the disease of arterial neck dissections in the realm of pathophysiology and etiology as well as when to suspect and just as importantly, when and how to treat.</p>
<p><b>Advanced Recognition &amp; Treatment of Bradycardias</b> <i>Hedayati, Tarlan</i></p>	<p>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. Particular emphasis will be placed on optimizing treatment protocols and on therapeutic myths and controversies.</p>

<p><b>Atrial Fibrillation 2021: Don't Miss a Beat</b> <i>Tabas, Jeffrey</i></p>	<p>Atrial fibrillation is common and controversial: Is rate control superior to rhythm control? Should patients with AF be cardioverted? How? What is the best rate control agent? These questions and more will be answered as the speaker reviews the evidence, guidelines, and best practices.</p>
<p><b>Traumatic Cardiac Injury - Confusion with Contusion</b> <i>Fix, Megan</i></p>	<p>Blunt cardiac injury is poorly diagnosed and understood. Yet, tens of thousands of patients annually suffer blunt thoracic trauma. Review the evidence for diagnosing cardiac contusion and the best practices in caring for these patients.</p>
<p><b>New Cardiac Drugs 2021: What, How &amp; When</b> <i>Willis, George C</i></p>	<p>Each year new medications are developed and indications for current medications are refined to assist providers with the management of patients with cardiac disease. Are they beneficial or harmful? What is the cost? These and other questions make integration of new medications into clinical practice an enormous hurdle. The speaker will present a literature review of new drugs and indications for older drugs and compare to those currently in use.</p>
<p><b>Wide &amp; Whacked Tachycardias: A Rational Approach to Diagnosis &amp; Management of Wide Complex Tachycardia</b> <i>Hedayati, Tarlan</i></p>	<p>Wide complex tachycardia can make the most experienced emergency provider sweat. Combining current evidence &amp; a rational approach to diagnosis &amp; management, the speaker will discuss how best to care for these patients while maximizing the opportunity for rhythm diagnosis.</p>
<p><b>Treatment Strategies for AMI - Pearls &amp; Pitfalls</b> <i>Mary E. McLean, MD</i></p>	<p>Every year, the recommendations for treatment of acute myocardial infarction seem to change or evolve. What are the current recommendations, what is the evidence behind them, and what are the pitfalls in treatment? Which patients with NSTEMI should be rushed to the cath lab? Should anyone still get morphine, oxygen, nitrates, and/or aspirin? Emergency department therapies, new and old, such as reperfusion, heparin, nitrates, antiplatelet agents, beta blockers, antithrombins, opiates, supplemental oxygen, pain control, statins, &amp; percutaneous coronary intervention will be covered, reviewing the latest literature &amp; guidelines.</p>
<p><b>When the Right Goes Wrong - Recognizing &amp; Treating Right Heart Failure</b> <i>Andrew Matuskowitz, MD</i></p>	<p>The right heart is often neglected as most heart failure is left sided. The causes and occasionally the management of patients with right heart failure can be dramatically different. Incorrect treatment and inadequate recognition of a primary right heart failure, can lead to preventable morbidity and mortality. The speaker will review the causes, presentations, and treatments of patients with acute right heart failure.</p>
<p><b>ECLS &amp; Extraordinary Measures in Cardiac Arrest</b> <i>George C. Willis, MD, FACEP</i></p>	<p>Extraordinary cases call for extraordinary measures. The speaker will review the evidence behind ECMO-enhanced cardiac life support and other extraordinary measures to 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.</p>
<p><b>Advanced Recognition of Tachycardias</b> <i>Hahn, Christopher</i></p>	<p>Through an interactive session of clinical cases and ECGs, the speaker will review identification, management, and disposition of patients with atrial and ventricular tachycardias. Particular emphasis will be placed on accepted management modalities and comments will be made on therapeutic controversies.</p>
<p><b>Syncope &amp; Near Syncope: Who Can Go Home?</b> <i>Andrew Matuskowitz, MD</i></p>	<p>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 providers must know when caring for patients presenting with a transient loss or near-loss of consciousness.</p>
<p><b>ECG in Syncope: The Expert Approach</b> <i>Wieters, J Scott</i></p>	<p>The ECG is an essential tool not only for arrhythmia detection and analysis but also for risk stratification in syncope. ECG interpretation in syncope patients is an essential skill for acute care providers. Using a case-based approach, the speaker will teach an expert approach to ECG analysis in syncope patients.</p>
<p><b>Hypotensive Heart Failure: CHF End Game</b> <i>Wilson, Jennifer G</i></p>	<p>Patients with hypotension and heart failure present a therapeutic dilemma as every "treatment" can actually make them worse. The speaker will discuss approaches to managing patients in cardiogenic shock and review the recent literature, current guidelines, and expert opinions so that you may optimize your odds of saving these complex, high- risk patients.</p>

**Does Unstable Angina Still Exist? Evaluation After AMI is Excluded**

*Deborah B. Diercks, MD, MSc, FACEP*

Evidence on how to manage patients with possible acute coronary syndrome continues to emerge. Unfortunately, guidelines struggle to effectively translate evidence to clinical practice, while the pressure to find safe, efficient care solutions is mounting. The speaker will review the recent literature on evaluating risk in chest pain patients and describe a effective and efficient approach to selecting evaluation for patients after AMI is excluded.

**Crashing Patients: Peri-arrest Pearls for a New Decade**

*Winters, Michael E*

Most patients in cardiac arrest have a dismal prognosis regardless of their management. On the other hand, it is the patient in the peri-arrest period – the “crashing patient” – in whom a significant improvement in outcome can be achieved. The speaker will discuss some critical considerations & interventions for patients who are in the pre- & post- cardiac arrest period that can result in the difference between life & death.

**Hypertensive Emergencies: Drugs, Drips & Drops**

*Shayne, Philip H*

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.

**Noninvasive Cardiac Testing in Low Risk Chest Pain - Which Modality is Best?**

*Demeester, Susanne D*

The practicing clinician now has the ability to utilize imaging modalities to not only risk stratify patients for ACS, but to impact other patient management decisions as well. Join the speaker in determining when non-invasive cardiac testing is indicated and which test is best when evaluating patients with possible acute coronary syndromes.

**Cardiac Tamponade: Ain't No Thrill to Have No Fill**

*Wilson, Jennifer G*

Cardiac tamponade is deadly and emergent intervention is needed. Using new, rapid approaches for diagnosis, there is often an opportunity for emergency providers to intervene. Determining which interventions should be done in which patients however, is challenging. Join the speaker as they review the critical diagnostic findings and how to determine the best treatment at the correct time.

**Sex, Lies & Cardiac Emergencies**

*Demeester, Susanne D*

Despite efforts aimed at increasing awareness of cardiovascular disease in women, it remains their number one cause of mortality. Recognition of atypical symptoms in women is often emphasized, but less often discussed are the underlying differences in pathophysiology. Women with chest pain also have higher rates of coronary dissection, vasospasm, microvascular disease, and Takostubo's cardiomyopathy. The speaker will review cardiac emergencies in women and discuss appropriate differences in our approach to diagnosis and management.

**Asymptomatic Hypertension: Just Stand There?**

*Shayne, Philip H*

How many times a day do we see an elevated blood pressure recorded on a patient's chart? When should you treat it, & when should you refer the patient for follow-up? Should a patient be started on antihypertensive medications or a new one added to the regimen? Based on the latest literature, the speaker will discuss the spectrum of hypertensive disease, particularly asymptomatic hypertension, & its ED evaluation & treatment.

# CAREER ADVANCEMENT THROUGH TEACHING

<p><b>Working as a Female in the ED: Coffee House Chat</b>  <i>Birnbaumer, Diane M; Bryant, Vonzella A; Chung, Arlene; Hedayati, Tarlan; Knight, Starr</i></p>	<p>A perspective on working as a female in the emergency department.</p>
<p><b>How to be an Effective Mentor</b>  <i>Chung, Arlene</i></p>	<p>Great mentoring is often the key to a person’s career success. But what is great mentoring? How can we be effective mentors? How can we be great mentees? During this session, a mentoring expert will describe how to be an effective mentor &amp; mentee today.</p>
<p><b>Unlearning Implicit Bias</b>  <i>Lopez, Bernard Luis</i></p>	<p>Implicit bias is real and may be affecting our teaching and mentoring more dramatically than we realize. This course will teach learners to identify implicit bias and will provide techniques to unlearn these behaviors. Ultimately, this will improve teaching and mentoring of all learners.</p>
<p><b>The Flipped Classroom</b>  <i>Wieters, J Scott</i></p>	<p>Emergency medicine education is rapidly changing. Educators are constantly striving to find ways to deliver motivational, educational material outside the traditional classroom &amp; lecture hall &amp; in an environment that is stimulating. The concept of “flipping the classroom” isn’t a new one in education, but renewed interest in this teaching modality has been sparked in recent years by the popularity of the Khan Academy. The speaker will discuss how the flipped classroom approach can be utilized in emergency medicine education &amp; how to use videos to motivate, stimulate, &amp; educate learners. The speaker will introduce the topic &amp; will then demonstrate how to make video screencasts for teaching. Students attending this course are requested to bring their laptop computers with them to work on their project.</p>
<p><b>How to Give a Killer Talk</b>  <i>DeBlieux, Peter Mark</i></p>	<p>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 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!</p>
<p><b>Developing Your Career Niche in Emergency Medicine</b>  <i>Doty, Christopher I</i></p>	<p>Developing a niche, or special area of interest, is an important part of career development in emergency medicine. Choosing a focus area allows physicians to gain special expertise in certain topics that could lead to great career benefits. The speaker will discuss the importance of developing a niche in emergency medicine, how to develop it, &amp; how to utilize it as a career development tool for advancement.</p>
<p><b>Digital Scholarship: Connection &amp; Discovery Through Technology</b>  <i>Miller, Danielle T</i></p>	<p>What is digital scholarship? This course will define digital scholarship and describe how technologies continue to redefine medical education. As the use of digital technology increases, new mediums including social media, podcasts, and interactive narratives are utilized more frequently for medical education scholarship. How to best optimize digital scholarship for publication and promotion as a medical educator will be discussed.</p>
<p><b>Engaging the Distracted Learner: Supercharge Your Teaching Skills</b>  <i>Shenvi, Christina L</i></p>	<p>We all struggle with engaging learners who are busy, distracted, or uninterested. Whether in a lecture or on-shift, you can improve your teaching using these three, practical, theory-grounded concepts. First, understand how adult learning theory informs how you should engage your learners. Don’t expect them to be willing to learn something just because you say they should! You have to tune it into what they want to know. Second, don’t overload their cognitive bandwidth. Cognitive load theory provides a framework for how to organize and present information that will make it easiest for the learners to process and remember. Third, cognitive apprenticeship provides practical ways you can meet the learner where they are and take them to their own next level.</p>

**Innovative Education Strategies in the Virtual World**

*Miller, Danielle T*

In their daily practice, many providers teach residents and health professions students; however, few have received formal training in education. The recent pivot to virtual learning has made teaching even more challenging. During this course you will learn essential teaching techniques for today's learners, focusing on the virtual platform. The speaker will discuss how to utilize technology, gamification, team based learning, and novel virtual techniques to engage the current generation of learners.

# CRITICAL CARE

<p><b>Dying With Dignity: Incorporating Palliative Care Into Your Practice</b> <i>Carter, Merle Andrea</i></p>	<p>This course will give participants an overview of palliative care &amp; how it is relevant to emergency medicine. The speaker will discuss three types of palliative assessments (critical vs. stable, screening, prognosis) as well as three palliative interventions to be used on the suffering patient (symptom management, communication techniques, &amp; disposition).</p>
<p><b>The ICU is Not Ready for Your Critical Patient, Are You?</b> <i>Rachel E. Garvin, MD</i></p>	<p>So you've intubated, ventilated, &amp; fluid resuscitated your critically ill patient. The ICU is not ready or there are no beds. Now what? What else should you be thinking about? How can you involve the ICU in the care of the patient before the patient is transferred? During this case-based presentation, the speaker will review the most common post- resuscitation issues in critically ill patients. After attending this lecture you will be better equipped to anticipate &amp; manage these issues in your ICU-bound patient before they become major problems.</p>
<p><b>Resuscitation-Minded: Metacognition at the Bedside</b> <i>Marie-Carmelle Elie, MD, FACEP</i></p>	<p>Working in the ED is hectic and stressful on even the lowest acuity shifts, then you hear a crashing patient will be arriving to your resuscitation bay any moment. How do you mentally prepare yourself to focus when so much is going on around you? This talk will provide you with strategies to employ in your team and in your own head to help you focus on maximizing your patients outcomes no matter how sick they are.</p>
<p><b>Tummy Time Instead of Tube? Oxygenation Strategies for the Hypoxic COVID-19 Patient</b> <i>Hockstein, Maxwell A</i></p>	<p>The acutely hypoxic COVID-19 patient in respiratory distress poses several challenges to the emergency physician. During the initial surge, EP's would typically intubate these patients as we would any other hypoxic patient in respiratory distress. As we learned more about the disease process, we found that early intubation is not associated improved patient outcomes. This talk discusses a stepwise approach of alternatives to intubation to maximize survival.</p>
<p><b>There's Nothing Normal About Saline</b> <i>Marie-Carmelle Elie, MD, FACEP</i></p>	<p>Normal saline has long been the crystalloid fluid of choice in critical care volume resuscitation. However, years ago, Lactated Ringer's was a worthy challenger but has since fallen from grace. Many critical care experts have reverted to using Lactated Ringer's or other balanced solutions. Is there a difference &amp; should we be using one over the other or is there something better than both? This lecture separates the science from the witchcraft when it comes to intravenous fluid resuscitation in the critically ill.</p>
<p><b>Cruising the Literature: Top Articles in Critical Care</b> <i>Rory Spiegel, MD</i></p>	<p>During this case-based interactive discussion, the speaker will review the latest &amp; greatest recent articles in critical care that will impact your practice back in your ED. To bring the literature to life, each article discussion will begin with a brief clinical vignette describing a current hot topic in critical care. A recent article will be presented &amp; reviewed in detail. Take home points will be distilled from the science to improve patient care for your next critically ill patient.</p>
<p><b>Under Pressor! Utilizing IV Pressors in the ED</b> <i>DeBlieux, Peter Mark</i></p>	<p>Emergency physicians can easily identify patients suffering from uncompensated shock –the patient's vital signs are grossly abnormal &amp; they look ill. The challenge lies in identifying patients with early, compensated shock. Using a case-based approach, the speaker will discuss novel approaches to identifying, treating, &amp; monitoring patients suffering from shock. Audience participation will be encouraged.</p>
<p><b>Resuscitation That Kills: Right Heart Resuscitation</b> <i>Roginski, Matthew Alexander</i></p>	<p>The left heart is the workhorse of the body, while the right heart is often neglected. However, few patients are more difficult to manage than those with a failing right heart. Ultrasound in the ED has become ubiquitous &amp; can now help us diagnose &amp; treat the right heart better than ever. Next time a patient with a failing right ventricle comes to your ED, be sure to take home some pearls to improve their outcomes.</p>
<p><b>Gettin' Piggy With It: Are Chest Tubes a Thing of the Past?</b> <i>Winters, Michael E</i></p>	<p>Evidence has been building that pigtail catheters may have similar effectiveness as chest tubes for a variety of pathologies. We discuss the growing list of indications for pigtail catheter placement, the potential advantages and disadvantages of pigtail catheters, and the evidence supporting the use of pigtail catheters.</p>



**Too Hot to Handle! Resuscitation & Management of the Critical Burn Patient**

*Hughes, Robert Michael*

Recognition, resuscitation & early disposition of critically ill victims of burns are the cornerstone of quality early burn care. It's vital to consider other life-threats beyond the burn itself, such as smoke inhalation, cyanide, and carbon monoxide. This course will outline the latest, evidence-based & up- to-date trends burn resuscitation strategies for the community hospital emergency department provider & identify issues & conditions that may impact transfer decisions.

**Undifferentiated Shock: Making a Difference**

*Winters, Michael E*

Emergency physicians can easily identify patients suffering from uncompensated shock –the patient's vital signs are grossly abnormal & they look ill. The challenge lies in identifying patients with early, compensated shock. Using a case-based approach, the speaker will discuss novel approaches to identifying, treating, & monitoring patients suffering from shock. Audience participation will be encouraged.

**Million Dollar (Wo)Men: Can We Rebuild Them?**

*Shinar, Zachary M*

ECMO, REBOA, and beyond...as technology advances we are finding more ways to intervene on sick patients and save their lives. The question is are you ready to manage these patients in your ED? This session will serve as an introduction to these modalities and provide you with the basics on how to help these patient's survive their critical illness

# DERMATOLOGIC DISORDERS

<p><b>The Death Rash: Lethal Rashes You Can't Miss</b> <i>Fang, Andrea</i></p>	<p>Is this just another rash presenting to your ED? The speaker will discuss visual cues to help you determine whether you are dealing with a benign or deadly rash.</p>
<p><b>Classic Pediatric Rashes</b> <i>Fang, Andrea</i></p>	<p>Do children with rashes still stump you? The speaker will review pediatric rashes, from classic childhood exanthemas to unusual &amp; life-threatening cutaneous disorders. Using a case-based format, measles, varicella, roseola, Kawasaki's disease, impetigo, &amp; staphylococcal scalded skin syndrome will be discussed.</p>
<p><b>Recognizing the Top Ten Pediatric &amp; Adult Rashes</b> <i>McQueen, Alisa A</i></p>	<p>What is it, &amp; what can I do about it? This is what emergency care providers really want to know when faced with a patient who has a rash. The speaker will describe how to recognize ten common &amp; clinically significant rashes as well as mimics. The appropriate management &amp; disposition of each rash will be discussed.</p>
<p><b>Abscess Management: Incise Smarter</b> <i>Shlamovitz, Gil Zvi</i></p>	<p>Cutaneous abscesses are common &amp; we are all familiar with the management, but there are still clinical questions that can perplex us. Which abscesses benefit from antibiotics? Which abscesses need to have packing placed? Is there a better way to drain an abscess such as with loop placement? Does ultrasound play a role? The presenter will explore this common condition &amp; ensure we provide the best care for our patients with cutaneous abscesses.</p>
<p><b>Basics in Burn Management</b> <i>Hennings, Jacob R</i></p>	<p>Managing burns, whether minor or severe can be challenging. Over the years burn management has evolved. Silvadene &amp; the Parkland Formula are no longer the answer for everyone. The presenter will explore the current, evidence-based approach to burn wound management &amp; will ensure we are all able to provide excellent care for these patients whom don't require transfer to specialty centers.</p>
<p><b>Does It Itch? Tricks of the Trade from Eczema to Scabies</b> <i>Zack Repanshek, MD</i></p>	<p>Dermatologic disorders are part of the fabric of ED practice - whether the presenting problem or an incidental finding. Come join us for a visual journey through common dermatologic conditions encountered in the emergency care setting, with management pearls &amp; avoidable pitfalls in dermatology practice.</p>
<p><b>Wound Care: What's New &amp; What's Best?</b> <i>Shlamovitz, Gil Zvi</i></p>	<p>Patients come into the emergency department with wounds of many types, big and small. Should I use water or do I need saline? Should I leave it open or close it? Should I put on a dressing or leave it open to air? This lecture will cover best practices in wound care in the emergency department.</p>
<p><b>COVID Toes or Something Else? How to Assess Rashes in the Traveler</b> <i>Emily A. Rose, MD, FACEP</i></p>	<p>There are thousands of flights arriving daily from around the world to various cities in the US &amp; hitchhiking along with the people on these flights can also be significant illnesses, including COVID19. The presenter will address how to identify &amp; manage some of the various illnesses that may arrive in your ED with rashes acquired from around the world.</p>
<p><b>Botched Botox &amp; Bad Fillers</b> <i>Hennings, Jacob R</i></p>	<p>More and more people are undergoing office based skin treatments from Botox to fillers. What about when these procedures go wrong and patients end up in your emergency department? This course will cover early and late complications of dermatologic injectable treatments.</p>
<p><b>Rashes to Know in the Anti- Vax Population</b> <i>Kandhal, Prianka</i></p>	<p>Rashes in the pediatric patient are common, but for the un-vaccinated population the differential can be daunting. Attend this course to learn what important dermatologic presentations of systemic illnesses need to be considered &amp; how to manage them in the patients who have not been vaccinated.</p>

# ED MANAGEMENT & LEADERSHIP

<p><b>Burned Beyond Recognition: Burnout's Cost &amp; Its Solutions</b> <i>Mayer, Thom A</i></p>	<p>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 you measure quality in your ED, all of those measures get dramatically worse with burnout. This presentation delineates the causes of burnout, as well as a detailed suite of solutions to combat it in your ED. This is not a "touchy-feely" approach but a highly pragmatic one, giving you solutions to put to work.</p>
<p><b>ED Leadership Changes: Thriving Through Change</b> <i>Green, Andrea L</i></p>	<p>Has your hospital turned into one of revolving doors at the director, executive and/or administrative levels? Change is inevitable, but should the trajectory of ongoing departmental projects and initiatives be impacted due to leadership changes? The speaker will advise about strategies for leveraging you and your department's strengths in order to continue with goals.</p>
<p><b>How to Sleep Soundly After Discharging Suicidal Patients from Your ED</b> <i>Zun, Leslie S</i></p>	<p>Have you ever feel uncomfortable discharging suicidal patients from the ED? Aside from the call to mental health, how do we best care for at-risk suicidal patients in the ED? Review safety plans implemented from the ED, which have lead to a 50% reduction in post-discharge suicidal events. Review a standardized template for safety planning as well as a system for patients to establish follow- up case management &amp; mental health care.</p>
<p><b>The Psychology of Waiting</b> <i>Jensen, Kirk B</i></p>	<p>Federal Express noted that "Waiting is frustrating, demoralizing, agonizing, aggravating, annoying, time consuming, and incredibly expensive." We intuitively know this 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 your patients and for you, and offer 8 specific strategies for managing ED wait times.</p>
<p><b>Split Flow Success – Avoiding Pitfalls &amp; Getting Up to Speed!</b> <i>Diercks, Deborah B; Jensen, Kirk B; Mayer, Thom A</i></p>	<p>EDs are asked to see increasing numbers of patients. Fast track or urgent care units have become increasingly popular options for both providers and patients. Providers must be cognizant of a variety of pitfalls in these settings. Expert faculty will identify effective strategies that allow providers to increase their speed, efficiency, and patient satisfaction, while avoiding diagnostic and therapeutic pitfalls.</p>
<p><b>What I Learned My First Year as a Director</b> <i>Baker, Jenice</i></p>	<p>Describe transitions in leadership and lessons learned. Can be a lecture or ideally a panel of new chairs (0-5 years)</p>
<p><b>Remember That Patient You Saw? How to Minimize Patient Bouncebacks to the ED</b> <i>Zodda, David</i></p>	<p>Bouncebacks, or unexpected return visits (URV) represent about one of every thirty patients you see. URV's typically have higher rates of ICU admissions, patient mortality, and litigation against emergency providers. The speaker will review the historical predictors and clinical findings that increase the likelihood of an unscheduled return visit to the emergency department. The speaker will also present an evidence-based strategy for reducing the number of unexpected return visits to the emergency department.</p>
<p><b>Innovative Strategies to Optimize ED Flow</b> <i>Jensen, Kirk B</i></p>	<p>Improving patient flow in your ED is a deeply important issue. Even the most talented and compassionate healthcare providers are only as good as their surroundings allow them to be. When patients flow smoothly through your ED it improves patient care, access to services, and the well-being of your team. The speaker will discuss optimal approaches to patient flow, acuity and volume. Barriers to efficient patient flow, strategies to implement improved workflow patterns, and methods to build effective relationships and effect change will be discussed. Review how to review ED efficiency &amp; flow through different perspectives such as the use of scribes, dictation, advances in EMR &amp; the effective deployment of APPs.</p>
<p><b>Dead Tired: The Impact of Fatigue on Patient Safety &amp; Physician Wellness</b> <i>McGowan, Torree M</i></p>	<p>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 examining the literature regarding overtime hours and the impact of overnight operations. Recommendations from other high risk industries like nuclear power and aviation will be used to help craft a set of guidelines to guide safer emergency department operations.</p>

<p><b>The HR Nightmare: Managing Difficult Faculty</b> <i>Mayer, Thom A</i></p>	<p>Does the old adage of 10% of your people take up 90% of your time apply to you? Leadership roles can be challenging and may not be exactly what you thought you were getting into when taking on the role. Leave this talk with tools to gain back some of your leadership time!</p>
<p><b>Wellness &amp; the EMR: Strategies to Improve Your Efficiency &amp; Time Management</b> <i>Daniel Imler, MD</i></p>	<p>It is well studied the impact the EMR has had on wellness as the number one dissatisfier and stress causing issue with our jobs. Explore tips and tricks to improve the utilization of all EMR's to increase flow and effect rapid documentation.</p>
<p><b>Defensive Design: Preventing EHR Errors While Looking Good</b> <i>Silver, Matthew A</i></p>	<p>Usability of the Electronic Health Record (EHR) is paramount to having a safe, efficient shift and successfully getting home on time. EHR vendors don't seem to be improving fast enough. Emergency Physicians can advocate for a more usable EHR, when they learn to describe dangerous or un-usable EHR layouts and design. This course will offer concrete examples of how simple design changes to an EHR can improve efficiency, provider satisfaction, and reduce common mistakes.</p>
<p><b>Top 5 Mistakes to Avoid as a Leader</b> <i>Bailitz, John Michael</i></p>	<p>Learn from the mistakes of others! Avoid the pitfalls of those in leadership roles and take your role to a new level and how to mitigate any damage already done!</p>
<p><b>Patient Satisfaction: Truths, Half-Truths &amp; Utter Lies - A Debate for the Ages</b> <i>Sanson, Tracy G; Silver, Matthew A; Strauss, Robert W</i></p>	<p>We practice in a data driven environment where hospitals and payers seek to measure every aspect of the care we provide. No metric has been more controversial than patient satisfaction. In this session, we will debate the pros and cons of patient satisfaction as published in the medical literature.</p>
<p><b>ED Boarders: Managing the Challenge</b> <i>Kaplan, Julius (Jay) A</i></p>	<p>Are boarders an issue in your department? Boarding contributes to ED crowding and is difficult for staff and patients. Interventions have shown that crowding can be addressed in a way that dramatically improves capacity and the bottom line for the institution. Case studies demonstrate the power of these interventions.</p>
<p><b>Building a Better Workplace: Creating Diversity &amp; Inclusion in Your ED!</b> <i>Franks, Nicole; Vonzella A. Bryant, MD, FACEP</i></p>	<p>Gender disparities are pervasive in medicine. The underpinnings of these disparities, how imperative equity is to the strength of our practice, and potential solutions will be discussed.</p>
<p><b>Moving from Post-COVID Organizational Unwellness to Wellness</b> <i>Manfredi-Shutler, Rita A; Sanson, Tracy G</i></p>	<p>The coronavirus pandemic has moved us to a different place in the quest for emergency physician (EP) wellbeing. This pandemic has exposed the fragile infrastructure of what organizations are attempting to do to improve physician professional satisfaction and laid bare the presence of moral injury. Clearly, the organization and system determine the bulk of an EP's wellbeing. More yoga or meditation will not cure the moral injury that physicians experience every day. So, the antidote for our leaders at the national, institutional, and departmental level is to step in with system innovations which impact the EP's working in the trenches. We will discuss initiatives at both the work unit level and those at the administrative leadership levels; some successful and some not. The presentation will focus on knowledge and skills needed for innovative programmatic and organizational advances in wellbeing. The speakers will also identify exemplary interventions a department or organization can implement to promote longevity, increase professional satisfaction, and recruit and retain clinicians.</p>
<p><b>Super Strategies to Help Your ED Super Utilizers</b> <i>Franks, Nicole</i></p>	<p>What really happens to the patient who presents to the ED night after night? How can emergency medicine help the system coordinate care so as to prevent further ED visits and hospital admissions? The speaker will share innovative and proven strategies that will help you identify super-utilizers and create a coordinated discharge plan to prevent further recidivism.</p>
<p><b>Moving from Unwellness to Wellness at the Organizational Level</b> <i>Manfredi-Shutler, Rita A</i></p>	<p>Since departmental and institutional wellness significantly impact individual wellness, discussion will center on knowledge and skills needed for programmatic and organizational improvements in wellness. The speaker will also identify outstanding interventions a department or organization should implement to promote longevity, increase satisfaction, and recruit and retain providers.</p>

# EMERGENCY IMAGING

<b>Seeing Soundwaves: Ocular US</b> <i>Broder, Joshua S</i>	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.
<b>Point-of-care Ultrasound in The Management of Pediatric Patients with COVID-19 &amp; MIS-C</b> <i>Ng, Lorraine K; Samuel Lam, MD, MPH</i>	This didactic will focus on how point-of-care ultrasound (POCUS) can help guide the management of pediatric patients who present to the Emergency Department in the time of COVID- 19 and MIS-C. This didactic will discuss the sonographic findings of pathology and disease progression in pediatric patients with COVID-19 and Multi-Inflammatory Syndrome in Children (MIS-C) as well as describe how to integrate POCUS into the emergent care of patients with MIS-C.
<b>Critical Care Emergency Ultrasound</b> <i>Fields, Jason Matthew</i>	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 & measure the IVC in the setting of hypovolemic shock, & to detect pericardial effusion & perform ultrasound guided pericardiocentesis.
<b>Ultrasound-Guided ACLS Resuscitation</b> <i>Carnell, Jennifer</i>	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.
<b>Procedural Ultrasound</b> <i>Nagdev, Arun</i>	The use of ultrasound by emergency physicians to help perform procedures is becoming more frequent. Some of these may soon be considered standard of care & some are useful in selected situations. The speaker will discuss procedural applications for ultrasound that the emergency physician can easily incorporate into daily clinical practice.
<b>Emergency Ultrasound 101: 10 Things You Need to Know for Your Community ED Gig</b> <i>Smith, Benjamin C</i>	The range of clinical applications that point-of-care ultrasound (POCUS) is being used for is rapidly expanding in the recent years. However, use of POCUS may be limited by time constraints in the busy community emergency department. Ever gone to a lecture & wished they had discussed how POCUS can be efficiently utilized in a busy community ED. Well, here it is - the top 10 POCUS applications for emergency physicians working in a community ED. Attend this lecture to find out the must-learn high-yield POCUS applications that can be rapidly done, impact patient care, & generate reimbursement.
<b>The Nerve! Ultrasound Guided Lower Extremity Nerve Blocks</b> <i>Avila, Jacob</i>	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 lower extremity nerve blocks through case presentations.
<b>Tapping A Joint</b> <i>Agunbiade, Abdulkareem</i>	Some of us learned arthrocentesis before the age of ultrasound, others spent their entire residency with probe in hand. Regardless of your background, this session will improve your joint-tapping skills. The speaker will run the gamut of appropriate imaging technique, procedural tips for joints large & small & even discuss interpreting your results. Don't miss this opportunity to be the EM physician to out- tap your orthopedic colleagues!
<b>Soundwaves &amp; Soft Tissues</b> <i>Knight, Starr</i>	Ultrasound can help the provider quickly diagnose and manage common musculoskeletal injuries in the Emergency Department without having to wait for advanced imaging such as a CT or MRI. Focused sonography by the emergency physician also provides a rapid cost-effective evaluation of pathology. The speaker will use a case-based approach to the application of musculoskeletal sonography in the ED
<b>Ten Most Commonly Missed Radiographic Findings in the ED</b>	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. The speaker will also discuss strategies for reading these films so that you don't miss one of these findings on your next shift.

<p><b>Orthopedic Radiographic Diagnosis Not to Miss</b>  <i>Chris Courtney, MD, FACEP</i></p>	<p>Expertise in interpreting orthopedic plain film radiography remains a vital skill for emergency physicians. Most often, they are the first to interpret plain films &amp; they receive the official radiologist interpretation at a later time. An otherwise disabling diagnosis occasionally can be made based on plain film radiography alone. Using case studies, the speaker will review scenarios of potentially disabling radiographic diagnoses that are commonly missed by the initial interpretation.</p>
<p><b>Imaging Overtesting &amp; Overuse: Just How Dangerous Is It?</b>  <i>King, Kevin M</i></p>	<p>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 how 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? On the other hand, some of the risks of overtesting have been overplayed. For example, do we really need to worry about contrast-induced nephropathy? Probably not. We will look at the latest data. In addition, this lecture will touch on the downsides of overuse of ultrasound.</p>
<p><b>Tips for Trauma Radiology</b></p>	<p>The CT scan in trauma has become the standard of care in ruling out splenic, liver, aortic, pulmonary, intracranial, &amp; aortic injury. The presenter will review the major findings that must be looked for on the trauma CT and when imaging might not be necessary. Tips to rapidly &amp; efficiently review the CT as well as a review of differentiating bleeding in different organs from normal tissue will be provided.</p>
<p><b>Fatal Imaging Myths That Will Change Your Practice</b>  <i>King, Kevin M</i></p>	<p>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 really 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.</p>

# GERIATRIC

<b>It's What You Say, Not How You Say It: The 5-Minute ED Goals of Care Conversation</b> <i>Wang, David</i>	How come families “don’t get” that they’re loved one is dying? Why would they still choose the ICU even when faced with certain death? Research has shown that goals of care conversations sometimes have little to do with transferring information from physician to patient. How can you guide families when emotions crowd out cognition? I will walk through a 5-minute framework to help you ask the right questions, present choices more effectively, and support family when more knowledge simply doesn’t matter.
<b>Homeward Bound: A Tale of Two Hospice Patients in Your ED</b> <i>Wang, David</i>	Compare and contrast the usual ED approach and a palliative approach to common hospice patient presentations. When communication and care decisions are outcomes-oriented, you may do greater good for the patient while requiring less time.
<b>Stop the Belly-Aching: Pearls &amp; Pitfalls in the Care of Older Adults with Abdominal Pain</b> <i>Luz M. Silverio, MD</i>	The grey wave is coming! By 2030, 25 percent of all ED patients will be considered geriatric. This unique population is harder to diagnose while being more susceptible to increased morbidity. The speaker will focus on the abdominal issues that cannot be missed. The speaker will present the keys to both physical exam findings & diagnostics that will make the care of these patients make you feel young again.
<b>The Unique Intersection of Palliative &amp; Emergency Medicine: Elevating Patient Care &amp; Physician Satisfaction</b> <i>Manfredi-Shutler, Rita A</i>	When palliative medicine interfaces with emergency medicine in the ED we often think “end of life,” “comfort care,” or “hospice.” A large number of emergency physicians have misconceptions regarding the meaning of palliative care, often equating it to a cessation of treatment efforts, forgoing treatment for reversible conditions, and end-of-life care. The intersection of palliative principles in emergency medicine is much more. It has become increasingly recognized that trajectories for patients’ hospital courses are often set in the Emergency Department. Treatment success is being redefined to include not only remission of illness, but also outcomes congruent with a patient’s goals. Palliative approaches in emergency medicine focus on relieving the suffering and symptoms of patients with serious illness to achieve the best possible quality of life for the patient and family. This presentation will outline palliative principles that can be utilized in emergency practice to enhance care of the seriously ill patient, reduce pain, aggressively treat symptoms, and improve physician to patient connections which further serve to enrich physician professional satisfaction and wellbeing.
<b>How &amp; Why Geriatric ED Accreditation is a Good Idea for Your Hospital, Your ED &amp; Your Patients</b> <i>Shenvi, Christina L</i>	Ready to become an accredited geriatric emergency department? Review the benefits of becoming accredited and learn some tips and tricks from those that have been through the process.
<b>Brittle &amp; Broken: Geriatric Trauma Practical Pearls &amp; Pitfalls</b> <i>Manfredi-Shutler, Rita A</i>	Older adults will make up an even greater percent of ED patients in the coming decades. Unfortunately they are both more prone to injuries, and can be more challenging to diagnose and manage. The physiologic changes that occur with aging that contribute to frailty and reduced physiologic reserve will be reviewed, and tied into practical pearls for diagnosis and treatment of older adults particularly with head injuries, rib fractures, hip fractures, and trauma in the anticoagulated patient.

# HEAD & NECK DISORDERS

<p><b>Infections in Small Places: Managing Mastoiditis, Orbital Cellulitis &amp; Neck Abscesses</b> <i>Noelker, Joan</i></p>	<p>Infections in the head &amp; neck area are common, but can also become rather complicated given the delicate &amp; small locations in which they occur. The presenter will discuss the current evidence-based strategies for both diagnosis &amp; management of these important conditions.</p>
<p><b>Fixing Faces Painlessly: Facial Anesthesia, Regional Blocks</b> <i>Noelker, Joan</i></p>	<p>Facial wounds can be a frightening &amp; 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 &amp; dental pain.</p>
<p><b>Nebulous Neck Masses: A Difficult Differential Diagnosis</b> <i>Broder, Joshua S</i></p>	<p>Neck masses can have many differential diagnosis. The speaker will review the tips &amp; tricks of teasing out the differences &amp; getting the patient what they need as far as next steps.</p>
<p><b>Acute Red Eye, Discharge or Disaster?</b> <i>Osborn, Megan Boysen</i></p>	<p>While many patients with the acute red eye can be safely discharged home, others must be emergently treated &amp; referred to ophthalmology. This session will focus on how five historical &amp; physical examination features can distinguish between benign &amp; sight-threatening diagnoses. The instructor will present cases of the acute red eye, focusing on six “can’t miss” diagnoses.</p>
<p><b>More Than A Poke To the Eye: Traumatic Eye Injuries</b> <i>Avila, Jacob</i></p>	<p>The traumatic eye injury can be intimidating for the non-ophthalmologist. The speaker will discuss common treatments &amp; dispositions for ocular injuries ranging from corneal abrasions to globe ruptures &amp; everything in between.</p>
<p><b>The Case for Nasopharyngoscopy in the ED</b> <i>Wilcox, Susan R</i></p>	<p>Nasopharyngoscopy is a variable part of EM practice, depending on location, resources and practice patterns. However, nasopharyngoscopy is simple, safe, and rapidly provides important diagnostic information. With recent improvements in airway equipment, the barriers to nasopharyngoscopy in the ED have been lowered. This talk will review the technique, equipment needed, and make the case for integrating this skill into all EM practice.</p>
<p><b>Post-tonsillectomy and other HEENT Hemorrhage: This is Gonna Be a Bloody Nightmare</b> <i>Osborn, Megan Boysen</i></p>	<p>Tonsillectomy is a common surgery for young children with sleep-disordered breathing or recurrent sore throats &amp; even found in the adult patient with prolonged pharyngeal issues. While the bleeding may appear minor, it may be a harbinger for disaster. The child who presents with active bleeding can be a test for even the most seasoned of veteran practitioners. The presenter will discuss some helpful strategies to avoid peril in post- tonsillectomy hemorrhage and other common HEENT hemorrhage, such as epistaxis and tracheostomy bleeding.</p>
<p><b>The Airway Triple Threat: Allergy, Anaphylaxis &amp; Angioedema</b> <i>Ugo A. Ezenkwele, MD, FACEP</i></p>	<p>This course will give you a case-based look at the new literature &amp; treatment recommendations for common &amp; life-threatening airway emergencies. One of the leading experts in the field will guide you through the most recent developments in the diagnosis &amp; treatment of angioedema, anaphylaxis &amp; allergy related emergencies. You will walk out of this course with more confidence about airway emergencies &amp; a good handle on the current guidelines for treatment.</p>
<p><b>Paradoxical Vocal Fold Motion - An Unrecognized but Common Cause of Stridor</b> <i>Braude, Darren A</i></p>	<p>Stridor is one of the most alarming ED presentations but not all causes are life-threatening. PVFM is remarkably common and patients may be harmed by well-intended but incorrect treatment. This presentation will be based upon our review article from Annals of Emergency Medicine 2016</p>
<p><b>Picking a HOLE New Approach to Epistaxis</b> <i>Hughes, Robert Michael</i></p>	<p>Nosebleeds happen for a variety of reasons &amp; are generally easy to manage. However, when they are not, they present a real conundrum of how to stop the bleeding &amp; protect the airway. This session will prepare you to manage the next life-threatening nosebleed you see in your ED!</p>



**Nightmare ENT Emergencies: Sore Throats That Can Kill**

*Pontius, Elizabeth P D*

At any hour patients can appear crying out for rapid diagnosis & life-saving procedures creating a nightmare for your ED. The speaker will lead you through a myriad of bleeding & swollen ENT monster. Tricks & treats will be tossed into your bag to help you & your patient survive the next ENT nightmare.

**Bones, Beads & Beans: ENT Foreign Bodies**

*Hughes, Robert Michael*

With any orifice there is always a possibility something will get stuck. This session will review the latest tips & tricks for removing foreign bodies from the ears, nose, & throat with as little pain as possible on you & the patient!

**Managing Dental Emergencies Like a Pro**

*Pontius, Elizabeth P D*

While dental pain is a common complaint in the ED, managing it skillfully can still be a challenge. There is more to consider than merely cavities. The presenter will discuss the common & emergent conditions that should be considered. Management strategies to help avoid the ubiquitous narcotic prescriptions will be addressed.

# HEALTH POLICY

<p><b>Dx: Medical Racism - What's the treatment?</b>  <b>Baker, Jenice</b></p>	<p>Implicit bias and racism have promoted health care disparities that affect emergency care. The speaker will present data illustrating the results of these disparities in addition exploring actions you can take as a citizen, emergency physician, and neighbor to create and improve public health, hospital, and departmental policies aimed to eliminate healthcare disparities.</p>
<p><b>Narcotics to Naloxone: Promoting Productive Policies</b>  <i>Rachel Haroz, MD</i></p>	<p>Attend this course to explore the latest &amp; greatest challenges &amp; potential policy solutions to the opioid crisis. Updates on innovative emergency department policies, effective state drug monitoring programs and legislative initiatives, and federal programs and pending legislation developed to promote reduction in opioid prescribing, naloxone distribution, &amp; treatment of opioid use disorder will be covered.</p>
<p><b>#NoSilenceOnEDViolence: Enacting Bulletproof Policies &amp; Legislation</b>  <i>Nikita Joshi, MD</i></p>	<p>Half of reported workplace violence occurs in the healthcare setting. In 2018, half of emergency physicians reported having been physically assaulted on the job. It's time to stop violence in the ED by changing policy to keep us safe! We'll discuss staggering statistics regarding violence in our EDs as well as emergency department and hospital policies put in place to reduce healthcare provider assault. We will review model state legislation aimed to reduce workplace violence in healthcare, the Workplace Violence Prevention for Health Care and Social Service Workers Act, (HR 1309) passed by the US House in Fall 2019, and the next legislative steps to protect and defend emergency clinicians from violence in the workplace.</p>
<p><b>Tort Hot, Tort Cold, or Just Right: Would Goldilocks Practice EM in Your State?</b>  <i>Nordlund, Diana</i></p>	<p>Malpractice reform, often known as medical tort reform, has been tackled in a number of states, but attempts at passing similar regulations on the federal level have failed since the 1970s. As of 2016, thirty-three states have imposed caps on any damages sustained in medical malpractice lawsuits. Is your state a physician friendly practice state? If not, what action should you and your physician colleagues take to protect yourself and your patients' access to care?</p>
<p><b>Alternative Payment Models: Exploring the Reimbursement Frontier</b>  <i>Wiler, Jennifer L</i></p>	<p>Does your group meet the CMS's APM requirements? If so, you're excused from MIPS and eligible for a five percent bonus! Gear up to understand your group's options. The speaker will discuss the latest developments in APMs for emergency physicians &amp; how your practice may fit into an APM in the future.</p>
<p><b>Test Session for Max Capacity</b></p>	<p>The issues surrounding the out-of-network/balance billing debates have engulfed clinicians, politicians &amp; consumers from DC to Olympia. The increasingly narrow networks offered by the fewer &amp; fewer health plans have decreased patient access and increased patient cost-sharing while increasing insurance company profits. The discussion will highlight existing state out-of-network billing legislation and an update on pending or enacted federal legislation.</p>
<p><b>#InsuranceFail: Surprise Billing Update 2021</b>  <i>Haddock, Alison J</i></p>	<p>The issues surrounding the out-of-network/balance billing debates have engulfed clinicians, politicians &amp; consumers from DC to Olympia. The increasingly narrow networks offered by the fewer &amp; fewer health plans have decreased patient access and increased patient cost-sharing while increasing insurance company profits. The discussion will highlight existing state out-of-network billing legislation and an update on pending or enacted federal legislation.</p>
<p><b>Telemedicine Regulatory Changes Zooming to Your Practice</b>  <i>Shah, Meeta P</i></p>	<p>The COVID pandemic has brought rapid regulatory changes to the practice of telemedicine. The speaker will discuss how HHS and CMS regulations, under the president's 1135 waiver and the Coronavirus Preparedness and Response Supplemental Appropriations Act, changed who can practice telemedicine, Medicare covered services, and HIPAA enforcement. In addition, licensure flexibility at state and federal level will be addressed. What, if any, of these changes can be expected to become permanent?</p>
<p><b>Pandemic Policy Lessons from the Frontlines (Colin C. Rorrie, Jr. Lecture)</b>  <i>Stack, Steven Joseph; Zink, Anne</i></p>	<p>Hear from two emergency physicians who battled COVID from the frontlines in their emergency departments as well as in the public eye on the political frontlines as the leader of the state Department of Health as they talk about the personal and professional challenges, lessons learned, and lasting state health policy changes that arose as a result of COVID.</p>

**Report Your MIPS or Your Paycheck Dips:  
Emergency Physician Compensation Update  
2021**

*Granovsky, Michael A*

Physicians caring for America's 60 million Medicare patients are receiving payments based on quality of care over quantity of care via CMS's Quality Payment Program. The speaker will review MIPS, the value based payment modifier, reporting options including CEDAR, recent Quality Payment Program updates and the expectation for your bottom line.

**ReimbERsement 101: What You Don't Know  
CAN Hurt You**

*Granovsky, Michael A*

Attend this course to discover the latest & greatest in reimbursement challenges & solutions from an expert. MIPS, QCDRs, alternative payments models, insurance denials. and more reimbursement opportunities will be covered via a fast-paced introduction & solution review.

**Climate Fever: Earth's Vital Signs are Changing  
Emergency Medicine Practice**

*Salas, Renee N*

Climate change influences human health and disease. Expectations for emergency care as a result of increasing heat, decreasing air and water quality, changes in vector ecology, increasing allergens, and severe weather related injuries will be discussed. What can we do to prepare for these changes? Is there a way we can mitigate these changes or are we too late?

**Is Medicare for All Ready for Prime Time?**

*Mitchiner, James C; Venkat, Arvind*

No health care policy idea has been more controversial than "Medicare for All." Several progressive candidates have voiced support for a single-payer health care system, while critics argue such policies would be unaffordable. However, as the political rhetoric heats up, the terms of debate are often unclear. What's the difference between Medicare-for-all and Medicare-for-some? Is there a difference between Medicare for All and single payer? What would such programs mean for physicians and patients in the US health care system? We'll look at the economics and potential effects on quality and quantity of care in the US.

**10 Ways in 20 Minutes: How to Shape  
Healthcare Policy**

*Terry, Aisha T*

As legislators & regulators increasingly impact our practice of emergency medicine, it is essential that we have a strong voice as healthcare policy is shaped. How do you rise above the noise in our state & national capitols so your view is heard? Learn key steps to hone effective messages, successfully communicate, & strengthen your impact.

# HEMATOLOGIC DISORDERS

<b>How to Discharge VTE Patients Safely</b> <i>Heine, Marilyn Joan</i>	ED providers are experts at detecting VTE, but do all patients with VTE need to be admitted? The speaker will review the latest evidence regarding factors that make a patient a potential candidate for outpatient treatment & the therapeutic options for anticoagulation, & discuss the pitfalls of sending a patient with a PE home.
<b>Common Cancer Conundrums &amp; Five “Can’t Miss” Oncologic Emergencies</b> <i>Heine, Marilyn Joan</i>	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.
<b>Stop the Bleeding: New Technologies For Hemorrhage Control</b> <i>Callaway, David Wayne</i>	All bleeding stops eventually, but preferably prior to exsanguination. So when the direct pressure with gauze isn’t doing the trick, what else is out there? The speaker will introduce the latest & greatest in hemorrhage control technology for use in both the pre-hospital & emergency department settings. Additionally, the speaker will discuss recent advances & literature surround blood replacement products.
<b>Immune Checkpoint Inhibitors: Lifesaving, Yet Toxic</b> <i>Heine, Marilyn Joan</i>	Immune checkpoint inhibitors (ICIs) have become a cornerstone of management for numerous types of cancer. Although ICIs have been shown to improve morbidity and mortality, they also may cause a spectrum of adverse effects and toxicities. During this course, we will review the most common ICIs, as well as how to identify and manage their respective toxicities.
<b>Anticoagulation Reversal: Part of the ABCs of Resuscitation</b> <i>Gibbs, Michael Alfred</i>	Anticoagulation complicates the management of many critically ill & injured patients. With the novel anticoagulants that exist, the reversal of these medications has become even more challenging. An approach that emphasizes the early recognition & management of hemorrhages associated with anticoagulations will be discussed.
<b>Beyond the Pain: Treating Sickle Cell in the ED</b> <i>Wray, Alisa V</i>	Patients with sickle cell disease can often create a challenge for the emergency physician. The pain crises that define the illness can be hard to treat and in light of the current opioid epidemic can engage biases in the provider. It’s essential to know the in’s and out’s of sickle cell disease to take the best care of these patient’s possible.
<b>COVID Coagulopathy: What Do We Know &amp; What Can We Do?</b> <i>Haywood, Steven T</i>	COVID-19 is associated with adverse outcomes secondary to cogulatophy. This talk discusses the pathophysiology behind COVID-19-related thrombotic complications, as well as strategies for diagnosis and management.

# INFECTIOUS DISEASE

<p><b>Infections with Deadly Consequences</b> <i>Kalantari, Annahieta</i></p>	<p>Deadly &amp; rapidly progressive infections that are fatal, though uncommon, are always remembered. What infections can do this in the normal host - meningococcemia, necrotizing fasciitis, ascending cholangitis? Are there any characteristics that can help identify these infections early &amp; what therapies must be instituted in a timely fashion to affect survival? Using a case-based approach, the speaker will work through some “deadly cases.”</p>
<p><b>New Sepsis Guidelines: Latest But Not Greatest</b> <i>Perkins, John C</i></p>	<p>How often do you hear about documenting your sepsis bundle &amp; making sure all the correct ‘boxes are checked’? The newest set of sepsis guidelines might have been well intentioned, but are fraught with practical difficulties &amp; pitfalls. Come learn how to ensure you are really doing the best for your patient &amp; still keeping the coders &amp; administration happy.</p>
<p><b>Other People’s Parts: Transplant Troubles</b> <i>Kalantari, Annahieta</i></p>	<p>Increasingly, organ transplant recipients are presenting to the emergency department. The nature of their underlying disease &amp; complex medication regimen make them very challenging to manage. The presenter will discuss the disease processes associated with transplantation &amp; the post-transplant therapies. Special infectious disease problems &amp; their treatment options also will be discussed.</p>
<p><b>How Do We handle COVID-19, CAP &amp; influenza</b> <i>Perkins, John C</i></p>	<p>Infectious diseases concerns are prevalent in the ED. The relatively common influenza, CAP, and COVID and their appropriate management and understanding are discussed.</p>
<p><b>International Medicine Migrating Your Way</b> <i>Marsh, Regan</i></p>	<p>Climate change &amp; global warming is bringing tropical diseases to the US — no longer just through returning travelers, but now with epidemiological spread of disease outside the conventional “tropics.” Emergency physicians must be prepared to diagnose &amp; manage these neglected tropical diseases, which are increasingly presenting to our EDs. The speaker will offer training on conditions like Ebola, Zika, Chikungunya, Dengue &amp; Chagas so that you can be prepared.</p>
<p><b>What’s New in Antibiotics in the ED</b> <i>Hayes, Bryan D.</i></p>	<p>Selection of the most appropriate antibiotic is critical to the management of our patients with infectious diseases; however, there are so many options &amp; so many conditions that it can be a challenge to correctly match them. The presenter will discuss the best matches between important infectious diseases &amp; various antibiotics.</p>
<p><b>Cruising the Infectious Disease Literature</b> <i>Alfred D. Sacchetti, MD, FACEP</i></p>	<p>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, &amp; new diseases with old treatments. Make sure you have the information to use the right drugs for the bad bugs!</p>
<p><b>Food Borne illnesses: What’s Not Good To Eat</b> <i>Marsh, Regan</i></p>	<p>Food borne illnesses are prevalent in the ED. From the relatively common to the rare &amp; from the seemingly simple to the extremely complex, appropriate management of diverse infectious diseases requires a broad understanding about them.</p>
<p><b>Staying Cool with Pediatric Fever</b> <i>Sacchetti, Alfred D</i></p>	<p>What’s the latest treatment for a child with fever? Do I need to obtain a complete blood count? How about a blood culture? Who absolutely needs a spinal tap? What to do in the second month of life. What is the current risk of significant bacterial infection &amp; how do I ensure one is not missed? How do I alter my approach if there is a delay or no vaccinations? The speaker will review the latest literature on the evaluation of the febrile child &amp; the best evidence available to help you care for them without breaking a sweat.</p>
<p><b>Top 10 Antibiotic Mistakes in the ED</b> <i>Hayes, Bryan D.</i></p>	<p>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, &amp; anaerobic coverage van &amp; Zosyn combination provides?</p>
<p><b>Hot &amp; Heavy: Non-infectious Causes of Fevers</b> <i>Wray, Alisa V</i></p>	<p>Fever is a common presenting complaint to the emergency department, however not all fevers are infectious. It is important for emergency physician 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 the physiology of hyperpyrexia, 5 non-infectious cases of fever and discuss their diagnosis and management.</p>

# METABOLIC & ENDOCRINE DISORDERS

<p><b>Glands Gone Bad! Endocrine &amp; Metabolic Emergencies</b> <i>Pfennig, Camiron L</i></p>	<p>“I’m weak &amp; dizzy, I’m hot &amp; bothered, I’m cold &amp; have no energy.” Vague complaints often lead to extensive &amp; expensive ED workups. While patients with metabolic disorders frequently present to the ED, most endocrine disorders present less often. The speaker will review how to recognize &amp; treat adrenal insufficiency, hypothyroidism, thyroid storm, hyperparathyroidism, new onset diabetes mellitus, &amp; metabolic syndrome.</p>
<p><b>Acid Base That Actually Matters: A Case-based Approach</b> <i>Hahn, Christopher</i></p>	<p>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, &amp; other emergencies, the speaker will guide you &amp; your patient safely beyond the Henderson Hasselbalch equation by providing a common sense approach to acid base emergencies that actually matter.</p>
<p><b>DKA &amp; HHS: The Sweetest High-Yield Pearls &amp; Pitfalls</b> <i>Hahn, Christopher</i></p>	<p>Diabetic ketoacidosis &amp; hyperosmolar syndrome are 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. Careful attention to fluid administration, electrolyte replacement, &amp; insulin therapy is essential to reducing hospital length of stay &amp; complications. During this case-based interactive discussion, the speaker will review cases of diabetic emergencies. Important similarities &amp; differences in pathophysiology &amp; management will be reviewed. Best evidence will be summarized in practical strategies to bring back to your ED.</p>
<p><b>Debunking Myths of Electrolytes in Resuscitation - Ca, HCO<sub>3</sub>, Mg, etc</b> <i>Bhandari, Salil K</i></p>	<p>This new and exciting lecture will focus on debunking myths in resuscitation. When should calcium be used? Sodium bicarbonate? What about magnesium? Here we’ll use a case-based approach to tackle myths regarding electrolytes in resuscitation</p>
<p><b>Shaken Not Stirred: Alcohol Withdrawal</b> <i>Toohey, Shannon L</i></p>	<p>He was in the ED “just sleeping it off”, but now he’s in full withdrawal. The speaker will review the current preventative treatments &amp; management strategies for the patient in alcohol withdrawal. Various assessment scales &amp; treatment algorithms that are available will also be discussed.</p>
<p><b>Lytes Out! Electrolytes Gone Wrong</b> <i>Zack Repanshek, MD</i></p>	<p>Electrolyte emergencies often present with subtle clinical manifestations yet may culminate in a near death experience for the patient &amp; clinician! Six short lectures which will cover signs, symptoms, &amp; treatment for the following electrolyte abnormalities: hyponatremia, hypernatremia, hypokalemia, hyperkalemia, hypercalcemia, &amp; hypomagnesemia.</p>
<p><b>Deadly Dialysis: A Review of Dialysis Complications &amp; Their Initial Management</b> <i>Toohey, Shannon L</i></p>	<p>There are 468,000 patients on dialysis in the United States and these patients commonly present to the community emergency department with complications. Understanding the common complications and treatments is essential for the emergency physician. We will review the most common dialysis complications (infection, metabolic derangement, vascular access issues) and their acute treatments.</p>

# MOC

## **Maintaining Your ABEM Certification: Review of 2020 Lifelong Learning & Self- Assessment Articles**

*Lovato, Luis M*

This track is designed to help you prepare for ABEM's LLSA test in the Maintenance of Certification (MOC) program. There are 3 one hour sessions: one session will help you navigation through the MOC process & the significant updates that include MyEMCert modules. One session will review the 13 articles in ABEM's "2020 LLSA Reading List." One session will review the 12 articles in ABEM's "2021 LLSA Reading List." The speaker will critique the articles, review the key concepts presented, & review the LLSA test questions pertinent to each article. Please note: The syllabi for these courses consist of the faculty's slides. Because of copyright considerations, reprints of the journal articles on which the courses are based & the LLSA test questions cannot be provided. However, ACEP members have free internet access to the LLSA articles at ACEP's Maintenance of Certification Center at [www.acep.org/MOCcenter](http://www.acep.org/MOCcenter).

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## **Maintenance of Certification: How I Learned to Stop Worrying & Love MOC**

*Kowalenko, Terry*

Confused or anxious about your ABEM Maintenance of Certification (MOC) requirements? Experience calmness and enlightenment as the speaker explains how to successfully meet your MOC requirements depending on what year your certificate expires and understand your requirements for MyEMCert modules, practice improvement activities, LLSA activities and the secure exam.

# NEUROLOGIC DISORDERS

<p><b>Psych - All the Voices You NEED to Hear</b> <i>Zun, Leslie S</i></p>	<p>The volume of patients presenting to emergency department for evaluation of psychiatric issues has been dramatically increasing. The role of the ED is not only to provide medical screening of these patients but also to determine the need for additional evaluation. In rapid fire succession, presenters will leave you with pearls on a variety of psych ailments. Speakers will also explain how to recognize, how to treat &amp; how to avoid any potential pitfalls. Once you've been through this course, you'll feel a sense of calm.</p>
<p><b>Stop the Pounding: Update on Headache Assessment &amp; Treatment</b> <i>Siket, Matthew S</i></p>	<p>Patients with a headache often present a conundrum to the emergency physician. The National Quality Forum is now looking at inappropriate imaging in these patients. The speaker will explore who needs imaging, discuss current guidelines for acute migraine treatment, and review the management of other headache syndromes.</p>
<p><b>Knocked Out in 2021: Concussion Updates</b> <i>Perron, Andrew D</i></p>	<p>The literature on concussion has grown exponentially over the past decade. Chronic traumatic encephalopathy (CTE), brain remodeling, return to play guidelines, &amp; the connection of concussion to other diseases (e.g. ALS) are only beginning to be understood. Whether working in the ED or on the sidelines, the emergency physician should be aware of literature-based information on this controversial topic.</p>
<p><b>Needle In a Haystack: Who Needs the LP?</b> <i>Fontenette, Roderick; Lewis, Trevor J</i></p>	<p>Subarachnoid hemorrhage (SAH) is a potentially deadly but uncommon diagnosis &amp; continues to create debate &amp; discussion. Will a CT or CTA suffice or does the patient need an LP? This ACEP Connect session will equip you with the latest evidence &amp; practical information you need the next time a patient presents with the worse headache of their life.</p>
<p><b>COVID Confusion: Neurologic Complications of COVID-19</b> <i>Siket, Matthew S</i></p>	<p>Our knowledge of COVID-19 continues to evolve. In this course, up to date literature will be reviewed regarding neurologic consequences of COVID-19. In addition, new treatment modalities will be discussed.</p>
<p><b>TIA Management: Don't Just Do Something, Stand There</b> <i>Zodda, David</i></p>	<p>A significant proportion of patients presenting to the ED with a stroke will have resolution of their symptoms. Should we be intervening in patients with rapidly improving neurologic exams. This high- yield &amp; brief session will review the current treatment options for TIA in the ED.</p>
<p><b>Non-Traumatic Back Pain: Why It Should Tighten Your Sphincter</b> <i>Tomas R. Diaz, MD</i></p>	<p>Back pain is one of the most common symptoms that bring patients to the ED. The vast majority of cases have minor pathology that will improve with time, but a few patients harbor life- or limb- threatening problems that, if not diagnosed properly &amp; rapidly, can lead to paralysis or death. How does the busy clinician find the needle in the haystack? The speaker will review strategies to assess &amp; diagnose these patients so you don't miss that difficult to identify condition.</p>
<p><b>Spinal Pathology: Striking the Right "Cord" With Your Diagnostic Skills</b> <i>Perron, Andrew D</i></p>	<p>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; all the way 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.</p>
<p><b>Whole Lotta Shakin' Goin' On: Update on Seizure &amp; Status Management</b> <i>Fontenette, Roderick</i></p>	<p>The seizure patient in the ED is always a concern to the physician. Is it a recurrent or first time seizure? Is it noncompliance or a serious intracranial pathology? What is the imaging that should be pursued? What are the latest guidelines for managing the patient with status epilepticus? The speaker will discuss the myriad of questions associated with seizures in the ED in an evidence- based format.</p>
<p><b>Cranial Nerve Conundrums: When is It an Emergency?</b> <i>Lewis, Trevor J</i></p>	<p>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 aneurysm? 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.</p>



<p><b>Medical Mimics: Medical Causes of Psychiatric Symptoms</b> <i>Avila, Jacob</i></p>	<p>Your “crazy” patient could actually be dying. This course will help you learn how to identify common medical diseases that can masquerade as primary psychiatric disease. Through case-based scenarios, the speaker will provide you the key findings that can you help to differentiate medical from psychiatric, which will be a load off of both of your minds.</p>
<p><b>Life-Threatening Headaches in the ED: Evaluation &amp; Management</b> <i>Degeys, Nida F</i></p>	<p>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 speaker 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.</p>
<p><b>Ptosis, Tingling &amp; Other Neuro Nuggets</b> <i>Marcolini, Evie G</i></p>	<p>The speaker will cover an expert approach in recognizing and managing subtle neurologic emergencies. Less common, but universally challenging, neurological ailments including Guillain-Barre syndrome, multiple sclerosis, and botulism will be discussed. Latest diagnostic modalities and treatment approaches will be rapidly reviewed highlighting how to avoid missing the diagnosis and delaying critical therapy.</p>
<p><b>Stroke Chameleons: Neuro Findings You Can't Miss</b> <i>Degeys, Nida F</i></p>	<p>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 diagnosis and subsequently.. lawsuits!</p>
<p><b>Vertigo Skills Workshop</b> <i>Marcolini, Evie G; Matthew Siket, MD</i></p>	<p>Vertigo is a common &amp; troubling symptom for patients. It's also one of the symptoms in which bedside tests can diagnose the underlying cause while bedside maneuvers can treat them. During this small group workshop, the presenter will describe these various diagnostic tests &amp; therapeutic maneuvers. You've heard all the terms – Dix-Hallpike, Epley, BPPV, the roll test. (This workshop is limited to 50 participants.)</p>
<p><b>What Do You Mean Dizzy?</b> <i>Rose, Emily A</i></p>	<p>Seeing the chief complaint of “dizziness” on a patient chart often evokes a visceral response from the emergency physician. The speaker will show how to quickly categorize dizziness into one of four subtypes. The diagnosis &amp; treatment of benign paroxysmal positional vertigo (BPPV), which is the most common cause of vertigo, will be emphasized. Video clips will be used to demonstrate various diagnostic tests (e.g. Hallpike test, head thrust test) &amp; various therapeutic maneuvers (e.g. Epley maneuver, bar-b-que roll). Turn frustration with this patient complaint into patient &amp; physician satisfaction.</p>
<p><b>Stroke Care 2021: State of the Art</b> <i>Zack Repanshek, MD</i></p>	<p>Diagnostic &amp; therapeutic interventions for patients with ischemic symptoms continues 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, &amp; EMS routing policies for suspected acute stroke. The controversies regarding thrombolytic agents in acute stroke also will be explored.</p>
<p><b>Demystifying Neurological Technology - Shunts, Pumps &amp; Stimulators</b> <i>Chang, Wan-Tsu W</i></p>	<p>With improved treatment of neurological conditions and increased lifespan of the population, the number of patients presenting to your ED with implanted neurological technology will likely increase. Just because they had neurosurgery, doesn't mean you have to be afraid of their tech! This session will provide pearls and pitfalls in caring for your next patient with a shunt, pump, or stimulator.</p>
<p><b>De-escalation in the ED: Treating Agitation</b> <i>Rose, Emily A</i></p>	<p>The treatment of agitated patients in the emergency department is evolving. Recent expert consensus documents have modified the approach to treating these patients. These documents include emphasizing the need for early vitals, glucose &amp; oxygenation assessments, use of agitation scales &amp; use of verbal de-escalation, &amp; tailoring the choice of medications to the underlying psychiatric or medical etiology. The speaker will present these guidelines &amp; challenges to treating the agitated patient in the emergency department.</p>
<p><b>Posterior Strokes: A Dizzying Differential</b> <i>Roderick Fontenette, MD, FACEP</i></p>	<p>Recognition and diagnosis of the less common posterior stroke may often times be tricky. During this case-based approach, the speaker will review the subtle clues that will help you pick up the posterior stroke without delay.</p>

# ORTHOPEDICS & SPORTS MEDICINE

<p><b>Use or Abuse? Pediatric Fractures &amp; Their Causes</b> <i>Sorrentino, Annalise</i></p>	<p>Using illustrative interactive cases, the speaker will review findings of accidental &amp; nonaccidental injuries in children. Sharpen your ability to distinguish between the two.</p>
<p><b>Foot &amp; Ankle Fractures Made Easy</b> <i>Feden, Jeffrey P</i></p>	<p>Foot and ankle fractures are frequently encountered in emergency medicine practice. A basic understanding of typical fracture patterns and classification systems informs treatment and follow-up recommendations and allows for enhanced communication with orthopedic consultants. Other fractures of the foot and ankle may be radiographically occult. They 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.</p>
<p><b>A Fistful of Fractures</b> <i>Levine, Matthew R</i></p>	<p>Hand fractures are often benign, but some require surgery to optimize patient outcome. Which injuries are important and how do we discover and deal with them? The presenter will discuss various hand fractures that emergency physicians should be comfortable diagnosing and initiating treatment. These include: Hamulus fracture, Triquetrum fracture, Jersey finger, Metacarpal fractures, Fight bite, and dislocations.</p>
<p><b>Difficult Dislocations</b> <i>Feden, Jeffrey P</i></p>	<p>Managing dislocations in the ED is gratifying for the patient &amp; physician. However being prepared for those that may prove more difficult to reduce is essential in maintaining the flow of your emergency department. This course will provide the attendee insight into identifying challenging dislocations &amp; techniques for efficient reduction.</p>
<p><b>Shoulder Injury &amp; Pathology: Shouldering the Burden</b> <i>Levine, Matthew R</i></p>	<p>The shoulder is more complicated than we often consider. The presenter will highlight problems that emergency physicians should know in and about the shoulder joint. While dislocations are dramatic, the presenter will also discuss other important conditions like sternoclavicular dislocation, acromioclavicular injuries, clavicle fractures, ruptured biceps tendon and more.</p>
<p><b>High Risk Orthopedic Injuries in the ED</b> <i>Waterbrook, Anna L</i></p>	<p>Learn how diagnose and manage high risk orthopedic emergencies in the ED. (Rhabdomyolysis, Compartment syndrome, high pressure injection injuries, open fractures, Septic arthritis/Osteo)</p>
<p><b>Important Soft Tissue Injuries: It's Not All About the Bones</b> <i>Luz M. Silverio, MD</i></p>	<p>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 MSK US</p>
<p><b>Focused Orthopedics: A Royal Pain in the Back</b> <i>Waterbrook, Anna L</i></p>	<p>This is a focused orthopedic session dedicated to the back &amp; spine. This course will focus on physical examination techniques, imaging, &amp; making the diagnosis. Initiating treatment of soft tissue injuries &amp; fractures of the back will be discussed. New approaches for identification &amp; management of the acute presentation of back pathology will also be addressed. Participants will leave this session feeling comfortable with the diagnosis &amp; management of any acute back presentation in the ED.</p>
<p><b>Grasping the Hand: Beyond the Basics of Digital Trauma</b> <i>Alexander Sheng, MD</i></p>	<p>Stuart Swadron of EM:RAP coined the phrase “we need to know what we need to know, and one step further.”. This lecture will familiarize participants with that “one step further” as it relates to the management of traumatic digital amputations and avulsions.</p>
<p><b>Fast Track Ortho Encounters</b> <i>Sheng, Alexander Y</i></p>	<p>There is often an over-representation of the “sexy” high acuity pathology in EM CME. However, most EM physicians spend the majority of their time managing ESI 4 and 5 “Fast Track” conditions on shift. While one might not necessarily save lives, the simple fact that there are many more of them gives us the opportunity to improve patient experience, reduce pain, and expedite recovery by being better at managing fast track conditions.</p>
<p><b>Pediatric Extremity Fractures: The Rule of the Ring</b> <i>Kandhal, Prianka</i></p>	<p>Forearms and legs have structural similarities. These structural similarities can be useful for emergency physicians diagnose complex injuries of these areas. The presenter will utilize this similarity of structure to help us all understand and recognize important injuries like Maisonneuve fracture, Monteggia’s injury, Galeazzi’s injury, Essex- Lopresti forearm injury and more.</p>

# PEDIATRIC DISORDERS

<p><b>Cruising the Literature: Pediatric Emergency Medicine 2021</b> <i>Cantor, Richard M</i></p>	<p>Keeping up with the expanding pediatric emergency medicine literature is a challenge for busy emergency physicians. The speaker will review the recent literature from the past twelve months &amp; discuss those articles that could affect the way you treat pediatric patients.</p>
<p><b>The Crying Game: Evaluation of the Crying, Irritable, Afebrile Infant</b> <i>Gausche-Hill, Marianne</i></p>	<p>The fussy irritable but afebrile infant is a challenge to the most seasoned provider. A frequent complaint with critical implications but often no acute findings is frustrating to physicians and parents. Strategies employed in the evaluation &amp; disposition can engage families &amp; mitigate some of this stress for families &amp; limit risk. Real world techniques that are easily implemented will be the focus of the presentation.</p>
<p><b>The 1st 60 Minutes: Initial Management of the Critically Ill Infant</b> <i>Cantor, Richard M</i></p>	<p>Critically ill kids scare all of us! 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 &amp; symptoms of illness in children, the initial management is frequently delayed &amp; sub-optimal which can lead to poor outcomes. The presenter will illustrate &amp; 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 &amp; save lives will be discussed.</p>
<p><b>Kids Dropping Out: Pediatric ECG From Normal to Disaster</b> <i>Sorrentino, Annalise</i></p>	<p>Pediatric ECGs are not just little pieces of paper. The speaker will explain how &amp; why the “normal” ECG changes over time in kids &amp; what is always abnormal &amp; what can be normally abnormal.</p>
<p><b>Neurologic Zebras in Kids: Flaccid Myelitis, ADEM, NMDA Receptor Antibodies &amp; More</b> <i>Price, Amanda Blair</i></p>	<p>There are rare &amp; unique presentations of acute neurologic emergencies that present in pediatric patients. Careful assessment, testing &amp; disposition will allow the identification of these rare but very important diseases that appear to be on the rise. Flaccid myelitis, acute disseminated encephalomyelitis, and NMDA receptor encephalitis will be the “zebras” discussed in this lecture.</p>
<p><b>Kids with Otitis, Bronchitis, Conjunctivitis, or Sinusitis - Who Needs Antibiotics?</b> <i>Daniel Imler, MD</i></p>	<p>Antibiotic stewardship in children is challenging in the busy ED- correct diagnosis and making patients happy can collide with evidence based medicine. Strategies and tools such as safety net antibiotics, education and communication will be discussed.</p>
<p><b>Pediatric Status Asthmaticus in 2021: What's in Your Kitchen Sink</b> <i>MacNeill, Emily C</i></p>	<p>The severe status asthmaticus patient who is not rapidly responding to your initial therapies can be quite terrifying? What is in your kitchen sick to throw at the toxic, critically ill status asthmaticus pediatric patient? The presenter will discuss the potential techniques &amp; tools available that may help improve the dire situation &amp; prevent the need for intubation. The presenter will also discuss appropriate ventilation management in the event that those strategies were not successful.</p>
<p><b>Congenital Cardiac Diseases</b> <i>McQueen, Alisa A</i></p>	<p>To help the community ED doctor to diagnose and manage neonates with a congenital cardiac disease.</p>
<p><b>Noisy Breathing in Kids - From Boogers to Badness</b> <i>Gutierrez, Camilo E</i></p>	<p>Bronchiolitis, croup, foreign body aspiration, &amp; pneumonia are just a few of the non-asthma causes of wheezing and cough in pediatric patients. This evidence based review of the evaluation and treatment for these diagnoses and how you can differentiate between benign and serious conditions.</p>
<p><b>Keeping It Simple: Pearls &amp; Pitfalls in Emergency Care of Medically Complex Children</b> <i>Camilo Gutierrez, MD, FACEP</i></p>	<p>There has been increased survival for medically complex children creating new and unique challenges to emergency medicine physicians. The initial care of these patients during their emergencies will likely not be in the tertiary or quaternary children's hospital, but more commonly in the community emergency department. Using interactive case scenarios and facilitated small group discussions, this session will help enlighten you and alleviate your fears of providing care to these complex children until they are transported to their designated referral center.</p>

<p><b>Pediatric Patients &amp; COVID: Carriers &amp; Presentations of Disease</b> <i>Horowitz, Russ</i></p>	<p>Pediatric patients do not manifest COVID as adult patients may. Fever, respiratory complaints, GI complaints will vary, Devising a testing strategy and treatment can be challenging to the provider, patient and family. Best practices will be presented along with data on the epidemiology of COVID and the experience of Pediatric EDs and Community Hospitals.</p>
<p><b>Subtle Signs of Abuse: It's Not All About Bruises</b> <i>McQueen, Alisa A</i></p>	<p>Child physical &amp; sexual abuse is a challenging &amp; difficult problem in the ED. Subtle signs can identify patients who present &amp; are at risk for further trauma. New recommendations for testing &amp; treatment of injuries &amp; STIs have clinicians on the front lines of care for these patients. Discussion of the important role in the linkage to care that EDs play in the care of these patients will also be presented.</p>
<p><b>Pediatric Vital Signs - You Don't Know What You Are Missing</b> <i>Horeczko, Timothy</i></p>	<p>Have you ever asked yourself these questions: How much tachycardia can be attributed to fever or crying? Do I care about the BP of 14/90 in an 11 year old? Is 93% an OK sat for a baby with bronchiolitis to go home? How accurate is the axillary thermometer and do you really need to "add a degree" to make it accurate? Vital signs are vital and give important clues in children that should be ignored. Based on the latest literature, the speaker will discuss vital sign abnormalities that can go home and those that require more work up, referral or admission.</p>
<p><b>Newborn Resuscitation: Born But Not Breathing</b> <i>Kosoko, Adeola A</i></p>	<p>The newly born child in your department will generate a lot of attention naturally. While the vast majority of children who are born in the ED do perfectly fine on their own, occasionally things go awry. Neonatal resuscitation is distinct from resuscitation of older children &amp; adults &amp; deserves specific consideration. The presenter will discuss the unique anatomic &amp; physiologic differences that exist with the newly born. The basic techniques &amp; strategies of resuscitating a newly born patient will be covered. Potential pitfalls &amp; pearls will also be highlighted.</p>
<p><b>Life-threatening Radiographic Emergencies in Pediatric Patients</b> <i>Horowitz, Russ</i></p>	<p>In the pediatric patient, life-threatening radiographic findings can often be subtle &amp; easy to miss. Specific pediatric cases will be used to review important &amp; potentially life-threatening findings including cardiac, abdominal, traumatic, &amp; infectious disease emergencies visible on radiographs.</p>
<p><b>Pediatric Psych: Punk, Parenting, or Psychiatric Emergency?</b> <i>Selbst, Steven M</i></p>	<p>Children present with a multitude of psychiatric &amp; behavioral problems at an ever increasing rate. ODD, ADD, ADHD, new medications, social media &amp; bullying, suicidal ideation &amp; homicidal ideation. These patients are different than adult patients for a number of reasons. These will be explored, along with the best practices for evaluation, treatment &amp; disposition of pediatric patients with psychiatric &amp; behavioral problems.</p>
<p><b>Scary Baby Bellies</b> <i>Kosoko, Adeola A</i></p>	<p>Abdominal pain is one of the most frequent pediatric complaints. In the sea of gastroenteritis there are serious diseases that can't be missed. Case-based presentation &amp; review of cardinal symptoms &amp; signs of NEC, volvulus, hirschsprungs &amp; pyloric stenosis. The latest EBM guidelines &amp; management for academic &amp; resource poor settings will be reviewed.</p>
<p><b>The Critical Child in the Community ED: Optimum Care Without Optimum Resources</b> <i>Li, Joyce</i></p>	<p>Many children in the ED require stabilization and then transfer. The speaker will focus on the management of such children outside the confines of a tertiary care children's hospital. Information will be presented on preparation, equipment, staffing, and transfer protocols as well as practical approaches to case-based scenarios. The central role of the community ED in critical care pediatrics will be stressed</p>
<p><b>Metabolic Disasters in Kids - Lethal Disorders You Have Never Heard of &amp; How to Treat Them</b> <i>Claudius, Ilene A</i></p>	<p>There are over 300 disorders of biochemical pathways, and while each is rare, collectively they are more common than you think. The question is how to detect and treat the child with an undiagnosed inborn error of metabolism (IEM). Additionally, how do you care for the patient with a known IEM who is symptomatic? The presenter will cover a rational and reasonable approach to managing these complicated children.</p>
<p><b>Mistakes You Do Not Want to Make in Pediatric Patients</b> <i>Selbst, Steven M</i></p>	<p>Besides the obvious challenges of children's nonverbal clues &amp; their having unique illnesses &amp; presenting symptoms, the diagnosis &amp; treatment can be full of pitfalls. The speaker will explain what key features of childhood illnesses should "raise the red flag" &amp; how not to be missed. Key issues such as missed meningitis &amp; appendicitis, as well as other uncommon "legal" based diagnoses will be discussed. New cases are added yearly to this popular course.</p>

<p><b>Pediatric Sickle Cell Disasters</b> <i>Horeczko, Timothy</i></p>	<p>Sickle cell disease can cause exquisite physical pain in pediatric patients, but it also can lead to critical medical conditions, that if not managed expertly can cause severe morbidity and mortality. The clues to detecting these emergent and critical conditions, such as splenic sequestration, acute chest syndrome and severe sepsis/bacteremia will be covered as well as their most current management strategies.</p>
<p><b>The Unvaccinated Child in the Pediatric ED</b> <i>Ian Kane, MD</i></p>	<p>Tetanus, H flu, Measles, Mumps, Pertussis, Polio, and the list goes on. An unvaccinated/partial vaccinated child presenting to the ED with fever or injury presents a challenge because they could have one of these diseases that vaccinated patients rarely get. The speaker the evaluation and treatments that the unvaccinated patient will need and the best way for you to utilize an unique opportunity to provide education/advocacy to families about getting vaccinations.</p>
<p><b>Pediatric Myths, Misnomers &amp; Flat Out Lies</b> <i>Horeczko, Timothy</i></p>	<p>Every clinician knows that intussusception presents with currant jelly stools &amp; procalcitonin is the best test to evaluate a febrile child &amp; if you look hard enough you can always find a palpable olive in an infant with pyloric stenosis. Well, every clinician may be wrong. This session will challenge many of the long held tenets of pediatric emergency medicine in a spirited presentation that will certainly change many of your practices.</p>
<p><b>Sugar &amp; Spice &amp; Everything is NOT Nice: Pediatric Endocrine Emergencies</b> <i>Claudius, Ilene A</i></p>	<p>What do a very dehydrated 7-day-old infant, a comatose 2-month-old child, and a 7-year-old child with polydipsia and polyuria have in common? They each have a potentially catastrophic endocrine problem that requires rapid implementation of treatment to prevent severe morbidity and mortality. The speaker will review some of the critical endocrine, how to distinguish among them, and how to begin appropriate resuscitation.</p>

# PREHOSPITAL/DISASTER MEDICINE

<p><b>Simple &amp; Revolutionary Technologies for Hemorrhage Control</b> <i>Goolsby, Craig</i></p>	<p>Trauma is the leading cause of death for Americans between the ages of 1-45, and the recent wars in Iraq, Afghanistan and elsewhere have ushered in a new era of treatment for life-threatening bleeding. The original US military Committee on Tactical Combat Casualty Care (TCCC) tourniquet recommendations were made in 2006, and a recent 2019 landmark review and guideline update has changed the treatment landscape. This session describes the latest technologies available for immediate hemorrhage control and the scientific findings and combat casualty care practice driving the recommendations.</p>
<p><b>Teaching Everyone to Save Lives Until Help Arrives</b> <i>Goolsby, Craig</i></p>	<p>Trauma is the leading cause of death for Americans between the ages of 1-45, and lessons learned from the recent wars in Iraq, Afghanistan have spurred a nationwide interest in “immediate responders” saving the lives of injury victims prior to professional help arriving. Dr. Craig Goolsby and the National Center for Disaster Medicine and Public Health (NCDMPH) helped create the Federal Emergency Management Agency’s Until Help Arrives curriculum that ACEP recently adopted. Now, NCDMPH and the American Red Cross are creating First Aid for Severe Trauma (FAST): a no cost program to teach high school students life- saving trauma skills. FAST will offer instructor-led and web-based learning options nationwide starting in 2021. This session will discuss the logistics of national education campaigns, the importance and science of teaching trauma skills to the public, and how emergency physicians can encourage trauma education by engaging in their communities.</p>
<p><b>Controversies in Prehospital Care: The Evidence vs the Fad</b> <i>Gonzalez, Michael G</i></p>	<p>When EMS protocols publicly available on the internet are analyzed, many differences are noted. This group discussion, in rapid sequence, will focus on controversial EMS protocols that are handled by EMS medical directors throughout the country, such as ketamine for pain or excited delirium, RSI, &amp; field termination of resuscitation.</p>
<p><b>Intersections: EMS Dispatch, Telemedicine, Community Paramedicine</b> <i>Gonzalez, Michael G</i></p>	<p>With the changing face of health care and increasing Community Paramedicine/Mobile Integrated Health (MIH) is emerging as a healthcare delivery approach to reduce ED patient crowding and create new career pathways for EM and EMS physicians. In particular, with the new “ET3” funding model released by CMS and the federal government, there are opportunities to increase the sustainability of MIH programs and new avenues for development of emergency telemedicine. This session will explore the motivations providing impetus for developing alternate prehospital treatment and destination pathways, describes current and existing community paramedicine projects, and explores future research opportunities in this rapidly expanding area of EMS.</p>
<p><b>2020 Disasters in Review: Is the Dumpster Fire Over Yet?</b> <i>Schlesinger, Shira A</i></p>	<p>This energetic lecture will discuss different 2020 disasters from the COVID-19 to wildfires, hurricanes and violence at mass gatherings through a disaster medicine lens.</p>
<p><b>Termination of Resuscitation</b> <i>Braude, Darren A</i></p>	<p>ED providers often have to make critical decisions about how long to continue cardiac arrest resuscitation, whether in the hospital or on the phone with prehospital provider. It is imperative to understand the medical and legal background as well as the appropriate interpretation of technology to make the best possible decisions. (this could fit in both prehospital and cardiac emergencies tracks)</p>
<p><b>Hot Topics in the Recent EMS Literature</b> <i>Schlesinger, Shira A</i></p>	<p>The speaker will review recent hot topics in EMS literature. In this fast-paced panel presentation, EMS experts will discuss the most important articles effecting patient care before they reach the hospital. This course is designed for EMS medical directors and for all emergency physicians who interface with EMS personnel in the emergency department.</p>

# PROFESSIONAL & LIFE SKILLS

<p><b>How to Make Money &amp; Grow Your Wealth</b> <i>Dahle, James M</i></p>	<p>Discover the secrets to a satisfying and successful career in a casual environment during this all-new ACEP Connect session. The speakers will introduce some key actions to ensure financial security by developing healthy spending habits, understanding return on investment and choosing the right job for you.</p>
<p><b>Top 5 Habits of Highly Successful Emergency Physicians</b> <i>Ezenkwele, Ugo A</i></p>	<p>Why do some emergency physicians seem to be able to have tremendous success in their careers while maintaining a vibrant work-life balance, while others struggle to make it through their next shift? Do you feel like you are stuck in a rut? The speaker will present the top 5 habits of highly successful emergency physicians and show how you can achieve this type of success in your own life. Stop feeling like a hamster running on wheel and going nowhere fast. This talk will give you ideas to help you take control of your life!</p>
<p><b>Antiracism: From Awareness to Action (Nancy J. Auer Lecture)</b> <i>Bryant, Vonzella A</i></p>	<p>There has been much discussion about confronting racism at a systemic level but there is also much work to do on a personal level as well. Many of us are slowly learning to evaluate our own biases, histories, and everyday actions in a new light. The speaker will help learners better understand what anti-racism means and how to demonstrate it in practice. The speaker will outline clear, actionable steps to create change, not only at the administrative and leadership levels, but also in the behavior and mindset of colleagues. In addition, the speaker will provide resources for those wanting to educate themselves, their children, their friends and colleagues.</p>
<p><b>From Rags to Riches: Personal Finance for the Early Career EP</b> <i>Dahle, James M</i></p>	<p>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.</p>
<p><b>Is There Life Outside of Clinical Medicine?</b> <i>Rachel E. Garvin, MD</i></p>	<p>Who doesn't love a good intubation or resuscitation. That being said, why would any emergency physician think about a non-clinical career? In addition to the looming question on EM physician oversupply, non-clinical careers for EM physicians are often a hush-hush topic. Listen to the journey of an EM physician who made that jump. This session will explore the types of nonclinical careers available to EM physicians, providing insight on rewarding ways you can help patients without necessarily being at the bedside.</p> <ul style="list-style-type: none"> <li>- Describe reasons to consider a non-clinical career</li> <li>- Review different types of non-clinical career paths</li> <li>- Discuss pros and cons of a non-clinical career</li> </ul>
<p><b>Diversity, Equity &amp; Inclusion: the Patient, Trainee &amp; Leadership Perspective</b> <i>Green, Andrea L</i></p>	<p>Discussion about diversity in emergency medicine has been happening for years. What progress have we made? What improvements in outcomes does it bring? What techniques can improve diversity of EM physicians at your workplace? Come hear the answers to these vitally important questions to help our workforce better represent our patient populations.</p>
<p><b>Emotional Intelligence &amp; Mindful Listening</b> <i>Kaplan, Julius (Jay) A</i></p>	<p>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 EI strengths and weaknesses; deal with difficult people, and demonstrate EI 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.</p>
<p><b>Tools for Combating Burnout: Using Mindfulness to Your Advantage Workshop</b> <i>Friedman, Vidor E</i></p>	<p>Mindfulness is the ability to be present, aware of where we are &amp; what we're doing, &amp; not be overwhelmed by what's going on around us. Attendees will participate in a group mindfulness exercise &amp; identify practical ways to implement this restorative exercise in their daily routine</p>

<p><b>RVU Killers: The Most Common Reimbursement Documentation Errors</b> <i>Granovsky, Michael A</i></p>	<p>We all know the axiom, “If it isn’t written, it wasn’t done.” To attain the appropriate medical record and obtain the correct reimbursement, it is important that documentation is as accurate as possible. The speaker will outline many of the most common documentation errors, including errors of omission and errors of commission that may lead to trouble from governmental and private payers.</p>
<p><b>Medical Errors: Prevention &amp; Disclosure</b> <i>Marco, Catherine Anna</i></p>	<p>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.</p>
<p><b>Clinical Pearls from the Recent Medical Literature 2021: Part 2</b> <i>Bukata, W Richard; Milne, William Ken; Shoenberger, Jan Marie</i></p>	<p>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.</p>
<p><b>Locums: Where Are We Now?</b> <i>Sanson, Tracy G</i></p>	<p>Travel, flexibility, and amazing income. Is locums work really an option for employment? Explore the history of locums work and get a glimpse into the future of EM practice. Attend this session to demystify the ads and learn if a career in locums is right for you.</p>
<p><b>Divorce, Depression &amp; Loss: How to Keep Going When It All Falls Apart</b> <i>Chung, Arlene</i></p>	<p>Life can throw a lot at you, including abusive relationships, major illness, and competing family and professional needs. The speaker will discuss personal illustrations and lessons learned.</p>
<p><b>Putting Zip in Your ZOOM</b> <i>Rose, Christian C</i></p>	<p>Remote meetings and teaching have become a new normal fostered by the pandemic. The speaker will discuss novel tips and techniques designed to hold the audience’s attention for an engaging, virtual presentation. Discover settings and tricks to sound, look and share better on the virtual platform. From breakout sessions to annotation tools to sticky notes to active polling, learn how to run meetings, teach, and communicate more effectively in the virtual setting.</p>
<p><b>Ask the Experts: Ethical Dilemmas &amp; Tough Decisions in the ED</b> <i>Bryant, Vonzella A; Marco, Catherine Anna</i></p>	<p>In this interactive panel discussion, attendees have the opportunity to present challenging cases that pose ethical, legal, or moral dilemmas in emergency medicine. Potential discussion cases include refusal of care, end of life decisions, care of minors, narcotic prescribing, mental health, and allocation of resources.</p>
<p><b>Beyond UpToDate: Calm the Chaos of Continuing Education</b> <i>Bhandari, Salil K</i></p>	<p>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 in between shifts? What if you need refreshers on pediatric emergency medicine or critical care skills? The speaker will provide high- yield resources both online and offline for the experienced provider seeking continuing resources at the bedside and beyond.</p>
<p><b>Physician Do No Harm: A Comprehensive Look at Physician Suicide Workshop</b> <i>Doty, Christopher I</i></p>	<p>Physicians in the US have the highest suicide rate of any profession &amp; one which more than doubles that of the general population. The suicide rate of male physicians is 40% higher than men in general, &amp; in women is 130% higher than that of females in the general population. Data from the Center for Disease Control’s National Violent Death Reporting System shows that compared to the general population, physicians are three-times more likely to have job problems identified as a factor contributing to suicide, including tensions with a co-worker, poor performance reviews, increased pressure at work, or fear of being laid off. Of concern, suicide is a leading cause of death among physicians-in- training. There is an epidemic of physician suicide—a public health crisis with one million Americans losing their doctors to suicide each year. This will be a one-hour session into small facilitated groups in order to open a dialogue about this taboo topic, allowing attendees to share their own experiences while also searching for solutions to this epidemic of depression, burnout, &amp; suicide in the medical community.</p>



**But I Didn't Say Anything: Effective Skills for Non-verbal Communication**

*Strauss, Robert W*

We all know that when we interact with others, the majority of our communication comes through as non-verbal. Come learn the tricks to effective non- verbal communication and improve your relationships with patients, colleagues and even family and friends.

**How to Succeed in Your First Five Years of Practice**

*Agunbiade, Abdulkareem*

The top ten concrete practical tips for residents and newly-minted attendings in just 30 minutes. This is a high-yield, energetic presentation mixing wisdom, wit, and personal experiences to help make you successful!

**Dealing with (Anonymous) Criticism**

*Strauss, Robert W*

Providers can be the recipient of complaints either from colleagues, team members or patients. Anonymous reporting is increasingly being utilized to identify bad behaviors, but what if you feel you were unfairly targeted? How do we deal with the emotional burden of negative comments and how do we transform our thought process from natural reaction into positive actions. The speakers will address mechanisms for self-assessment, behavior correction and navigating a difficult work environment. In addition the speaker will discuss the art of listening to hear what you need to hear, not just what you expect to hear during those difficult conversations.

**What's Next: 5 Strategies for Reinventing Your Career in Uncertain Times**

*Kaplan, Julius (Jay) A*

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.

**Winner, Winner, Chicken Dinner: Negotiation Skills for Win-Win Outcomes**

*Strauss, Robert W*

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 negotiating skill. 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.

# PULMONARY DISORDERS

<p><b>Lung Bugs &amp; Drugs 2021</b> <i>Burns, Boyd D</i></p>	<p>Pneumonia alert! “Did you order antibiotics?” the charge nurse asks you. It seems there is always some new process by which we identify patients with pneumonia, but what really is the current evidence behind the treatment of this common disease? The speaker will focus on the epidemiology of different types of pneumonia, including CAP, HAP (hospital-associated pneumonia), VAP (ventilator associated pneumonia), review the current guidelines for diagnosis &amp; management, &amp; highlight antimicrobial resistance &amp; antibiotic stewardship principles.</p>
<p><b>Perils in the Pleural Space</b> <i>Marie-Carmelle Elie, MD, FACEP</i></p>	<p>From effusions to pneumos, the pleural is a perilous place for emergency physicians. This crash course will prepare you to deal with patients pleural problems like a pro.</p>
<p><b>Management of Massive Hemoptysis: Save Your Drowning Patient!</b> <i>Burns, Boyd D</i></p>	<p>Patients presenting to the ED with massive hemoptysis can shake even the most seasoned emergency physician. This course will review strategies for managing these patients, &amp; quite possibly saving their life.</p>
<p><b>Ventilator Management in the 2020’s - Implications for COVID-19</b> <i>McCloskey, Colin G</i></p>	<p>Optimizing the ventilator for your ED patient is challenging enough. Now add COVID-19 to the mix. This talk reviews best practices for managing the ventilator for the COVID-19 patient.</p>
<p><b>Rescue Strategies for Severe Hypoxia in the ED</b> <i>Hockstein, Maxwell A</i></p>	<p>Severe hypoxemic respiratory failure presents challenges in resuscitating the critically ill patient. Many times, our usual approach to airway management is not sufficient. In this case-based lecture, you will learn the approach to successful management of these challenging patients.</p>
<p><b>The Life-threatening Asthmatic</b> <i>Roginski, Matthew Alexander</i></p>	<p>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 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.</p>
<p><b>Unpacking the Black Box : Diagnosing Pulmonary Embolism in Pregnancy</b> <i>Westafer, Lauren M</i></p>	<p>Few things in medicine are more confusing than evaluating pregnant patients for pulmonary embolism (PE). PE is classically a ‘can’t miss’ and killer diagnosis and clinicians have been taught that our pregnant patients, who are already high risk, are at even higher risk of PE. Yet, until recently there has been little evidence on how to best evaluate these patients. Clinical decision tools? D- dimer? Ultrasound? CT or Ventilation-Perfusion Scan? This session will review the most recent evidence on the trends in the prevalence of PE in pregnant and recently post-partum patients.</p>
<p><b>Ventilator Management: Where’s the Easy Button?</b> <i>DeBlieux, Peter Mark</i></p>	<p>Optimizing the ventilator for your ED patient is challenging enough. Now add COVID-19 to the mix. This talk reviews best practices for managing the ventilator for the COVID-19 patient.</p>
<p><b>Differentiating Dyspnea: Respiratory Failure 101</b> <i>Wilson, Jennifer G</i></p>	<p>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 patients 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 &amp; how to intervene on each.</p>
<p><b>Adjust Your Approach: Adjust the D-Dimer!</b> <i>Westafer, Lauren M</i></p>	<p>The d-dimer is frequently the bane of the emergency-physician’s existence when it comes to ruling out pulmonary embolism. This talk discuss the appropriate use of the d-dimer as well as the utility of and evidence behind an adjusted d-dimer approach.</p>
<p><b>Lung Ultrasound in the ED: Don’t Diss Dyspnea</b> <i>Bailitz, John Michael</i></p>	<p>Using a case-based interactive format, the speaker will demonstrate how ultrasound can be used in the patient with undifferentiated dyspnea to identify the source early &amp; clarify medical decision making. Often patients with dyspnea are critically ill &amp; unstable for transportation to imaging &amp; other testing. Early implementation of ultrasound may help guide management in our sickest patients when other testing is not an option. Participants will discuss a broad range of cases that highlight common cardiac &amp; pulmonary causes of dyspnea &amp; recognition of associated ultrasound pathology.</p>

# RISK MANAGEMENT/ED & LAW

<p><b>Liability Concerns &amp; Controversies Working with Non-physician Providers</b> <i>Mayz, Kurtis A</i></p>	<p>Non-physician provider supervision and incurred liability is a frequent concern expressed by ACEP physicians. An 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.</p>
<p><b>National Practitioner Data Bank: Opening Pandora's Box</b> <i>Nordlund, Diana</i></p>	<p>Events reported to the NPDB affect all future licensing and credentialing. What events are reported? Is your report accurate or can it be corrected? What actions can be taken to avoid reporting or craft mutually agreed upon the language to mitigate future professional damage?</p>
<p><b>Little People, Big Lawsuits</b> <i>Mayz, Kurtis A</i></p>	<p>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 use of consultants, and address duty to warn differences specific to our pediatric patient population.</p>
<p><b>Black Box Drugs We Use: What's the Risk?</b> <i>Weant, Kyle</i></p>	<p>The black box drug list seems to be growing yet we are constantly faced with drug shortages limiting our choices when caring for patients in the ED. Many of us have used these drugs extensively in the past &amp; feel quite comfortable with continuing this use on our patients. What is our risk when we do this? Is it a reasonable risk? The speaker will summarize black box warnings on drugs frequently used in the ED, assess the risk of this continued use, justify appropriate use in specific patients, &amp; identify critical documentation needed when choosing to use these drugs.</p>
<p><b>Top 5 Legal Risks in Five Minutes or Less</b> <i>Mayz, Kurtis A</i></p>	<p>Emergency medicine is a high risk specialty. Recognizing these five predictable sources of medical malpractice claims and lawsuits in addition to cultivating practice and documentation strategies reduces the risk of becoming a defendant!</p>
<p><b>Clinical Pearls from the Recent Medical Literature 2021: Part 1</b> <i>Bukata, W Richard; Milne, William Ken; Shoenberger, Jan Marie</i></p>	<p>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.</p>
<p><b>GOTCHA! The Medical Chart: Anticipating the Lawyer's Review</b> <i>Nordlund, Diana</i></p>	<p>During this interactive course, the speaker will review emergency medicine charts &amp; discuss how wording factors into lawsuits. You will learn how specific charting can help avoid getting sued and/or win the case if there is litigation.</p>
<p><b>Practice to Penitentiary: Criminal Liability in EM Practice</b> <i>Stankus, Jennifer L'Hommedieu</i></p>	<p>Providers are coming under increasing threats of criminal reproductions for their actions in the care of their patients. A case-based exploration of current issues in criminal liability in opiate prescribing, liability for assault in the care of psychiatric patients, &amp; negligent homicide in the place of medical malpractice.</p>
<p><b>Informed Consent: Sign Here...See You in Court</b> <i>Lindor, Rachel A</i></p>	<p>With the continued rise of patient autonomy comes increasing risk to EPs of dual-pronged lawsuits alleging medical malpractice AND lack of informed consent. An MD/JD will use cases to illustrate numerous barriers to the informed consent process in emergency department patients. 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?</p>
<p><b>Contract Nightmares: Due Process, Indemnification Clauses &amp; Non-Competes</b> <i>Kowalenko, Terry</i></p>	<p>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?</p>

<p><b>Crisis Standard of Care: Ethical &amp; Legal Implications of COVID Crisis Care</b>  <i>Marco, Catherine Anna; Schlicher, Nathaniel R</i></p>	<p>During the COVID pandemic, the commitment of the physician to the individual patient is counterbalanced by the need to protect the welfare of a population of patients. Join a bioethicist and an MD/JD to explore the ethical principles that guide development of the COVID crisis standard of care and resultant legal risk ramifications.</p>
<p><b>Become a Star at Your Deposition: An Insider's Guide</b>  <i>Schlicher, Nathaniel R</i></p>	<p>Experienced emergency physician &amp; attorney will present a medical case for the audience to manage, leading to a charge of malpractice, &amp; a voluntary participant will be deposed. Key pitfalls &amp; pearls of depositions will be demonstrated &amp; discussed.</p>
<p><b>High-Risk Cases in EM</b>  <i>Lindor, Rachel A</i></p>	<p>Emergency medicine is a high risk specialty. Certain clinical entities, however, are predictable sources of bad outcomes &amp; associated medical malpractice claims &amp; lawsuits. The speaker will review common areas associated with risk in EM, reviewing the pitfalls of misdiagnosis &amp; strategies to reduce risk to the patient &amp; the provider. Medical malpractice cases will be utilized to illustrate key concepts.</p>

# TOXICOLOGY & ENVIRONMENTAL DISORDERS

<b>Management of the Near- drowning Patient</b> <i>Macias, Darryl Joseph</i>	Thousands of drownings happen annually in the US and many more present with near-drownings. How can we best take care of these patients?
<b>COVID-19 &amp; Poisoning Misadventures</b> <i>Craig Smollin, MD</i>	During the COVID pandemic, rumors and misinformation have led to many unfortunate poisonings in attempts to prevent COVID. The speaker will discuss the rise of household cleaner poisonings as well as the toxic complications of physician-prescribed medications like hydroxychloroquine.
<b>Crashing Tox Patient</b> <i>Beauchamp, Gillian A</i>	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? What to do next? During this lecture, the speaker will discuss what to consider when your tox patient starts crashing & the usual therapies aren't working.
<b>SSS: Snake, Scorpion &amp; Spider Envenomations</b> <i>Craig Smollin, MD</i>	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.
<b>Toxicology Jeopardy</b> <i>Beauchamp, Gillian A</i>	What does the emergency provider need to know when walking into your next shift? During this fast- paced, information packed session, this panel of experts will each spend a few minutes sharing many pearls from the trenches about hot topics in toxicology. The group will then be available to answer your questions, debate, and/or share additional pointers with the group.
<b>Depressed &amp; Overdosed</b> <i>Craig Smollin, MD</i>	25 million adults have been taking antidepressants for at least 2 years. The number of anti-depressant overdose has continued to rise. As an emergency medicine provider, we need to know how to recognize and manage TCA, SSRI and benzodiazepine overdoses.
<b>Visual Toxicology Workshop</b> <i>Thompson, Trevonne M</i>	A visual display of cases, including a wide range of products & plants, will be presented. Use your senses to solve these interesting diagnostic & treatment challenges that could present at your own ED. (This workshop is limited to 90 participants).
<b>Into the Chamber: Emergency Indications for Hyperbaric Medicine</b> <i>Johnson-Arbor, Kelly K</i>	Undersea & hyperbaric medicine is an ABMS recognized subspecialty of EM for a reason. There are currently 15 approved indications for the use of hyperbaric medicine; 10 of which could be considered emergencies. Are you making these appropriate referrals or consults in your practice? The speaker will discuss the underlying physiology, diagnosis and initial management of acute diving disorders along with other emergent conditions requiring hyperbaric treatment.
<b>Opiate Withdrawal in the ED - Treat or Street: ACEP Connect</b> <i>LaPietra, Alexis M; Nachat, Arian; Rachel Haroz, MD</i>	Interactive & provocative dive into management considerations of opiate withdrawal as it is seen in the emergency department. Should these clinical issues be addressed & if so, how? Where & how should these patients be dispositioned? These questions & more will be answered during this session.
<b>Emerging Trends: Cases in Poisoning Management</b> <i>Thompson, Trevonne M</i>	During this course, miss & near-miss cases in overdose recognition, treatment, & management will be discussed. What are the subtle ECG findings, labs, and/or clinical clues that point you to that potentially lethal unknown overdose? Give the right antidote & have a favorable outcome; give the wrong antidote & things could be disastrous. The speaker will compare & contrast management & treatment strategies for a variety of overdoses, highlighting newer agents as treatment choices.
<b>Smoke Inhalation, Cyanide Toxicity &amp; Carbon Monoxide Poisoning</b> <i>Gillian Beauchamp, MD</i>	This lecture will review the management of patients who were exposed to smoke inhalation. Including management with hyperbarics.

**Environmental Emergencies Jeopardy**

*Johnson-Arbor, Kelly K*

Come and test your knowledge in treating patients with environmental emergencies. This lecture will cover management of patients with smoke inhalation, submersion injuries, electrical injuries, hypo and hyperthermia.

**Is There a Doctor On Board? Medical Emergencies at 28,000 feet**

*Ho, Amy*

You are halfway across the Atlantic Ocean when the pilot announces overhead there is a medical emergency and asks if there is a doctor on board. What are tips and pearls from real life scenarios to make you raise your hand without fear?

**Poisoned & Bizarre! ECGs in Toxicologic Emergencies**

*Todd Phillips, MD*

The speaker will review common ECG findings in patients with toxicologic emergencies. An algorithmic approach will be discussed & learners will develop expertise in interpreting toxicologic ECG's.

**Wilderness Medicine: Get Out Safely**

*Johnson-Arbor, Kelly K*

What does the emergency provider need to know when providing care in the wilderness? During this session, the speaker will share many pearls from the field about hot topics in wilderness medicine such as cold illnesses, heat illnesses, altitude illness, submersion injuries, & wilderness improvisation. The speaker will then be available to answer your questions & share additional pointers with the group.

**Critical Update in Toxicology 2021**

*Thompson, Trevonne M*

Having a toxicologist just a phone call away has bought much comfort to physicians across America. But what are the new issues arising? First, There have been several drug shortages affecting critical antidotes. Second, The rise of legal cannabis has led to a higher number of child exposures. Last, a discussion of exposomics: environmental effects on health, life & disease.

**Harm Reduction - If You Can't Quit, at Least be Safer**

*Ho, Amy*

Addiction and substance abuse are major contributors to the ED patient population. Often times patients are not ready to quit, but continue to experience poor health outcomes related to their substance abuse. Here we discuss methods of harm reduction education for patients of various addictions.

# TRAUMA

<p><b>Trauma Transfer - Get Them Out?</b> <i>David W. Callaway, MD, FACEP</i></p>	<p>ATLS calls for rapid transfer of trauma patients to higher levels of care. This however is not practical in many systems. The timing, constraints of EMTALA and availability of transfer mechanisms all challenge the provider at the smaller or rural hospital. Best strategies for transfer, workup and evaluation of the trauma patient will be explored.</p>
<p><b>Clear as Mud: C-Spine Clearance 2021</b> <i>Mary E. McLean, MD</i></p>	<p>Spinal cord imaging &amp; injury is a major aspect of the evaluation of most trauma patients in both adults &amp; children. It is necessary to understand the biomechanics of head &amp; neck trauma to help determine the extent of injury. Several cervical spine clearance rules exist &amp; will be reviewed. In addition, the speaker will discuss the questions that are pertinent to ask the patient suspected of having cervical injury, &amp; how to perform a proper neurologic examination to better guide imaging decisions.</p>
<p><b>Trauma in Pregnancy: A Different Kind of TWOfer</b> <i>Pfennig, Camiron L</i></p>	<p>This case-based presentation will focus on physiological changes &amp; important management decisions in the obstetrical trauma patient.</p>
<p><b>Pediatric Trauma Pearls &amp; Pitfalls</b> <i>Gausche-Hill, Marianne</i></p>	<p>The speaker will review the hottest topics in pediatric trauma. Clinical pearls &amp; how to avoid pitfalls will be discussed during this course.</p>
<p><b>Traumacology: Drugs for the Trauma Bay</b> <i>Weant, Kyle</i></p>	<p>The speaker will discuss the drugs you need to be using during your trauma resuscitations, from Ketamine to TXA (tranexamic acid). Old medications being utilized today for major &amp; minor trauma treatment, sedation &amp; pain management will also be discussed.</p>
<p><b>Debunking Trauma Myths: It's Not Just Politics: ACEP Connect</b> <i>Hogrefe, Christopher; McGowan, Torree M; Moreira, Maria E</i></p>	<p>Over the few decades, the evaluation &amp; management of many traumatic injuries has improved dramatically. However, in many practice environments outdated ideas often persist. During this interactive course, the speaker will challenge the audience to identify the "best practices" in trauma assessment &amp; management that remain today, &amp; those that have been replaced with better evidence- based techniques.</p>
<p><b>Managing the Agitated Trauma Patient</b> <i>Christopher Hogrefe, MD, FACEP</i></p>	<p>This speaker will review the key management issues when dealing with the agitated trauma patient. It will include determination of capacity and sedation of the agitated and potentially head injured patient when indicated.</p>
<p><b>Facial Trauma</b> <i>Tina Choudhri, MD</i></p>	<p>Facial trauma is a frequent sequelae of a variety of mechanisms of trauma. it an be very distracting and dramatic and can appear in a number of injury patterns. It is important to recognize the patterns and risks to underlying structures.</p>
<p><b>Trauma STAT! Don't Miss This Visual Cue!</b> <i>Hogrefe, Christopher</i></p>	<p>Good trauma care requires prompt recognition of a constellation of injuries. Presentation of these injuries may be readily apparent or subtle. Functional outcome is often sensitive, requiring the emergency physician to have skills in prompt recognition &amp; management of the injury. The speaker will highlight important clinical pearls &amp; pitfalls in the management of trauma patients from a visual perspective. The speaker will also integrate physical examination findings, radiographs, CT scans, &amp; other visual cues necessary for management of trauma patients.</p>
<p><b>Traumatic Brain Injury- What Matters Most in Severe TBI</b> <i>Tina Choudhri, MD</i></p>	<p>Severe head injury is a leading cause of death in trauma and a major challenge for resuscitation in the Emergency Department. TBI is a heterogenous group of injuries. Careful resuscitation of the patient with TBI is important and sometimes a challenge with other traumatic injuries and medical conditions. Optimal strategies and key measures will be explores in this lecture.</p>
<p><b>Trauma at Your Doorstep: Different Environments, Different Approaches</b> <i>Lyon, Regan F; McGowan, Torree M; Moreira, Maria E</i></p>	<p>ATLS was created to ensure there was a baseline standard of care for trauma patients, regardless of practice environment. The most innovative trauma care, however, may not be as universal. The speakers will present several trauma cases, and then each will discuss how their respective clinical practice environments dictate medical decision making and interventions. Does a state-of-the-art trauma bay equate to better trauma care?</p>

**Chest Tubes - Pearls & Pitfalls***Knight, Starr*

Do you really need a 36 French chest tube? The speaker will discuss the indications for inserting & NOT inserting chest tubes. Selection of appropriate sized tube for the appropriate patient will be emphasized & pearls for successful performance will be shared.

**Physical Exam vs Imaging in Blunt Neck Injuries***Siket, Matthew S*

Vascular imaging of blunt neck injuries is an area of active research. From hangings to seat belt signs, come brush up on the latest evidence & learn which patients to image & which to rely on physical exam findings.

**Austere Critical Care: Lessons Straight From the Battlefield***Lyon, Regan F*

The military often provides civilian medicine with new innovations or lessons learned—Tourniquets, QuickClot, REBOA. Some military medical teams are providing damage control surgery & resuscitation in extreme austere conditions. The speaker will discuss a recent deployment from a far forward special operations surgical team in an austere environment, including medical decision-making in austere locations, unique tools and innovations to manage limited resources, and the necessity of teamwork & flexibility.

**Life-saving Procedures in Trauma***Knight, Starr*

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.

**Resuscitation of the Trauma Patient***Colwell, Christopher B*

The best approach to the acute resuscitation of the critically ill trauma patient continues to evolve both exciting and sometimes confusing ways. The best approach to access, fluids, blood products, TXA, and more remains the subject of considerable research. The speaker will summarize the current literature and recommend approaches to the emergency department resuscitation of the critically ill trauma patient.

**Breaking the Cycle: Implementing a Community Violence Intervention Program in the ED (James D. Mills, Jr. Memorial Lecture)***Christopher B. Colwell, MD, FACEP*

Community violence has become an increasing problem and the effects are seen more and more in the ED. It is important for the clinician to understand the origins, ongoing evolution and most importantly the possibility for interventions to mitigate the growing epidemic of trauma.

**Management of Pelvic Trauma***Colwell, Christopher B*

Attend this session to learn what's new in the management of pelvic trauma in 2020 & the options in the approach to significant pelvic injury, particularly those in hemorrhagic shock.

**Cruising the Literature: Trauma 2021***Colwell, Christopher B*

Trauma in 2020! 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.

**Trauma STAT! Fluids, Factors & the TEG!***Shinar, Zachary M*

Resuscitation of unstable multiple trauma patients includes fluid replacement. How much intravenous fluid is appropriate in hemorrhagic shock? When should PRBCs, platelets, & other blood products be administered? What new synthetic blood replacement products are available to resuscitate patients? Can we use the TEG to guide resuscitative efforts? Attend this course to find out when to hook 'em up, what to give, & when to stop.



# UROLOGIC & OB/GYN DISORDERS

<b>Clinical Pearls for the Breastfeeding Patient: Pump &amp; Dump or OK to Use?</b> <i>Lucienne Lutfy-Clayton, MD</i>	Emergency physicians have to keep track of many things when prescribing medications. Are there any allergies? Interactions with other medications? But, we also need to be cognizant of when our patient is breastfeeding and how it may alter our choice of treatment.
<b>In Vitro Fertilization Patients &amp; ED Presentations: Pearls &amp; Pitfalls</b> <i>Lucienne Lutfy-Clayton, MD</i>	Assisted Reproductive Technologies (ART) are increasing in popularity and the emergency physician needs to be aware of the phases of these treatments and what complications the patients may suffer bringing them to the emergency department. In this lecture, the speaker will review the phases of ART including hormone stimulation, egg retrieval, implantation and gestation. Along each phase of the journey, the speaker will review what is expected as well as pearls/pitfalls for diagnosing and treating complications.
<b>Cardiac Emergencies in the Post-Partum Patient</b> <i>Borhart, Joelle</i>	Women, who were previously healthy, can present in the part-partum period with illness that may be underestimated and misdiagnosed. In this case based review, the speaker will cover the concerning presentations suggestive of cardiovascular emergencies in the post partum patient, and review a diagnostic approach and appropriate therapy.
<b>Sexual Assault, IPV &amp; Human Trafficking: At Risk Patients in Your ED</b> <i>Carter, Merle Andrea</i>	Human trafficking, sexual assault & intimate partner violence are more prevalent than most think. Many ask “What can I do as an ED physician?” The speaker will focus on increasing awareness, best practices for screening, & what an emergency physician needs to know & do when faced with these potential sensitive situations.
<b>Male GU Emergencies: Bent, Broken &amp; Backed Up</b> <i>Hennings, Jacob R</i>	This course will cover the span of male GU emergencies in rapid succession. Topics presented will include urinary retention, phimosis & paraphimotic, priapism, Fournier’s gangrene, penile trauma, the acute scrotum.
<b>Neurologic Emergencies in Pregnancy: Pre-eclampsia &amp; Beyond</b> <i>Manning, Sara Lynn</i>	Headaches can be vexing for the emergency physician, but even more so in the pregnant or post-partum patient. Is it a migraine or something more? This course will review the dangerous etiologies of headache in pregnant patients along with recommendations for diagnosis and management.
<b>COVID19 &amp; Pregnancy: What Do We Know Now?</b> <i>Manning, Sara Lynn</i>	COVID19 and other global coronaviruses have had effects on pregnant patients that are different than the general population. This course will focus on what risks our pregnant patients with COVID19 face as well as our pregnant colleagues working in healthcare.
<b>Plight of the Pelvic Exam: Can It Really Be Dismissed?</b> <i>Manning, Sara Lynn</i>	Recent research has questioned the pelvic exam’s utility, concluding it can be routinely omitted from ED evaluations, but closer scrutiny suggests this is far too premature. In this session, we untangle the real evidence from confounding social factors, look back on the often-dark history of the pelvic exam, and discuss the profound implications of omitting the pelvic exam from the list of standard ED assessments.

## ABDOMINAL DISORDERS

<p><b>Sick To My Stomach: The Critically Ill Patient with Abdominal Pain</b> <i>Benjamin C. Smith, MD, FACEP</i></p>	<p>The unstable patient with abdominal pain demands a targeted approach to diagnosis and management with ultrasound being a valuable bedside tool. A variety of etiologies ranging from vascular catastrophes to the more abdominal compartment syndrome need to be considered. This lecture will be a case based discussion on how the ED provider can quickly and accurately identify and treat conditions leading to the critically ill abdominal pain patient and how ultrasound can be a assist in the evaluation and management of these patients.</p>
<p><b>How I Learned to Love Treating Chronic Abdominal Pain &amp; Vomiting</b> <i>Joyce Li, MD</i></p>	<p>Chronic gastrointestinal complaints can be some of the most frustrating cases in the ED. They are rarely satisfying for both the patient and provider, but with a few key concepts you can help both the patients and you! In addition this session will review the treatment options available for these patients.</p>
<p><b>Abdominal Pain That Isn't: The Masqueraders</b> <i>Diane M Birnbaumer, MD, FACEP</i></p>	<p>There are a number of diseases that present as acute abdominal pain but are not due to an acute abdominal process ranging from common pathology such as a pulmonary embolism to more rare systemic diseases including porphyria and retroperitoneal hematomas muddling the picture. The speaker will discuss a variety of these "masqueraders" using a case-based approach &amp; the work-up of these symptoms &amp; diseases.</p>
<p><b>Clogged or Broken? Troubleshooting Tubes and Lines</b> <i>Diane M Birnbaumer, MD, FACEP</i></p>	<p>Increasing outpatient approaches to treatable diseases along with palliative care have increased the number of patients who present to the ED with drains, and tubes such as nephrostomy, G-tubes, and foley catheters. These all can get clogged, stuck, malfunction or fall out. The speaker will discuss a variety of tube problems and some creative solutions in both adults and pediatric patients.</p>
<p><b>Bloody Hell: GI Bleed Management in the ED</b> <i>Benjamin C. Smith, MD, FACEP</i></p>	<p>The gastrointestinal bleed patient is usually not difficult to identify but determining the severity, source &amp; emergent management of these patients can occasionally be difficult. This course will focus on emergency department identification, resuscitation &amp; early management of both upper and lower GI bleeding. An evidence-based approach &amp; current recommended early therapeutic options will also be discussed.</p>
<p><b>Buoyant Bellies: Sick Cirrhotic Patients in the ED</b> <i>Joseph S Palter, MD</i></p>	<p>The bleeding cirrhotic is a patient we are all aware of, but these chronically ill patients get sick in other ways as well. This lecture will focus on disease processes that these patients present to the ED for beyond the bleeding esophageal variceal.</p>
<p><b>Banded But Broken: Post Bariatric Procedure Patient in the ED</b> <i>Joseph S. Palter, MD</i></p>	<p>Bariatric surgery is becoming an increasingly popular procedure and inevitably you will start to see the complications of these procedures walk into your ED, are you ready to care for them? What should we be looking for? What imaging should we be using? This lecture will examine the special considerations for the evaluation of abdominal complaints for patient who have had a bariatric procedure done.</p>
<p><b>GI Impactions, Perforations and Foreign Bodies: Fast Facts</b> <i>Joyce Li, MD</i></p>	<p>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 and children 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.</p>
<p><b>No Room for Error: Abdominal Pain in Pregnancy</b> <i>Luz M Silverio, MD, FACEP</i></p>	<p>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 the pregnant patient as well as their clinical presentation and management.</p>

# AIRWAY, ANESTHESIA, ANALGESIA

<p><b>Pearls for Procedural Sedation</b> <i>Steven T Haywood, MD, FACEP</i></p>	<p>Procedural sedation is a defining skill for emergency medicine &amp; a practice area fraught with risk &amp; 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 &amp; 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.</p>
<p><b>The Unexpected Difficult Airway: How to Avoid It &amp; How to Manage It</b> <i>Michael Alfred Gibbs, MD</i></p>	<p>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. In addition, a sophisticated understanding of contemporary airway rescue devices &amp; techniques is crucial.</p>
<p><b>Advanced Airway Techniques Lab &amp; Clinical Cases</b> <i>Katren Rachel Tyler, MD, FACEP; Megan Fix, MD, FACEP;</i></p>	<p>Emergency physicians must be experts in airway management. This lab is designed to provide hands-on experience in several key emergency airway management techniques &amp; adjuncts including bougies, supraglottic airways, cricothyrotomy, video-laryngoscopy and flexible scopes. Devices will include Glidescope, C-mac, Airtraq, King Vision and intubating bronchoscopes. The skills of this lab will then be integrated with clinical application during case discussion (Prior attendance in "Unexpected Difficult Airway: How to Avoid It &amp; How to Manage It is" required.</p>
<p><b>Pain Pearls for Patients on Medications for Opioid Use Disorder</b> <i>Alexis M LaPietra, DO, FACEP</i></p>	<p>The course reviews the most up to date evidence regarding appropriate pain management in patients taking medications for opioid use disorder (MOUD). As more and more patients are started on MOUD the front line ED clinician will be tasked with adequately managing pain in this relatively new subset of patients.</p>
<p><b>Avoiding Pediatric Airway Panic: Advanced Pediatric Airway Management</b> <i>Alfred D Sacchetti, MD, FACEP</i></p>	<p>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, &amp; tube dimensions for children of various ages. Airway management in neonates &amp; other useful airway management tips will also highlight how to provide meaningful quality care for this special population.</p>
<p><b>Advanced Airway Techniques Lab &amp; Clinical Cases</b> <i>Katren Rachel Tyler, MD, FACEP; Megan Fix, MD, FACEP</i></p>	<p>Emergency physicians must be experts in airway management. This lab is designed to provide hands-on experience in several key emergency airway management techniques &amp; adjuncts including bougies, supraglottic airways, cricothyrotomy, video-laryngoscopy and flexible scopes. Devices will include Glidescope, C-mac, Airtraq, King Vision and intubating bronchoscopes. The skills of this lab will then be integrated with clinical application during case discussion (Prior attendance in "Unexpected Difficult Airway: How to Avoid It &amp; How to Manage It is" required.</p>
<p><b>Upper Body Regional Nerve Blocks</b> <i>Arun Nagdev, MD</i></p>	<p>With an opioid epidemic on our hands we need to look to alternate therapies for pain management. This presenter will review various nerve block techniques that you can perform in the ED.</p>
<p><b>Secured the Airway, Now What? Best Practices for Post- Intubation Sedation</b> <i>Colin G McCloskey, MD</i></p>	<p>Secured the airway check. So, what next? Intubated patients require some form of sedation. What are the best agents to reach for initially opiates, benzos, perhaps both? What are the other effective sedative options in our armamentarium? What about paralytics what are the pearls &amp; pitfalls of paralyzing patients who have just been intubated? This presentation will provide useful pearls for effectively managing patients in the immediate post-intubation period.</p>
<p><b>Opiates Are Out. What Pain Management is in?</b> <i>Alexis M LaPietra, DO, FACEP</i></p>	<p>Alternatives to opioid for both inpatient and outpatient pain control is a continually changing environment. Hear about what medications and techniques actually work and which may not be providing the relief for which your patient was hoping.</p>
<p><b>Stump the Airway Experts, Bring Your Cases!</b> <i>Colin G McCloskey, MD; Katren Rachel Tyler, MD, FACEP; Michael A Gibbs, MD</i></p>	<p>Bring your airway story, challenge, or triumph to discuss with ACEP experts and your colleagues. Or, learn vicariously through others tales. Participants will participate in small group discussions about members real-life experiences with a focus on lessons learned and improving future performance.</p>

<p><b>Ultrasound-Guided Regional Anesthesia Lab</b>  <i>Jennifer Carnell, MD, FACEP</i></p>	<p>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, &amp; 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.)</p>
<p><b>The Nerve! Ultrasound Guided Lower Extremity Nerve Blocks</b>  <i>Jacob Avila, MD</i></p>	<p>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 lower extremity nerve blocks through case presentations.</p>
<p><b>The Expected Difficult Airway: From Micrognathia to Morbid Obesity</b>  <i>Colin G. McCloskey, MD</i></p>	<p>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.</p>
<p><b>Been There, but Hope to Never Do That Again: Averting Common Airway Errors</b>  <i>Nikita Joshi, MD</i></p>	<p>Through the use of real-life critical airway cases, this presentation will focus on strategies to avert frequent errors in advanced ED airway management. Common airway pitfalls &amp; strategies to minimize the potential for errors &amp; mistakes will be tackled. The presenter will also discuss error disclosure, as well as strategies to prevent error scenarios in your practice.</p>
<p><b>Paranoid to Paralyze: How to Safely Perform Awake Intubations</b>  <i>Nikita Joshi, MD</i></p>	<p>The act of ordering paralytics can be nerve- wracking, but few airway cases will cause more trepidation than when a paralytic may be too dangerous to use. The presenter will discuss clinical situations when paralytics may be catastrophic &amp; when awake intubations are required. Strategies &amp; techniques to safely &amp; effectively perform awake intubations will be discussed.</p>

# CARDIOVASCULAR DISORDERS

<p><b>Acute Decompensated Heart Failure “Never a Dry Topic”</b> <i>Amal Mattu, MD, FACEP</i></p>	<p>We have made dramatic improvements in our ability to rapidly diagnose acute heart failure. Treatment pathways have become more evidenced based and patients that were once an “auto-admission”, are now dispositioned to a variety of settings including home. The speaker will review the current evidence in diagnosing, treating and dispositioning patients with acute heart failure.</p>
<p><b>Noninvasive Cardiac Testing - Which Test is Best</b> <i>Deborah B Diercks, MD, MSc, FACEP</i></p>	<p>The practicing clinician now has the ability to utilize imaging modalities to not only risk stratify patients for ACS, but to impact other patient management decisions as well. Join the speaker in determining when non-invasive cardiac testing is indicated and which test is best when evaluating patients with possible acute coronary syndromes.</p>
<p><b>Cardiac Tamponade: Ain’t No Thrill to Have No Fill</b> <i>Jennifer G Wilson, MD, FACEP</i></p>	<p>Cardiac tamponade is deadly and emergent intervention is needed. Using new, rapid approaches for diagnosis, there is often an opportunity for emergency providers to intervene. Determining which interventions should be done in which patients however, is challenging. Join the speaker as they review the critical diagnostic findings and how to determine the best treatment at the correct time.</p>
<p><b>New Cardiac Drugs 2022: What, How &amp; When</b> <i>George C Willis, MD, FACEP</i></p>	<p>Each year new medications are developed and indications for current medications are refined to assist providers with the management of patients with cardiac disease. Are they beneficial or harmful? What is the cost? These and other questions make integration of new medications into clinical practice an enormous hurdle. The speaker will present a literature review of new drugs and indications for older drugs and compare to those currently in use.</p>
<p><b>Hypotensive Heart Failure: CHF End Game</b> <i>Jennifer G. Wilson, MD, FACEP</i></p>	<p>Patients with hypotension and heart failure present a therapeutic dilemma as every “treatment” can actually make them worse. The speaker will discuss approaches to managing patients in cardiogenic shock and review the recent literature, current guidelines, and expert opinions so that you may optimize your odds of saving these complex, high- risk patients.</p>
<p><b>Atrial Fibrillation 2022: Don’t Miss a Beat</b> <i>Jeffrey Tabas, MD, FACEP</i></p>	<p>Atrial fibrillation is common and controversial: Is rate control superior to rhythm control? Should patients with AF be cardioverted? How? What is the best rate control agent? These questions and more will be answered as the speaker reviews the evidence, guidelines, and best practices.</p>
<p><b>Cruising the Cardiology Literature: 2022</b> <i>Amal Mattu, MD, FACEP</i></p>	<p>Medical journals 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.</p>
<p><b>Aortic Dissection: Don’t Miss This Diagnosis</b> <i>George C Willis, MD, FACEP</i></p>	<p>Thoracic aortic dissection is an uncommon but extremely lethal condition. New risk stratification rules using D Dimer are now available. The speaker will discuss the utility of risk scores and diagnostic tests as they review key findings in making the diagnosis. Additionally, participants will learn the current recommendations for stabilization and treatment.</p>
<p><b>ECLS &amp; Extraordinary Measures in Cardiac Arrest</b> <i>George C Willis, MD, FACEP</i></p>	<p>Extraordinary cases call for extraordinary measures. The speaker will review the evidence behind ECMO-enhanced cardiac life support and other extraordinary measures to 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.</p>
<p><b>Bradycardias – Moving Fast When Your Patient Is Slow</b> <i>Leen Alblaihed, MD, MBBS, MHA, FACEP</i></p>	<p>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. Particular emphasis will be placed on optimizing treatment protocols and on therapeutic myths and controversies.</p>
<p><b>Evidenced-Based Treatment of AMIs</b> <i>Mary McLean</i></p>	<p>Every year, the recommendations for treatment of acute myocardial infarction seem to change or evolve. What are the current recommendations, what is the evidence behind them, and what are the pitfalls in treatment? Which patients with NSTEMI should be rushed to the cath lab? Should anyone still get morphine, oxygen, nitrates, and/or aspirin? Emergency department therapies, new and old, such as reperfusion, heparin, nitrates, antiplatelet agents, beta blockers, antithrombins, opiates, supplemental oxygen, pain control, statins, &amp; percutaneous coronary intervention will be covered, reviewing the latest literature &amp; guidelines.</p>

<p><b>Tripping on Troponins - Understanding Rapid Rule out of AMI</b>  <i>Deborah B Diercks, MD, MSc, FACEP</i></p>	<p>Cardiac biomarkers have dramatically improved early detection of acute myocardial infarction as well as subtle cardiac damage. The speaker will describe current troponin testing and outline a diagnostic approach to maximize the efficiency and effectiveness of cardiac troponin testing for AMI exclusion.</p>
<p><b>Jedi Echo for the ED: Relevant Advanced Echocardiography for the Emergency Physician</b>  <i>Starr Knight, MD</i></p>	<p>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. Course objectives are focused around simplifying these and helping you apply them your next shift.</p>
<p><b>Bundle Branch Block Unblinded - Identifying Acute MI</b>  <i>Jeffrey Tabas, MD, FACEP</i></p>	<p>Detection of acute ischemia and infarction in patients with bundle branch blocks on ECG can be challenging. The speaker will discuss a systematic approach as well as common pitfalls in the recognition of ACS in patients with right and left bundle branch block.</p>
<p><b>ACLS Guidelines 2022: What's New &amp; Why</b>  <i>Jeffrey Tabas, MD, FACEP</i></p>	<p>AHA/ACC guidelines were new in 2020 and specific updates happen every year. The speaker will discuss the latest recommendations, the evidence behind them, and what will change your practice.</p>
<p><b>Fast and Furious Pumping the Brakes on Tachycardias</b>  <i>George C Willis, MD, FACEP</i></p>	<p>Wide complex tachycardia can make the most experienced emergency provider sweat. Combining current evidence &amp; a rational approach to diagnosis &amp; management, the speaker will discuss how best to care for these patients while maximizing the opportunity for rhythm diagnosis.</p>
<p><b>From Paper to Patient: Recent Advances in Emergency Electrocardiography That Will Save a Life</b>  <i>Amal Mattu, MD, FACEP</i></p>	<p>Tremendous advances have been made in the field of electrocardiography in the past several years. We are now able to detect subtleties that may literally mean either detection of disease and/or changing management that can save lives. Join experts in reviewing electrocardiographic pearls buried 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.</p>
<p><b>Pain in the Neck: Diagnosis &amp; Treatment of Vertebral &amp; Carotid Dissections</b>  <i>Andrew Matuskowitz, MD</i></p>	<p>Arterial neck vessel dissections can have profound neurological implications leading to classic stroke pictures clinically. The treatment of dissections of the neck vessels and classic embolic strokes are very different. Join the speaker in defining the disease of arterial neck dissections in the realm of pathophysiology and etiology as well as when to suspect and just as importantly, when and how to treat.</p>
<p><b>Myocardial Ischemia &amp; Mimics: ECG Cases</b>  <i>Amal Mattu, MD, FACEP</i></p>	<p>One of the first priorities in ECG analysis is to look for patterns of injury. Myocardial ischemia can be subtle on an ECG &amp; can be mimicked by several pathological processes. The speaker will focus on a diagnostic approach to the recognition of myocardial ischemia. Differentiation from other diseases &amp; normal variants also will be reviewed. By the time you are finished, you won't be fooled by mimickers of ischemia, &amp; recognition of acute coronary syndromes on ECG will be second nature.</p>
<p><b>Myocarditis: Detecting a Subtle Killer</b>  <i>Leah Steckler, MD</i></p>	<p>Myocarditis rarely presents in a straightforward, textbook fashion with chest pain and pulmonary congestion. Instead, myocarditis often presents subtly mimicking gastrointestinal or respiratory viral illnesses. The speaker will review the presentations and diagnostic strategies necessary to clarify this confounding diagnosis.</p>
<p><b>Pacemaker Lab</b>  <i>Jared D. Novack, MD, FACEP</i></p>	<p>Patients with unstable bradycardias frequently require 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 &amp; 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.)</p>
<p><b>Traumatic Cardiac Injury - Confusion with Contusion</b>  <i>Megan Fix, MD, FACEP</i></p>	<p>Blunt cardiac injury is poorly diagnosed and understood. Yet, tens of thousands of patients annually suffer blunt thoracic trauma. Review the evidence for diagnosing cardiac contusion and the best practices in caring for these patients.</p>

<p><b>Syncope &amp; Near Syncope- Should I Stay or Should I Go Now?</b>  <i>Andrew Matuskowitz, MD</i></p>	<p>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 providers must know when caring for patients presenting with a transient loss or near-loss of consciousness.</p>
<p><b>Join the Revolution Why STEMI Is an Outdated Term, the Occlusion MI Manifesto</b>  <i>Susanne DeMeester M.D.</i></p>	<p>An evidence-based manifesto on why our current STEMI vs. NSTEMI paradigm must be changed, and why the replacement should be “Occlusion MI.”</p>
<p><b>The Perfect Code - Seeing and Believing</b>  <i>Alisa V. Wray, MD, FACEP; Sean Kivlehan, MD, MPH</i></p>	<p>If we had the time to deconstruct the perfect code, what would it look like? Join this team of experts who will take the latest evidence and strategies to the stage while demonstrating the perfect code.</p>
<p><b>Acute Limb Ischemia: Red, White, or Blue - What to Do?</b>  <i>Leen Alblaihed, MD, MBBS, MHA, FACEP</i></p>	<p>Time is critical when caring for the cold, hypoperfused extremity. Venous and arterial occlusion are managed differently and it is imperative that providers identify the cause early and accurately. Join the speaker as they discuss how to quickly determine whether limb ischemia is caused by venous or arterial occlusion and which interventions are needed to salvage that leg.</p>
<p><b>ECG Squid Games</b>  <i>William Joseph Brady, MD, FACEP</i></p>	<p>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 an prize. 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 &amp; utilizing electrocardiographic pearls buried in years of bench studies.</p>
<p><b>EKGs of Syncope You Just Can’t Miss “Don’t Fall for This”</b>  <i>Susanne DeMeester M.D.</i></p>	<p>The ECG is an essential tool not only for arrhythmia detection and analysis but also for risk stratification in syncope. ECG interpretation in syncope patients is an essential skill for acute care providers. Using a case-based approach, the speaker will teach an expert approach to ECG analysis in syncope patients.</p>
<p><b>Hypertensive Emergencies: Drugs, Drips &amp; Drops</b>  <i>William J. Brady, MD, FACEP</i></p>	<p>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.</p>
<p><b>Breaking VAD: When a Broken Heart Fails</b>  <i>Cameron K Berg, MD, FACEP</i></p>	<p>More LVADs are placed every year. Are you prepared to manage these patients when their devices go bad? Join the speaker in understanding the components of these devices &amp; the potential problems. The speaker will explore how to troubleshoot the these devices providing specific guidelines &amp; recommendations.</p>

# CAREER ADVANCEMENT THROUGH TEACHING

<p><b>Working as a Female in the ED: Coffee House Chat</b>  <i>Arlene Chung, MD, FACEP; Diane M. Birnbaumer, MD, FACEP; Starr Knight, MD; Vonzella A. Bryant, MD, FACEP</i></p>	<p>A perspective on working as a female in the emergency department.</p>
<p><b>Know Your Worth: How Being Junior Faculty Makes You an Asset</b>  <i>Bernard Luis Lopez, MD, FACEP</i></p>	<p>While many physicians feel like being junior faculty in your department is a disadvantage, it is in fact the opposite. You have so much to offer your department and in the process build the career you want. This session will show you how to do just that.</p>
<p><b>Digital Scholarship: From Podcast to Promotion</b>  <i>Jan Marie Shoenberger, MD, FACEP</i></p>	<p>What is digital scholarship? This course will define digital scholarship and describe how technologies continue to redefine medical education. As the use of digital technology increases, new mediums including social media, podcasts, and interactive narratives are utilized more frequently for medical education scholarship. How to best optimize digital scholarship for publication and promotion as a medical educator will be discussed.</p>
<p><b>Unlearning Implicit Bias</b>  <i>Bernard Luis Lopez, MD, FACEP</i></p>	<p>Implicit bias is real and may be affecting our teaching and mentoring more dramatically than we realize. This course will teach learners to identify implicit bias and will provide techniques to unlearn these behaviors. Ultimately, this will improve teaching and mentoring of all learners.</p>
<p><b>How to be an Effective Mentor</b>  <i>Arlene Chung, MD, FACEP</i></p>	<p>Great mentoring is often the key to a person's career success. But what is great mentoring? How can we be effective mentors? How can we be great mentees? During this session, a mentoring expert will describe how to be an effective mentor &amp; mentee today.</p>
<p><b>Level Up Your Learners: How to Supercharge Your Teaching Skills</b>  <i>Christina L Shenvi, MD, PhD, FACEP</i></p>	<p>We all struggle with engaging learners who are busy, distracted, or uninterested. Whether in a lecture or on-shift, you can improve your teaching using these three, practical, theory-grounded concepts. First, understand how adult learning theory informs how you should engage your learners. Tune it into what they want to know! Second, don't overload their cognitive bandwidth. Cognitive load theory provides a framework for how to organize and present information that will make it easiest for the learners to process and remember. Third, cognitive apprenticeship provides practical ways you can meet the learner where they are and take them to their own next level.</p>
<p><b>How to Give a Killer Talk</b>  <i>Peter Mark DeBlieux, MD, FACEP</i></p>	<p>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 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!</p>
<p><b>Go LOW Tech: Interactive Low Tech Teaching Strategies</b>  <i>Al'ai Alvarez, MD, FACEP</i></p>	<p>Whether you want to change up a topic you love to lecture on or you run into technological issues, going LOW tech is always a great option. Going low tech can mean getting your hands dirty (or your resident's hands) or even using other teaching techniques to enhance your teaching styles. This presentation will show you some unique ways to shake up your didactic series by going LOW tech</p>
<p><b>Belonging: The Intersection of Diversity, Equity and Inclusion and Physician Well-Being</b>  <i>Al'ai Alvarez, MD, FACEP</i></p>	<p>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 promote resilience and inclusivity. Belonging is critical in efforts to advance equity and inclusion.</p>



# CRITICAL CARE

<p><b>There's Nothing Normal About Saline</b> <i>Marie-Carmelle Elie, M.D., F.A.C.E.P., F.C.C.M</i></p>	<p>What is so normal about saline? Balanced salt solutions, such as Lactated Ringer's have become in vogue of late for a variety of reasons, both physiologic and based on the literature. Join this session for an engaging session on one of the most commonly used drugs in your toolkit and consider how you can up your resuscitative practices just based on the fluid you select.</p>
<p><b>Resuscitation-Minded: Metacognition at the Bedside</b> <i>Marie-Carmelle Elie, M.D., F.A.C.E.P., F.C.C.M</i></p>	<p>Working in the ED is hectic and stressful on even the lowest acuity shifts, then you hear a crashing patient will be arriving to your resuscitation bay any moment. How do you mentally prepare yourself to focus when so much is going on around you? This talk will provide you with strategies to employ in your team and in your own head to help you focus on maximizing your patients outcomes no matter how sick they are.</p>
<p><b>Cruising the Literature: Top Articles in Critical Care</b> <i>Matthew Alexander Roginski, MD; Rory Spiegel, MD</i></p>	<p>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.</p>
<p><b>Gettin' Piggy With It: Are Chest Tubes a Thing of the Past?</b> <i>Marco E Propersi, DO</i></p>	<p>Evidence has been building that pigtail catheters may have similar effectiveness as chest tubes for a variety of pathologies. We discuss the growing list of indications for pigtail catheter placement, the potential advantages and disadvantages of pigtail catheters, and the evidence supporting the use of pigtail catheters.</p>
<p><b>The ICU Is Not Ready for Your Critical Patient, Are You?</b> <i>Rory Spiegel, MD</i></p>	<p>So you've intubated, ventilated, &amp; fluid resuscitated your critically ill patient. The ICU is not ready or there are no beds. Now what? What else should you be thinking about? How can you involve the ICU in the care of the patient before the patient is transferred? During this case-based presentation, the speaker will review the most common post- resuscitation issues in critically ill patients. After attending this lecture you will be better equipped to anticipate &amp; manage these issues in your ICU-bound patient before they become major problems.</p>
<p><b>OB, Ohh No: The Critically Ill Pregnant Patient</b> <i>Carrie Elisabeth Harvey, MD</i></p>	<p>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.</p>
<p><b>Undifferentiated Shock: Making a Difference</b> <i>Sara E Crager, MD</i></p>	<p>Emergency physicians can easily identify patients suffering from uncompensated shock the patient's vital signs are grossly abnormal &amp; they look ill. The challenge lies in identifying patients with early, compensated shock. Using a case- based approach, the speaker will discuss novel approaches to identifying, treating, &amp; monitoring patients suffering from shock. Audience participation will be encouraged.</p>
<p><b>Resuscitation That Kills: Right Heart Resuscitation</b> <i>Amado Alejandro Baez, MD, MSc, MPH, PhD, FACEP</i></p>	<p>The left heart is the workhorse of the body, while the right heart is often neglected. However, few patients are more difficult to manage than those with a failing right heart. Ultrasound in the ED has become ubiquitous &amp; can now help us diagnose &amp; treat the right heart better than ever. Next time a patient with a failing right ventricle comes to your ED, be sure to take home some pearls to improve their outcomes.</p>
<p><b>Dying With Dignity: Incorporating Palliative Care Into Your Practice</b> <i>Carrie Elisabeth Harvey, MD</i></p>	<p>As more critically ill patients present to the ED, it is vital to recognize that end of life care is an essential skill set for the emergency physician. This course will give participants an overview of palliative care with a focus on relevance in the ED. The session will start in how best to identify patients who require palliative care and then advance to interventions you can use on your next shift to alleviate patients suffering at the end of their lives.</p>
<p><b>End of the Line: The Future of Central Lines in the ED</b> <i>Mark Ramzy, DO</i></p>	<p>The central line is a classic procedure that every emergency physician must be prepared to do at a moment's notice. However, we are finding less and less indications where central access is required. This session will review the indications for a central line in the ED in 2022 while providing the pro and cons of other options you may have for access.</p>

<p><b>Man versus Machine: ECMO, REBOA, &amp; Beyond in the ED</b>  <i>Amado Alejandro Baez, MD, MSc, MPH, PhD, FACEP</i></p>	<p>As technology advances we are finding more ways to intervene on sick patients and save their lives with mechanical devices such as ECMO or REBOA. The question is are you ready to manage these patients in your ED? This session will serve as an introduction to these modalities and provide you with the basics on how to help these patient's survive their critical illness.</p>
<p><b>Under Pressor! Utilizing IV Pressors in the ED</b>  <i>Sara E Crager, MD</i></p>	<p>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.</p>
<p><b>Too Hot to Handle! Resuscitation &amp; Management of the Critical Burn Patient</b>  <i>Robert Michael Hughes, DO</i></p>	<p>Recognition, resuscitation &amp; early disposition of critically ill victims of burns are the cornerstone of quality early burn care. It's vital to consider other life-threats beyond the burn itself, such as smoke inhalation, cyanide, and carbon monoxide. This course will outline the latest, evidence-based &amp; up- to-date trends burn resuscitation strategies for the community hospital emergency department provider &amp; identify issues &amp; conditions that may impact transfer decisions.</p>

# DERMATOLOGIC DISORDERS

<p><b>Botched Botox &amp; Bad Fillers</b> <i>Jacob R Hennings, MD, FACEP</i></p>	<p>More and more people are undergoing office based skin treatments from Botox to fillers. What about when these procedures go wrong and patients end up in your emergency department? This course will cover early and late complications of dermatologic injectable treatments.</p>
<p><b>Does It Itch? Tricks of the Trade from Eczema to Scabies</b> <i>Zachary Repanshek, MD</i></p>	<p>Dermatologic disorders are part of the fabric of ED practice - whether the presenting problem or an incidental finding. Come join us for a visual journey through common dermatologic conditions encountered in the emergency care setting, with management pearls &amp; avoidable pitfalls in dermatology practice.</p>
<p><b>Recognizing the Top Ten Pediatric &amp; Adult Rashes</b> <i>Alisa A McQueen, MD, FACEP</i></p>	<p>What is it, &amp; what can I do about it? This is what emergency care providers really want to know when faced with a patient who has a rash. The speaker will describe how to recognize ten common &amp; clinically significant rashes on all skin types as well as mimics. The appropriate management &amp; disposition of each rash will be discussed.</p>
<p><b>Burn Management for the ED Doc -Sun to Steam</b> <i>Jacob R. Hennings, MD, FACEP</i></p>	<p>Managing burns, whether minor or severe can be challenging. Over the years burn management has evolved. Silvadene &amp; the Parkland Formula are no longer the answer for everyone. The presenter will explore the current, evidence-based approach to burn wound management &amp; will ensure we are all able to provide excellent care for these patients whom don't require transfer to specialty centers.</p>
<p><b>Homeward Bound-Rashes in Travel and COVID</b> <i>Emily A Rose, MD, FACEP</i></p>	<p>There are thousands of flights arriving daily from around the world to various cities in the US &amp; hitchhiking along with the people on these flights can also be significant illnesses, including COVID. The presenter will address how to identify &amp; manage some of the various illnesses that may arrive in your ED with rashes acquired from around the world.</p>
<p><b>Pediatric Rashes You Need to Know</b> <i>Andrea Fang, MD</i></p>	<p>Do children with rashes still stump you? The speaker will review pediatric rashes on all skin types, from classic childhood exanthemas to unusual &amp; life-threatening cutaneous disorders. Using a case-based format, measles, varicella, roseola, Kawasaki's disease, impetigo, &amp; staphylococcal scalded skin syndrome will be discussed.</p>
<p><b>The Death Rash: Lethal Rashes You Can't Miss</b> <i>Andrea Fang, MD</i></p>	<p>Is this just another rash presenting to your ED? The speaker will discuss visual cues on all types of skin to help you determine whether you are dealing with a benign or deadly rash.</p>
<p><b>New Updates in Wound Care: What's Best?</b> <i>Gil Zvi Shlamovitz, MD, FACEP</i></p>	<p>Patients come into the emergency department with wounds of many types, big and small. Should I use water or do I need saline? Should I leave it open or close it? Should I put on a dressing or leave it open to air? This lecture will cover best practices in wound care in the emergency department.</p>
<p><b>Abscess Management: Incise Smarter</b> <i>Taryn Taylor, MD, FACEP</i></p>	<p>Cutaneous abscesses are common &amp; we are all familiar with the management, but there are still clinical questions that can perplex us. Which abscesses benefit from antibiotics? Which abscesses need to have packing placed? Is there a better way to drain an abscess such as with loop placement? Does ultrasound play a role? The presenter will explore this common condition &amp; ensure we provide the best care for our patients with cutaneous abscesses.</p>

# ED MANAGEMENT & LEADERSHIP

<p><b>Super Strategies to Help Your ED Super Utilizers</b> <i>Bret Nicks, MD, MHA, FACEP</i></p>	<p>What really happens to the patient who presents to the ED night after night? How can emergency medicine help the system coordinate care so as to prevent further ED visits and hospital admissions? The speaker will share innovative and proven strategies that will help participants identify super- utilizers and create a coordinated discharge plan to prevent further recidivism.</p>
<p><b>This Boarding is Crazy! What to do with Mental Health Boarders in Your Department</b> <i>Abhishek Mehrotra, MD, MBA, FACEP</i></p>	<p>With staffing shortages, rising LWBS rates, and endless boarding, how can we work to provide safe ED care and efficient transitions to the outpatient or inpatient psychiatric settings. This course will provide background on the current state of ED psychiatric boarding and provide specific actionable strategies to address psychiatric boarders.</p>
<p><b>How to Evaluate a New Job and Negotiate the Contract</b> <i>Maria E Moreira, MD, FACEP; Michael A Gisondi, MD, FACEP</i></p>	<p>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?</p>
<p><b>Patient Satisfaction: Truths, Half-Truths &amp; Utter Lies - A Debate for the Ages</b> <i>Aimee K Moulin, MD, FACEP; Robert W Strauss, MD, FACEP; Tracy G Sanson, MD, FACEP</i></p>	<p>We practice in a data driven environment where hospitals and payers seek to measure every aspect of the care we provide. No metric has been more controversial than patient satisfaction. In this session, we will debate the pros and cons of patient satisfaction as published in the medical literature.</p>
<p><b>The HR Nightmare: Managing Difficult Staff</b> <i>Asa Viccellio, MD, FACEP</i></p>	<p>Does the old adage of 10% of your people take up 90% of your time apply to you? Leadership roles can be challenging and may not be exactly what you thought you were getting into when taking on the role. Leave this talk with tools to gain back some of your leadership time!</p>
<p><b>Dead Tired: The Impact of Fatigue on Patient Safety &amp; Physician Wellness</b> <i>Torree M McGowan, MD, FACEP</i></p>	<p>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 examining the literature regarding overtime hours and the impact of overnight operations. Recommendations from other high risk industries like nuclear power and aviation will be used to help craft a set of guidelines to guide safer emergency department operations.</p>
<p><b>Split Flow Success - Avoiding Pitfalls &amp; Getting Up to Speed!</b> <i>Abhishek Mehrotra, MD, MBA, FACEP; Bret Nicks, MD, MHA, FACEP; Deborah B. Diercks, MD, MSc, FACEP;</i></p>	<p>EDs are asked to see increasing numbers of patients. Fast track or urgent care units have become increasingly popular options for both providers and patients. Providers must be cognizant of a variety of pitfalls in these settings. Expert faculty will identify effective strategies that allow providers to increase their speed, efficiency, and patient satisfaction, while avoiding diagnostic and therapeutic pitfalls.</p>
<p><b>Burned Beyond Recognition: Burnout's Cost &amp; Its Solutions</b> <i>Arlene Chung, MD, FACEP</i></p>	<p>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, as well as a detailed suite of solutions to combat it in your ED. This is not a touchy-feely approach but a highly pragmatic one, giving you solutions to put to work.</p>
<p><b>The Chief Wellness Officer in Emergency Medicine: A Roundtable Discussion of Pros and Cons</b> <i>Julius (Jay) A Kaplan, MD, FACEP; Kristen Nordenholz, MD, FACEP; Rita A Manfredi-Shutler, MD, FACEP;</i></p>	<p>As our health care system strives to improve emergency provider (EP) professional satisfaction, the power of leadership has been recognized as one of the critical organizational factors impacting wellbeing. Leadership must commit to ensuring EP engagement as a strategic imperative for organizational wellness. Initial steps include creating an infrastructure that requires commitment from top leaders and administrators promoting a culture change. Instituting a Chief Wellness Officer (CWO) may be key to ensuring safety and well- being for patients and caregivers. Review the positives and negatives of a CWO in an EM organization and explore the current status of existing CWOs citing ....</p>

<p><b>ED Boarders: Managing the Challenge</b>  <i>Abhishek Mehrotra, MD, MBA, FACEP</i></p>	<p>Are boarders an issue in your department? Boarding contributes to ED crowding and is difficult for staff and patients. Interventions have shown that crowding can be addressed in a way that dramatically improves capacity and the bottom line for the institution. Case studies demonstrate the power of these interventions.</p>
<p><b>Nurse! Nurse? Nurse... Innovative Solutions to the ED Nursing Crisis</b>  <i>Thom A Mayer, MD, FACEP</i></p>	<p>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 panel defines this critical issue, states its parameters and perimeters, but most importantly describes actionable solutions.</p>
<p><b>Aviation Applications: Optimizing Safety Strategies in EM</b>  <i>Abhishek Mehrotra, MD, MBA, FACEP</i></p>	<p>Aviation has made tremendous strides in safety improvement and is regarded as one of the premier industries for promoting a culture of safety. One well-known book discusses, <i>Why Hospitals Should Fly</i>, citing innovations such as checklists and crew resource management techniques as key safety interventions. Not often discussed in healthcare settings, the speaker will explore other aspects of what helps make aviation a highly reliable industry.</p>
<p><b>Using Efficiency to Up Your Clinical Game</b>  <i>Guy Carmelli, MD</i></p>	<p>EM providers are always being asked to do more with fewer resources available. As the large majority of physicians practice in the community EM setting, productivity and efficiency usually become paramount in wage-earning and contribute to job satisfaction. MDs are often not offered a clear and structured curriculum for gaining efficiency skills and they often must develop this skill set through trial and error and experience. Literature in EM efficiency is scarce. Common themes related to order of operations, communication, and roadblocks will be discussed using specific examples.</p>
<p><b>Quick Doc: Providers in Triage</b>  <i>Thom A Mayer, MD, FACEP</i></p>	<p>Can you really augment flow and care in your ED by placing a physician or advanced practice provider in triage? Is this a myth? Find out from those who have done it. Are there any data to back this practice up? The presenter will lead you through proven strategies to help expedite care in your ED.</p>
<p><b>The Psychology of Waiting</b>  <i>Deborah B Diercks, MD, MSc, FACEP</i></p>	<p>Federal Express noted that waiting is frustrating, demoralizing, agonizing, aggravating, annoying, time-consuming, and incredibly expensive. We intuitively know this 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 your patients and for you, and offer 8 specific strategies for managing ED wait times.</p>
<p><b>Social Medicine that Matters Most in the Trenches</b>  <i>Aimee K Moulin, MD, FACEP</i></p>	<p>Although designed for medical emergencies, EDs have become a common place where patients seek help for various problems. ED thus care for patients who present for not only heart attacks and strokes but also 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 whereas social and economic factors account for 40% of health outcomes, highlighting the importance of concurrent medical and social interventions to advance patient health outcomes. The latest innovations in addressing the social determinants of health will be discussed to illustrate the options available within their departments.</p>
<p><b>What I Learned My First Year as a Director</b>  <i>Azita Hamedani, MD, MBA, MPH, FACEP</i></p>	<p>Describe transitions in leadership and lessons learned. Tips and tricks for success for this leadership role will be discussed.</p>
<p><b>Top 5 Mistakes to Avoid as a Leader</b>  <i>Azita Hamedani, MD, MBA, MPH, FACEP</i></p>	<p>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!</p>
<p><b>How to Sleep Soundly After Discharging Suicidal Patients from Your ED</b>  <i>Aimee K Moulin, MD, FACEP</i></p>	<p>Have you ever feel uncomfortable discharging suicidal patients from the ED? Aside from the call to mental health, how do we best care for at-risk suicidal patients in the ED? Review safety plans implemented from the ED, which have led to a 50% reduction in post-discharge suicidal events. Review a standardized template for safety planning as well as a system for patients to establish follow-up case management &amp; mental health care.</p>

**Starting Public Health Interventions in Your ED – A Panel by the ACEP Public Health Committee**

*Carolyn Joy Sachs, MD, MPH, FACEP; Paula Jo Whiteman, MD, FACEP; Ralph James Riviello, MD, MS, FACEP; Rosemarie Bustos Diaz, MD;*

Public health interventions such as opiate treatment programs or food pantries can simplify encounters for physicians while better serving the needs of our patients. This panel from the ACEP Public Health and Injury Prevention Subcommittee will demystify the process of launching your own program in the ED and provide tangible examples of interventions.

# EMERGENCY IMAGING

<p><b>Procedural Ultrasound Lab</b> <i>John Michael Bailitz, MD, FACEP</i></p>	<p>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, arthrocentesis, nerve blocks, and lumbar puncture.</p>
<p><b>Tips for Trauma Radiology</b> <i>Christopher J. Gelabert, MD, FACEP</i></p>	<p>The CT scan in trauma has become the standard of care in ruling out splenic, liver, aortic, pulmonary, intracranial, &amp; aortic injury. The presenter will review the major findings that must be looked for on the trauma CT and when imaging might not be necessary. Tips to rapidly &amp; efficiently review the CT as well as a review of differentiating bleeding in different organs from normal tissue will be provided.</p>
<p><b>Reading a Head CT: What Every Emergency Physician Needs to Know</b> <i>Christopher J Gelabert, MD, FACEP</i></p>	<p>The evaluation of head CT scans is quickly becoming a necessity for emergency physicians. The speaker will discuss the nuances of reading head CT scans and illustrate invaluable pearls. A refresher of normal anatomy will be complemented by a case-based review of commonly missed pathologic conditions. These case studies include trauma, fractures, hemorrhage, infarcts, edema, hygroma, and shear injuries. The speaker also will discuss methods to avoid errors associated with reading head CT scans.</p>
<p><b>Critical Care Emergency Ultrasound</b> <i>Jason Matthew Fields, MD, FACEP</i></p>	<p>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 &amp; measure the IVC in the setting of hypovolemic shock, &amp; to detect pericardial effusion &amp; perform ultrasound guided pericardiocentesis.</p>
<p><b>Critical Care Ultrasound (Lab)</b> <i>Jason Matthew Fields, MD, FACEP</i></p>	<p>The practicing emergency physician needs to be able to utilize ultrasound effectively in the evaluation of the critically ill patient. This hands-on practical lab will highlight the use of ultrasound to perform a EFAST scan, to dynamically monitor &amp; measure the IVC in the setting of hypovolemic shock, &amp; to detect pericardial effusion &amp; perform ultrasound-guided pericardiocentesis. (Prior attendance in “Critical Care Emergency Ultrasound” is required. This lab is limited to 30 participants.)</p>
<p><b>Ten Most Commonly Missed Radiographic Findings in the ED</b> <i>Christopher J Gelabert, MD, FACEP</i></p>	<p>As an emergency physician, you need to know the most commonly missed radiographic findings that can lead to morbidity &amp; malpractice. The speaker will highlight the most commonly missed x-ray &amp; CT findings by emergency physicians. The speaker will also discuss strategies for reading these films so that you don’t miss one of these findings on your next shift.</p>
<p><b>Ultrasound-Guided ACLS Resuscitation</b> <i>Jennifer Carnell, MD, FACEP</i></p>	<p>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 &amp; learn proper timing, alternate windows &amp; become a master at US-guided ACLS resuscitation.</p>
<p><b>10 Ultrasound Applications for Your Community ED Gig</b> <i>Arun Nagdev, MD</i></p>	<p>The range of clinical applications that point-of-care ultrasound (POCUS) is being used for is rapidly expanding in the recent years. However, use of POCUS may be limited by time constraints in the busy community emergency department. Ever gone to a lecture &amp; wished they had discussed how POCUS can be efficiently utilized in a busy community ED. Well, here it is - the top POCUS applications for emergency physicians working in a community ED. Attend this lecture to find out the must-learn high-yield POCUS applications that can be rapidly done, impact patient care, &amp; generate reimbursement.</p>
<p><b>10 Ultrasound Applications for Your Community ED Gig (Skills Lab)</b> <i>Arun Nagdev, MD</i></p>	<p>A basic course for all emergency medicine physicians who want to get their POCUS skills up and running.</p>
<p><b>Radiology Road Rules: Tools and Rules For Imaging</b> <i>Guy Carmelli, MD</i></p>	<p>In an era of “Meaningful Use” and “Appropriateness Criteria” for ED radiological studies, decision rules can help guide EM providers to when pursuing imaging might be necessary or not. There are numerous radiology decision rules in the literature, but which ones are ready for ‘prime time’ use in the ED? This lecture will discuss the various radiology decision rules which can be safely implemented in the ED to help reduce unnecessary imaging studies.</p>

<p><b>Seeing Soundwaves: Ocular US</b> <i>Jacob Avila, MD</i></p>	<p>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 &amp; 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 &amp; ways to incorporate it into your practice.</p>
<p><b>Mandatory MRIs: When is it really needed?</b> <i>Kevin M King, MD, FACEP</i></p>	<p>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 appropriate for the ED physician to pursue an MRI in the ED.</p>
<p><b>Evaluating A Joint</b> <i>Abdulkareem Agunbiade, MD</i></p>	<p>Some of us learned arthrocentesis before the age of ultrasound, others spent their entire residency with probe in hand. Regardless of your background, this session will augment your joint evaluation skills with the assistance of ultrasound. The speaker will run the gamut of appropriate imaging technique for examining a joint, procedural tips for large &amp; small joints and even discuss interpreting your results. Don't miss this opportunity to be the EM physician to out-tap your orthopedic colleagues!</p>
<p><b>Fatal Imaging Myths That Will Change Your Practice</b> <i>Kevin M King, MD, FACEP</i></p>	<p>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 really 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.</p>
<p><b>Orthopedic Radiographic Diagnosis Not to Miss</b> <i>Tina Choudhri, MD, FACEP</i></p>	<p>Expertise in interpreting orthopedic plain film radiography remains a vital skill for emergency physicians. Most often, they are the first to interpret plain films &amp; they receive the official radiologist interpretation at a later time. An otherwise disabling diagnosis occasionally can be made based on plain film radiography alone. Using case studies, the speaker will review scenarios of potentially disabling radiographic diagnoses that are commonly missed by the initial interpretation.</p>
<p><b>Secrets of the Chest Imaging Masters</b> <i>Danielle D Campagne, MD, FACEP</i></p>	<p>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, &amp; subtle hints for crucial diagnoses can lie in the chest x-ray image. The speaker will review secrets of master radiologists, sharing diagnostic pearls &amp; pitfalls for medical, surgical, &amp; traumatic conditions.</p>
<p><b>Imaging Overtesting &amp; Overuse: Just How Dangerous Is It?</b> <i>Kevin M King, MD, FACEP</i></p>	<p>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 how 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? On the other hand, some of the risks of overtesting have been overplayed. For example, do we really need to worry about contrast-induced nephropathy? Probably not. We will look at the latest data. In addition, this lecture will touch on the downsides of overuse of ultrasound.</p>



# GERIATRIC

<b>It's What You Say, Not How You Say It: The 5-Minute ED Goals of Care Conversation</b> <i>Danya Khoujah, MBBS, MEHP</i>	How come families “don’t get” that they’re loved one is dying? Why would they still choose the ICU even when faced with certain death? Research has shown that goals of care conversations sometimes have little to do with transferring information from physician to patient. How can you guide families when emotions crowd out cognition? I will walk through a 5-minute framework to help you ask the right questions, present choices more effectively, and support family when more knowledge simply doesn’t matter.
<b>Brittle &amp; Broken: Geriatric Trauma Practical Pearls &amp; Pitfalls</b> <i>Christina L Shenvi, MD, PhD, FACEP</i>	Older adults will make up an even greater percent of ED patients in the coming decades. Unfortunately they are both more prone to injuries, and can be more challenging to diagnose and manage. The physiologic changes that occur with aging that contribute to frailty and reduced physiologic reserve will be reviewed, and tied into practical pearls for diagnosis and treatment of older adults particularly with head injuries, rib fractures, hip fractures, and trauma in the anticoagulated patient.
<b>Homeward Bound: A Tale of Two Hospice Patients in Your ED</b> <i>Danya Khoujah, MBBS, MEHP</i>	Compare and contrast the usual ED approach and a palliative approach to common hospice patient presentations. When communication and care decisions are outcomes-oriented, you may do greater good for the patient while requiring less time.
<b>Is Delirium Making You Crazy? Practical Pearls to Prevent, Diagnose, and Manage the Delirious Older Patient</b> <i>Christina L Shenvi, MD, PhD, FACEP</i>	Delirium affects approximately 15% of older emergency department patients and 25% of admitted patients. Emergency physicians miss delirium in approximately two-thirds of all cases and may unknowingly discharge delirious patients home. Additionally, emergency physicians may unintentionally precipitate delirium in at-risk individuals. This lecture will provide practical pearls to help clinicians identify rapidly diagnose delirium, optimize the management of delirious patients and prevent delirium in at-risk individuals.
<b>Should Your ED Become a Geriatric ED? How and Why Geriatric ED Accreditation is a Good Idea for Your Hospital, Your ED, and Your Patients</b> <i>Christina L Shenvi, MD, PhD, FACEP</i>	The care of older patients is often more time- consuming and complex than younger patients. As the population ages, we can expect older adults will make up 25% of all ED visits by 2030. ACEP now offers accreditation as a geriatric ED at three levels. This talk will explain why geriatric accreditation is a good idea for your ED, your hospital system, and your patients. We will also present the nuts and bolts of how to obtain accreditation at the
<b>Practical Tips in Geriatric Pharmacology</b> <i>David Wang, MD</i>	Geriatric patients account for a growing percentage of Emergency Department visits, and present unique circumstances for medication management. In this talk we briefly review the physiologic differences between geriatric patients and other adults and how that leads to differences in medication effects. We will focus on discussing practical tips to utilize on your next shift when managing geriatric patients with pain, agitation or delirium.

# HEAD & NECK DISORDERS

<p><b>The Airway Triple Threat: Allergy, Anaphylaxis &amp; Angioedema</b>  <i>Michael Alfred Gibbs, MD</i></p>	<p>This course will give you a case-based look at the new literature &amp; treatment recommendations for common &amp; life-threatening airway emergencies. One of the leading experts in the field will guide you through the most recent developments in the diagnosis &amp; treatment of angioedema, anaphylaxis &amp; allergy related emergencies. You will walk out of this course with more confidence about airway emergencies &amp; a good handle on the current guidelines for treatment.</p>
<p><b>Nebulous Neck Masses: A Difficult Differential Diagnosis</b>  <i>Joshua S. Broder, MD, FACEP</i></p>	<p>Neck masses can have many differential diagnosis. The speaker will review the tips &amp; tricks of teasing out the differences &amp; getting the patient what they need as far as next steps.</p>
<p><b>Trach Tips, Tricks, and Troubleshooting</b>  <i>Lauren M Westafer, DO, FACEP</i></p>	<p>Patients who present with a trach problem are uncommon but concerning. This talk will review common trach problems and present tips for troubleshooting.</p>
<p><b>Acute Red Eye, Discharge or Disaster?</b>  <i>Megan Boysen Osborn, MD, FACEP</i></p>	<p>While many patients with the acute red eye can be safely discharged home, others must be emergently treated &amp; referred to ophthalmology. This session will focus on how five historical &amp; physical examination features can distinguish between benign &amp; sight-threatening diagnoses. The instructor will present cases of the acute red eye, focusing on six can't miss diagnoses.</p>
<p><b>Post-tonsillectomy and Other HEENT Hemorrhage: This Is Gonna Be a Bloody Nightmare</b>  <i>Megan Boysen Osborn, MD, FACEP</i></p>	<p>Tonsillectomy is a common surgery for young children with sleep-disordered breathing or recurrent sore throats &amp; even found in the adult patient with prolonged pharyngeal issues. While the bleeding may appear minor, it may be a harbinger for disaster. The child who presents with active bleeding can be a test for even the most seasoned of veteran practitioners. The presenter will discuss some helpful strategies to avoid peril in post- tonsillectomy hemorrhage and other common HEENT hemorrhage, such as epistaxis and tracheostomy bleeding.</p>
<p><b>Picking a HOLE New Approach to Epistaxis</b>  <i>Joan Noelker, MD, FACEP</i></p>	<p>Nosebleeds happen for a variety of reasons &amp; are generally easy to manage. However, when they are not, they present a real conundrum of how to stop the bleeding &amp; protect the airway. This session will prepare you to manage the next life-threatening nosebleed you see in your ED!</p>
<p><b>Managing Dental Emergencies Like a Pro</b>  <i>Elizabeth P D Pontius, MD, FACEP</i></p>	<p>While dental pain is a common complaint in the ED, managing it skillfully can still be a challenge. There is more to consider than merely cavities. The presenter will discuss the common &amp; emergent conditions that should be considered. Management strategies to help avoid the ubiquitous narcotic prescriptions will be addressed.</p>
<p><b>Bones, Beads &amp; Beans: ENT Foreign Bodies</b>  <i>Robert Michael Hughes, DO</i></p>	<p>With any orifice there is always a possibility something will get stuck. This session will review the latest tips &amp; tricks for removing foreign bodies from the ears, nose, &amp; throat with as little pain as possible on you &amp; the patient!</p>
<p><b>Painless Vision Loss/Atraumatic Vision Loss</b>  <i>Elizabeth P D Pontius, MD, FACEP</i></p>	<p>Painless vision loss can have a wide differential diagnosis. This talk will review causes such as retinal detachment, vitreous hemorrhage, CRAO, CRVO and discuss the emergent/urgent nature of these conditions and their management.</p>
<p><b>"I Was Just Choked": Non- Fatal Strangulation</b>  <i>Jodi G Wieters, MD</i></p>	<p>Domestic violence is risky business. Up to 10% of women have been strangled by an intimate partner, and those women are at higher risk for sexual assault, traumatic brain injury, and homicide. We must be educated and educate those we serve about nonfatal strangulation.</p>
<p><b>Infections in Small Places: Managing Mastoiditis, Orbital Cellulitis &amp; Neck Abscesses</b>  <i>Joan Noelker, MD, FACEP</i></p>	<p>Infections in the head &amp; neck area are common, but can also become rather complicated given the delicate &amp; small locations in which they occur. The presenter will discuss the current evidence-based strategies for both diagnosis &amp; management of these important conditions.</p>

**Nightmare ENT Emergencies: Sore Throats That Can Kill**

*Elizabeth P D Pontius, MD, FACEP*

At any hour patients can appear crying out for rapid diagnosis & life-saving procedures creating a nightmare for your ED. The speaker will lead you through a myriad of bleeding & swollen ENT monster. Tricks & treats will be tossed into your bag to help you & your patient survive the next ENT nightmare.

**Fixing Faces Painlessly: Facial Anesthesia, Regional Blocks**

*Joan Noelker, MD, FACEP*

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.

# HEALTH POLICY

<p><b>Pandemic Silver Lining: New Policies Enacted During the Pandemic That Should Stay (Colin C. Rorrie, Jr. Lecture)</b> <i>Michael A. Granovsky, MD, FACEP</i></p>	<p>The COVID pandemic had far reaching effects on a wide variety of health policy, from reimbursement to regulatory guidelines to licensure. We review several aspects of policies enacted during the last two years that had a positive effect on emergency medicine practice, including reimbursement, telemedicine, metrics and guidelines, and much needed improvements to medical staff credentialing and interstate medical licensure agreements.</p>
<p><b>Telemedicine Regulatory Changes Zooming to Your Practice</b> <i>Alison J Haddock, MD, FACEP</i></p>	<p>The COVID pandemic has brought rapid regulatory changes to the practice of telemedicine. The speaker will discuss how HHS and CMS regulations, under the president's 1135 waiver and the Coronavirus Preparedness and Response Supplemental Appropriations Act, changed who can practice telemedicine, Medicare covered services, and HIPPA enforcement. In addition, licensure flexibility at state and federal level will be addressed. What, if any, of these changes can be expected to become permanent?</p>
<p><b>#NoSilenceOnEDViolence: Enacting Bulletproof Policies &amp; Legislation</b> <i>Nikita Joshi, MD</i></p>	<p>Half of reported workplace violence occurs in the healthcare setting. In 2018, half of emergency physicians reported having been physically assaulted on the job. It's time to stop violence in the ED by changing policy to keep us safe! We'll discuss staggering statistics regarding violence in our EDs as well as emergency department and hospital policies put in place to reduce healthcare provider assault. We will review model state legislation aimed to reduce workplace violence in healthcare, the Workplace Violence Prevention for Health Care and Social Service Workers Act, (HR 1309) passed by the US House in Fall 2019, and the next legislative steps to protect and defend emergency clinicians from violence in the workplace.</p>
<p><b>Tort Hot, Tort Cold, or Just Right: Would Goldilocks Practice EM in Your State?</b> <i>Diana Nordlund, DO, JD, FACEP</i></p>	<p>Malpractice reform, often known as medical tort reform, has been tackled in a number of states, but attempts at passing similar regulations on the federal level have failed since the 1970s. As of 2016, thirty-three states have imposed caps on any damages sustained in medical malpractice lawsuits. Is your state a physician friendly practice state? If not, what action should you and your physician colleagues take to protect yourself and your patients' access to care?</p>
<p><b>ReimbERsement 101: What You Don't Know CAN Hurt You</b> <i>Michael A Granovsky, MD, FACEP</i></p>	<p>Attend this course to discover the latest &amp; greatest in reimbursement challenges &amp; solutions from an expert. MIPS, QCDRs, alternative payments models, insurance denials, and more reimbursement opportunities will be covered via a fast-paced introduction &amp; solution review.</p>
<p><b>Report Your MIPS or Your Paycheck Dips: Emergency Physician Compensation Update 2022</b> <i>Stephen K. Epstein, MD, MPP, FACEP</i></p>	<p>Physicians caring for America's 60 million Medicare patients are receiving payments based on quality of care over quantity of care via CMS's Quality Payment Program. The speaker will review MIPS, the value based payment modifier, reporting options including CEDAR, recent Quality Payment Program updates and the expectation for your bottom line.</p>
<p><b>Narcotics to Naloxone: Promoting Productive Policies</b> <i>Aimee K. Moulin, MD, FACEP</i></p>	<p>Attend this course to explore the latest &amp; greatest challenges &amp; potential policy solutions to the opioid crisis. Updates on innovative emergency department policies, effective state drug monitoring programs and legislative initiatives, and federal programs and pending legislation developed to promote reduction in opioid prescribing, naloxone distribution, &amp; treatment of opioid use disorder will be covered.</p>
<p><b>ReimbERsement 201: Procedural RVUs That You Are Missing</b> <i>Michael A Granovsky, MD, FACEP</i></p>	<p>Procedures are 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 that you are already doing.</p>
<p><b>M-V-P! M-V-P! Are You Ready for MIPS Value Pathways in 2023?</b> <i>Stephen K. Epstein, MD, MPP, FACEP</i></p>	<p>Just when you thought maybe you were getting the hang of MIPS reporting and documentation, CMS has announced MIPS Value Pathways, or MVP. ACEP submitted an emergency medicine specific pathway to CMS that will be an option in 2023 for emergency physicians. The speaker will review the details of this new pathway and how to prepare for its implementation in 2023.</p>

<p><b>ReimbERsement 301: What's Critical in Critical Care Billing?</b>  <i>Jenice Baker, M.D. FACEP</i></p>	<p>What counts for critical care billing? Surprise, it's significantly more than you think! What many emergency physicians consider routine emergency care actually counts for critical care time. The speaker will review what counts for critical time while also describing the time and documentation requirements for critical care time reimbursement.</p>
<p><b>Climate Fever: Earth's Vital Signs are Changing Emergency Medicine Practice (Nancy J. Auer Lecture)</b>  <i>Renee N Salas, MD</i></p>	<p>Climate change influences human health and disease. Expectations for emergency care as a result of increasing heat, decreasing air and water quality, changes in vector ecology, increasing allergens, and severe weather related injuries will be discussed. What can we do to prepare for these changes? Is there a way we can mitigate these changes or are we too late?</p>
<p><b>Dx: Medical Racism – What's the Treatment?</b>  <i>Jenice Baker, M.D. FACEP</i></p>	<p>Implicit bias and racism have promoted health care disparities that affect emergency care. The speaker will present data illustrating the results of these disparities in addition exploring actions you can take as a citizen, emergency physician, and neighbor to create and improve public health, hospital, and departmental policies aimed to eliminate healthcare disparities.</p>
<p><b>#InsuranceFail: Surprise Billing Update 2022</b>  <i>Adam Krushinskie, MPA</i></p>	<p>The issues surrounding the out-of-network/balance billing debates have engulfed clinicians, politicians &amp; consumers from DC to Olympia. The increasingly narrow networks offered by the fewer &amp; fewer health plans have decreased patient access and increased patient cost-sharing while increasing insurance company profits. The discussion will highlight existing state out-of-network billing legislation and an update on pending or enacted federal legislation.</p>

# HEMATOLOGIC DISORDERS

<b>Beyond the Pain: Treating Sickle Cell in the ED</b> <i>Alisa V Wray, MD, FACEP</i>	Patients with sickle cell disease can often create a challenge for the emergency physician. The pain crises that define the illness can be hard to treat and in light of the current opioid epidemic can engage biases in the provider. It's essential to know the in's and out's of sickle cell disease to take the best care of these patient's possible.
<b>Anticoagulation Reversal: Part of the ABCs of Resuscitation</b> <i>Steven T Haywood, MD, FACEP</i>	Anticoagulation complicates the management of many critically ill & injured patients. With the novel anticoagulants that exist, the reversal of these medications has become even more challenging. An approach that emphasizes the early recognition & management of hemorrhages associated with anticoagulations will be discussed.
<b>Emergency Hematology – A Bloody Good Refresher!</b> <i>Meagan Boysen Osborn MD, FACEP</i>	Ever have 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.
<b>Immune Checkpoint Inhibitors: Lifesaving, Yet Toxic</b> <i>Michael Alfred Gibbs, MD</i>	Immune checkpoint inhibitors (ICIs) have become a cornerstone of management for numerous types of cancer. Although ICIs have been shown to improve morbidity and mortality, they also may cause a spectrum of adverse effects and toxicities. During this course, we will review the most common ICIs, as well as how to identify and manage their respective toxicities.
<b>Common Cancer Conundrums &amp; Five “Can't Miss” Oncologic Emergencies</b> <i>Marcee E Wilder, MD</i>	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.
<b>Stop the Bleeding: New Technologies For Hemorrhage Control</b> <i>Marcee E Wilder, MD</i>	All bleeding stops eventually, but preferably prior to exsanguination. So when the direct pressure with gauze isn't doing the trick, what else is out there? The speaker will introduce the latest & greatest in hemorrhage control technology for use in both the pre-hospital & emergency department settings. Additionally, the speaker will discuss recent advances & literature surround blood replacement products.

# INFECTIOUS DISEASE

<p><b>New Sepsis Guidelines: Latest But Not Greatest</b>  <i>David Pigott, MD, FACEP; John C. Perkins, Jr, MD, FACEP</i></p>	<p>How often do you hear about documenting your sepsis bundle &amp; making sure all the correct 'boxes are checked'? The newest set of sepsis guidelines might have been well intentioned, but are fraught with practical difficulties &amp; pitfalls. Come learn how to ensure you are really doing the best for your patient &amp; still keeping the coders &amp; administration happy.</p>
<p><b>Infections with Deadly Consequences</b>  <i>John C Perkins, Jr, MD, FACEP</i></p>	<p>Deadly &amp; rapidly progressive infections that are fatal, though uncommon, are always remembered. What infections can do this in the normal host - meningococemia, necrotizing fasciitis, epidural abscess? Are there any characteristics that can help identify these infections early &amp; what therapies must be instituted in a timely fashion to affect survival? Using a case-based approach, the speaker will work through some deadly cases.</p>
<p><b>Sexually Transmitted Infections</b>  <i>David Pigott, MD, FACEP</i></p>	<p>Sexually transmitted Infectious disease concerns are prevalent in the ED. A discussion of the prevalence of sexually transmitted diseases, treatment, and prophylaxis for various disease processes.</p>
<p><b>Staying Cool with Pediatric Fever</b>  <i>David Pigott, MD, FACEP</i></p>	<p>What's the latest treatment for a child with fever? Do I need to obtain a complete blood count? How about a blood culture? Who absolutely needs a spinal tap? What to do in the second month of life. What is the current risk of significant bacterial infection &amp; how do I ensure one is not missed? How do I alter my approach if there is a delay or no vaccinations? The speaker will review the latest literature on the evaluation of the febrile child &amp; the best evidence available to help you care for them without breaking a sweat.</p>
<p><b>Other People's Parts: Transplant Troubles</b>  <i>Alisa V Wray, MD, FACEP</i></p>	<p>Increasingly, organ transplant recipients are presenting to the emergency department. The nature of their underlying disease &amp; complex medication regimen make them very challenging to manage. The presenter will discuss the disease processes associated with transplantation &amp; the post-transplant therapies. Special infectious disease problems &amp; their treatment options also will be discussed.</p>
<p><b>Infectious Disease Game Show</b>  <i>Shayne Gue, MD, FACEP, FAAEM</i></p>	<p>Bring your smart phone and compete with your colleagues in this fun, interactive trivia game!The game focuses on important clinical facts about Infectious Diseases in the ED.</p>
<p><b>Cruising the Infectious Disease Literature</b>  <i>John C. Perkins, Jr, MD, FACEP</i></p>	<p>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, &amp; new diseases with old treatments. Make sure you have the information to use the right drugs for the bad bugs!</p>
<p><b>Infectious Disease Preparedness</b>  <i>John C. Perkins, Jr, MD, FACEP</i></p>	<p>Infection control for highly infectious disease includes a process of: identify, isolate and inform. The speaker will discuss with a focus on how to actually implement them in a real ED. This will include PPE principles focusing on isolation, donning and doffing. Lastly, we will discuss resources available to help develop protocols, implement drills and provide education regarding management of patients with highly infectious disease.</p>
<p><b>What's New in Antimicrobials in the ED</b>  <i>Bryan D. Hayes, PharmD, FAACT, FASHP</i></p>	<p>Selection of the most appropriate antibiotic is critical to the management of our patients with infectious diseases; however, there are so many options &amp; so many conditions that it can be a challenge to correctly match them. The presenter will discuss the best matches between important infectious diseases &amp; various antimicrobials.</p>
<p><b>Top 10 Antibiotic Mistakes in the ED</b>  <i>Bryan D. Hayes, PharmD, FAACT, FASHP</i></p>	<p>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, &amp; anaerobic coverage van &amp; Zosyn combination provides?</p>

# METABOLIC & ENDOCRINE DISORDERS

<b>Lytes Out! Electrolytes Gone Wrong</b> <i>Salil K Bhandari, MD</i>	Electrolyte emergencies often present with subtle clinical manifestations yet may culminate in a near death experience for the patient & clinician! Six short lectures which will cover signs, symptoms, & treatment for the following electrolyte abnormalities: hyponatremia, hypernatremia, hypokalemia, hyperkalemia, hypercalcemia, & hypomagnesemia.
<b>Debunking Myths of Bicarb in Resuscitation</b> <i>Salil K Bhandari, MD</i>	This new and exciting lecture will focus on debunking myths of using bicarb in resuscitation with a focus on cardiac arrest. When should Sodium bicarbonate be used? What are the new guidelines surrounding bicarb and resuscitation? What do the latest studies show is the benefit or harm of bicarb in resuscitation? Here we'll use a case-based approach to tackle myths regarding bicarb in resuscitation.
<b>Acid Base That Actually Matters: A Case-Based Approach</b> <i>Christopher Hahn, MD</i>	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.
<b>Glands Gone Bad! Endocrine &amp; Metabolic Emergencies</b> <i>Christopher Hahn, MD</i>	I'm weak & dizzy, I'm hot & bothered, I'm cold & have no energy. Vague complaints often lead to extensive & expensive ED workups. While patients with metabolic disorders frequently present to the ED, most endocrine disorders present less often. The speaker will review how to recognize & treat adrenal insufficiency, hypothyroidism and myxedema coma, hyperthyroidism and thyroid storm and even hyperparathyroidism.
<b>Shaken Not Stirred: Alcohol Withdrawal</b> <i>Shannon L Toohey, MD, FACEP</i>	He was in the ED just sleeping it off, but now he's in full withdrawal. The speaker will review the current preventative treatments & management strategies for the patient in alcohol withdrawal. Various assessment scales & treatment algorithms that are available will also be discussed.
<b>DKA &amp; HHS: The Sweetest High-Yield Pearls &amp; Pitfalls</b> <i>Adeola A. Kososko, MD, FACEP</i>	Diabetic ketoacidosis & hyperosmolar syndrome are 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. Careful attention to fluid administration, electrolyte replacement, & insulin therapy is essential to reducing hospital length of stay & complications. During this case-based interactive discussion, the speaker will review cases of diabetic emergencies. Important similarities & differences in pathophysiology & management will be reviewed. Best evidence will be summarized in practical strategies to bring back to your ED.
<b>Deadly Dialysis: A Review of Dialysis Complications &amp; Their Initial Management</b> <i>Shannon L Toohey, MD, FACEP</i>	There are 468,000 patients on dialysis in the United States and these patients commonly present to the community emergency department with complications. Understanding the common complications and treatments is essential for the emergency physician. We will review the most common dialysis complications (infection, metabolic derangement, vascular access issues) and their acute treatments.



# MOC

<b>MyEMCert and Maintenance of Certification: Practice Advancements I</b> <i>Peter DeBlieux, MD, FACEP</i>	As MyEMCert is phased in and LLSA is phased out, it is important for us to know the information tested in the MyEMCert modules. A portion of the knowledge tested in each module is known as Key Advances. Come review these important advances in emergency medicine while preparing yourself to breeze through this portion of your MyEMCert modules.
<b>Maintenance of Certification: How I Learned to Stop Worrying and Love MOC</b> <i>Marianne Gausche-Hill, MD, FACEP</i>	Confused or anxious about your ABEM Maintenance of Certification (MOC) requirements? Experience calmness and enlightenment as the speaker explains how to successfully meet your MOC requirements depending on what year your certificate expires and understand your requirements for MyEMCert modules, practice improvement activities, LLSA activities and the secure exam.
<b>MyEMCert and Maintenance of Certification: Practice Advancements II</b> <i>Jeremy Lacocque, DO</i>	As MyEMCert is phased in and LLSA is phased out, it is important for us to know the information tested in the MyEMCert modules. A portion of the knowledge tested in each module is known as Key Advances. Come review these important advances in emergency medicine while preparing yourself to breeze through this portion of your MyEMCert modules.
<b>MyEMCert and Maintenance of Certification: Practice Advancements III</b> <i>Jeremy Lacocque, DO</i>	As MyEMCert is phased in and LLSA is phased out, it is important for us to know the information tested in the MyEMCert modules. A portion of the knowledge tested in each module is known as Key Advances. Come review these important advances in emergency medicine while preparing yourself to breeze through this portion of your MyEMCert modules.

# NEUROLOGIC DISORDERS

<b>Stroke Care 2022: State of the Art</b> <i>Zachary Repanshek, MD</i>	Diagnostic & therapeutic interventions for patients with ischemic symptoms continues 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, & EMS routing policies for suspected acute stroke. The controversies regarding thrombolytic agents in acute stroke also will be explored.
<b>Psychiatric Disorders that Can Kill</b> <i>Danya Khoujah, MBBS, MEHP</i>	The emergency physician must identify psychiatric disorders. Not all psychiatric disorders are benign, Some psychiatric disorders can kill unless properly identified and treated. This presentation discusses the diagnosis and treatment of such disorders as neuroleptic malignant syndrome, catatonia and serotonin syndrome.
<b>De-escalation in the ED: Novel Techniques in Treating Agitation</b> <i>Scott Zeller, MD</i>	The treatment of agitated patients in the emergency department is evolving. Recent expert consensus documents have modified the approach to treating these patients. These documents include emphasizing the need for early vitals, glucose & oxygenation assessments, use of agitation scales & use of verbal de-escalation, & tailoring the choice of medications to the underlying psychiatric or medical etiology. The speaker will present these guidelines & challenges to treating the agitated patient in the emergency department.
<b>Life-Threatening Headaches in the ED: Evaluation &amp; Management</b> <i>Guy Carmelli, MD</i>	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 speaker 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.
<b>Trauma-Informed Care in Behavioral Health Patients: What Does This Mean for Me?</b> <i>Scott Zeller, MD</i>	Traumatic events in a patients' past have a direct correlation to behavioral health emergencies. Trauma-informed care is now widely adopted within the healthcare, legal, and educational settings that trauma is a societal issue. Clinically, trauma-informed care requires structuring patient encounters to facilitate a patient interview to facilitate healing and foster resiliency. The speaker will guide a discussion on what trauma-informed care means as it relates to behavioral health emergencies and how these principles can be applied to the clinical setting.
<b>Cranial Nerve Conundrums: When is It an Emergency?</b> <i>David Zodda, MD, FACEP</i>	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 aneurysm? Which patients with vertigo require neuro-imaging? Using a case-based format, the speaker will reveal how subtle cranial nerve findings can be the tip of a neurologic iceberg catastrophe.
<b>Is the LP Dead?</b> <i>Andrew D Perron, MD, FACEP; Roderick Fontenette, MD, FACEP</i>	This ACEP Connect session will debate the pros and cons of the need for performing a lumbar puncture in a variety of clinical presentations. From subarachnoid hemorrhage to encephalitis to meningitis to altered patients of unclear origin, the speakers will debate the most up to date literature and practice patterns related to the need for a lumbar puncture in both pediatric and adult patients.
<b>A Renewed Focus on Psychiatric Emergencies in Adolescent Patients in the COVID-19 World</b> <i>Leslie S. Zun, MD, FACEP</i>	Psychiatric emergencies in adolescent patients have always been a unique challenge for the EM provider. As we navigate the ongoing COVID-19 pandemic, teenagers suffering from isolation, depression, and anxiety are increasing in frequency in presentation to the ED. This vulnerable population requires a specialized approach to management and treatment. The speaker will provide evidence based practice recommendations to address societal influences, support systems, pharmacological treatment and disposition for this special population.

<p><b>Knocked Out in 2022: Concussion Updates</b>  <i>Andrew D Perron, MD, FACEP</i></p>	<p>The literature on concussion has grown exponentially over the past decade. Chronic traumatic encephalopathy (CTE), brain remodeling, return to play guidelines, &amp; the connection of concussion to other diseases (e.g. ALS) are only beginning to be understood. Whether working in the ED or on the sidelines, the emergency physician should be aware of literature-based information on this controversial topic.</p>
<p><b>Medical Mimics: Medical Causes of Psychiatric Symptoms</b>  <i>Danya Khoujah, MBBS, MEHP</i></p>	<p>Your crazy patient could actually be dying. This course will help you learn how to identify common medical diseases that can masquerade as primary psychiatric disease in adults and children. Through case-based scenarios, the speaker will provide you the key findings that can you help to differentiate medical from psychiatric, which will be a load off of both of your minds.</p>
<p><b>Stop Asking... What Do You Mean Dizzy?</b>  <i>David Zodda, MD, FACEP</i></p>	<p>Missed ischemic strokes is now the number one medical malpractice claim for practicing emergency medicine physicians. Posterior circulation strokes account for 20% of all ischemic strokes and are three times more likely to be misdiagnosed in the ED. Using a case-based format, the speaker will cover a novel approach to evaluating and examining patients presenting with symptoms suspicious for acute posterior circulation strokes.</p>
<p><b>Should I Stay or Should I Go? TIA Management in the Emergency Department Setting</b>  <i>David Zodda, MD, FACEP</i></p>	<p>A significant proportion of patients presenting to the ED with stroke like symptoms will have resolution of their symptoms. Should we be intervening in patients with rapidly improving neurologic exams. This high-yield session will discuss the current data behind the evaluation, treatment, and disposition of patients presenting to the ED with TIA and minor strokes.</p>
<p><b>Whole Lotta Shakin' Goin' On: Update on Seizure &amp; Status Management</b>  <i>Roderick Fontenette, MD, FACEP</i></p>	<p>The seizure patient in the ED is always a concern to the physician. Is it a recurrent or first time seizure? Is this non-convulsive status? Is it noncompliance or a serious intracranial pathology? What is the imaging that should be pursued? What are the latest guidelines for managing the patient with status epilepticus? The speaker will discuss the myriad of questions associated with seizures in the ED in an evidence-based format.</p>
<p><b>What Do You Mean Dizzy?</b>  <i>Emily A Rose, MD, FACEP</i></p>	<p>Seeing the chief complaint of dizziness on a patient chart often evokes a visceral response from the emergency physician. The speaker will show how to quickly categorize dizziness into one of four subtypes. The diagnosis &amp; treatment of benign paroxysmal positional vertigo (BPPV), which is the most common cause of vertigo, will be emphasized. Video clips will be used to demonstrate various diagnostic tests (e.g. Hallpike test, head thrust test) &amp; various therapeutic maneuvers (e.g. Epley maneuver, bar-b-que roll). Turn frustration with this patient complaint into patient &amp; physician satisfaction.</p>
<p><b>Psych - All the Voices You NEED to Hear</b>  <i>Leslie S. Zun, MD, FACEP</i></p>	<p>The volume of patients presenting to the ED for evaluation of psychiatric issues has been dramatically increasing. The role of the ED is not only to provide medical screening of these patients but also to determine the need for additional evaluation. The speaker will leave you with pearls on a variety of psychiatric ailments. In addition, the speaker will also explain how to recognize, treat and avoid any potential pitfalls. Once you've been through this course, you'll feel a sense of calm.</p>
<p><b>Spinal Pathology: Striking the Right "Cord" With Your Diagnostic Skills</b>  <i>Andrew D Perron, MD, FACEP</i></p>	<p>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; all the way 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.</p>
<p><b>Neurocritical Care: Resuscitating the Brain</b>  <i>Debbie Madhok, MD</i></p>	<p>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.</p>
<p><b>A Dizzying Differential: Unraveling the Mystery of Posterior Strokes</b>  <i>Rachel E Garvin, MD</i></p>	<p>Posterior circulation is the culprit for 25% of strokes and 25% of patients presenting with vertigo will have a stroke. The NIH Stroke Scale falls short in accurately characterizing posterior strokes and few other tools exist. Recognition and diagnosis of these strokes may often be tricky. During this case-based approach, the speaker will review the subtle clues that will help you pick up the posterior stroke and explore the controversial role of the HINTS exam.</p>

<p><b>Malpractice Cases Related to Psychiatric Patients</b>  <i>Kurtis A. Mayz, JD, MD, MBA, FACEP</i></p>	<p>Patients presenting with psychiatric diagnoses in the ED are increasing in volume. Many practitioners struggle with appropriate placement of these patients. The legal concerns related to 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.</p>
<p><b>Stroke Chameleons: Neuro Findings You Can't Miss</b>  <i>Nida F Degeys, MD, FACEP</i></p>	<p>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 diagnosis and subsequently.. lawsuits!</p>
<p><b>Demystifying Neurological Technology - Shunts, Pumps &amp; Stimulators</b>  <i>Wan-Tsu W Chang, MD</i></p>	<p>With improved treatment of neurological conditions, the number of adults and children presenting to your ED with implanted neurological technology will likely increase. Just because they had neurosurgery, doesn't mean you have to be afraid of their tech! This session will provide pearls and pitfalls in caring for your pediatric and adult patients with a shunt, pump, or stimulator.</p>

# ORTHOPEDICS & SPORTS MEDICINE

<b>Sideline Sports Medicine: Touchdown!</b> <i>John M Kiel, DO, FACEP; Victoria E Garrett, MD</i>	Emergency physicians should have a comprehensive understanding of potential sports medicine emergencies that can occur during sideline sports coverage, mass participation events and/or present to the emergency department
<b>Pediatric Extremity Fractures: The Rule of the Ring</b> <i>Annalise Sorrentino, MD, FACEP</i>	Forearms and legs have structural similarities. These structural similarities can be useful for emergency physicians diagnose complex injuries of these areas. The presenter will utilize this similarity of structure to help us all understand and recognize important injuries like Maisonneuve fracture, Monteggia's injury, Galeazzi's injury, Essex- Lopresti forearm injury and more.
<b>Arthrocentesis Techniques: Avoiding a Dry Tap Skills Lab</b> <i>Calvin E Hwang, MD, FACEP</i>	The session would focus on arthrocentesis techniques for the knee, shoulder/subacromial, elbow, and wrist, focusing on core and advanced reduction techniques.
<b>Soft Tissue Injuries: It's Not All About the Bones</b> <i>Annalise Sorrentino, MD, FACEP</i>	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 MSK US.
<b>Back Pain Bounce Backs</b> <i>Marco E Propersi, DO</i>	A discussion of pathology that may present as back pain using a case format. An approach to a return visit for back pain.
<b>Arthrocentesis Techniques: Avoiding a Dry Tap Skills Lab</b> <i>Calvin E Hwang, MD, FACEP</i>	The session would focus on arthrocentesis techniques for the knee, shoulder/subacromial, elbow, and wrist, focusing on core and advanced reduction techniques.
<b>Arthrocentesis Techniques: Avoiding a Dry Tap Skills Lab</b> <i>Calvin E Hwang, MD, FACEP</i>	The session would focus on arthrocentesis techniques for the knee, shoulder/subacromial, elbow, and wrist, focusing on core and advanced reduction techniques.
<b>Difficult Dislocations</b> <i>Matthew R Levine, MD, FACEP</i>	Managing dislocations in the ED is gratifying for the patient & physician. However being prepared for those that may prove more difficult to reduce is essential in maintaining the flow of your emergency department. This course will provide the attendee insight into identifying challenging dislocations & techniques for efficient reduction.
<b>Junky Joints: The Challenges in Diagnosing Septic Joints</b> <i>Calvin E Hwang, MD, FACEP</i>	Discuss the differences between the native and prosthetic joints and how to properly diagnose.
<b>Foot &amp; Ankle Fractures Made Easy</b> <i>Matthew R Levine, MD, FACEP</i>	Foot and ankle fractures are frequently encountered in emergency medicine practice. A basic understanding of typical fracture patterns and classification systems informs treatment and follow- up recommendations and allows for enhanced communication with orthopedic consultants. Other fractures of the foot and ankle may be radiographically occult. They 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.
<b>A Helping Hand</b> <i>Matthew R Levine, MD, FACEP</i>	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.
<b>The Future of Concussion Management</b> <i>Calvin E Hwang, MD, FACEP</i>	The management of concussion is frequently changing as more research comes out on both the diagnosis and treatment of concussion. This course aims to provide an update on these latest breakthroughs and potential diagnostic adjuncts.
<b>Use or Abuse? Pediatric Fractures &amp; Their Causes</b> <i>Luz M Silverio, MD, FACEP</i>	Using illustrative interactive cases, the speaker will review findings of accidental & nonaccidental injuries in children. Sharpen your ability to distinguish between the two.

# PEDIATRIC DISORDERS

<p><b>Sugar &amp; Spice &amp; Everything is NOT Nice: Pediatric Endocrine Emergencies</b> <i>Ilene A Claudius, MD, FACEP</i></p>	<p>What do a very dehydrated 7-day-old infant, a comatose 2-month-old child, and a 7-year-old child with polydipsia and polyuria have in common? They each have a potentially catastrophic endocrine problem that requires rapid implementation of treatment to prevent severe morbidity and mortality. The speaker will review some of the critical endocrine, how to distinguish among them, and how to begin appropriate resuscitation.</p>
<p><b>Pediatric Critical Procedures Lab</b> <i>Steven Chad Scarboro, MD, FACEP</i></p>	<p>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 45 participants.)</p>
<p><b>Metabolic Disasters in Kids - Lethal Disorders You Have Never Heard of &amp; How to Treat Them</b> <i>Ilene A Claudius, MD, FACEP</i></p>	<p>There are over 300 disorders of biochemical pathways, and while each is rare, collectively they are more common than you think. The question is how to detect and treat the child with an undiagnosed inborn error of metabolism (IEM). Additionally, how do you care for the patient with a known IEM who is symptomatic? The presenter will cover a rational and reasonable approach to managing these complicated children.</p>
<p><b>Neonatal Resuscitation Lab</b> <i>Emily C MacNeill, MD</i></p>	<p>Unplanned delivery in the Emergency Department or the arrival of a prehospital birth can cause significant anxiety and panic in emergency physicians and staff. Although these deliveries are not common and complications are rare, emergency providers should be able to deliver timely, competent resuscitation for the baby if needed. This lab will cover the most recent updates on the management of newborn infants and provide the opportunity to practice hands-on skills for newborn care.</p>
<p><b>Pediatric Critical Procedures Lab</b> <i>Steven Chad Scarboro, MD, FACEP</i></p>	<p>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 45 participants.)</p>
<p><b>Perplexing Pediatric Patients – Stump the Chumps!</b> <i>Alfred D. Sacchetti, MD, FACEP; Marianne Gausche-Hill, MD, FACEP; Sean M. Fox, MD, FACEP</i></p>	<p>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 who vex and perplex ED providers, the value of thorough history taking and physical examination, and a keen “clinical intuition” will be reinforced.</p>
<p><b>Critically Ill and Injured Children in a Community ED: Optimum Care Without Optimum Resources</b> <i>Alfred D. Sacchetti, MD, FACEP</i></p>	<p>Many children in the ED require stabilization and then transfer. The speaker will focus on the management of such children outside the confines of a tertiary care children’s hospital. Information will be presented on preparation, equipment, staffing, and transfer protocols as well as practical approaches to case-based scenarios. The central role of the community ED in critical care pediatrics will be stressed</p>
<p><b>The 1st 60 Minutes: Initial Management of the Critically Ill Infant</b> <i>Richard Cantor, MD, FACEP</i></p>	<p>Critically ill kids scare all of us! 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 &amp; symptoms of illness in children, the initial management is frequently delayed &amp; sub-optimal which can lead to poor outcomes. The presenter will illustrate &amp; 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 &amp; save lives will be discussed.</p>
<p><b>Pediatric Resuscitation Sim Lab</b> <i>Amanda Blair Price, MD</i></p>	<p>Critically ill children are some of the most challenging and worrisome patients to care for in an emergency department. This lab will use lo-fi sim to train providers in the recognition, assessment and treatment of pediatric patients with life threatening illness.</p>
<p><b>Plumbing or the Pump: Diagnosis and Common Problems in Congenital Heart Kids</b> <i>Alisa A McQueen, MD, FACEP</i></p>	<p>Congenital cardiac abnormalities are a daunting topic for ED physicians to master. Presentations range from the infant who managed to exit the nursery with their undiagnosed tricuspid atresia, to the hypoxic toddler having a TET spell, to the child who has had multiple surgical procedures/repairs and lives with a baseline SpO2 of 80%. The presenter will present a broad overview of these patients from new diagnosis and emergent treatment, surgical correction/palliation expectations and complications.</p>

<p><b>Keeping Kids Calm Without Ketamine</b> <i>Sean M Fox, MD, FACEP</i></p>	<p>Ketamine is a wonderful solution to many problems, but there are times when procedural sedation is excessive. Unfortunately, child life is not available in all EDs to calm or distract children during procedures. How can you channel your own “inner child life specialist” and keep kids calm and comfortable so that you can do examinations and procedures WITHOUT the need for full sedation? The speaker will discuss pain reduction techniques, comfort holds, the best options for anxiolysis and other tips to optimize the child’s, and your, experience during procedures.</p>
<p><b>NICU Graduates – Lifelong Problems From Being Born Too Soon</b> <i>Russ Horowitz, MD</i></p>	<p>It is well known that pediatric patients are a unique population that warrants specific consideration; however, one population that is often overlooked is the patient that has been discharged from the NICU. The presenter will address potential pitfalls and help identify useful pearls in the management of these patients, who are definitely not just tiny newborns.</p>
<p><b>Pediatric Vital Signs - You Don’t Know What You Are Missing</b> <i>Timothy Horeczko, MD, MSCR, FACEP</i></p>	<p>Have you ever asked yourself these questions: How much tachycardia can be attributed to fever or crying? Do I care about the BP of 14/90 in an 11 year old? Is 93% an OK sat for a baby with bronchiolitis to go home? How accurate is the axillary thermometer and do you really need to “add a degree” to make it accurate? Vital signs are vital and give important clues in children that should be ignored. Based on the latest literature, the speaker will discuss vital sign abnormalities that can go home and those that require more work up, referral or admission.</p>
<p><b>Mistakes You Do Not Want to Make in Pediatric Patients</b> <i>Richard M Cantor, MD, FACEP</i></p>	<p>Besides the obvious challenges of children’s nonverbal clues &amp; their having unique illnesses &amp; presenting symptoms, the diagnosis &amp; treatment can be full of pitfalls. The speaker will explain what key features of childhood illnesses should “raise the red flag” &amp; how not to be missed. Key issues such as missed meningitis &amp; appendicitis, as well as other uncommon “legal” based diagnoses will be discussed. New cases are added yearly to this popular course.</p>
<p><b>Kids Dropping Out: Pediatric ECG From Normal to Disaster</b> <i>Sean M Fox, MD, FACEP</i></p>	<p>Pediatric ECGs are not just little pieces of paper. Findings that are concerning on an adult ECG may be normal on a pediatric ECG. Other times minor alterations may be the clue to a life- threatening condition. 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.</p>
<p><b>Life-Threatening Radiographic Emergencies in Pediatric Patients</b> <i>Russ Horowitz, MD</i></p>	<p>In the pediatric patient, life-threatening radiographic findings can often be subtle &amp; easy to miss. Specific pediatric cases will be used to review important &amp; potentially life-threatening findings including cardiac, abdominal, traumatic, &amp; infectious disease emergencies visible on radiographs.</p>
<p><b>More Pediatric Emergency Myths, Misnomers &amp; Flat Out Lies</b> <i>Timothy Horeczko, MD, MSCR, FACEP</i></p>	<p>Every clinician knows that pediatric fever is extremely dangerous and must be aggressively controlled, that atropine is needed to prevent bradycardia in RSI and you shouldn’t give opiates to kids with appendicitis before the surgeons examine them. Well, every clinician may be wrong. This session will challenge many of the long held tenets of pediatric emergency medicine in a spirited presentation that will certainly change many of your practices.</p>
<p><b>The Scoop on Pediatric Poop</b> <i>Emily A Rose, MD, FACEP</i></p>	<p>Parents and caregivers seem OBSESSED with their children’s poop. Too soft, too hard. Too frequent, only once per week. Green, yellow, red, tan, black in color. How do you know what is normal baby poop versus diarrhea? What is blood and what is a side effect of medication? The presenter will cover poop-tastic ED complaints that present from birth to adolescence.</p>
<p><b>Chest Pain in Kids - Harmless or Hazardous</b> <i>Alisa A McQueen, MD, FACEP</i></p>	<p>While it is true that most children complaining of chest pain do not have a life-threatening condition, there are notable exceptions. The job of the emergency physician is to identify the child with a hazardous condition in a sea of harmless diagnoses. The presenter will use a case and systems based approach to chest pain so that you can minimize unnecessary testing while not missing the critical needle in the haystack.</p>
<p><b>Subtle Signs of Abuse: It’s Not All About Bruises</b> <i>Alisa A McQueen, MD, FACEP</i></p>	<p>Child physical &amp; sexual abuse and human trafficking are challenging &amp; difficult problems in the ED. Subtle signs can identify patients who present &amp; are at risk for further trauma. New recommendations for testing &amp; treatment of injuries &amp; STIs have clinicians on the front lines of care for these patients. Discussion of the important role in the linkage to care that EDs play in the care of these patients will also be presented.</p>

<p><b>Measles and Mumps and H Flu - Oh my! ED Evaluation of the Unvaccinated Child</b>  <i>Timothy Horeczko, MD, MSCR, FACEP</i></p>	<p>Tetanus, H flu, Measles, Mumps, Pertussis, Polio, and the list goes on. An unvaccinated/partial vaccinated child presenting to the ED with fever or injury presents a challenge because they could have one of these diseases that vaccinated patients rarely get. The speaker the evaluation and treatments that the unvaccinated patient will need and the best way for you to utilize an unique opportunity to provide education/advocacy to families about getting vaccinations.</p>
<p><b>Smorgasbord of Pediatric Seizures - Kids Shaking, Baking and Spasming</b>  <i>Amanda Blair Price, MD</i></p>	<p>What do an infant with lip-smacking, an unresponsive toddler with a temp of 41F, and an adolescent with altered mental status have in common? They are all having a seizure. Using a case based approach, the presenter will cover what work up and treatment is necessary in new-onset pediatric seizure as well as the critical skills in managing pediatric status epilepticus</p>
<p><b>Cruising the Literature: Pediatric Emergency Medicine 2022</b>  <i>Richard M Cantor, MD, FACEP</i></p>	<p>Keeping up with the expanding pediatric emergency medicine literature is a challenge for busy emergency physicians. The speaker will review the recent literature from the past twelve months &amp; discuss those articles that could affect the way you treat pediatric patients.</p>
<p><b>Keeping It Simple: Pearls &amp; Pitfalls in Emergency Care of Medically Complex Children</b>  <i>Camilo Gutierrez, MD, FACEP</i></p>	<p>There has been increased survival for medically complex children creating new and unique challenges to emergency medicine physicians. The initial care of these patients during their emergencies will likely not be in the tertiary or quaternary children's hospital, but more commonly in the community emergency department. Using interactive case scenarios and facilitated small group discussions, this session will help enlighten you and alleviate your fears of providing care to these complex children until they are transported to their designated referral center.</p>
<p><b>Newborn Resuscitation: Born But Not Breathing</b>  <i>Dina Wallin, MD, FACEP</i></p>	<p>The newly born child in your department will generate a lot of attention naturally. While the vast majority of children who are born in the ED do perfectly fine on their own, occasionally things go awry. Neonatal resuscitation is distinct from resuscitation of older children &amp; adults &amp; deserves specific consideration. The presenter will discuss the unique anatomic &amp; physiologic differences that exist with the newly born. The basic techniques &amp; strategies of resuscitating a newly born patient will be covered. Potential pitfalls &amp; pearls will also be highlighted.</p>
<p><b>Scary Baby Bellies</b>  <i>Adeola A. Kososko, MD, FACEP</i></p>	<p>Abdominal pain is one of the most frequent pediatric complaints. In the sea of gastroenteritis there are serious diseases that can't be missed. Case-based presentation &amp; review of cardinal symptoms &amp; signs of NEC, volvulus, hirschsprungs &amp; pyloric stenosis. The latest EBM guidelines &amp; management for academic &amp; resource poor settings will be reviewed.</p>
<p><b>Noisy Breathing in Kids: From Boogers to Badness</b>  <i>Camilo Gutierrez, MD, FACEP</i></p>	<p>Bronchiolitis, croup, foreign body aspiration, &amp; pneumonia are just a few of the non-asthma causes of wheezing and cough in pediatric patients. This evidence based review of the evaluation and treatment for these diagnoses and how you can differentiate between benign and serious conditions.</p>
<p><b>Challenging Pediatric Behavioral Emergencies</b>  <i>Dina Wallin, MD, FACEP</i></p>	<p>Children present with a multitude of psychiatric &amp; behavioral problems at an ever increasing rate. ODD, ADD, ADHD, new medications, social media &amp; bullying, suicidal ideation &amp; homicidal ideation. These patients are different than adult patients for a number of reasons. These will be explored, along with the best practices for evaluation, treatment &amp; disposition of pediatric patients with psychiatric &amp; behavioral problems.</p>



# PREHOSPITAL/DISASTER MEDICINE

<p><b>2022 Disasters in Review: Are We Over It Yet?</b> <i>Clayton Kazan, MD, FACEP</i></p>	<p>This energetic lecture will discuss different 2022 disasters from wildfires, to hurricanes and violence at mass gatherings through a disaster medicine lens. What can the emergency physician do to be ready and how to implement your plan.</p>
<p><b>0 to 60 Patients in a Flash: Learning Points from MASCAL Cases</b> <i>Regan F Lyon, MD, FACEP</i></p>	<p>Unfortunately, mass casualty events are not limited to the military battlefield and produce anxiety for those potentially receiving large amounts of patients. In this lecture, the speaker will go through different MASCAL Cases encountered on recent deployments and the important lessons learned. The most basic of MASCAL concepts are translatable to most care settings.</p>
<p><b>Recent EMS Literature, Controversies and Evolving Concepts</b> <i>Clayton Kazan, MD, FACEP</i></p>	<p>Working in the ED is hectic and stressful on even the lowest acuity shifts, then you hear a crashing patient will be arriving to your resuscitation bay any moment. How do you mentally prepare yourself to focus when so much is going on around you? This talk will provide you with strategies to employee in your team and in your own head to help you focus on maximizing your patients outcomes no matter how sick they are.</p>
<p><b>Personal Preparedness: Protecting Yourself So That You Can Save Others</b> <i>Katie L Tataris, MD, FACEP</i></p>	<p>Are you personally prepared for a disaster? Hospitals runs disaster drills and departments have detailed plans, but are YOU prepared? In a situation where your health and safety are at risk, how can you take the best care of your patient? The speaker will discuss personal preparedness for both major disasters and smaller, inconveniences like power outages and winter storms. The speaker will also address force protection caring for your hospital staff's wellbeing, and legal and ethical responsibilities healthcare workers face during a disaster.</p>
<p><b>Break Glass in Case of Disaster: How the Single Coverage ED Physician Can Manage in the First 30 Minutes</b> <i>Katie L Tataris, MD, FACEP</i></p>	<p>When faced with a local disaster who can you count on to help? Regional, state, and federal resources can all be mobilized. The cavalry will be there, eventually. At first it will only be you. Community physicians often have more questions than answers in disaster situations. How do I prepare? Are there symptoms and signs of an impending disaster I can look for? How do I deal with all these patients? How and where do I call for help now? What about help after I've exhausted my local resources? How quickly can you expect those resources to be available to you?</p>
<p><b>Teaching Others to Save a Life Until Help Arrives</b> <i>Clayton Kazan, MD, FACEP</i></p>	<p>Trauma is the leading cause of death for Americans between the ages of 1-45, and lessons learned from the recent wars in Iraq, Afghanistan have spurred a nationwide interest in immediate responders saving the lives of injury victims prior to professional help arriving. This session will discuss the logistics of national education campaigns, the importance and science of teaching trauma skills to the public, and how emergency physicians can encourage trauma education by engaging in their communities.</p>
<p><b>Pre-hospital Termination of Resuscitation</b> <i>Katie L Tataris, MD, FACEP</i></p>	<p>ED providers often have to make critical decisions about how long to continue cardiac arrest resuscitation, whether in the hospital or on the phone with a prehospital provider. It is imperative to understand the medical and legal background as well as the appropriate interpretation of technology to make the best possible decisions.</p>
<p><b>Bringing Critical Care to the Streets: Prehospital ECMO, TEE and More</b> <i>Darren Braude, MD, MPH, Paramedic</i></p>	<p>Prehospital care is no longer always focused on rushing patients to the hospital but rather bringing critical care to the patients when appropriate. We will discuss recent prehospital critical care developments such as ECMO, ultrasound including TEE, use of ventilators and much more.</p>
<p><b>Unrest in America: Prehospital and Emergency Department Preparedness and Response</b> <i>James Phillips, MD, FACEP</i></p>	<p>Recent years have shown changes and advancements in violent protest behavior using novel implements that result in novel injuries (lasers, vehicle ramming, soup cans, excrement, etc.) in addition to those tactics and weapons well- known to the public (projectiles, fireworks, Molotov cocktails, blunt and bladed weapons). Emergency Physicians should be updated about new technologies utilized by protestor and policing agencies domestically and abroad, understand the latest improvised and homemade weapon trends and their resulting injuries, and become knowledgeable of future police and civilian weapons that may see use in coming years.</p>
<p><b>Get Them Out of My ER – How to Choose Appropriate Patient Transport Methods</b> <i>Shira A Schlesinger, MD, MPH, FACEP</i></p>	<p>Patients often require specialty transport, for interfacility movement between hospitals, to skilled care, or back home. Insurance coverage is dependent on medical necessity - But how do you choose the appropriate method, comply with EMTALA, support the medical necessity of your choice, and document adequately so insurers pay promptly? This presentation will review capabilities of BLS and ALS ambulance, critical care transport, and regulatory / insurance considerations to help move your patients with the appropriate level of care.</p>

# PROFESSIONAL & LIFE SKILLS

<p><b>Locums: Where Are We Now?</b> <i>Tracy G. Sanson, MD, FACEP</i></p>	<p>Travel, flexibility, and amazing income. Is locums work really an option for employment? Explore the history of locums work and get a glimpse into the future of EM practice. Attend this session to demystify the ads and learn if a career in locums is right for you.</p>
<p><b>Winner, Winner, Chicken Dinner: Negotiation Skills for Win-Win Outcomes</b> <i>Robert W Strauss, MD, FACEP</i></p>	<p>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 negotiating skill. 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.</p>
<p><b>Diversity, Equity &amp; Inclusion: The Patient, Trainee &amp; Leadership Perspective (Leon L. Haley, Jr)</b> <i>Vonzella A. Bryant, MD, FACEP</i></p>	<p>Discussion about diversity in emergency medicine has been happening for years. What progress have we made? What improvements in outcomes does it bring? What techniques can improve diversity of EM physicians at your workplace? Come hear the answers to these vitally important questions to help our workforce better represent our patient populations.</p>
<p><b>RVU Killers: 2023 Brand New ED Documentation Guidelines - Avoid Mistakes and Maximize Opportunities</b> <i>Michael A. Granovsky, MD, FACEP</i></p>	<p>The Devil we Knew, The 1995 Documentation Guidelines are being retired. No more 4 HPI and 10 Review of Systems. In fact, the History and Exam likely won't contribute to scoring your record. A brand new Medical Decision Making process will be in place starting January 1, 2023 which will determine 90% of ED RVUs and reimbursement.</p>
<p><b>Clinical Pearls from the Recent Medical Literature 2022: Part 1</b> <i>Jan Marie Shoenberger, MD, FACEP; W Richard Bukata, MD; William Ken Milne, MD</i></p>	<p>Speakers will review and analyze 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.</p>
<p><b>Emotional Intelligence &amp; Mindful Listening</b> <i>Julius (Jay) A Kaplan, MD, FACEP</i></p>	<p>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 EI strengths and weaknesses; deal with difficult people, and demonstrate EI 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.</p>
<p><b>The Emergency Medicine Workforce (James D. Mills Lecture)</b> <i>Catherine Anna Marco, MD, FACEP</i></p>	<p>ACEP Workforce Board Presentation Mills Lecture The ACEP Workforce study has presented challenges to the profession in its modeling of EM Practice and predictions over the next ten years. A member of the ACEP Board will present updated activity and information on this most critical of specialty issues.</p>
<p><b>Divorce, Depression &amp; Loss: How to Keep Going When It All Falls Apart</b> <i>Arlene Chung, MD, FACEP</i></p>	<p>Life can throw a lot at you, including abusive relationships, major illness, and competing family and professional needs. The speaker will discuss personal illustrations and lessons learned.</p>
<p><b>But I Didn't Say Anything: Effective Skills for Non-verbal Communication</b> <i>Robert W Strauss, MD, FACEP</i></p>	<p>We all know that when we interact with others, the majority of our communication comes through as non-verbal. Come learn the tricks to effective non- verbal communication and improve your relationships with patients, colleagues and even family and friends.</p>
<p><b>Clinical Pearls from the Recent Medical Literature 2022: Part 2</b> <i>Jan Marie Shoenberger, MD, FACEP; W Richard Bukata, MD; William Ken Milne, MD</i></p>	<p>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.</p>

<p><b>Beyond UpToDate®: Calm the Chaos of Continuing Education</b>  <i>Salil K Bhandari, MD</i></p>	<p>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 in between shifts? What if you need refreshers on pediatric emergency medicine or critical care skills? The speaker will provide high- yield resources both online and offline for the experienced provider seeking continuing resources at the bedside and beyond.</p>
<p><b>How to Make Money &amp; Grow Your Wealth</b>  <i>Brian Stettler MD, FACEP</i></p>	<p>Discover the secrets to a satisfying and successful career in a casual environment during this all-new ACEP Connect session. The speakers will introduce some key actions to ensure financial security by developing healthy spending habits, understanding return on investment and choosing the right job for you.</p>
<p><b>Medical Errors: Prevention &amp; Disclosure</b>  <i>Catherine Anna Marco, MD, FACEP</i></p>	<p>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.</p>
<p><b>What's Next: 5 Strategies for Reinventing Your Career in Uncertain Times</b>  <i>Julius (Jay) A Kaplan, MD, FACEP</i></p>	<p>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.</p>
<p><b>Putting Zip in Your ZOOM</b>  <i>Jessica Elizabeth Hobbs, DO, FACEP</i></p>	<p>Remote meetings and teaching have become a new normal fostered by the pandemic. The speaker will discuss novel tips and techniques designed to hold the audience's attention for an engaging, virtual presentation. Discover settings and tricks to sound, look and share better on the virtual platform. From breakout sessions to annotation tools to sticky notes to active polling, learn how to run meetings, teach, and communicate more effectively in the virtual setting.</p>
<p><b>From Rags to Riches: Personal Finance for the Early Career EP</b>  <i>Brian Stettler MD, FACEP</i></p>	<p>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.</p>
<p><b>How to Succeed in Your First Five Years of Practice</b>  <i>Abdulkareem Agunbiade, MD</i></p>	<p>The top ten concrete practical tips for residents and newly-minted attendings in just 30 minutes. This is a high-yield, energetic presentation mixing wisdom, wit, and personal experiences to help make you successful!</p>
<p><b>SANE Teams – Forming and Fostering Team Relationships When Caring for Victims of Sexual Assault</b>  <i>Jessica Elizabeth Hobbs, DO, FACEP</i></p>	<p>Using tenets of trauma-informed care, it can still be challenging to care for victims of sexual assault in the acute setting of the Emergency Department. Partnering with your team and community are key features of a well-functioned Sexual Assault Response Team.</p>
<p><b>How To Get a Job – Employment in the New Normal</b>  <i>Brian Stettler MD, FACEP</i></p>	<p>Its a different job market for emergency physicians than it was even a few years ago. Opportunities exist though for the new graduate, those changing careers, those in academics or the community and even locums. How to go about getting a job in these settings, marketing yourself and staying sane through the hiring process will be discussed.</p>

# PULMONARY DISORDERS

<p><b>Lung Ultrasound in the ED: Don't Diss Dyspnea</b> <i>John Michael Bailitz, MD, FACEP</i></p>	<p>The patient arrives huffing and puffing. Oxygen may be the right answer on the oral boards, determining quickly what is causing the respiratory distress is key to helping your patient. Enter the ultrasound probe! This session will discuss a broad range of cases that highlight common cardiac &amp; pulmonary causes of dyspnea &amp; recognition of associated ultrasound pathology.</p>
<p><b>The Life-Threatening Asthmatic</b> <i>Matthew Alexander Roginski, MD</i></p>	<p>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.</p>
<p><b>Unpacking the Black Box: Diagnosing Pulmonary Embolism in Pregnancy</b> <i>Lauren M Westafer, DO, FACEP</i></p>	<p>Few things in medicine are more confusing than evaluating pregnant patients for pulmonary embolism (PE). PE is classically a ÔcanÕt missÕ and killer diagnosis and clinicians have been taught that our pregnant patients, who are already high risk, are at even higher risk of PE. Yet, until recently there has been little evidence on how to best evaluate these patients. Clinical decision tools? D- dimer? Ultrasound? CT or Ventilation-Perfusion Scan? This session will review the most recent evidence on the trends in the prevalence of PE in pregnant and recently post-partum patients.</p>
<p><b>Perils in the Pleural Space</b> <i>Marco E Propersi, DO</i></p>	<p>From effusions to pneumothoraces, the pleural is a perilous place for emergency physicians. This crash course will prepare you to deal with patients pleural problems like a pro.</p>
<p><b>Infiltrates Galore: Treating Lung Infections in 2022</b> <i>Maxwell A Hockstein, MD, FACEP</i></p>	<p>Chest x-rays may be black and white, but treating pneumonias in the ED is anything but that. When should you be concerned about rarer causes of pneumonia that may not respond to the antibiotics you selected for this infiltrate? Join this session for a crash course on the evidence behind treating lung infections as effectively as possible.</p>
<p><b>Beating the Blues: Rescue Strategies for Hypoxia in the ED</b> <i>Maxwell A Hockstein, MD, FACEP</i></p>	<p>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.</p>
<p><b>Ventilator Management: Where's the Easy Button?</b> <i>Maxwell A Hockstein, MD, FACEP</i></p>	<p>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.</p>
<p><b>Air Hungry: Differentiating Dyspnea in the ED</b> <i>Christopher Colbert, DO, FACEP</i></p>	<p>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 patients 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 &amp; how to intervene on each.</p>
<p><b>Adjust Your Approach: Adjust the D-Dimer!</b> <i>Christopher Colbert, DO, FACEP</i></p>	<p>The D-dimer is frequently the bane of the emergency physician's existence when it comes to ruling out pulmonary embolism. This talk discuss the appropriate use of the D-dimer in 2022 as well as the utility of and evidence behind an adjusted D- dimer approach.</p>

# RISK MANAGEMENT/ED & LAW

<p><b>EMTALA from the Trenches</b> <i>Diana Nordlund, DO, JD, FACEP</i></p>	<p>Not so interested in the fine letter of the law but vaguely aware of a federal law that applies every time you go to work? Be on a need-to-know basis with EMTALA and learn just enough to keep from being suspended, fined, or fired. This short session is designed to answer your real-life questions about EMTALA and what to do at the EMS radio at 3am.</p>
<p><b>Liability Concerns &amp; Controversies Working with Non-Physician Providers</b> <i>Diana Nordlund, DO, JD, FACEP</i></p>	<p>Non-physician provider (NPP) supervision and incurred liability is a frequent concern expressed by ACEP physicians. A physician-attorney will address: NPP training, supervising physician liability, and independent practice.</p>
<p><b>Expert Witness in an Hour Workshop: Protect Yourself and Advocate for the Underserved</b> <i>Charles A. Pilcher, MD, FACEP; William Weber, MD, MPH</i></p>	<p>Harness your medical knowledge to learn the basics of expert witness work. This interactive seminar will cover the basics of legal writing and “standard of care” through practice cases led by a team of physicians and with legal expertise. Legal writing helps strengthen your own documentation and opens up opportunities for extra income and medical advocacy.</p>
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<p><b>Informed Consent: Sign Here...See You in Court</b> <i>Rachel Lindor, MD, JD</i></p>	<p>With the continued rise of patient autonomy comes increasing risk to EPs of dual-pronged lawsuits alleging medical malpractice AND lack of informed consent. An MD/JD will use cases to illustrate numerous barriers to the informed consent process in emergency department patients. 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?</p>
<p><b>GOTCHA! The Medical Chart: Anticipating the Lawyer's Review</b> <i>Rachel Lindor, MD, JD</i></p>	<p>During this interactive course, the speaker will review emergency medicine charts &amp; discuss how wording factors into lawsuits. You will learn how specific charting can help avoid getting sued and/or win the case if there is litigation.</p>
<p><b>Little People, Big Lawsuits</b> <i>Kurtis A Mayz, JD, MD, MBA, FACEP</i></p>	<p>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 use of consultants, and address duty to warn differences specific to our pediatric patient population.</p>
<p><b>Practice to Penitentiary: Criminal Liability in EM Practice</b> <i>Nathaniel R Schlicher, MD, JD, MBA, FACEP</i></p>	<p>Providers are coming under increasing threats of criminal reproductions for their actions in the care of their patients. A case-based exploration of current issues in criminal liability in opiate prescribing, liability for assault in the care of psychiatric patients, &amp; negligent homicide in the place of medical malpractice.</p>
<p><b>Contract Nightmares: Due Process, Force Majeure, Indemnification Clauses &amp; Non-Competes</b> <i>Rachel Lindor, MD, JD</i></p>	<p>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?</p>
<p><b>National Practitioner Data Bank: Opening Pandora's Box</b> <i>Diana Nordlund, DO, JD, FACEP</i></p>	<p>Events reported to the NPDB affect all future licensing and credentialing. What events are reported? Is your report accurate or can it be corrected? What actions can be taken to avoid reporting or craft mutually agreed upon the language to mitigate future professional damage?</p>

**Crisis Standard of Care: Ethical & Legal Implications of Crisis Care**

*Catherine Anna Marco, MD, FACEP; Nathaniel R. Schlicher, MD, JD, MBA, FACEP*

During the COVID pandemic, the commitment of the physician to the individual patient is counterbalanced by the need to protect the welfare of a population of patients. Join a bioethicist and an MD/JD to explore the ethical principles that guide development of the COVID crisis standard of care and resultant legal risk ramifications.

**Black Box Drugs We Use: What's the Risk?**

*Bryan D. Hayes, PharmD, FAACT, FASHP*

The black box drug list seems to be growing yet we are constantly faced with drug shortages limiting our choices when caring for patients in the ED. Many of us have used these drugs extensively in the past & feel quite comfortable with continuing this use on our patients. What is our risk when we do this? Is it a reasonable risk? The speaker will summarize black box warnings on drugs frequently used in the ED, assess the risk of this continued use, justify appropriate use in specific patients, & identify critical documentation needed when choosing to use these drugs.

**Become a Star at Your Deposition: An Insider's Guide**

*Nathaniel R Schlicher, MD, JD, MBA, FACEP*

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.

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

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

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

**High-Risk Cases in EM**

*Jennifer A Newberry, MD, JD, FACEP*

Learn how diagnose and manage high risk orthopedic emergencies in the ED. (Rhabdomyolysis, Compartment syndrome, high pressure injection injuries, open fractures, Septic arthritis/Osteo)

**Managing Risk in the Emergency Department: Lessons Learned from Tactical Emergency Medicine**

*Gary William Tamkin, MD, FACEP*

Like a battle field or urban tactical situation: the emergency department is a high risk environment. Tactical concepts which help to keep operators safe can also be deployed in your emergency department to reduce medical risk.

# TOXICOLOGY & ENVIRONMENTAL DISORDERS

<b>Depressed &amp; Overdosed</b> <i>Craig G Smollin, MD</i>	<p>25 million adults have been taking antidepressants for at least 2 years. The number of anti-depressant overdose has continued to rise. As an emergency medicine provider, we need to know how to recognize and manage TCA, SSRI and benzodiazepine overdoses.</p>
<b>Occupational Tox - Management of Workplace Exposures</b> <i>Tara Taylor-Jean Haston, DO, FACEP</i>	<p>Review the need-to-know facts on Occupational Emergency Medicine. From lethal occupational exposures to dermatologic, infectious or traumatic work-related diseases, this course will highlight what you need to know.</p>
<b>SSS: Snake, Scorpion &amp; Spider Envenomations</b> <i>Craig G Smollin, MD</i>	<p>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.</p>
<b>Opiate Withdrawal in the ED - Treat or Street: ACEP Connect</b> <i>Alexis M LaPietra, DO, FACEP; Arian Nachat, MD</i>	<p>Interactive &amp; provocative dive into management considerations of opiate withdrawal as it is seen in the emergency department. Should these clinical issues be addressed &amp; if so, how? Where &amp; how should these patients be dispositioned? These questions &amp; more will be answered during this session.</p>
<b>Don't Breathe That! Smoke Inhalation, Cyanide Toxicity &amp; Carbon Monoxide Poisoning</b> <i>Gillian A Beauchamp, MD</i>	<p>This lecture will review the management of patients who were exposed to smoke inhalation. Including management with hyperbarics.</p>
<b>Visual Toxicology Workshop</b> <i>Darryl J Macias MD, FACEP, FAWM, DiMM</i>	<p>A visual display of cases, including a wide range of products &amp; plants, will be presented. Use your senses to solve these interesting diagnostic &amp; treatment challenges that could present at your own ED. (This workshop is limited to 90 participants).</p>
<b>Alcohol Use Disorder - A Missed Opportunity</b> <i>Alexis M LaPietra, DO, FACEP</i>	<p>The mortality related to Alcohol Use Disorder (AUD) is incredibly high and often overlooked by the ED clinician. This population frequents our departments but the perceived lack of tools or medications leads to dead-end treatment. ED clinicians are well-positioned to address the mortality associated with AUD via the utilization of anti-craving medications and appropriate withdrawal management for the discharged patient. Change is possible.</p>
<b>Crashing Tox Patient</b> <i>Gillian A Beauchamp, MD</i>	<p>Your patient comes into the ED in critical condition &amp; starts deteriorating. The patient does not respond to the usual therapies. Maybe he took some pills? Maybe he ingested something? What to do next? During this lecture, the speaker will discuss how to approach the undifferentiated tox patient and what to consider when your tox patient starts crashing &amp; the usual therapies aren't working.</p>
<b>Toxicology Potpourri</b> <i>Gillian A Beauchamp, MD</i>	<p>What does the emergency provider need to know when walking into your next shift? During this fast-paced, information packed session, this board certified toxicologist will share pearls from the trenches about hot topics in toxicology, and will then be available to answer your questions and/or share additional pointers with the group.</p>
<b>Tox Literature Review</b> <i>David Vearrier, MD</i>	<p>Keeping up with the expanding toxicology medicine literature is a challenge for busy emergency physicians. The speaker will review the recent literature from the past few years &amp; discuss those articles that could affect the way you treat poisoned patients.</p>
<b>Electrical Injuries</b> <i>Navneet Cheema, MD</i>	<p>Electrical injuries are inevitably encountered by most emergency physicians. The spectrum of electrical injury is broad, ranging from minimal injury to severe multiorgan involvement to death. This course will review best practices in the management of these patients.</p>
<b>Heavy Metals - Lead, Arsenic and Mercury</b> <i>David Vearrier, MD</i>	<p>This course will review the pearls to recognize heavy metals poisonings. Specifically discusses the diagnoses and management of lead, arsenic and mercury poisoning.</p>
<b>Management of the Drowned Patient</b> <i>Christian A Tomaszewski, MD, MS, MBA, FACEP</i>	<p>Readily available, inappropriate use can cause accidental poisonings. This course reviews the main OTC culprits, how they present and how you should treat them.</p>

<b>Emerging Trends: Cases in Poisoning Management</b> <i>Darryl J Macias MD, FACEP, FAWM, DiMM</i>	<p>During this course, miss &amp; near-miss cases in overdose recognition, treatment, &amp; management will be discussed. What are the subtle ECG findings, labs, and/or clinical clues that point you to that potentially lethal unknown overdose? Give the right antidote &amp; have a favorable outcome; give the wrong antidote &amp; things could be disastrous. The speaker will compare &amp; contrast management &amp; treatment strategies for a variety of overdoses, highlighting newer agents as treatment choices</p>
<b>Who Ate the 'Shrooms: Poisonous Plants and Fungi</b> <i>Christian A Tomaszewski, MD, MS, MBA, FACEP</i>	<p>Plants contain chemicals that may exert toxic effects on multiple human systems including the skin, cardiovascular, respiratory, renal, central and peripheral nervous systems, bone, and the reproductive system. This course reviews common presentations of toxicity from selected plants and fungi.</p>
<b>Peds Poison - Our Biggest Fear</b> <i>Navneet Cheema, MD</i>	<p>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 as many ingested substances do not have a specific antidote. Supportive treatment and observation must be planned. The specific presentation and treatment of selected ingested substances will be addressed in this lecture.</p>
<b>Is There a Doctor On Board? Medical Emergencies at 28,000 feet</b> <i>Amy Ho, MD</i>	<p>You are halfway across the Atlantic Ocean when the pilot announces overhead there is a medical emergency and asks if there is a doctor on board. What are tips and pearls from real life scenarios to make you raise your hand without fear?</p>
<b>What's New in the Neighborhood – Current Trends and Issues in Recreational Drug Use</b> <i>Gary William Tamkin, MD, FACEP</i>	<p>An overview from the Medical Director of the California Highway Patrol of the current trends and issues in recreational drug use.</p>
<b>OTC Poisons</b> <i>Christian A Tomaszewski, MD, MS, MBA, FACEP</i>	<p>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</p>
<b>Harm Reduction - If You Can't Quit, at Least be Safer</b> <i>Amy Ho, MD</i>	<p>Addiction and substance abuse are major contributors to the ED patient population. Often times patients are not ready to quit, but continue to experience poor health outcomes related to their substance abuse. Here we discuss methods of harm reduction education for patients of various addictions.</p>



# TRAUMA

<p><b>Debunking Trauma Myths: It's Not Just Politics: ACEP Connect</b>  <i>Charlotte P. Wills, MD; Christopher B Colwell, MD, FACEP; Regan F. Lyon, MD, FACEP; Ron Tesoriero</i></p>	<p>Over the few decades, the evaluation &amp; management of many traumatic injuries has improved dramatically. However, in many practice environments outdated ideas often persist. During this interactive course, the speaker will challenge the audience to identify the best practices in trauma assessment &amp; management that remain today, &amp; those that have been replaced with better evidence- based techniques.</p>
<p><b>Life-saving Trauma Procedures</b>  <i>Starr Knight, MD</i></p>	<p>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, &amp; peri-mortem c-section.</p>
<p><b>Crush It! Managing the Crush- Injured Patient</b>  <i>Regan F Lyon, MD, FACEP</i></p>	<p>Recent headlines highlight victims of crush injury from stampedes at concerts and other mass gathering events. Crush syndrome is a conglomerate of injuries related to crush injury. From compartment syndrome to spinal cord injury, the speaker will discuss keys to early management of potential life and limb threatening injuries.</p>
<p><b>Severe Traumatic CNS Injury - What Matters Most</b>  <i>Mary McLean</i></p>	<p>Severe head and spinal cord injury is leading causes of death in trauma and a major challenge for resuscitation in the Emergency Department. TBI is a heterogenous group of injuries. Careful resuscitation of the patient with severe TBI or spinal cord injury are critically important and overlap in many key strategies. The speaker will discuss optimal targets including glycemic control, blood pressure management, oxygenation and perfusion goals.</p>
<p><b>The Agitated Trauma Patient</b>  <i>Christopher Hogrefe, MD, FACEP</i></p>	<p>Determine diagnostic &amp; treatment strategies for critical pediatric respiratory diagnoses.</p>
<p><b>Clear as Mud: C-Spine Clearance</b>  <i>Mary McLean</i></p>	<p>Spinal cord imaging &amp; injury is a major aspect of the evaluation of most trauma patients in both adults &amp; children. It is necessary to understand the biomechanics of head &amp; neck trauma to help determine the extent of injury. Several cervical spine clearance rules exist &amp; will be reviewed. In addition, the speaker will discuss the questions that are pertinent to ask the patient suspected of having cervical injury, &amp; how to perform a proper neurologic examination to better guide imaging decisions.</p>
<p><b>Cruising the Literature: Trauma 2022</b>  <i>Christopher B Colwell, MD, FACEP</i></p>	<p>Trauma in 2020! 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.</p>
<p><b>Trauma at Your Doorstep: Different Environments, Different Approaches</b>  <i>Maria E Moreira, MD, FACEP; Regan F Lyon, MD, FACEP; Torree M McGowan, MD, FACEP</i></p>	<p>ATLS was created to ensure there was a baseline standard of care for trauma patients, regardless of practice environment. The most innovative trauma care, however, may not be as universal. The speakers will present several trauma cases, and then each will discuss how their respective clinical practice environments dictate medical decision making and interventions. Does a state-of-the-art trauma bay equate to better trauma care?</p>
<p><b>Pelvic Trauma Management</b>  <i>Christopher B Colwell, MD, FACEP</i></p>	<p>Attend this session to learn what's new in the management of pelvic trauma in 2022 &amp; the options in the approach to significant pelvic injury, particularly those in hemorrhagic shock.</p>
<p><b>Trauma STAT! Don't Miss This Visual Cue!</b>  <i>Maria E Moreira, MD, FACEP</i></p>	<p>Good trauma care requires prompt recognition of a constellation of injuries. Presentation of these injuries may be readily apparent or subtle. Functional outcome is often sensitive, requiring the emergency physician to have skills in prompt recognition &amp; management of the injury. The speaker will highlight important clinical pearls &amp; pitfalls in the management of trauma patients from a visual perspective. The speaker will also integrate physical examination findings, radiographs, CT scans, &amp; other visual cues necessary for management of trauma patients.</p>
<p><b>Penetrating Neck Injuries: Zones are Out, CTs are In</b>  <i>Matthew S Siket, MD, FACEP</i></p>	<p>Historically, the evaluation of penetrating wounds to the neck were dependent on the "zone" the injury was located. The no zone approach to the neck is now the preferred approach. The speaker will discuss the application of the no zone approach to the neck, implications for transfers, airway management, cervical spine</p>

<p><b>Facial Trauma</b> <i>Matthew S Siket, MD, FACEP</i></p>	<p>Facial trauma is a frequent sequelae of a variety of mechanisms of trauma. it an be very distracting and dramatic and can appear in a number of injury patterns. It is important to recognize the patterns and risks to underlying structures.</p>
<p><b>Pediatric Trauma Pearls &amp; Pitfalls</b> <i>Marianne Gausche-Hill, MD, FACEP</i></p>	<p>The speaker will review the hottest topics in pediatric trauma. Clinical pearls &amp; how to avoid pitfalls will be discussed during this course.</p>
<p><b>Injury Prevention in Trauma</b> <i>W Gannon Sungar, DO</i></p>	<p>Hot button topics on injury prevention such as firearm safety, out of hospital cardiac arrest, pediatric or intimate partner violence are evolving issues for emergency physicians and communities. Workplace violence in the ED contributes to burnout and issues of moral distress. Community violence intervention programs have evolved to mitigate the growing epidemic of trauma. The speaker will discuss the evidence and discuss best practices for these and other relevant topics.</p>
<p><b>Trauma: Numbers You Gotta Know</b> <i>Charlotte Page Wills, MD</i></p>	<p>Is persistent tachycardia after blunt chest injury indicative of cardiac injury? When should we allow permissive hypotension? What are the target blood pressures for intracranial and blunt injury? Should we be following the MAP or SBP or the shock index? How does age affect our indication for higher level trauma activation? The speaker will discuss evidence behind commonly held misperceptions and critical vital signs key to the acute management of trauma patients.</p>
<p><b>Traumacology: Drugs for the Trauma Bay</b> <i>Kyle Weant, PharmD, BCPS, BCCCP, FCCP</i></p>	<p>The speaker will discuss the drugs you need to be using during your trauma resuscitations, from Ketamine to TXA (tranexamic acid). Old medications being utilized today for major &amp; minor trauma treatment, sedation &amp; pain management will also be discussed.</p>
<p><b>Trauma STAT! Fluids, Factors &amp; Alternatives to Blood!</b> <i>Charlotte Page Wills, MD</i></p>	<p>Resuscitation of unstable multiple trauma patients includes fluid replacement. How much intravenous fluid is appropriate in hemorrhagic shock? When should PRBCs, platelets, &amp; other blood products be administered? Throughout the pandemic, there have been challenges from collecting blood for patients from blood drive cancellations to surging hospital demand. As the nation faces an emergency blood and platelet shortage, what new synthetic blood replacement products are available to resuscitate patients? How do we use the TEG to guide resuscitative efforts? Attend this course to find out when to hook ‘em up, what to give, and when to stop</p>
<p><b>Resist the EASY Button: Avoiding the “Pan-Scan”</b> <i>W Gannon Sungar, DO</i></p>	<p>Research suggests that selective CT (SCT) approach may miss injuries compared to whole body CT (WBCT) approach which may increase morbidity. When should we resist the urge to obtain a CT scan from top to pelvis? Are there specific mechanisms that actually warrant a WBCT due to an increased likelihood of missed injuries or are we unnecessarily increasing radiation? Are there times when a specific injury pattern may not imminently affect ED management but will facilitate care for the patient after they have left our walls?</p>

# UROLOGIC & OB/GYN DISORDERS

<p><b>Don't Ovary Act: Vaginal Bleeding in the Non-Pregnant Patient</b>  <i>Camiron L Pfennig, MD, FACEP</i></p>	<p>Vaginal bleeding in the non-pregnant patient is a common complaint that ranges from irritating to life-threatening. What is the minimum acceptable workup in the emergency department for the stable (and unstable) patient? What new medications or techniques can help save lives? Using a case-based format, the speaker will review core principles and evidence-based techniques for this frustrating chief complaint.</p>
<p><b>Emergency Delivery: The Baby is On The Way!</b>  <i>Camiron L Pfennig, MD, FACEP</i></p>	<p>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 the 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?</p>
<p><b>Management of Priapism in the ED: What Goes Up Must Come Down</b>  <i>Jacob R Hennings, MD, FACEP</i></p>	<p>It's 3 am and a patient checks in with priapism for the last 5 hours and there's no urologist to be found. What do you do? Come to this course and learn how to expertly assess and treat priapism and feel confident in your skills the next time this emergency arises.</p>
<p><b>Cardiovascular Emergencies in the Pregnant and Post-Partum Patient</b>  <i>Joelle Borhart, MD, FACEP</i></p>	<p>Women, who were previously healthy, can present in the part-partum period with illness that may be underestimated and misdiagnosed. In this case based review, the speaker will cover the concerning presentations suggestive of cardiovascular emergencies in the post partum patient, and review a diagnostic approach and appropriate therapy.</p>
<p><b>Sexual Assault, IPV &amp; Human Trafficking: At Risk Patients in Your ED</b>  <i>Jennifer A Newberry, MD, JD, FACEP</i></p>	<p>Human trafficking, sexual assault &amp; intimate partner violence are more prevalent than most think. Many ask "What can I do as an ED physician?" The speaker will focus on increasing awareness, best practices for screening, &amp; what an emergency physician needs to know &amp; do when faced with these potential sensitive situations.</p>
<p><b>Plight of the Pelvic Exam: Can It Really Be Dismissed</b>  <i>Sara Lynn Manning, MD, FACEP</i></p>	<p>Recent research has questioned the pelvic exam's utility, concluding it can be routinely omitted from ED evaluations, but closer scrutiny suggests this is far too premature. In this session, we untangle the real evidence from confounding social factors, look back on the often-dark history of the pelvic exam, and discuss the profound implications of omitting the pelvic exam from the list of standard ED assessments.</p>
<p><b>Peripartum Emergencies: Are You Prepared?</b>  <i>Lucienne Lutfy-Clayton, MD, FACEP</i></p>	<p>Late pregnancy and postpartum complications can be stressful and challenging for the emergency physician. The speaker will highlight the presenting symptoms and treatment of pregnancy-induced hypertension, pre-eclampsia, and eclampsia. The speaker will discuss postpartum complications including postpartum hemorrhage and infections.</p>
<p><b>Resuscitative Hysterotomy: Why, When, and How</b>  <i>Sara Lynn Manning, MD, FACEP</i></p>	<p>The resuscitative hysterotomy (or perimortem cesarean section) is one of the most high stress and high stakes procedures the emergency physician faces. During this talk, the speaker will review the nuances of the resuscitative hysterotomy in the traumatic and non-traumatic maternal cardiac arrest patient and review the timing and technique for the procedure. Leave this course feeling more confident in your skills the next time this very difficult situation presents to your emergency department.</p>

## ABDOMINAL DISORDERS

<p><b>Bloody Hell: GI Bleed Management in the ED</b> <i>Benjamin C. Smith, MD, FACEP</i></p>	<p>The gastrointestinal bleed patient is usually not difficult to identify but determining the severity, source, and emergent management of these patients can occasionally be difficult. This course will focus on emergency department identification, resuscitation, and early management of both upper and lower GI bleeding. An evidence-based approach and current recommended early therapeutic options will also be discussed.</p>
<p><b>Abdominal Pain That Isn't: The Masqueraders</b> <i>Diane M. Birnbaumer, MD, FACEP</i></p>	<p>Several diseases present as acute abdominal pain but are not due to an acute abdominal process ranging from common pathology such as a pulmonary embolism to more rare systemic diseases including porphyria and retroperitoneal hematomas muddling the picture. The speaker will discuss a variety of these masqueraders using a case-based approach and the work-up of these symptoms and diseases.</p>
<p><b>Buoyant Bellies: Sick Cirrhotic Patients in the ED</b> <i>Julieta Lacey, MD</i></p>	<p>The bleeding cirrhotic is a patient we are all aware of, but these chronically ill patients get sick in other ways as well. This lecture will focus on disease processes that these patients present to the ED beyond the bleeding esophageal variceal.</p>
<p><b>GI Impactions, Perforations, and Foreign Bodies</b> <i>David Carlberg, MD</i></p>	<p>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.</p>
<p><b>Cruising the Literature: The Latest in Abdominal Disorders</b> <i>David Carlberg, MD</i></p>	<p>Get up-to-date on the latest literature reviews on antibiotics in appendicitis, diverticulitis, and TXA in upper gastrointestinal bleeds.</p>

# AIRWAY, ANESTHESIA, ANALGESIA

<p><b>Ultrasound-Guided Regional Anesthesia Lab</b> <i>Jennifer Carnell, MD, FACEP</i></p>	<p>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, and 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.)</p>
<p><b>The Expected Difficult Airway: From Micrognathia to Morbid Obesity</b> <i>Colin G. McCloskey, MD</i></p>	<p>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.</p>
<p><b>Advanced Airway Techniques Lab</b> <i>Megan Fix, MD, FACEP</i></p>	<p>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.</p>
<p><b>Opiates Are Out. What Pain Management Is In?</b> <i>Alexis M. LaPietra, DO, FACEP</i></p>	<p>Alternatives to opioids for both inpatient and outpatient 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.</p>
<p><b>Avoiding Pediatric Airway Panic: Advanced Pediatric Airway Management</b> <i>Alfred D. Sacchetti, MD, FACEP</i></p>	<p>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, and tube dimensions for children of various ages. Airway management in neonates and other useful airway management tips will also highlight how to provide meaningful quality care for this special population.</p>
<p><b>Pain Pearls for Patients on Medications for Opioid Use Disorder</b> <i>Alexis M. LaPietra, DO, FACEP</i></p>	<p>The course reviews the most up-to-date evidence regarding appropriate pain management in patients taking medications for opioid use disorder (MOUD). As more and more patients are started on MOUD the front-line ED clinician will be tasked with adequately managing pain in this relatively new subset of patients.</p>
<p><b>Ultrasound-Guided Regional Nerve Blocks</b> <i>Jailyn Avila MD, RDMS</i></p>	<p>Regional anesthesia is a useful skill to have in the ED. Although landmarks can help deliver effective regional anesthesia, ultrasound has become an invaluable tool in providing localized anesthesia with great accuracy and allowing to provide of 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.</p>
<p><b>Pearls for Procedural Sedation</b> <i>Steven T. Haywood, MD, FACEP</i></p>	<p>Procedural sedation is a defining skill for emergency medicine and a practice area fraught with risk and 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 and 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.</p>
<p><b>The Physiologically Difficult Airway: Steps to Prevent Your Patient's Inevitable Demise</b> <i>Steven T. Haywood, MD, FACEP</i></p>	<p>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, we discuss predictors of the physiologically-difficult airways, and strategies to mitigate disastrous outcomes.</p>

# CARDIOVASCULAR DISORDERS

<p><b>Acute Decompensated Heart Failure “Never a Dry Topic”</b> <i>Amal Mattu, MD, FACEP</i></p>	<p>We have made dramatic improvements in our ability to rapidly diagnose acute heart failure. Treatment pathways have become more evidence-based and patients that were once an “auto-admission”, are now dispositioned to a variety of settings including home. The speaker will review the current evidence in diagnosing, treating, and dispositioning patients with acute heart failure.</p>
<p><b>Cardiac Tamponade: Ain’t No Thrill to Have No Fill</b> <i>Jennifer G. Wilson, MD, FACEP</i></p>	<p>Cardiac tamponade is deadly and emergent intervention is needed. Using new, rapid approaches to diagnosis, there is often an opportunity for emergency providers to intervene. Determining which interventions should be done in which patients, however, is challenging. Join the speaker as they review the critical diagnostic findings and how to determine the best treatment at the correct time.</p>
<p><b>Inclusive Cardiovascular Care: The Time for Equity is Now (Leon L. Haley, Jr. Memorial Lecture): ACEP Connect</b> <i>Brian Parker, MD MS; Deborah B. Diercks, MD, MSc, FACEP; George C. Willis, MD, FACEP; Tarlan Hedayati, MD, FACEP</i></p>	<p>Outcomes in cardiovascular emergencies differ dramatically across gender, race, and ethnicity among other social and environmental drivers of health. The speakers will review the current literature on outcomes in varying patient subpopulations and discuss the drivers of these differences. Additionally, they will provide expert insights into how to improve patient-oriented outcomes in emergency cardiovascular care now and in the near future.</p>
<p><b>Myocarditis: Detecting a Subtle Killer</b> <i>Ken Milne, MD</i></p>	<p>Myocarditis rarely presents in a straightforward, textbook fashion with chest pain and pulmonary congestion. Instead, myocarditis often presents subtly mimicking gastrointestinal or respiratory viral illnesses. The speaker will review the presentations and diagnostic strategies necessary to clarify this confounding diagnosis.</p>
<p><b>Jedi Echo for the ED: Relevant Advanced Echocardiography for the Emergency Physician</b> <i>Starr Knight, MD</i></p>	<p>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. Course objectives are focused on simplifying these and helping you apply them on your next shift.</p>
<p><b>ACS 2023: The Death of Unstable Angina?</b></p>	<p>Billions of dollars and millions of hours are spent chasing unstable angina annually but is unstable angina still a thing? The speaker will discuss the past, present, and future of “unstable angina” in the setting of high-sensitivity troponins, improved risk stratification, advanced coronary artery imaging, and accelerated diagnostic care protocols.</p>
<p><b>Cruising the Cardiology Literature: 2023</b> <i>Amal Mattu, MD, FACEP</i></p>	<p>Medical journals 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.</p>
<p><b>Pain in the Neck: Diagnosis and Treatment of Vertebral and Carotid Dissections</b> <i>Andrew Matuskowitz, MD</i></p>	<p>Arterial neck vessel dissections can have profound neurological implications leading to classic stroke pictures clinically. The treatment of dissections of the neck vessels and classic embolic strokes are very different. Join the speaker in defining the disease of arterial neck dissections in the realm of pathophysiology and etiology as well as when to suspect and just as importantly, when and how to treat.</p>
<p><b>Aortic Dissection: Don’t Miss This Diagnosis</b> <i>George C. Willis, MD, FACEP</i></p>	<p>Thoracic aortic dissection is an uncommon but extremely lethal condition. New risk stratification rules like ADD-RS incorporating the use of D Dimer are now available. The speaker will discuss the utility of risk scores and diagnostic tests as they review key findings in making the diagnosis. Additionally, participants will learn the current recommendations for stabilization and treatment.</p>
<p><b>EKGs of Syncope: Don’t Fall for This</b> <i>Susanne DeMeester, MD, FACEP</i></p>	<p>The ECG is an essential tool not only for arrhythmia detection and analysis but also for risk stratification in syncope. ECG interpretation in syncope patients is an essential skill for acute care providers. Using a case-based approach, the speaker will teach an expert approach to ECG analysis in syncope patients.</p>

<p><b>Atrial Fibrillation 2023: Case- Based Controversies: ACEP Connect</b>  <i>Benjamin Cooper, MD; Brian Parker, MD, MS; Tarlan Hedayati, MD</i></p>	<p>Atrial fibrillation is common and controversial: Is rate control superior to rhythm control? Should patients with afib be cardioverted? How? 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.</p>
<p><b>From Paper to Patient: Recent Advances in Emergency Electrocardiography That Will Save a Life</b>  <i>Amal Mattu, MD, FACEP</i></p>	<p>Tremendous advances have been made in the field of electrocardiography in the past several years. We are now able to detect subtleties that may mean either detection of disease and/or changing management that can save lives. Join experts in reviewing electrocardiographic pearls buried 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.</p>
<p><b>Syncope and Near Syncope: Should I Stay or Should I Go Now?</b>  <i>Andrew Matuskowitz, MD</i></p>	<p>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 providers must know when caring for patients presenting with a transient loss or near loss of consciousness.</p>
<p><b>ECLS and Extraordinary Measures in Cardiac Arrest</b>  <i>Jennifer G. Wilson, MD, FACEP</i></p>	<p>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 the failure of conventional cardiopulmonary resuscitation. Course participants will learn the who, when, where, why, and how of these rapidly maturing interventions.</p>
<p><b>Identifying AMI in Atypical ECGs</b>  <i>Benjamin Cooper, MD</i></p>	<p>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.</p>
<p><b>Post-Arrest Cardiac Care: You Got A Pulse, What Now?: ACEP Connect</b>  <i>Susanne DeMeester, MD, FACEP; George C. Willis, MD, FACEP; Mike Winters, MD</i></p>	<p>Post-cardiac arrest care has a tremendous impact on patient survival and quality of life. The evidence behind post-arrest care is evolving annually. Using a case-based format join along as a group of EM experts to discuss their approach to post-arrest care.</p>
<p><b>Join the Revolution: Why STEMI is an Outdated Term, the Occlusion MI Manifesto</b>  <i>Brian Parker, MD MS</i></p>	<p>An evidence-based manifesto on why our current STEMI vs. NSTEMI paradigm must be changed, and why the replacement should be “Occlusion MI.”</p>
<p><b>Breaking VAD: When a Broken Heart Fails</b>  <i>Andrew Matuskowitz, MD</i></p>	<p>More LVADs are placed every year. Are you prepared to manage these patients when their devices go bad? Join the speaker in understanding the components of these devices and the potential problems. The speaker will explore how to troubleshoot these devices by providing specific guidelines and recommendations.</p>
<p><b>Challenging ECG Cases From the Frontlines</b>  <i>Amal Mattu, MD, FACEP</i></p>	<p>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.</p>
<p><b>Fast and Furious Pumping the Brakes on Tachycardias</b>  <i>George C. Willis, MD, FACEP</i></p>	<p>Wide complex tachycardia can make the most experienced emergency provider sweat. Combining current evidence and a rational approach to diagnosis and management, the speaker will discuss how best to care for these patients while maximizing the opportunity for rhythm diagnosis.</p>
<p><b>The Perfect Code: A Play-by- Play Analysis: ACEP Connect</b>  <i>Jennifer G. Wilson, MD, FACEP; Mike Winters, MD; Tarlan Hedayati, MD, FACEP</i></p>	<p>If we had the time to deconstruct the perfect code, what would it look like? Join this team of experts who will take the latest evidence and strategies to the stage and give a play-by-play analysis of the perfect code.</p>

**ECG Games: Seize the Iron Throne! - GAME**

*William J. Brady, 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 a prize. The answers to this will be covered in-depth during the EKGs of Syncope You Just Can't-Miss; ?Don?t Fall for This? talk. Join this expert in finding and utilizing electrocardiographic pearls buried in years of bench studies.

**Transvenous Pacemaker Lab**

*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.)

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

*William J. Brady, MD, FACEP*

Hypertension is an extremely common condition that is treated by emergency physicians daily. 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.

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

*William J. Brady, MD, FACEP*

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. Particular emphasis will be placed on optimizing treatment protocols and on therapeutic myths and controversies.



# CAREER ADVANCEMENT THROUGH TEACHING

<p><b>How to Give a Killer Talk</b> <i>Peter DeBlieux, MD, FACEP</i></p>	<p>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 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!</p>
<p><b>Belonging: The Intersection of Diversity, Equity, and Inclusion, and Physician Well- Being</b> <i>Al'ai Alvarez, MD, FACEP</i></p>	<p>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 promote 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.</p>
<p><b>Unlearning Implicit Bias</b> <i>Al'ai Alvarez, MD, FACEP</i></p>	<p>Implicit bias is real and may be affecting our teaching and mentoring more dramatically than we realize. This course will teach learners to identify implicit bias and will provide techniques to unlearn these behaviors. Ultimately, this will improve the teaching and mentoring of all learners.</p>
<p><b>Feedback to the Future: How to Give and Receive Feedback Well</b> <i>Christina L. Shenvi, MD, MBA, PhD, FACEP</i></p>	<p>Feedback is an essential element in 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.</p>
<p><b>Cocktail Hour Chat: Working as a Female in the ED: ACEP Connect</b> <i>Diane M. Birnbaumer, MD, FACEP; Frosso Adamakos, MD, FACEP; Gillian Schmitz, MD, FACEP; Starr Knight, MD</i></p>	<p>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.</p>
<p><b>How to Be an Effective Mentor</b> <i>Arlene Chung, MD, FACEP</i></p>	<p>Great mentoring is often the key to a person's career success. But what is great mentoring? How can we be effective mentors? How can we be great mentees? During this session, a mentoring expert will describe how to be an effective mentor and mentee today.</p>
<p><b>It's Not a Lost Art: Improving Your Bedside Teaching Skills</b> <i>Carmen J. Martinez Martinez, MD, MSMEd, FACEP</i></p>	<p>All emergency docs are called on to teach, whether it's medical students, residents, nurses, techs, or even patients. This course will go over tips and tricks for incorporating effective teaching methods to use on your next shift.</p>

# CRITICAL CARE

<b>Shock in the ED: It's Not All Sepsis and Lactates</b> <i>Peter DeBlieux, MD, FACEP</i>	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 support providers to recognize the full spectrum of shock states and consider ways to evaluate
<b>Check YOUR Pulse Before the Patients: Bedside Resuscitation Leadership</b> <i>Mike Winters, MD</i>	Working in the ED is hectic and stressful on even the lowest acuity shifts, then you hear a crashing patient will be arriving at your resuscitation bay any moment. How do you mentally prepare yourself to focus when so much is going on around you? This session will provide you with strategies to employee in your team and in your own head to help you focus on maximizing your patients outcomes no matter how sick they are.
<b>Cruising the Literature: Top Articles in Critical Care</b> <i>Matthew A. Roginski, MD; Skyler A Lentz, MD, FACEP</i>	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.
<b>Under Pressor: Utilizing IV Pressors in the ED</b> <i>Peter DeBlieux, MD, FACEP</i>	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 vasopressors or inotrope are most effective for the crashing patient is key to optimizing their outcomes. This session will help you enhance your patient's care by comparing and contrasting various vasoactive agents in your resuscitation arsenal.
<b>Dying With Dignity: Incorporating Palliative Care Into Your Practice</b> <i>Carrie E. Harvey, MD</i>	As more critically ill patients present to the ED, it is vital to recognize that end-of-life care is an essential skill set for the emergency physician. This course will give participants an overview of palliative care with a focus on relevance in the ED. The session will start with how best to identify patients who require palliative care and then advance to interventions you can use on your next shift to alleviate patients suffering at the end of their lives.
<b>OB, Ohh No: The Critically Ill Pregnant Patient</b> <i>Carrie E. Harvey, MD</i>	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.
<b>The ICU is Not Ready for Your Critical Patient, Are You?</b> <i>Carrie E. Harvey, MD</i>	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.

# DERMATOLOGIC DISORDERS

<b>New Updates in Wound Care: What's Best?</b> <i>Daniel McCollum, MD</i>	Patients come into the emergency department with wounds of many types, big and small. Should I use water or do I need saline? Should I leave it open or close it? Should I put on a dressing or leave it open to air? This lecture will cover best practices in wound care in the emergency department.
<b>Botched Botox and Bad Fillers</b> <i>Daniel McCollum, MD</i>	More and more people are undergoing office-based skin treatments from Botox to fillers. What about when these procedures go wrong and patients end up in your emergency department? This course will cover early and late complications of dermatologic injectable treatments.
<b>Recognizing the Top Ten Pediatric and Adult Rashes</b> <i>Emily Rose, MD, FACEP</i>	What is it, and what can I do about it? This is what emergency care providers really want to know when faced with a patient who has a rash. The speaker will describe how to recognize ten common and clinically significant rashes on all skin types as well as mimics. The appropriate management and disposition of each rash will be discussed.
<b>Does It Itch? Tricks of the Trade from Eczema to Scabies</b> <i>Emily Rose, MD, FACEP</i>	Dermatologic disorders are part of the fabric of ED practice - whether the presenting problem or an incidental finding. Come join us for a visual journey through common dermatologic conditions encountered in the emergency care setting, with management pearls and avoidable pitfalls in dermatology practice.
<b>Burn Management for the ED Doc: Sun to Steam</b> <i>Emily Rose, MD, FACEP</i>	Managing minor burns can be challenging. Over the years burn management has evolved. Silvadene and the Parkland Formula are no longer the answer for everyone. The presenter will explore the current, evidence-based approach to burn wound management and will ensure we are all able to provide excellent care for these patients who don't require transfer to specialty centers.
<b>Pediatric Rashes You Need to Know</b> <i>Emily Rose, MD, FACEP</i>	Do children with rashes still stump you? The speaker will review pediatric rashes on all skin types, from classic childhood exanthemas to unusual and life-threatening cutaneous disorders. Using a case-based format, measles, varicella, roseola, Kawasaki disease, impetigo, and staphylococcal scalded skin syndrome will be discussed.
<b>Dermatology Jeopardy</b> <i>Catherine A. Marco, MD, FACEP</i>	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.

# ED MANAGEMENT & LEADERSHIP

<p><b>ED Boarders: Managing the Challenge</b> <i>Bret Nicks, MD, MHA, FACEP</i></p>	<p>Are boarders an issue in your department? Boarding contributes to ED crowding and is difficult for staff and patients. Interventions have shown that crowding can be addressed in a way that dramatically improves capacity and the bottom line for the institution. Case studies demonstrate the power of these interventions.</p>
<p><b>Super Strategies to Help Your ED Super Utilizers</b> <i>Bret Nicks, MD, MHA, FACEP</i></p>	<p>What really happens to the patient who presents to the ED night after night? How can emergency medicine help the system coordinate care so as to prevent further ED visits and hospital admissions? The speaker will share innovative and proven strategies that will help participants identify super- utilizers and create a coordinated discharge plan to prevent further recidivism.</p>
<p><b>Patient Satisfaction: Truths, Half-Truths and Utter Lies - A Debate for the Ages</b> <i>Aimee K. Moulin, MD, FACEP; Robert W. Strauss, MD, FACEP; Tracy G. Sanson, MD, FACEP</i></p>	<p>We practice in a data-driven environment where hospitals and payers seek to measure every aspect of the care we provide. No metric has been more controversial than patient satisfaction. In this session, we will debate the pros and cons of patient satisfaction as published in the medical literature.</p>
<p><b>How to Evaluate a New Job and Negotiate the Contract</b> <i>Arlene Chung, MD, FACEP; Christopher S. Kang, MD, FACEP</i></p>	<p>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?</p>
<p><b>Nurse! Nurse? Nurse... Innovative Solutions to the ED Nursing Crisis</b> <i>Thom A. Mayer, MD, FACEP</i></p>	<p>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, “the front page, above the fold”. And it shows no signs of dissipating. Creative and innovative solutions are needed, and now! This panel defines this critical issue, states its parameters and perimeters, but most importantly describes actionable solutions.</p>
<p><b>A Primer and Discussion on EM Employment Models (James D. Mills Memorial Lecture)</b> <i>Christopher Kang, MD, FACEP; Jim Adams, MD; Robert W. Strauss, MD, FACEP; Tracy G. Sanson, MD, FACEP</i></p>	<p>An objective presentation of the pros/cons of each EM employment model (IC, locum tenens, physician group, hospital/system employee, county/city/state/federal employee, academic program, physician management company) and subsequent panel discussion and Q &amp; A</p>
<p><b>How to Sleep Soundly After Discharging Suicidal Patients From Your ED</b> <i>Aimee K. Moulin, MD, FACEP</i></p>	<p>Have you ever felt uncomfortable discharging suicidal patients from the ED? Aside from the call to mental health, how do we best care for at-risk suicidal patients in the ED? Review safety plans implemented by the ED, which have led to a 50% reduction in post-discharge suicidal events. Review a standardized template for safety planning as well as a system for patients to establish follow-up case management and mental health care.</p>
<p><b>Using Efficiency to Up Your Clinical Game</b> <i>Guy Carmelli, MD, MEd, FACEP</i></p>	<p>EM providers are always being asked to do more with fewer resources available. As the large majority of physicians practice in the community EM setting, productivity and efficiency usually become paramount in wage-earning and contribute to job satisfaction. MDs are often not offered a clear and structured curriculum for gaining efficiency skills and they often must develop this skill set through trial and error and experience. Literature on EM efficiency is scarce. Common themes related to the order of operations, communication, and roadblocks will be discussed using specific examples.</p>
<p><b>Quick Doc: Providers in Triage</b> <i>Thom A. Mayer, MD, FACEP</i></p>	<p>Can you augment flow and care in your ED by placing a physician or advanced practice provider in triage? Is this a myth? Find out from those who have done it. Are there any data to back this practice up? The presenter will lead you through proven strategies to help expedite care in your ED.</p>

**The Psychology of Waiting**  
*Aimee K. Moulin, MD, FACEP*

Federal Express noted that "Waiting is frustrating, demoralizing, agonizing, aggravating, annoying, time-consuming, and incredibly expensive." We intuitively know this 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 their patients and offer 8 specific strategies for managing ED wait times.

**What I Learned My First Year as a Director**  
*Nida F. Degeys, MD, FACEP*

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

**Top 5 Mistakes to Avoid as a Leader**  
*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!

**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 power and aviation will be used to help craft a set of guidelines to guide safer emergency department operations.

**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 problems. ED thus care for patients who present for not only heart attacks and strokes but also 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 whereas social and economic factors account for 40% of health outcomes, highlighting the importance of concurrent medical and social interventions to advance patient health outcomes. The latest innovations in addressing the social determinants of health will be discussed to illustrate the options available within their departments.

**Burned Beyond Recognition: Burnout's Cost and Its Solutions**  
*Torree M. McGowan, 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, as well as a detailed suite of solutions to combat it in your ED. This is not a "touchy-feely" approach but a highly pragmatic one, giving you solutions to put to work.

**The Impact of Big Data: Insights from the Emergency Medicine Data**  
*James Augustine, MD, FACEP; Arjun K. Venkatesh, MD, MBA, MHS; Stephen Epstein, MD, FACEP*

Data is driving the future of medicine. With the new Emergency Medicine Data Institute, ACEP is rapidly moving emergency medicine to the forefront of data-driven quality and practice innovation. The presenters will share key national and state-level data trends and findings from the past year across EMDI Clinical Emergency Data Registry (CEDR) and Emergency Quality Network (E-QUAL). Attendees will be given a sense of emerging trends in clinical, quality, and economic aspects of emergency care that demonstrate the value and power the Data Institute brings to the specialty.

# EMERGENCY IMAGING

<p><b>10 Ultrasound Applications for Your Community ED Gig</b> <i>Svetlana Zakharchenko, DO</i></p>	<p>The range of clinical applications that point-of-care ultrasound (POCUS) is being used for is rapidly expanding in recent years. However, the use of POCUS may be limited by time constraints in the busy community emergency department. Ever gone to a lecture and wished they had discussed how POCUS can be efficiently utilized in a busy community ED. Well, here it is - the top POCUS applications for emergency physicians working in a community ED. Attend this lecture to find out the must-learn high-yield POCUS applications that can be rapidly done, impact patient care, and generate reimbursement.</p>
<p><b>Soundwaves and Soft Tissues</b> <i>Jailyn Avila MD, RDMS</i></p>	<p>Ultrasound can help the provider quickly diagnose and manage common musculoskeletal injuries in the Emergency Department without having to wait for advanced imaging such as a CT or MRI. Focused sonography by the emergency physician also provides a rapid cost-effective evaluation of pathology. The speaker will use a case-based approach to the application of musculoskeletal sonography in the ED</p>
<p><b>Ten Most Commonly Missed Radiographic Findings in the ED</b> <i>Phillips Perera, MD, FACEP</i></p>	<p>As an emergency physician, you need to know the most commonly missed radiographic findings that can lead to morbidity and malpractice. The speaker will highlight the most commonly missed x-ray and CT findings by emergency physicians. The speaker will also discuss strategies for reading these films so that you don't miss one of these findings on your next shift.</p>
<p><b>Head CTs in the ED: What You Need To Know</b> <i>Benjamin C. Smith, MD, FACEP</i></p>	<p>The evaluation of head CT scans is quickly becoming a necessity for emergency physicians. The speaker will discuss the nuances of reading head CT scans and illustrate invaluable pearls. A refresher of normal anatomy will be complemented by a case-based review of commonly missed pathologic conditions. These case studies include trauma, fractures, hemorrhage, infarcts, edema, hygroma, and shear injuries. The speaker also will discuss methods to avoid errors associated with reading head CT scans.</p>
<p><b>Procedural Ultrasound</b> <i>Jailyn Avila MD, RDMS</i></p>	<p>Procedural Ultrasound helps clinicians safely perform an increasing number of common, rare, and even heroic procedures. During this image- based didactic, the speaker will provide a high yield review of Procedural Ultrasound for venous access, pericardiocentesis, thoracentesis, paracentesis, arthrocentesis, nerve blocks, and lumbar puncture.</p>
<p><b>Trauma Radiology Pearls</b> <i>Phillips Perera, MD, FACEP</i></p>	<p>The CT scan in trauma has become the standard of care in ruling out splenic, liver, aortic, pulmonary, intracranial, and aortic injuries. The presenter will review the major findings that must be looked for on the trauma CT and when imaging might not be necessary. Tips to rapidly and efficiently review the CT as well as a review of differentiating bleeding in different organs from normal tissue will be provided.</p>
<p><b>Procedural Ultrasound Lab</b> <i>Christopher T. Stem, MD</i></p>	<p>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, arthrocentesis, nerve blocks, and lumbar puncture.</p>
<p><b>Ultrasound-Guided ACLS Resuscitation</b> <i>Jennifer Carnell, MD, FACEP</i></p>	<p>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 and learn proper timing, alternate windows and become a master at US-guided ACLS resuscitation.</p>
<p><b>Critical Care Emergency Ultrasound</b> <i>Jason Fields, MD, FACEP</i></p>	<p>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 a RUSH exam, discuss the use of FALL and BLUE protocol, how to dynamically monitor and measure the IVC in the setting of hypovolemic shock and to detect pericardial effusion and perform ultrasound- guided pericardiocentesis.</p>
<p><b>Password! What's the Word? Radiology Edition - GAME</b> <i>Catherine A. Marco, MD, FACEP</i></p>	<p>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.</p>

<p><b>Fatal Imaging Myths That Will Change Your Practice</b>  <i>Kevin M. King, MD, FACEP</i></p>	<p>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.</p>
<p><b>Mandatory MRIs: When Is It Really Needed?</b>  <i>Kevin M. King, MD, FACEP</i></p>	<p>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 pursue an MRI in the ED.</p>
<p><b>Imaging Overtesting and Overuse: Just How Dangerous Is It?</b>  <i>Kevin M. King, MD, FACEP</i></p>	<p>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 how 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? On the other hand, some of the risks of overtesting have been overplayed. For example, do we need to worry about contrast-induced nephropathy? Probably not. We will look at the latest data. In addition, this lecture will touch on the downsides of the overuse of ultrasound.</p>

# GERIATRIC

<b>Safe Discharges for Older Adults</b> <i>Philip Magidson, MD, MPH</i>	A commonly held misconception is that admission is a safer disposition for older adults. However, in many patients, discharge is a safer alternative if approached correctly. This lecture explores the misconceptions behind disposition decisions, specifically selecting patients appropriate for discharge. Several tools to identify patients safe for discharge are identified. In addition, various high- yield practical changes that can be implemented on an individual and departmental level to improve outcomes and improve the patients? and caregivers? experience upon discharge are discussed.
<b>Optimizing the Management of Agitation in Persons With Dementia</b> <i>Maura Kennedy, MD, MPH, FACEP</i>	Agitation is common in older emergency department patients and can be challenging to manage. While it may be the presenting symptom of delirium, agitation may also be a means of communication for persons living with dementia. Additionally, dementia-related agitation is associated with higher rates of ED visits and caregiver burden. This didactic will provide a framework for understanding agitation in patients with advanced dementia and discuss non- pharmacologic and pharmacologic strategies for agitation management in this population.
<b>Brittle and Broken: Geriatric Trauma Pearls and Pitfalls</b> <i>Christina L. Shenvi, MD, MBA, PhD, FACEP</i>	Older adults will make up an even greater percent of ED patients in the coming decades. Unfortunately, they are both more prone to injuries and can be more challenging to diagnose and manage. The physiologic changes that occur with aging that contribute to frailty and reduced physiologic reserve will be reviewed, and tied into practical pearls for diagnosis and treatment of older adults particularly with head injuries, rib fractures, hip fractures, and trauma in the anticoagulated patient.
<b>What's New About Being Old: Latest Literature in Geriatric Emergency Medicine</b> <i>Maura Kennedy, MD, MPH, FACEP</i>	We are amid a massive demographic shift driven by the aging of the Baby Boomer population. The number of individuals over the age of 65 has increased by one-third over the past decade and individuals over the age of 85 are the fastest- growing demographic in the US. Older adults present to the emergency department with unique medical conditions, have differential side effects and pharmacokinetic responses to medications, have different risk/benefit profiles to emergency interventions, and are susceptible to significant harm from prolonged ED evaluation and/or hospitalization. This didactic will present the latest research in the field of geriatric emergency medicine to optimize the care you provide to older adults.
<b>Geriatric ED Accreditation: Is it for You?</b> <i>Kevin Biese, MD, MAT, FACEP</i>	The care of older patients is often more time- consuming and complex than younger patients. As the population ages, we can expect older adults will make up 25% of all ED visits by 2030. ACEP now offers accreditation as a geriatric ED at three levels. This talk will explain why geriatric accreditation is a good idea for your ED, your hospital system, and your patients. We will also present the nuts and bolts of how to obtain accreditation at the three levels. If you are a medical director or ED leader, are interested in becoming a champion of geriatric care in your ED, or are curious about becoming a geriatric ED, this talk will provide you with inspiration and practical next steps.
<b>Practical Tips in Geriatric Pharmacology</b> <i>Jennifer Koehl, PharmD, BCPS</i>	Geriatric patients account for a growing percentage of Emergency Department visits and present unique circumstances for medication management. Here, we review the physiologic differences between geriatric patients and other adults and how that leads to differences in medication effects. We will focus on discussing practical tips to utilize on your next shift when managing geriatric patients with polypharmacy, pain, and agitation.
<b>Elder Abuse in the ED</b> <i>Christina L. Shenvi, MD, MBA, PhD, FACEP</i>	Elder abuse, mistreatment, and neglect can be difficult to detect, and even hard to know how to manage. As with children, older, frail adults are at higher risk for occult abuse and neglect. But unlike children, they less often have pathognomonic findings on imaging or exam. This session will explain the ways that elder abuse can manifest, how to identify it in the ED, and what the options are to care for the patient.



# HEAD & NECK DISORDERS

<b>HEENT Lab</b> <i>Elizabeth P D Pontius, MD, FACEP</i>	During this hands-on lab, participants will rotate among stations: nasopharyngoscopy, peritonsillar abscess drainage, and management of bleeding from the nasalpharyngeal passages. (This lab is limited to 35 participants)
<b>Managing Dental Emergencies Like a Pro</b> <i>Elizabeth Pontius, MD, FACEP</i>	While dental pain is a common complaint in the ED, managing it skillfully can still be a challenge. There is more to consider than mere cavities. The presenter will discuss the common and emergent conditions that should be considered. Management strategies to help avoid the ubiquitous narcotic prescriptions will be addressed.
<b>Visual Diagnosis: Eye Can See the Problem - GAME</b> <i>Robert M. Hughes, DO</i>	This course will use images to display pathology from the eyes. Come guess the diagnosis and learn about management of ocular disorders.
<b>Picking a HOLE New Approach to Epistaxis</b> <i>Elizabeth Pontius, MD, FACEP</i>	Nosebleeds happen for a variety of reasons and are generally easy to manage. However, when they are not, they present a real conundrum of how to stop the bleeding and protect the airway. This session will prepare you to manage the next life-threatening nosebleed you see in your ED!
<b>Bones, Beads, and Beans: ENT Foreign Bodies</b> <i>Robert M. Hughes, DO</i>	With any orifice, there is always a possibility something will get stuck. This session will review the latest tips and tricks for removing foreign bodies from the ears, nose, and throat with as little pain as possible for you and the patient!
<b>Fixing Faces Painlessly: Facial Anesthesia, Regional Blocks</b> <i>Lauren M. Westafer, DO, FACEP</i>	Facial wounds can be a frightening and 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 and dental pain.
<b>The Airway Triple Threat: Allergy, Anaphylaxis, and Angioedema</b> <i>Robert M. Hughes, DO</i>	This course will give you a case-based look at the new literature and treatment recommendations for common and life-threatening airway emergencies. One of the leading experts in the field will guide you through the most recent developments in the diagnosis and treatment of angioedema, anaphylaxis, and allergy-related emergencies. You will walk out of this course with more confidence about airway emergencies and a good handle on the current guidelines for treatment.
<b>Visual Diagnosis: Head and Neck</b> <i>Lauren M. Westafer, DO, FACEP</i>	This course will use images to display pathology from the nasopharyngeal and neck. Come guess the diagnosis and learn about the management of head and neck disorders.

# HEALTH POLICY

<b>Uncharted Waters: Navigating Post-Roe Practice (Colin C. Rorrie, Jr. Lecture)</b> <i>Alison J. Haddock, MD, FACEP; Diana Nordlund, DO, JD, FACEP</i>	With the U.S Supreme Court's Dobbs' decision, significant uncertainty developed for the care of pregnant women in the ED. Emergency physicians have been placed in at times conflicting positions with regards to federal EMTALA obligations versus state legislative action and legal decisions. The speakers will review the current landscape of this complicated issue.
<b>M-V-P! M-V-P! Are You Ready for MIPS Value Pathways in 2023?</b> <i>Michael A. Granovsky, MD, FACEP</i>	Just when you thought maybe you were getting the hang of MIPS reporting and documentation, CMS announced MIPS Value Pathways or MVP. ACEP submitted an emergency medicine-specific pathway to CMS that will be an option in 2023 for emergency physicians. The speaker will review the details of this new pathway and how to prepare for its implementation in 2023.
<b>ReimbERsement 101: The Latest Regarding ED Payments, Critical Care, Shared Visits and Observation</b> <i>Michael A. Granovsky, MD, FACEP</i>	With the new 2023 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. During this lecture, the speaker will review the guidelines to help emergency physicians maximize their reimbursement under these new guidelines.
<b>ReimbERsement 201: Procedural RVUs That You Are Missing</b> <i>Michael A. Granovsky, MD, FACEP</i>	Procedures are the bread and butter for emergency physicians, but the RVU reimbursement can vary widely with subtle differences in the documentation. The speaker will review the nuances of procedural documentation to maximize reimbursement for procedures that you are already doing.
<b>Dx: Medical Racism: What's the Treatment?</b> <i>Jenice Baker, MD FACEP</i>	Implicit bias and racism have promoted health care disparities that affect emergency care. The speaker will present data illustrating the results of these disparities in addition to exploring actions you can take as a citizen, emergency physician, and neighbor to create and improve public health, hospital, and departmental policies aimed to eliminate healthcare disparities.

# HEMATOLOGIC DISORDERS

<b>Beyond the Pain: Treating Sickle Cell in the ED</b> <i>Cynthia Price, MD</i>	Patients with sickle cell disease can often create a challenge for the emergency physician. The pain crises that define the illness can be hard to treat and in light of the current opioid epidemic can engage biases in the provider. It's essential to know the ins and outs of sickle cell disease to take the best care of these patients possible.
<b>Immune Checkpoint Inhibitors: Lifesaving, Yet Toxic</b> <i>Megan B. Osborn, MD, FACEP</i>	Immune checkpoint inhibitors (ICIs) have become a cornerstone of management for numerous types of cancer. Although ICIs have been shown to improve morbidity and mortality, they also may cause a spectrum of adverse effects and toxicities. During this course, we will review the most common ICIs, as well as how to identify and manage their respective toxicities.
<b>Common Cancer Conundrums and Five “Can’t Miss” Oncologic Emergencies</b> <i>Megan B. Osborn, MD, FACEP</i>	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.
<b>Anticoagulation Reversal: Part of the ABCs of Resuscitation</b> <i>Marilyn J. Heine, MD, FACEP, FACP, FCPP</i>	Anticoagulation complicates the management of many critically ill and injured patients. With the novel anticoagulants that exist, the reversal of these medications has become even more challenging. An approach that emphasizes the early recognition and management of hemorrhages associated with anticoagulation will be discussed.
<b>Emergency Hematology: A Bloody Good Refresher!</b> <i>Megan B. Osborn, MD, FACEP</i>	Ever have 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.
<b>As a Matter of Fact...Factor Deficiencies</b> <i>Marilyn J. Heine, MD, FACEP, FACP, FCPP</i>	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

# INFECTIOUS DISEASE

<p><b>Staying Cool with Pediatric Fever</b> <i>Ilene A. Claudius, MD, FACEP</i></p>	<p>What's the latest treatment for a child with a fever? Do I need to obtain a complete blood count? How about a blood culture? Who absolutely needs a spinal tap? What to do in the second month of life. What is the current risk of significant bacterial infection and how do I ensure one is not missed? How do I alter my approach if there is a delay or no vaccinations? The speaker will review the latest literature on the evaluation of the febrile child and the best evidence available to help you care for them without breaking a sweat.</p>
<p><b>Cruising the Infectious Disease Literature</b> <i>Shayne Gue, MD, FACEP, FAAEM</i></p>	<p>So many journals, and 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, and new diseases with old treatments. Make sure you have the information to use the right drugs for the bad bugs!</p>
<p><b>Other People's Parts: Transplant Troubles</b> <i>Annahieta Kalantari, DO, FACEP</i></p>	<p>Increasingly, organ transplant recipients are presenting to the emergency department. The nature of their underlying disease and complex medication regimen make them very challenging to manage. The presenter will discuss the disease processes associated with transplantation and post-transplant therapies. Special infectious disease problems and their treatment options also will be discussed.</p>
<p><b>Infectious Disease Game Show - GAME</b> <i>Shayne Gue, MD, FACEP, FAAEM</i></p>	<p>Bring your smart phone and compete with your colleagues in this fun, interactive trivia game! The game focuses on important clinical facts about Infectious Diseases in the ED.</p>
<p><b>Don't Tick Me Off: Tick-Borne Illness</b> <i>Nicholas Connors, MD, FACEP</i></p>	<p>Tick-borne disease affects over 50,000 people a year in the US. Come learn how to recognize the signs and symptoms of tick-borne illnesses.</p>
<p><b>Top 10 Antibiotic Mistakes in the ED</b> <i>Bryan D. Hayes, PharmD, FAACT, FASHP</i></p>	<p>Daily, we prescribe a multitude of medications with various mechanisms of action to treat a broad range of diseases, 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 need the broad spectrum gram-positive, gram-negative, and anaerobic coverage van and Zosyn combination provide?</p>
<p><b>Hot and Heavy: Non- Infectious Causes of Fevers</b> <i>Annahieta Kalantari, DO, FACEP</i></p>	<p>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 the physiology of hyperpyrexia, 5 non-infectious causes of fever, and discuss their diagnosis and management.</p>
<p><b>International Medicine Migrating Your Way</b> <i>Elizabeth DeVos MD, MPH, FACEP</i></p>	<p>Climate change and global warming are bringing tropical diseases to the US — no longer just through returning travelers, but now with the epidemiological spread of the disease outside the conventional "tropics." Emergency physicians must be prepared to diagnose and manage these conditions increasingly presenting to our EDs. Discuss the shifting epidemiology of key tropical diseases now seen in the US. Identify fundamentals of recognition and treatment of tropical diseases you may see in the emergency department. Explain testing and reporting requirements, as part of required public health surveillance within the ED.</p>
<p><b>What's New in Antimicrobials in the ED</b> <i>Bryan D. Hayes, PharmD, FAACT, FASHP</i></p>	<p>Selection of the most appropriate antibiotic is critical to the management of our patients with infectious diseases; however, there are so many options and so many conditions that it can be a challenge to correctly match them. The presenter will discuss the best matches between important infectious diseases and various antimicrobials.</p>

# METABOLIC & ENDOCRINE DISORDERS

<p><b>Acid-Base That Actually Matters: A Case-Based Approach</b>  <i>Zachary Repanshek, MD</i></p>	<p>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, and other emergencies, the speaker will guide you and your patient safely beyond the Henderson Hasselbalch equation by providing a common sense approach to acid base emergencies that actually matter.</p>
<p><b>Stress Me Out: Adrenal Gland Emergencies</b>  <i>Camiron L. Pfennig-Bass, MD, MHPE, FACEP</i></p>	<p>A multi-case-based presentation highlighting the adrenal gland pathology commonly and not-so- commonly seen in the ED. This presentation is structured similarly to the ABEM Oral Boards historical triple case in the organization of multiple cases occurring at once.</p>
<p><b>Lytes Out! Electrolytes Gone Wrong</b>  <i>Zachary Repanshek, MD</i></p>	<p>Electrolyte emergencies often present with subtle clinical manifestations yet may culminate in a near- death experience for the patient and clinician! Six short lectures which will cover signs, symptoms, and treatment for the following electrolyte abnormalities: hyponatremia, hypernatremia, hypokalemia, hyperkalemia, hypercalcemia, and hypomagnesemia.</p>
<p><b>DKA and HHS: The Sweetest High-Yield Pearls and Pitfalls</b>  <i>Julieta Lacey, MD</i></p>	<p>Diabetic ketoacidosis and hyperosmolar syndrome are 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. Careful attention to fluid administration, electrolyte replacement, and insulin therapy is essential to reducing hospital length of stay and complications. During this case-based interactive discussion, the speaker will review cases of diabetic emergencies. Important similarities and differences in pathophysiology and management will be reviewed. The best evidence will be summarized in practical strategies to bring back to your ED.</p>
<p><b>Debunking Myths of Bicarb in Resuscitation</b>  <i>Julieta Lacey, MD</i></p>	<p>This new and exciting lecture will focus on debunking myths about using bicarb in resuscitation with a focus on cardiac arrest. When should Sodium bicarbonate be used? What are the new guidelines surrounding bicarb and resuscitation? ¿What do the latest studies show is the benefit or harm of bicarb in resuscitation? Here we'll use a case-based approach to tackle myths regarding bicarb in resuscitation.</p>
<p><b>Appreciating ART (Assisted Reproductive Technology): Acute ART Complications in the ED</b>  <i>Camiron L. Pfennig-Bass, MD, MHPE, FACEP</i></p>	<p>With infertility rates and oocyte preservation rates climbing, the use of assisted reproductive technology or ART continues to increase. Over 2% of all infants born were conceived using ART including in-vitro fertilization, with some states reporting over 5% of all pregnancies as a result of ART. Come join us to discuss common and emergent complications from ART and oocyte preservation so you're prepared when this presents itself on your next shift!</p>
<p><b>Rev it Up and Slow it Down</b>  <i>Camiron L. Pfennig-Bass, MD, MHPE, FACEP</i></p>	<p>A case-based presentation reviewing the extreme versions of thyroid disorders. The presentation will cover the emergency approach to Thyroid Storm and Myxedema Coma.</p>

# MOC

<b>MyEMCert and Maintenance of Certification: Practice Advancements I</b> <i>Michele L. Dorfsman, MD</i>	As MyEMCert is phased in and LLSA is phased out, we need to know the information tested in the MyEMCert modules. A portion of the knowledge tested in each module is known as Key Advances. Come review these important advances in emergency medicine while preparing yourself to breeze through this portion of your MyEMCert modules.
<b>MyEMCert and Maintenance of Certification: Practice Advancements II</b> <i>Eric Gross, MD, FACEP; Michele L. Dorfsman, MD</i>	As MyEMCert is phased in and LLSA is phased out, we need to know the information tested in the MyEMCert modules. A portion of the knowledge tested in each module is known as Key Advances. Come review these important advances in emergency medicine while preparing yourself to breeze through this portion of your MyEMCert modules.
<b>MyEMCert and Maintenance of Certification: Practice Advancements III</b> <i>Michele L. Dorfsman, MD</i>	As MyEMCert is phased in and LLSA is phased out, we need to know the information tested in the MyEMCert modules. A portion of the knowledge tested in each module is known as Key Advances. Come review these important advances in emergency medicine while preparing yourself to breeze through this portion of your MyEMCert modules.

# NEUROLOGIC DISORDERS

<p><b>Demystifying Neurological Technology: Shunts, Pumps, and Stimulators</b> <i>Roderick Fontenette, MD, FACEP</i></p>	<p>With improved treatment of neurological conditions, the number of adults and children presenting to your ED with implanted neurological technology will likely increase. Just because they had neurosurgery, doesn't mean you have to be afraid of their tech! This session will provide pearls and pitfalls in caring for your pediatric and adult patients with a shunt, pump, or stimulator.</p>
<p><b>Medical Mimics: Medical Causes of Psychiatric Symptoms</b> <i>Leen Alblaihed, MD, MBBS, MHA</i></p>	<p>Your crazy patient could actually be dying. This course will help you learn how to identify common medical diseases that can masquerade as primary psychiatric disease in adults and children. Through case-based scenarios, the speaker will provide you the key findings that can you help to differentiate medical from psychiatric, which will be a load off of both of your minds.</p>
<p><b>Is the LP Dead in the Evaluation of SAH?: ACEP Connect</b> <i>Andrew D. Perron, MD, FACEP; Roderick Fontenette, MD, FACEP</i></p>	<p>This ACEP Connect session will debate the pros and cons of the need for performing a lumbar puncture in the evaluation of the patient with suspected subarachnoid hemorrhage. We will review the literature that supports a CT only strategy as well as review the literature discussing what LP adds to the 0-6 hour patient.</p>
<p><b>Malpractice Cases Related to Psychiatric Patients</b> <i>Kurtis A. Mayz, JD, MD, MBA, FACEP</i></p>	<p>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.</p>
<p><b>Cranial Nerve Conundrums: When is It an Emergency?</b> <i>Rahul Bhat, MD, FACEP</i></p>	<p>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-imaging? Using a case-based format, the speaker will reveal how subtle cranial nerve findings can be the tip of a neurologic iceberg catastrophe.</p>
<p><b>Knocked Out in 2023: Concussion Updates</b> <i>Andrew D. Perron, MD, FACEP</i></p>	<p>The literature on concussions has grown exponentially over the past decade. Chronic traumatic encephalopathy (CTE), brain remodeling, return to play guidelines, and the connection of concussion to other diseases (e.g. ALS) are only beginning to be understood. Whether working in the ED or on the sidelines, the emergency physician should be aware of literature-based information on this controversial topic.</p>
<p><b>A Dizzying Differential: Unraveling the Mystery of Posterior Strokes</b> <i>Andrew William Asimos, MD, FACEP</i></p>	<p>Posterior circulation is the culprit for 25% of strokes and 25% of patients presenting with vertigo will have a stroke. The NIH Stroke Scale falls short in accurately characterizing posterior strokes and few other tools exist. Recognition and diagnosis of these strokes may often be tricky. During this case-based approach, the speaker will review the subtle clues that will help you pick up the posterior stroke and explore the controversial role of the HINTS exam.</p>
<p><b>Whole Lotta Shakin? Goin' On: Update on Seizure and Status Management</b> <i>Roderick Fontenette, MD, FACEP</i></p>	<p>The seizure patient in the ED is always a concern to the physician. Is it a recurrent or first-time seizure? Is this non-convulsive status? Is it noncompliance or a serious intracranial pathology? What is the imaging that should be pursued? What are the latest guidelines for managing a patient with status epilepticus? The speaker will discuss the myriad of questions associated with seizures in the ED in an evidence-based format.</p>
<p><b>Should I Stay or Should I Go? TIA Management in the Emergency Department Setting</b> <i>Rahul Bhat, MD, FACEP</i></p>	<p>A significant proportion of patients presenting to the ED with stroke-like symptoms will have a resolution of their symptoms. Should we be intervening in patients with rapidly improving neurologic exams? This high-yield session will discuss the current data behind the evaluation, treatment, and disposition of patients presenting to the ED with TIA and minor strokes.</p>
<p><b>Stroke Chameleons: Neuro Findings You Can't Miss</b> <i>Nida F. Degesys, MD, FACEP</i></p>	<p>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!</p>

<p><b>How to Neuro Like an ED Doc</b>  <i>Rahul Bhat, MD, FACEP</i></p>	<p>Back Pain? Vertigo? Headaches? Is your head spinning? Learn how to manage common ED neurologic complaints like a pro.</p>
<p><b>Life-Threatening Headaches in the ED: Evaluation and Management</b>  <i>Andrew William Asimos, MD, FACEP</i></p>	<p>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 speaker 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.</p>
<p><b>Spinal Pathology: Striking the Right ?Cord? With Your Diagnostic Skills</b>  <i>Andrew D. Perron, MD, FACEP</i></p>	<p>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.</p>
<p><b>Stroke Care 2023: State of the Art</b>  <i>Andrew William Asimos, MD, FACEP</i></p>	<p>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.</p>
<p><b>To HINTS or Not to HINTS: A Tale of 2 Guidelines: ACEP Connect</b>  <i>Bruce M. Lo, MD, MBA, RDMS, FACEP; Jonathan Edlow, MD</i></p>	<p>Evaluating the dizzy patient can present challenging even for the most seasoned physician. Two recent clinical ED guidelines (ACEP and SAEM) have approached this topic with what appear to be conflicting results. Listen to leaders of both guidelines to discuss how clinical guidelines are shaped and how to consolidate these results into your everyday practice.</p>
<p><b>Neurocritical Care: Resuscitating the Brain</b>  <i>Bruce M. Lo, MD, MBA, RDMS, FACEP</i></p>	<p>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.</p>



# ORTHOPEDICS & SPORTS MEDICINE

<b>Foot and Ankle Fractures Made Easy</b> <i>Landon R. Mueller, MD</i>	Foot and ankle fractures are frequently encountered in emergency medicine practice. A basic understanding of typical fracture patterns and classification systems informs treatment and follow-up recommendations and allows for enhanced communication with orthopedic consultants. Other fractures of the foot and ankle may be radiographically occult. They 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.
<b>The Knee Exam Workshop</b> <i>Landon R. Mueller, MD; Melissa Leber, MD, FACEP</i>	Using a different format of small groups that participants get training and hands-on instruction of the provocative testing of the knee.
<b>Junky Joints: The Challenges in Diagnosing Septic Joints</b> <i>Melissa Leber, MD, FACEP</i>	Discuss the differences between the native and prosthetic joints and how to properly diagnose infection.
<b>To Scan or Not to Scan: CT Imaging for Musculoskeletal Injuries in the ED</b> <i>Landon R. Mueller, MD</i>	The widespread adoption and application of computed tomography (CT) in the emergency department has significantly increased in the past several decades. While MRI remains the gold-standard imaging study for many musculoskeletal complaints, there are certain indications for sending patients to the "donut of truth." In this talk, I'll address the large (and often conflicting) body of literature for the detection of occult hip fractures, I'll review the latest research supporting CT for traumatic arthropathy, and I'll discuss indications to obtain CT imaging for pre-operative planning.
<b>Soft Tissue Injuries: It's Not All About the Bones</b> <i>Melissa Leber, MD, FACEP</i>	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 MSK US
<b>Dislocations: Elbow and Ankle</b> <i>Christopher Hogrefe, MD, FACEP</i>	Managing dislocations in the ED is gratifying for the patient and physician. However, being prepared for those that may prove more difficult to reduce is essential in maintaining the flow of your emergency department. This course will provide the attendee insight into identifying challenging dislocations and techniques for efficient reduction.

# PEDIATRIC DISORDERS

<p><b>Critically Ill and Injured Children in a Community ED: Optimum Care Without Optimum Resources</b> <i>Alfred D. Sacchetti, MD, FACEP</i></p>	<p>Many children in the ED require stabilization and then transfer. The speaker will focus on the management of such children outside the confines of a tertiary care children's hospital. Information will be presented on preparation, equipment, staffing, and transfer protocols as well as practical approaches to case-based scenarios. The central role of the community ED in critical care pediatrics will be stressed</p>
<p><b>Perplexing Pediatric Patients: Stump the Chumps!</b> <i>Alfred D. Sacchetti, MD, FACEP; Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS; Sean Fox, MD, FACEP</i></p>	<p>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 who vex and perplex ED providers, the value of thorough history taking and physical examination, and a keen "clinical intuition" will be reinforced.</p>
<p><b>Palpitations, Passing Out and Pediatric Chest Pains: When to Worry</b> <i>Sean M. Fox, MD, FACEP</i></p>	<p>Pediatric ECGs are not just little pieces of paper. Findings that are concerning on an adult ECG may be normal on a pediatric ECG. Other times minor alterations may be the clue to a life-threatening condition. 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.</p>
<p><b>Metabolic Disasters in Kids: Lethal Disorders You Have Never Heard of and How to Treat Them</b> <i>Ilene A. Claudius, MD, FACEP</i></p>	<p>There are over 300 disorders of biochemical pathways, and while each is rare, collectively they are more common than you think. The question is how to detect and treat a child with an 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.</p>
<p><b>Pediatric Psych Emergencies: Punk, Poor Parenting, or Psychiatric Emergency?</b> <i>Dina Wallin, MD, FACEP</i></p>	<p>Children present with a multitude of psychiatric and behavioral problems at an ever-increasing rate. ODD, ADD, ADHD, new medications, social media and bullying, social isolation from the COVID pandemic, suicidal ideation, and homicidal ideation. Adolescents and children are different from their adult counterparts for several reasons. These will be explored, along with the best practices for the evaluation, treatment, and disposition of pediatric patients with psychiatric and behavioral problems.</p>
<p><b>Keeping Kids Calm Without Ketamine</b> <i>Sean M. Fox, MD, FACEP</i></p>	<p>Ketamine is a wonderful solution to many problems, but there are times when procedural sedation is excessive. Unfortunately, child life is not available in all EDs to calm or distract children during procedures. How can you channel your own "inner child life specialist" and keep kids calm and comfortable so that you can do examinations and procedures WITHOUT the need for full sedation? The speaker will discuss pain reduction techniques, comfort holds, the best options for anxiolysis, and other tips to optimize the child's, and your, experience during procedures.</p>
<p><b>Common Conundrums in the First Month of Life</b> <i>Theresa Ann Walls, MD, MPH</i></p>	<p>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 conundrums.</p>
<p><b>Pediatric POCUS</b> <i>Christopher T. Stem, MD</i></p>	<p>Point-of-care ultrasonography is increasingly being utilized in the evaluation of pediatric patients. Come hear an expert give their take on the many uses of POCUS in the evaluation of pediatric complaints including abdominal pain, dyspnea, chest pain, swelling, limping, and more.</p>
<p><b>Mistakes You Do Not Want to Make in Pediatric Patients</b> <i>Richard M. Cantor, MD, FACEP, FAAP</i></p>	<p>Besides the obvious challenges of children's nonverbal clues and their unique illnesses and presenting symptoms, the diagnosis and treatment can be full of pitfalls. The speaker will explain what key features of childhood illnesses should "raise the red flag" and how not to be missed. Key issues such as missed meningitis and appendicitis, as well as other uncommon "legal" based diagnoses will be discussed. New cases are added yearly to this popular course.</p>
<p><b>Shaking, Baking, and Spasming Kids</b> <i>Camilo Gutierrez, MD, FACEP</i></p>	<p>What does an infant with lip-smacking, an unresponsive toddler with a temp of 41F, and an adolescent with altered mental status have in common? They are all having a seizure. Using a case-based approach, the presenter will cover what workup and treatment is necessary for new-onset pediatric seizure as well as the critical skills in managing pediatric status epilepticus</p>

<p><b>Abuse or Not Abuse: Interactive Visual Clues in Child Abuse</b>  <i>Ilene A. Claudius, MD, FACEP</i></p>	<p>Child physical and sexual abuse and human trafficking are challenging problems in the ED. Subtle signs can identify patients who present and are at risk for further trauma. New recommendations for testing and treatment of injuries and STIs have clinicians on the front lines of care for these patients. Discussion of the important role in the linkage to care that EDs play in the care of these patients will also be presented.</p>
<p><b>Cruising the Literature: Pediatric Emergency Medicine 2023</b>  <i>Richard M. Cantor, MD, FACEP, FAAP</i></p>	<p>Keeping up with the expanding pediatric emergency medicine literature is a challenge for busy emergency physicians. The speaker will review the recent literature from the past twelve months and discuss those articles that could affect the way you treat pediatric patients.</p>
<p><b>NICU Graduates: Lifelong Problems From Being Born Too Soon</b>  <i>Christopher S. Amato, MD, FACEP</i></p>	<p>It is well known that pediatric patients are a unique population that warrants specific consideration; however, one population that is often overlooked is the patient that has been discharged from the NICU. The presenter will address potential pitfalls and help identify useful pearls in the management of these patients, who are not just tiny newborns.</p>
<p><b>Noisy Breathing in Kids: From Boogers to Badness</b>  <i>Camilo Gutierrez, MD, FACEP</i></p>	<p>Bronchiolitis, croup, foreign body aspiration, and pneumonia are just a few of the non-asthma causes of wheezing and cough in pediatric patients. This evidence-based review of the evaluation and treatment for these diagnoses and how you can differentiate between benign and serious conditions.</p>
<p><b>The First 60 Minutes: Initial Management of the Critically Ill Infant</b>  <i>Theresa Ann Walls, MD, MPH</i></p>	<p>Critically ill kids scare all of us! 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 and symptoms of illness in children, the initial management is frequently delayed and sub-optimal which can lead to poor outcomes. The presenter will illustrate and 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 and save lives will be discussed.</p>
<p><b>Life-Threatening Radiographic Emergencies in Pediatric Patients</b>  <i>Christopher T. Stem, MD</i></p>	<p>In the pediatric patient, life-threatening radiographic findings can often be subtle and easy to miss. Specific pediatric cases will be used to review important and potentially life-threatening findings including cardiac, abdominal, traumatic, and infectious disease emergencies visible on radiographs.</p>
<p><b>Measles and Mumps and H Flu - Oh My! ED Evaluation of the Unvaccinated Child</b>  <i>Christopher S. Amato, MD, FACEP</i></p>	<p>Tetanus, H flu, Measles, Mumps, Pertussis, Polio, and the list goes on. An unvaccinated/partially vaccinated child presenting to the ED with a fever or injury presents a challenge because they could have one of these diseases that vaccinated patients rarely get. The speaker the evaluation and treatments that the unvaccinated patient will need and the best way for you to utilize a unique opportunity to provide education/advocacy to families about getting vaccinations.</p>

# PREHOSPITAL/DISASTER MEDICINE

<p><b>EMS Developments Coming to an ED Near You</b>  <i>K. Sophia Dyer, MD, FACEP</i></p>	<p>Working in the ED is hectic and stressful on even the lowest acuity shifts, then you hear a crashing patient will be arriving at your resuscitation bay any moment. Learn what your EMS partners might be doing in the field. What can you expect from the future in EMS care?</p>
<p><b>Ramping Up for Mass Casualty</b>  <i>K. Sophia Dyer, MD, FACEP</i></p>	<p>Unfortunately, mass casualty events are not limited to the military battlefield and produce anxiety for those potentially receiving large amounts of patients. In this lecture, the speaker will go through different MASCAL Cases encountered on recent deployments and the important lessons learned. The most basic MASCAL concepts are translatable to most care settings. Identify different types of MASCAL presentations and simple triage techniques</p>
<p><b>Last ED Standing</b>  <i>K. Sophia Dyer, MD, FACEP</i></p>	<p>When faced with a local disaster who can you count on to help? Regional, state, and federal resources can all be mobilized. The cavalry will be there, eventually. At first, it will only be you. Community physicians often have more questions than answers in disaster situations. How do I prepare? Are there symptoms and signs of an impending disaster I can look for? How do I deal with all these patients? How and where do I call for help now? What about help after I've exhausted my local resources? How quickly can you expect those resources to be available to you?</p>
<p><b>Get Them Out of My ER: How To Choose Appropriate Patient Transport Methods</b>  <i>Shira A. Schlesinger, MD, MPH, FACEP</i></p>	<p>Patients often require specialty transport, for interfacility movement between hospitals, to skilled care, or back home. Insurance coverage is dependent on medical necessity - But how do you choose the appropriate method, comply with EMTALA, support the medical necessity of your choice, and document adequately so insurers pay promptly? This presentation will review the capabilities of BLS and ALS ambulances, critical care transport, and regulatory / insurance considerations to help move your patients to the appropriate level of care.</p>
<p><b>2023 Disasters in Review: What Had Happened Was</b>  <i>Shira A. Schlesinger, MD, MPH, FACEP</i></p>	<p>This energetic lecture will discuss different 2023 disasters from wildfires to hurricanes, to floods and violence at mass gatherings through a disaster medicine lens. What can the emergency physician do to be ready and how to implement your plan?</p>
<p><b>Hundreds Dead and Wounded: Best Healthcare Practices for Mass Shootings</b>  <i>Craig Goolsby, MD, MEd, MHCDS, FACEP; Matthew Levy, DO, MSc, FACEP</i></p>	<p>The US averages more than one mass shooting every day ? injuring, killing, and traumatizing thousands of people each year. In 2021, the Uniformed Services University's National Center for Disaster Medicine and Public Health assembled emergency physicians, prehospital providers, and surgeons who participated in the medical response to six of America's largest mass shootings at a consensus conference. Clinicians from shootings in Las Vegas, Orlando, El Paso, Parkland, Sutherland Springs, and Dayton created an essential list of lessons learned and best practices that can help hospitals and communities prepare for the nightmare scenario of a mass shooting. This session features consensus conference organizers and participants sharing essential lessons learned with audience members in an interactive format.</p>
<p><b>Bringing Critical Care to the Streets: Prehospital ECMO, TEE, and More</b>  <i>Shira A. Schlesinger, MD, MPH, FACEP</i></p>	<p>Prehospital care is no longer always focused on rushing patients to the hospital but rather on bringing critical care to the patients when appropriate. We will discuss recent prehospital critical care developments such as ECMO, ultrasound including TEE, use of ventilators, and much more.</p>

# PROFESSIONAL & LIFE SKILLS

## **Turning the Tides: How to Incorporate Positive Sustainable Change**

*Jim Adams, MD*

Change has been a consistent theme in Emergency Medicine for the past few years. How can we actively manage change and not approach change in a reactive way? This course will identify key principles of change management to provide guidelines for positive sustainable change at any level within an organization or group.

## **Beyond UpToDate: Calm the Chaos of Continuing Education**

*Nicole J. Battaglioli, MD, FACEP*

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 in between shifts? What if you need refreshers on pediatric emergency medicine or critical care skills in real-time? The speaker will provide high-yield resources both online and offline for the experienced provider seeking continuing resources at the bedside and beyond.

## **What's Next: 5 Strategies for Reinventing Your Career in Uncertain Times**

*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.

## **Clinical Pearls from the Recent Medical Literature 2023: Part 1**

*Jan Shoenberger, MD; Ken Milne, MD; W. Richard Bukata, MD*

Speakers will review and analyze the first 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.

## **Coffee House Chat: Divorce, Depression, and Loss - How to Keep Going When It All Falls Apart: ACEP Connect**

*Al'ai Alvarez, MD, FACEP; Arlene Chung, MD, FACEP; Christopher I. Doty, MD, FACEP*

Life can throw a lot at you, including abusive relationships, major illness, and competing family and professional needs. This panel will lead an intimate discussion using personal illustrations and identifying lessons learned.

## **Taking Our Specialty Back: How To Get Involved**

*Diane M. Birnbaumer, MD, FACEP*

Part of physician burnout is the feeling 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 our practice.

## **Locums: Too Good to be True?**

*Tracy G. Sanson, MD, FACEP*

Travel, flexibility, and amazing income. Is locums work 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.

## **Winner, Winner, Chicken Dinner: Negotiation Skills for Win-Win Outcomes**

*Robert W. Strauss, MD, FACEP*

What do look for your first job, buying a new house, and discussing the upcoming contract for your large group have in common? They all require negotiating skills. 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.

## **Clinical Pearls from the Recent Medical Literature 2023: Part 2**

*Jan Shoenberger, MD; Ken Milne, MD; W. Richard Bukata, 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 providers must know when caring for patients presenting with a transient loss or near-loss of consciousness.

**Diversity, Equity and Inclusion: Where We Are, Where We Are Going, and Best Practices To Get There**

*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.

**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, 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.

**Coffee House Chat: Is it Possible? Future Optimism and Joy in Emergency Medicine: ACEP Connect**

*Rita A. Manfredi-Shutler, MD, FACEP; Tracy G. Sanson, MD, FACEP*

The worldwide pandemic has shaken Emergency Medicine (EM) to its roots and upended the equilibrium of our healthcare teams: physicians, nurses, advanced practice providers, and administrators. 31 percent of all health care workers have thought about quitting while 18 percent have left medicine since the pandemic began. An additional 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 Emergency Department (ED). System innovations and changes are critical for the wellbeing of the emergency physician. This discussion between 2 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.

**Emotional Intelligence: Augment Your EI Through Mindful Listening**

*Christopher I. Doty, 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 EI strengths and weaknesses; deal with difficult people, receive feedback, and demonstrate EI 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.

**Combating Compassion Fatigue in the Increasingly Stressful ED Environment (Nancy J. Auer Lecture)**

*Marie-Carmelle Elie, MD, FACEP, FCCM*

Compassion fatigue is a growing reality in the majority of ED environments. Understanding what compassion fatigue is and how the unique ED environment contributes to its presence is important for all providers. This course will provide participants with a working knowledge of compassion fatigue, triggers, and how it relates to daily practice. In addition, the speaker will discuss best practices for addressing compassion fatigue with specific examples of novel initiatives from an academic institution.

**Know Your Worth: How Being the Junior Attending Makes You an Asset**

*Frosso Adamakos, MD, FACEP*

While many physicians feel like being the "new graduate" in your department is a disadvantage, it is the opposite. You have so much to offer your department and in the process build the career you want. This session will show you how to do just that.

**Employment in the New Normal: How To Get A Job**

*Brian Stettler MD, FACEP*

Its a different job market for emergency physicians than it was even a few years ago. Opportunities exist though for the new graduate, those changing careers, those in academics or the community, and even locums. How to go about getting a job in these settings, marketing yourself, and staying sane through the hiring process will be discussed.

**Medical Errors: 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.

**How to Talk About Race and Medicine With Patients**

*Jenice Baker, MD FACEP*

Our current climate has acknowledged racism in medicine, however, it can be difficult to have this conversation with patients when the medicine is still majority white. This lecture will highlight the importance of emotional intelligence, cultural humility, and skills to use when having conversations about race in the emergency department.

# PULMONARY DISORDERS

<b>From DDimer to Lytics: Distilling Down PE in 2023</b> <i>Colin G. McCloskey, MD</i>	But is it a PE? The vexing question every ED provider considers multiple times per shift. This evidence-based discussion will ensure you are ready to diagnose and treat PE like a pro on your very next shift.
<b>The Life-Threatening Asthmatic</b> <i>Matthew A. Roginski, MD</i>	A dose of steroids 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 patient's life will depend on your expertise in managing the sick asthmatic.
<b>Should I Tube This? Evidence- Based Pulmonary Interventions</b> <i>Colin G. McCloskey, MD; Matthew A. Roginski, MD</i>	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 cutting-edge evidence to decide which pulmonary pathologies need what level of support.
<b>ED Ventilator Management Lab</b> <i>Matthew A. Roginski, MD</i>	Imagine you just intubated the sickest patient you have seen in months, the RT is off tonight and the helicopter is not flying. This hands-on ventilator management session will empower you to maximize the patient's outcomes and reduce your anxiety when the vent alarms.
<b>Tubes In, Still Blue: Rescue Strategies for Hypoxic ED Patients</b> <i>Maxwell A. Hockstein, MD, FACEP</i>	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 the successful management of these challenging patients.
<b>Ventilator Management: Where's the Easy Button?</b> <i>Maxwell A. Hockstein, MD, FACEP</i>	Does 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.
<b>Infiltrates Galore: Pneumonia Updates in 2023</b> <i>Maxwell A. Hockstein, MD, FACEP</i>	Chest X-rays may be black and white, but treating pneumonia in the ED is anything but that. When should you be concerned about rarer causes of pneumonia that may not respond to the antibiotics you selected for this infiltrate? Join this session for a crash course on the evidence behind treating lung infections as effectively as possible.

# RISK MANAGEMENT/ED & LAW

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

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

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

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

*Nishi Kumar, MD; William Weber, MD, MPH*

Harness your medical knowledge to learn the basics of expert witness work. This interactive workshop will cover the basics of legal writing and “standard of care” through practice cases led by a team of physicians and an attorney. Legal writing helps strengthen your own documentation and opens up opportunities for extra income and medical advocacy.

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

*Diana Nordlund, DO, JD, FACEP*

During this interactive course, the speaker will review emergency medicine charts and 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.

## **National Practitioner Data Bank: Opening Pandora’s Box**

*Diana Nordlund, DO, JD, FACEP*

Events reported to the NPDB affect all future licensing and credentialing. What events are reported? Is your report accurate or can it be corrected? What actions can be taken to avoid reporting or craft mutually agreed-upon language to mitigate future professional damage?

## **Little People, Big Lawsuits**

*Ramnik S. Dhaliwal, MD, JD*

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.

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

*Ramnik S. Dhaliwal, MD, JD*

Non-physician provider (NPP) supervision and incurred liability is a frequent concerns 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.

## **Body Language: Unmasking Unconscious Nonverbal Communication**

*Jim Adams, MD*

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.

## **High-Risk Cases in EM**

*Rachel A. Lindor, MD, JD*

Emergency medicine is a high risk specialty. Certain clinical entities, however, are predictable sources of bad outcomes & associated medical malpractice claims & lawsuits. The speaker will review common areas associated with risk in EM, reviewing the pitfalls of misdiagnosis & strategies to reduce risk to the patient & the provider. Medical malpractice cases will be utilized to illustrate key concepts.

## **Become a Star at Your Deposition: An Insider’s Guide**

*Nathaniel R. Schlicher, MD, JD, MBA, FACEP*

An experienced emergency physician and 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 and pearls of depositions will be demonstrated and discussed.

## **Black Box Drugs We Use: What’s the Risk?**

*Kyle Weant, Pharm.D., BCPS, BCCCP, FCCP*

The black box drug list seems to be growing yet we are constantly faced with drug shortages limiting our choices when caring for patients in the ED. Many of us have used these drugs extensively in the past and feel quite comfortable with continuing this use on our patients. What is our risk when we do this? Is it a reasonable risk? The speaker will summarize black box warnings on drugs frequently used in the ED, assess the risk of this continued use, justify appropriate use in specific patients, and identify critical documentation needed when choosing to use these drugs.



**Contract Nightmares: Due Process, Force Majeure, 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?

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

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

Patient signatures, Attending 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 increased risk to EPs of dual-prolonged lawsuits alleging medical malpractice AND lack of informed consent. What about signing Resident's notes and patients who leave against medical advice? An MD/JD will use cases to illustrate numerous barriers to the informed consent process in emergency department patients. 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?

**Practice to Penitentiary: Criminal Liability in EM Practice**

*Nathaniel R. Schlicher, MD, JD, MBA, FACEP*

Providers are coming under increasing threats of criminal reproduction for their actions in the care of their patients. A case-based exploration of current issues in criminal liability in opiate prescribing, liability for assault in the care of psychiatric patients, and negligent homicide in the place of medical malpractice.

# TOXICOLOGY & ENVIRONMENTAL DISORDERS

<b>Who Ate the 'Shrooms: Poisonous Plants and Fungi</b> <i>Christian Tomaszewski, MD, MS, MBA, FACEP, FACMT, FIFEM</i>	Plants contain chemicals that may exert toxic effects on multiple human systems including the skin, cardiovascular, respiratory, renal, central and peripheral nervous systems, bone, and the reproductive system. This course reviews common presentations of toxicity from selected plants and fungi.
<b>Electrical Injuries</b> <i>Nicholas Connors, MD, FACEP</i>	Electrical injuries are inevitably encountered by most emergency physicians. The spectrum of electrical injury is broad, ranging from minimal injury to severe multiorgan involvement to death. This course will review best practices in the management of these patients.
<b>OTC Poisons</b> <i>Christian Tomaszewski, MD, MS, MBA, FACEP, FACMT, FIFEM</i>	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, they have associated risk.
<b>Tricks, Ticks, and Tips for Wilderness Medicine: An EM Physician is Always Prepared</b> <i>Nicholas Connors, MD, FACEP</i>	Going on a hike or a nature adventure, the EM physician is always prepared. After this course, you will be ready for your next emergency in the wilderness.
<b>Management of the Drowned Patient</b> <i>Christian Tomaszewski, MD, MS, MBA, FACEP, FACMT, FIFEM</i>	Readily available, inappropriate use can cause accidental poisonings. This course reviews the main OTC culprits, how they present, and how you should treat them.
<b>Occupational Tox: Management of Workplace Exposures</b> <i>Nicholas Connors, MD, FACEP</i>	Review the need-to-know facts on Occupational Emergency Medicine. From lethal occupational exposures to dermatologic, infectious, or traumatic work-related diseases, this course will highlight what you need to know.
<b>Opiate Withdrawal in the ED: Treat or Street: ACEP Connect</b> <i>Alexis M. LaPietra, DO, FACEP; Christian Tomaszewski, MD, MS, MBA, FACEP, FACMT, FIFEM; Sean M. Fox, MD, FACEP</i>	Interactive and provocative dive into management considerations of opiate withdrawal as it is seen in the emergency department. Should these clinical issues be addressed and if so, how? Where and how should these patients be dispositioned? These questions and more will be answered during this session.
<b>Extremes of Weather: Are you Prepared?</b> <i>Craig G. Smollin, MD</i>	Despite your location in the world, EM physicians need to be updated about the latest when it comes to extremes of weather emergencies. After this course, you will be able to discern the key differences between various weather-related illness and their management.
<b>Crashing Tox Patient</b> <i>Gillian A. Beauchamp, MD</i>	Your patient comes into the ED in critical condition and starts deteriorating. The patient does not respond to the usual therapies. Maybe he took some pills? Maybe he ingested something? What to do next? During this lecture, the speaker will discuss how to approach the undifferentiated tox patient and what to consider when your tox patient starts crashing and the usual therapies aren't working.
<b>Depressed and Overdosed</b> <i>Craig G. Smollin, MD</i>	25 million adults have been taking antidepressants for at least 2 years. The number of anti-depressant overdoses has continued to rise. As emergency medicine providers, we need to know how to recognize and manage TCA, SSRI, and benzodiazepine overdoses.
<b>Visual Toxicology Workshop</b> <i>Gillian A. Beauchamp, MD</i>	A visual display of cases, including a wide range of products and plants, will be presented. Use your senses to solve these interesting diagnostic and treatment challenges that could present at your ED. (This workshop is limited to 90 participants).

**Toxicology Potpourri***Gillian A. Beauchamp, MD*

What does the emergency provider need to know when walking into your next shift? During this fast-paced, information-packed session, this board-certified toxicologist will share pearls from the trenches about hot topics in toxicology, and will then be available to answer your questions and/or share additional pointers with the group

**SSS: Snake, Scorpion, and Spider Envenomations***Craig G. Smolin, 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.

**Peds Poison: Our Biggest Fear***Carmen J. Martinez Martinez, MD, MSMEd, FACEP*

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 as many ingested substances do not have a specific antidote. Supportive treatment and observation must be planned. The specific presentation and treatment of selected ingested substances will be addressed in this lecture.

# TRAUMA

## **Mastering the Traumatic Airway**

*Megan Fix, MD, FACEP*

Traumatic airway injuries vary in severity and scope, including burns and blunt or penetrating injuries thus underscoring the need for a comprehensive assessment before treatment. Given the high mortality rates associated with severe airway trauma, emergency providers must master the art and science of tracheal trauma airway management. The speaker will discuss procedural pearls and potential pitfalls to manage the traumatic airway like a pro!

## **Expertly Manage Spinal Cord Injury**

*Michael K. Abraham, MD*

Severe traumatic spinal cord injury (SCI) is a leading cause of morbidity in trauma with a high risk of permanent neurologic damage. Careful resuscitation of the patient with severe SCI is critically important to help ameliorate devastating neurologic injury. The speaker will discuss clinical decision rules, radiologic imaging, and management strategies focused on temporizing measures to optimize medical therapy.

## **Cruising the Literature: Pediatric Trauma**

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

The speaker will review the hottest topics and current trends in pediatric trauma. Clinical pearls and how to avoid pitfalls will be discussed during this course.

## **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, and peri-mortem c-section.

## **Critical Pearls for Prehospital Care in Victims of Trauma**

*Jeremy A. Lacocque, DO*

Prehospital trauma management has changed significantly in the last few decades. Despite the advances in prehospital medicine, data from evidence-based medicine, and effective hemorrhage control strategies, trauma patients still die from potentially preventable conditions. Which treatments that patients receive in the field can significantly alter their outcomes? New techniques, tools, and procedures have been developed to make it easier for the prehospital provider to achieve these goals in the prehospital setting and thus potentially improve outcomes in trauma patients.

## **Clear as Mud: C-Spine Clearance**

*Dina Wallin, MD, FACEP*

Spinal cord imaging and injury is a major aspects of the evaluation of most trauma patients in both adults and children. It is necessary to understand the biomechanics of head and neck trauma to help determine the extent of the injury. Several cervical spine clearance rules exist and will be reviewed. In addition, the speaker will discuss the questions that are pertinent to ask the patient suspected of having a cervical injury, and how to perform a pertinent neurologic examination to better guide imaging decisions.

## **Effectively Implementing Brain Injury Guidelines (BIG) for Isolated Traumatic Brain Injury**

*Michael K. Abraham, MD*

Severe traumatic brain injury (TBI) is a leading cause of death in trauma and a major challenge for resuscitation in the Emergency Department. TBI is a heterogenous group of injuries. Careful resuscitation of a patient with severe TBI is critically important to preserve long-term neurologic function and subsequent outcomes. The speaker will discuss optimal targets including glycemic control, blood pressure management, oxygenation, and perfusion goals.

## **The Agitated Trauma Patient**

*Christopher Hogrefe, MD, FACEP*

The agitated trauma patient can be a conundrum for the emergency provider. How can we accurately assess capacity and subsequent informed consent? How can we incorporate principles of trauma-informed care into our approach to these patients? What techniques and medications are available to safely manage and sedate adult and pediatric patients with trauma?

## **Penetrating Neck Injuries: Zones are Out, CTs are In**

*Andrea Austin, MD, FACEP, CHSE*

Historically, the evaluation of penetrating wounds to the neck was dependent on the “zone” the injury was located. The no-zone approach to the neck is now the preferred approach. The speaker will discuss the application of the no-zone approach to the neck, implications for transfers, airway management, cervical spine

## **Crush It! Managing the Crush- Injured Patient**

*Jennifer Repanshek, MD*

Recent headlines highlight victims of crush injury from stampedes at concerts and other mass gathering events. Crush syndrome is a conglomerate of injuries related to crush injuries. From compartment syndrome to spinal cord injury, the speaker will discuss the keys to early management of potential life and limb-threatening injuries.

<p><b>Pelvic Trauma Management</b> <i>Christopher B. Colwell, MD, FACEP</i></p>	<p>Attend this session to learn what's new in the management of pelvic trauma in 2023 and the options in the approach to significant pelvic injury, particularly those in hemorrhagic shock</p>
<p><b>A Tightrope Act: Tourniquets in Acute Trauma Resuscitation</b> <i>Jeremy A. Lacocque, DO</i></p>	<p>Discerning which injuries require tourniquets over pressure dressings remains elusive. Studies have conflicting results regarding the safety and proper applications of prehospital tourniquet placement by civilians and trained responders. Proper assessment and removal of tourniquets in the ED should be performed systematically to immediately address complications.</p>
<p><b>Hacked: Tips and Tricks for Trauma in the ED</b> <i>Christopher Hogrefe, MD, FACEP</i></p>	<p>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 evaluate for a cerebrospinal fluid leak? Is there a better way to perform that crash central line? 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.</p>
<p><b>What's New for Traumatic Pneumothorax?</b> <i>Charlotte P. Wills, MD</i></p>	<p>Recent literature suggests that the implementation of guidelines regarding the size of pneumothoraces may decrease unnecessary tube thoracostomy in hemodynamically normal patients without hemothorax. The speaker will discuss newer techniques for the proper indication and treatment of traumatic pneumothoraces and hemothorax in adults and children.</p>
<p><b>Cruising the Literature: Trauma 2023</b> <i>Christopher B. Colwell, MD, FACEP</i></p>	<p>Trauma in 2023! 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.</p>
<p><b>Trauma STAT! TEG, Fluids, Factors and Whole Blood</b> <i>Charlotte P. Wills, MD</i></p>	<p>Resuscitation of unstable multiple trauma patients includes fluid replacement. How much intravenous fluid is appropriate in hemorrhagic shock? When should PRBCs, platelets, and other blood products be administered? Throughout the pandemic, there have been challenges from collecting blood for patients to blood drive cancellations to surging hospital demand. As the nation faces an emergency blood and platelet shortage, what blood replacement products are available to resuscitate patients? How do protocols differ between adults and pediatric patients? Attend this course to find out when to hook them up, what to give, and when to stop</p>
<p><b>Debunking Trauma Myths: It's Not Just Politics: ACEP Connect</b> <i>Charlotte P. Wills, MD; Christopher B. Colwell, MD, FACEP; Jennifer Repanshek, MD</i></p>	<p>Over the few decades, the evaluation and management of many traumatic injuries have improved dramatically. However, in many practice environments, outdated ideas often persist. During this interactive course, the speaker will challenge the audience to identify the "best practices" in trauma assessment and management that remain today and those that have been replaced with better evidence-based techniques.</p>
<p><b>TraumaCology: Drugs for the Trauma Bay</b> <i>Kyle Weant, Pharm.D., BCPS, BCCCP, FCCP</i></p>	<p>The speaker will discuss the drugs you need to be using during your trauma resuscitations, from Ketamine to TXA (tranexamic acid). Old medications being utilized today for major and minor trauma treatment, sedation and pain management will also be discussed.</p>

# UROLOGIC & OB/GYN DISORDERS

<p><b>Mothers and Babies: Emergent Delivery and Pediatric Resuscitation Lab</b>  <i>Amanda B. Price, MD; Joelle Borhart, MD, FACEP</i></p>	<p>In this lab, you will get hands-on practice with emergent and difficult deliveries, neonatal resuscitation, and critical pediatric procedures using high-fidelity 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.</p>
<p><b>But Did You Ask? - IPV and Sexual Assault</b>  <i>Joelle Borhart, MD, FACEP</i></p>	<p>IPV and sexual assault present in our ED more than you think. If you don't ask, you will never know - if you don't know you cannot help the patient.</p>
<p><b>Emergency Care for Transgender Patients</b>  <i>Lauren M. Westafer, DO, FACEP</i></p>	<p>The ability to provide sensitive and effective care for transgender patients is a basic cultural competency for emergency physicians. Yet, emergency physicians receive little formal training on the 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.</p>
<p><b>Human Trafficking: It is Happening in Your ED</b>  <i>Sara L. Manning, MD, FACEP</i></p>	<p>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.</p>
<p><b>Male Genitourinary Emergencies. Are You Prepared?</b>  <i>Sara L. Manning, MD, FACEP</i></p>	<p>This course will cover multiple high-yield topics for your patients with male GU emergencies.</p>
<p><b>Emergency Delivery: The Baby is On The Way!</b>  <i>Sara L. Manning, MD, FACEP</i></p>	<p>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 the complications associated with an emergency delivery, identifying necessary equipment, share 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?</p>
<p><b>What Do I Need to Worry About for my Pregnant Patient?</b>  <i>Sara L. Manning, MD, FACEP</i></p>	<p>This course will cover multiple high-yield topics you need to know when caring for your patients who are pregnant.</p>