



Emergency and Urgent Care
November 9-12, 2016
Long Beach, CA

Wednesday – November 9, 2016

**Prescribed
Credit**

6:30 – 7:30 a.m.	Breakfast	
7:30 – 7:45 a.m.	Welcome and Overview – Theodor Pesch, MD, PhD	
7:45 – 8:00 a.m.	Current State of Emergency and Urgent Care for Family Physicians: Blast Topic – Theodor Pesch, MD, PhD <ul style="list-style-type: none">Explain the current status for family physician provision of emergency and urgent care in the U.S.	.25
8:00 – 8:45 a.m.	Respiratory Emergencies: Acute Dyspnea – Mark A. Graber, MD, MSHCE, FACEP <ul style="list-style-type: none">Differentiate common etiology of acute dyspnea including Asthma, COPD, and CHFImplement an evidence-based management plan for patients presenting in acute dyspnea to the primary care office, urgent care clinic, and emergency departments.Evaluate the adherence to maintenance treatment plans for patients with chronic disease that may result in acute dyspnea: Asthma, COPD, CHF.Provide patient education on methods to avoid recurrence of acute symptoms.	.75
8:45 – 9:30 a.m.	Vascular Emergencies – Carlos Ramirez, MD, MBA <ul style="list-style-type: none">Implement current screening recommendations for abdominal aortic aneurysmsPerform a differential diagnosis of an emergency presentation of abdominal aortic aneurysm.Explain evidence-based recommendations for the diagnosis and management of venous thromboembolism.	.75
9:30 – 9:45 a.m.	Q&A	.25
9:45 – 10:00 a.m.	Break	
10:00 – 10:45 a.m.	Pediatric Emergencies – Kelly Sinclair, MD, FAAP, FACEP <ul style="list-style-type: none">Utilize diagnostic guidelines and decision-making criteria, including the Pediatric Assessment Triangle, to make a prompt diagnosis and develop appropriate management plans for pediatric patients.Evaluate pediatric fever in order to identify those at high risk for serious bacterial illness.Evaluate and manage pediatric airway emergencies, including foreign-body aspiration and croup.Compare and contrast interpretation of pediatric vital signs to adult vital signs.	.75
10:45 – 11:30 a.m.	Neurologic Emergencies – Mark A. Graber, MD, MSHCE, FACEP <ul style="list-style-type: none">Determine the appropriate diagnostic tests needed for patients presenting with acute neurological signs and symptoms.Compare and contrast expected diagnostic findings for patients presenting with complaints that may indicate a neurologic emergency: ischemic stroke, TIA, intracranial hemorrhage, seizure/status epilepticus.Perform a neurologic examination in order to rapidly diagnose the etiology of for patients presenting with neurological signs and symptoms with potential need for emergent care.Provide initial management and/or appropriate referral for patients with a diagnosis of ischemic stroke, TIA, intracranial hemorrhage, and seizures.	.75
11:30 – 11:45 a.m.	ENT – Sore Throats that Kill: Blast Topic – Kelly Sinclair, MD, FAAP, FACEP <ul style="list-style-type: none">Perform a differential diagnosis to identify or rule-out life threatening causes of pharyngitis.	.25
11:45 a.m. – 12:00 p.m.	Q&A	.25



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12:00 – 1:30 p.m.	Lunch (on your own)	
1:30 – 1:45 p.m.	Medical Apps: Blast Topic – <i>Carlos Ramirez, MD, MBA and Theodor Pesch, MD, PhD</i> <ul style="list-style-type: none"> Review current medical technologies and trends in medical applications as they relate to practice setting. 	.25
1:45 – 2:15 p.m.	Fatal Headaches – <i>Mark A. Graber, MD, MSHCE, FACEP</i> <ul style="list-style-type: none"> Utilize evidence-based strategies to diagnose patients with headache. Identify red flags for potentially life threatening causes of headache. Use evidence-based recommendations to prescribe treatment for patients presenting with emergent headache pain. 	.50
2:15 – 3:00 p.m.	Interventions to Abandon in the ER/UC – <i>Theodor Pesch, MD, PhD; Carlos Ramirez, MD, MBA; Vukiet Tran, MD, FCFP, MHSc, MBA; Mark A. Graber, MD, MSHCE, FACEP</i> <ul style="list-style-type: none"> Discuss the evidence for avoiding the use of the tests or procedures identified by the <i>AAFP list of Fifteen Things Physicians and Patients Should Question</i>. Identify additional medical strategies and practices that may have no added value for patients. Educate patients and staff on the value and benefit of appropriate evidence-based diagnostic tests and procedures. 	.75
3:00 – 3:15 p.m.	Q&A	.25
3:15 – 3:30 p.m.	Break	
3:30 – 4:30 p.m.	Chronic Pain Management: Case Study – <i>Vukiet Tran, MD, FCFP, MHSc, MBA; Theodor Pesch, MD, PhD; Mark A. Graber, MD, MSHCE, FACEP</i> <ul style="list-style-type: none"> Evaluate patients presenting with chronic, nonterminal pain to assess for potential opioid responsiveness and opioid risk. Develop an evidence-based treatment plan that involves the appropriate selections of an initial opioid, continuous monitoring, adjustment or tapering, discontinuation, alternative therapies, or referral to a pain subspecialist. Utilize state Prescription Monitoring Programs (PMPs), patient prescriber agreements, patient counseling documents, and documented urine drug screening to minimize physician liability when prescribing opioids. Develop an alternative pain management strategy to address problems of opioid misuse and abuse. Utilize effective communication strategies with patients regarding the safety, use, and plan for discontinuation of opioid therapy using shared decision making. 	1



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Thursday – November 10, 2016		Prescribed Credit
6:45 – 7:45 a.m.	Breakfast	
7:40 – 7:45 a.m.	Announcements	
7:45 – 8:15 a.m.	New Antibiotics – Paul D. Simmons, MD, FAAFP <ul style="list-style-type: none">• Discuss newly approved antibiotics, using the STEPS approach – safety, tolerability, efficacy, price, and simplicity.• Provide patient counseling and education on the proper use of antibiotics, including dosage timing, duration of treatment, and reasons why they may not be necessary.	.50
8:15 – 9:00 a.m.	Traumatic Brain Injury – Carlos Ramirez, MD, MBA <ul style="list-style-type: none">• Evaluate and treat the symptoms of PCS/TBI to prevent permanent brain damage• Quickly assess the severity of a brain injury presented to the emergency room (e.g., Glasgow Coma Scale).• Identify signs and symptoms of PCS/TBI even when classic signs and symptoms are absent.• Utilize return to play guidelines for evaluating athletes with PCS, provide guidance to others involved in the athlete's treatment and training.	.75
9:00 – 9:45 a.m.	GI Emergencies – Acute Abdominal Pain – Paul D. Simmons, MD, FAAFP <ul style="list-style-type: none">• Discuss advanced diagnostic techniques available in an urgent care setting , and effective use of available diagnostic and therapeutic tools.• Compare treatment options for patients with common GI conditions such as diverticular disease, upper and lower GI bleeding, visceral perforation and aortic aneurysm.• Explain the appropriate evaluation and disposition of patients diagnosed with suspected GI malignancies in the urgent care setting.• Perform a differential diagnosis of acute abdominal pain utilizing evidence based recommendations and guidelines, including Choosing Wisely criteria for diagnostic imaging modalities.	.75
9:45 – 10:00 a.m.	Q&A	.25
10:00 – 10:15 a.m.	Break	
10:15 – 11:00 a.m.	Patient Satisfaction & Health Care Literacy – Carlos Ramirez, MD, MBA <ul style="list-style-type: none">• Explain the effect of low health care literacy on health care cost and patient adherence.• Provide “lay-person” explanation of common medical terms that people with limited health literacy often do not understand.• Develop a method of improving communication with patients through more easily understood terminology to promote patient understanding, shared decision-making, and satisfaction.	.75
11:00 – 11:45 a.m.	Obstetric Emergencies – Paul D. Simmons, MD, FAAFP <ul style="list-style-type: none">• Use evidence-based recommendations and guidelines in the evaluation of patients to confirm the diagnosis of suspected ectopic pregnancy.• Evaluate the patient with preeclampsia and identify when delivery should be initiated.• Compare the indications and evidence based recommendations for operative vaginal birth.• Explain proper management of postpartum hemorrhage in the emergency room setting.	.75



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11:45 a.m. – 12:00 p.m.	Epistaxis: Blast Topic – <i>Kelly Sinclair, MD, FAAP, FACEP</i> <ul style="list-style-type: none">• Provide patient education on proper first aid management of epistaxis, and asses understanding.• Outline treatment strategies for use when initial first aid management is ineffective.	.25
12:00 – 12:15 p.m.	Q&A	.25
12:15 – 1:45 p.m.	Lunch (on your own)	

Optional Sessions (separate fee and registration required)

1:45 – 4:45 p.m.	Joint Injection and Aspiration – <i>Kim K. Yu, MD, FAAFP and Jeff Roberts, MD</i> <ul style="list-style-type: none">• Discuss the diagnostic and therapeutic rationale for joint injections and aspirations being performed.• Explain the risks and benefits of joint injections and aspirations.• Describe appropriate equipment/supplies for performing joint injections and aspiration.• Using models, perform joint injection and aspiration.	3
1:45 – 4:45 p.m.	ECG Analysis: Basic – <i>Vukiet Tran, MD, FCFP, MHSc, MBA</i> <ul style="list-style-type: none">• Assess the variances in ECG readings for patients of different ages using case studies.• Relate the implications of ECG readings to potential cardiac disease.• Compare the findings of an ECG to a patient's clinical presentation.• Compare the results of multiple ECG findings from the same patient.• Determine appropriate treatment options based upon clinical presentation and ECG analysis.	3
1:45 – 4:45 p.m.	Bedside Ultrasound – <i>Mark A. Graber, MD, MSHCE, FACEP; Kelly Sinclair, MD, FAAP, FACEP; Theodor Pesch, MD, PhD</i> <ul style="list-style-type: none">• Identify the most common conditions and injuries that are detectable with ultrasound.• Explain how bedside ultrasound may be used to reduce the time to actionable diagnosis.• Show the regions and probe positions of the FAST exam.• Interpret diagnostic imaging results and render treatment accordingly.	3



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Friday – November 11, 2016		Prescribed Credit
6:45 – 7:45 a.m.	Breakfast	
7:40 – 7:45 a.m.	Announcements	
7:45 – 8:15 a.m.	Palliative Care Approach to the Terminally Ill in the Emergency Department – <i>Theodor Pesch, MD, PhD</i> <ul style="list-style-type: none">Evaluate the meaning of palliative care in relation to providing life-saving care for terminally ill patients.Compare and contrast pharmacological symptom management regimen for patients receiving palliative vs. curative care.Initiate goals-of-care discussions with patients and families to determine most appropriate treatment planProvide early palliative care referral for patients receiving terminal diagnoses.	.50
8:15 – 9:00 a.m.	Wound Care – <i>Kim K. Yu, MD, FAAFP</i> <ul style="list-style-type: none">Use evidence-based recommendations (e.g. AMA PCPI wound care measures) to systematically document the evaluation of patients presenting with wounds.Establish a plan for a patient-centered, multidisciplinary team approach to the care of patients with chronic non-healing wounds (e.g. diabetic ulcers).Identify strategies to prevent and manage patient complications from wounds: including treating infection, nutrition recommendations, and potential surgical consultation.	.75
9:00 – 9:45 a.m.	Sepsis: Recognition and Management – <i>Carlos Ramirez, MD, MBA</i> <ul style="list-style-type: none">Describe the early presentation of sepsis and the tools that aid in early detection and diagnosis.Prescribe evidence-based management of the septic patient.Evaluate when point-of-care testing might benefit patients with a suspected or confirmed diagnosis of sepsis.	.75
9:45 – 10:00 a.m.	Q&A	.25
10:00 – 10:15 a.m.	Break	
10:15 – 11:00 a.m.	Physician Wellness & Resilience: Dealing with Workplace Harassment – <i>Kim K. Yu, MD, FAAFP</i> <ul style="list-style-type: none">Point out the potential impact of workplace harassment, abuse, and maltreatment on family physicians: compare the difference between abuse that originates from patients & families with abuse that occurs from colleagues & coworkers.Explain how the culture of abuse in the physician work place has been perpetuated starting in medical school, through residency training programs, and into the daily workplace.Identify methods to report and rectify abusive situations in the workplace.Identify resources for coping and personal healing.	.75
11:00 – 11:45 a.m.	Top 10 Hot Topics this Year – <i>Jeff Roberts, MD; Kim K. Yu, MD, FAAFP; Paul D. Simmons, MD, FAAFP; Mark A. Graber, MD, MSHCE, FACEP</i> <ul style="list-style-type: none">Review evolving concepts that may affect one's practice throughout the year in the clinical diagnosis, treatment and management of clinical conditions.Explain how the terms and concepts of evidence-based medicine can be employed when describing outcomes to physicians, as well as how the content can be discussed with patients.	.75



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- Recognize when bias influences medical publications and how to discern appropriate evidence-based sources.

11:45 a.m. – 12:00 p.m.	DNR Discussions: Blast Topic – Kim K. Yu, MD, FAAFP	.25
	<ul style="list-style-type: none"> • Develop a plan to introduce and discuss DNR orders and end-of-life planning as a component of routine wellness visits. • Develop a communication strategy to address DNR decision making during an acute, life-threatening illness or traumatic event. 	
12:00 – 12:15 p.m.	Q&A	.25
12:15 – 1:45 p.m.	Lunch (on your own)	

Optional Sessions (separate fee and registration required)

1:45 – 4:45 p.m.	Joint Injection and Aspiration – Mark A. Graber, MD, MSHCE, FACEP and Carlos Ramirez, MD, MBA	3
	<ul style="list-style-type: none"> • Discuss the diagnostic and therapeutic rationale for joint injections and aspirations being performed. • Explain the risks and benefits of joint injections and aspirations. • Describe appropriate equipment/supplies for performing joint injections and aspiration. • Using models, perform joint injection and aspiration. 	
1:45 – 4:45 p.m.	ECG Analysis: Advanced – Vukiet Tran, MD, FCFP, MHSc, MBA	3
	<ul style="list-style-type: none"> • Assess the variances in ECG readings for patients of different ages using case studies. • Demonstrate accurate ECG diagnosis of atrial tachyarrhythmia using visual criteria rather than quantitative analysis. • Demonstrate accurate ECG interpretation that distinguishes normal physiological adaptations in athletes from abnormal findings suggestive of pathology. 	
1:45 – 4:45 p.m.	Diagnostic Imaging and Interpretation – Theodor Pesch, MD, PhD and Paul D. Simmons, MD, FAAFP	3
	<ul style="list-style-type: none"> • Distinguish appropriate imaging modalities for patients with acute or chronic illness or injuries that require diagnostic imaging evaluation. • Counsel patients on the appropriate and necessary use of diagnostic imaging, along with a plan for future follow-up and testing in the event symptoms worsen or do not improve, in order to foster patient satisfaction with care. • Interpret imaging tests to evaluate joint, bone, and/or soft tissue trauma. • Interpret imaging tests to evaluation a variety of internal pathologies seen in the emergency department or urgent care setting. 	



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Saturday – November 12, 2016

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7:40 – 7:45 a.m.	Announcements	
7:45 – 8:15 a.m.	Physician Wellness and Resilience: Management of the Unruly Patient – Mark A. Graber, MD, MSHCE, FACEP <ul style="list-style-type: none">Analyze self-perceptions toward patient related factors causing difficult encountersPrepare a communication and practice management strategy for dealing with difficult patients utilizing evidence base recommendations and tools.Perform patient centered interviewing techniques in addressing concerns of the difficult patient.	.50
8:15 – 9:00 a.m.	Stump the Expert – Panel Discussion – Vukiet Tran, MD, FCFP, MHSc, MBA; Theodor Pesch, MD, PhD; Mark A. Graber, MD, MSHCE, FACEP <ul style="list-style-type: none">Discuss the optimal diagnostic evaluation, treatment, and disposition of ED and UC patients who present with various complicated complaints.	.75
9:00 – 9:45 a.m.	Opioid Addiction Management – Jeff Roberts, MD <ul style="list-style-type: none">Consider the benefits and challenges to becoming a waived buprenorphine physician.Describe the DEA registration process required to obtain prescribing privileges for buprenorphine.Explain the use of buprenorphine medications for the treatment of opioid dependenceDevelop an action plan to decide when to provide office-based opioid addiction treatment vs. referral coordination with a treatment specialist.	.75
9:45 – 10:00 a.m.	Q&A	.50
10:00 – 10:15 a.m.	Break	.25
10:15 – 11:00 a.m.	Animal Bites & Stings – Jeff Roberts, MD <ul style="list-style-type: none">Categorize treatment strategies for patients with mammalian bites including considerations for appropriate wound management, use of prophylactic antibiotics and post-exposure rabies prophylaxis.Compare and contrast clinical manifestations and initial management of common venomous bites and stings including black widow and brown recluse spiders, scorpions, and common North American snake bites.Counsel patients and families on methods to protect from pet related hazards.	.75
11:00 – 11:15 a.m.	Acute Red Eye: Blast Topic – Theodor Pesch, MD, PhD <ul style="list-style-type: none">Use evidence-based recommendations and guidelines to establish a differential diagnosis and management plan for patients presenting with ocular emergencies, including: Acute Angle Closure Glaucoma, Hyphema, Bacterial Infectious Keratitis, Iritis, Viral Infectious Keratitis	.25
11:15 a.m. – 12:00 p.m.	International Traveler Disease Recognition: Zika Virus & Others – Jeff Roberts, MD <ul style="list-style-type: none">Counsel patients on how to avoid exposure to infectious agents or disease when traveling.Describe the clinical aspects of diseases commonly seen in returning international travelers.Describe treatment and management of travel-related illnesses.Describe the epidemiology and natural history of the Zika virus as it pertains specifically to pregnancy and fetal development.	.75



12:00 – 12:15 p.m.

Q&A

12:15 p.m.

Adjourn

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.25