

FAAEM always means board certified

AMERICAN ACADEMY OF EMERGENCY MEDICINE

PRELIMINARY PROGRAM

15[™] Annual Scientific Assembly

PHOENIX ARIZONA Sheraton Phoenix Downtown Hotel

The American Academy of Emergency Medicine (AAEM) is *the* specialty society of Emergency Medicine. A democratic organization with more than 5,000 members, AAEM is committed to establishing board certification as the standard for specialists in EM and to securing fair and equitable work environments throughout the EM community.

March 2-4

You are invited

You are invited to attend the premier event in emergency medicine education, the Scientific Assembly of the American Academy of Emergency Medicine. This 15th annual gathering will occur Monday, Tuesday and Wednesday, March 2-4, 2009, at the Sheraton Downtown Phoenix Hotel in Phoenix, Arizona. – As always, there is no registration fee for AAEM members.

Once again, AAEM presents the top educators in emergency medicine covering cutting edge topics.

Should you arrive early (February 28-March 1), we have several pre-conference sessions including AAEM's two-day Resuscitation for Emergency Physicians Course, the first integrated resuscitation course designed specifically for board certified EM physicians. Other excellent pre-conference sessions include Advanced Ultrasound, LLSA Review 2008, Pediatric Emergencies: Children are not Little Adults, and a Simulation Workshop. The Uniformed Services Chapter will also offer a pre-conference course geared toward military personnel: "Emergency Trends in Ultrasound and Trauma Care."

During the main Assembly, you'll hear top-level presentations from the best of the best: Amal Mattu, Peter DeBlieux, Stuart Swadron, Michelle Lin, Corey Slovis, Ghazala Sharieff, Joe Lex, and many more familiar names, as well as many up-and-coming educators. The keynote speaker, J. James Rohack, President-Elect of the American Medical Association, will open the Scientific Assembly on March 2nd at 8:00am discussing "The Corporate Practice of Medicine."

In addition to learning about updates and recent scientific advances, there are full tracks on Geriatric Emergency Medicine, Imaging in Emergency Medicine, Pediatric Emergency Medicine, and Career Extending Moves and Mid-Career Switches.

We hope you will also enjoy an innovation for this year's Scientific Assembly, a myriad of short 30-minute presentations focused on answering specific clinical questions as well as the return of the Point-Counterpoint debates on controversial issues.

The Resident and Student Association has organized a track geared towards students on Sunday afternoon, March 1, 2009 and one geared towards residents and young physicians on Tuesday, March 3, 2009.

And don't forget to watch your fellow residents compete in the AAEM/JEM Resident and Student Research Competition on Monday, March 2, 2009.

Of course you can once again make a presentation yourself. Tuesday is our annual unique "Open Microphone" session, which provides any AAEM member a chance to expound on a cutting-edge topic of their own. As always, the top two speakers earn an invitation to speak at the 2010 Scientific Assembly.

You expect nothing less from your professional organization - the best emergency medicine CME at no charge in a great location. We look forward to seeing you in Phoenix.



Kenni D. Godyne, MD

Kevin Rodgers, MD FAAEM Chair, Education Committee



Van Coloralle, us

Usamah Mossallam, MD FAAEM Co-Chair, Education Committee



Joseph Lex, Jr., MD FAAEM Co-Chair, SA Sub-Committee



Augo werend

Larry D. Weiss, MD JD FAAEM President



Continuing Medical Education

Accreditation Statement

The American Academy of Emergency Medicine (AAEM) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Credit Designation

AAEM designates this educational activity for a maximum of 19.00 *AMA PRA Category 1 Credits*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Additional credits are available for the pre-conference courses. Credit designations for the pre-conference courses are listed under each individual course.

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Disclosure Policy

All faculty and planning committee members participating in continuing medical education programs sponsored by AAEM are expected to disclose to the audience any real or apparent conflicts of interest.

Educational Needs

In order to maintain their medical practice at the highest possible level, emergency physicians need up-to-date information on a variety of topics in emergency medicine, including both clinical and workplace issues. This conference will meet those needs by providing cutting edge information in several relevant areas.

When planning activities, the AAEM Education Committee uses the 2007 Model of the Clinical Practice of Emergency Medicine to determine the education needs of the Emergency Physicians attending Scientific Assembly. The Model of the Clinical Practice of Emergency Medicine details the core content of emergency medicine and undergoes an on-going review.

Target Audience

This activity is designed for:

- 1. Full voting members and potential full voting members of AAEM, defined as physicians certified by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM).
- Physicians engaged in the practice of emergency medicine who are seeking the most current information in the field, presented at a skill level appropriate to the educational needs of the board certified emergency physician.

Learning Objective

Upon completion of this activity, participants will be able to apply new principles to improve their everyday practice of emergency medicine and to increase their understanding of the emergency medicine workplace.

Methods of Instruction

In order to best meet the stated learning objectives, instruction will be provided in a lecture format, with adequate time reserved for questions from the audience and an opportunity for participants to meet with speakers. The oral presentation of abstracts summarizing current research in the field will also be featured, in addition to hands-on instruction of emergency medical procedures in several pre-conference courses.

AAEM Board of Directors

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Larry D. Weiss, MD JD FAAEM

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YPS Director

Mark Reiter, MD MBA FAAEM

AAEM/RSA President

Megan M. Boysen, MD

JEM Editor – Ex-Officio Board Member Stephen R. Hayden, MD FAAEM

AAEM Board Meeting

All Scientific Assembly delegates are invited to attend an open meeting of the AAEM board of directors on Sunday, March 1, from 5:00pm to 9:30pm.

AAEM/RSA Board Meeting

All residents ans students are invited to attend the AAEM/RSA board of directors meeting on Monday, March 2, from 1:00pm to 3:30pm.

AAEM Candidates Forum

Democratic elections for the 2009-10 AAEM board will also be held in conjunction with the 2009 Scientific Assembly. Full Voting and Associate members of AAEM should be sure to attend the Candidates Forum, scheduled for Tuesday, March 3, 2009, from 12:00pm to 2:30pm, for the opportunity to question the candidates. Lunch will be provided. The forum will conclude with the final collection of ballots from the voting membership. Although voting arrangements will be made for members unable to attend the Scientific Assembly, those who plan to attend should hold their ballots until the conclusion of the forum.

PHOENIX Ӿ ARIZONA Sheraton Phoenix Downtown Hotel



Statements of Disclosure

The American Academy of Emergency Medicine (AAEM) endorses the guidelines for continuing medical education programs as set forth in the Accreditation Council for Continuing Medical Education (ACCME). This activity has been planned and implemented in accordance with the Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. AAEM maintains control over the development of its educational programs and the selection of topics and presenters.

A full disclosure of relevant financial relationships is required of all presenters and faculty members and the presence of any such relationship will be reported to all program attendees. AAEM defines relevant financial relationships as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds) or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

In accordance with these policies, AAEM would like to make the following information known to all conference participants.

AAEM Education Committee

The following involved in planning have reported no relevant financial relationships: Chair Co-Chair

Kevin Rodgers, MD FAAEM

Members

Daniel Bartgen Abra Berg Marion Berg, MD FAAEM Howard Blumstein, MD FAAEM Michael Bohrn, MD FAAEM Jessica Brooks, MD Roger Chirurgi, MD FAAEM James Colletti, MD FAAEM Robert Cox, MD FAAEM Jonathan Davis, MD FAAEM Michael Dickerson, MD Christopher Doty, MD FAAEM **Richard Doyle** William Durkin, Jr., MD FAAEM Michael Epter, MD FAAEM **Gustavo Flores Bauer** Gary Gaddis, MD FAAEM Adam Geroff, MD FAAEM Brian Gever Robert Glatter. MD FAAEM Mitchell Goldman, DO FAAEM Stephen Hayden, MD FAAEM Patrick Hinfey, MD FAAEM Deena Ibrahim Michael D. Jones, MD FAAEM Akiva Kahn A. Antoine Kazzi, MD FAAEM Sean Keenan, MD FAAEM Michael Klevens, MD FAAEM Dick Kuo, MD FAAEM

Priya Kuppusamy, MD Michael LeWitt, MD FAAEM John Love, MD FAAEM Bruce Lobitz. MD FAAEM Everett Lyn, MD FAAEM John Madden, MD FAAEM Douglas Migden, DO JD FAAEM Kathleen Moorhead Eric Morley, MD Lillian Oshva, MD FAAEM Alicia Pilarski, DO Michael Pulia, MD Dan Quan, DO FAAEM Nadeem Qureshi, MD Laurence Raney, MD FAAEM Robert Rogers, MD FAAEM Stephen Schenkel, MD FAAEM Joel Schofer, MD FAAEM Sneha Shah, MD Brian Sharp, MD Indrani Sheridan, MD FAAEM Richard Shih, MD FAAEM Lemeneh Tefera, MD FAAEM Nounou Teleghani, MD FAAEM Sandra Thomasian, MD Jacob Ufberg, MD FAAEM David Vega, MD FAAEM Elizabeth Weinstein, MD Joanne Williams, MD FAAEM Michael Winters, MD FAAEM

Usamah Mossallam, MD FAAEM

The Following Education Committee Members Have Disclosed Relevant Financial Relationships: William Brady, MD FAAEM

Heartscape Tech, Advisory Board Member

Ken Iserson, MD FAAEM Pfizer, Merck, Bristol Myers Squibb, United Health Group, Johnson & Johnson, Wyeth, Proctor & Gamble, Celgene, Amgen, Genentech, Sanofi-Aventis, Stock Ownership

Joseph Lex, Jr., MD FAAEM Giant Steps, 1/3 of Net profit

Shahram Lotfipour, MD FAAEM CSL Behavior; Medication Beriplex; Renerges Warfarin; Biosite Sepsis Biomarkers, Research Support

Amal Mattu, MD FAAEM Giant Steps, 1/3 of Net profit Ghazala Sharieff, MD FAAEM Giant Steps, 1/3 of Net profit



Preconference Courses

Saturday, February 28, 2009			
Time	Торіс		
8:00am – 5:00pm	Resuscitation for Emergency Physicians: The AAEM Course (2 day course)		
Sunday, March 1, 2	2009		
Time	Торіс		
9:00am – 4:00pm	Advanced Ultrasound		
1:00pm – 5:00pm	LLSA Review 2008		
8:00am – 5:30pm	Pediatric Emergencies: Children are not Little Adults		
8:00am – 5:00pm	Resuscitation for Emergency Physicians: The AAEM Course (2 day course)		
1:00pm – 5:00pm	Student Track		
1:00pm – 6:00pm	USAAEM Pre-conference: Emerging Trends in Ultrasound and Trauma Care		

Conference Schedule

Monday, March 2, 2009

	Plenary Session Phoenix C	Track B	Track C	Track D	Track E
7:45am	Larry D. Weiss, MD JD FAAEM AAEM President				
	Welcome, Opening Remarks				
8:00am	J. James Rohack, MD AMA President-Elect				
0.000111	Keynote Speaker The Corporate Practice of Medicine				
0.000m	Amal Mattu, MD FAAEM				
9:00am	High Risk ECGs				
	Corey Slovis, MD FAAEM				
10:00am	Kicking the Acidosis—Sorting out Metabolic Emergencies				
	Jeff Tabas, MD FAAEM				
11:00am	High-Risk Problems You Can't Afford to Miss				
12:00pm			LUNCH		

Conference Schedule

Monday, March 2, 2009

	Track A	Track B	Track C	Track D	Track E
	Literature Updates Encanto A	Panel Discussion Encanto B	Nuts and Bolts of EM Deer Valley	Emergency Imaging Paradise Valley	AAEM/ <i>JEM</i> Competition Camelback B
1:00pm	Amal Mattu, MD FAAEM Cardiology Updates	Cutting Edge Antidotes— Critical Reviews of Toxicology Articles that will Change EM Practice	Ron Hellstern, MD Exploiting Your Independent EM Group Advantage	Andrew Perron, MD Which Patient with Seizure / Headache Needs a Stat Head CT?	AAEM/ <i>JEM</i> Resident and Student Original Research Presentation <i>Moderator/Judge:</i>
1:30pm		Hyperinsulinemia/ Euglycemia Therapy		Jacob Ufberg, MD	Stephen Hayden, MD FAAEM
1:45pm		for Ca Channel and B Blocker Poisoning Daniel Lugassy, MD	Mark Reiter, MD MBA FAAEM Tom Scaletta, MD FAAEM	FAAEM My Patient Is Pregnant and I Suspect PE / Appendicitis	Judges: Howard Blumstein, MD FAAEM
2:00pm	Ghazala Sharieff, MD FAAEM Pediatric Updates	Buprenorphine: The New Methadone, What the EP needs to know! Dan Quan, MD FAAEM	Does Physician Triage Improve Throughout? Do Standing Orders	J. Stephen Huff, MD FAAEM Which Imaging Study Is Best in Acute Stroke?	Robert McNamara, MD FAAEM Nathan Shapiro, MD MPH, FAAEM
	_	Sugammadex, A Possible New Reversal Agent for Rocuronium	Improve Throughput? Do Protocols and Guidelines Improve Throughput?	Scott Melanson, MD FAAEM What Are the Indications	David Slattery, MD FAAEM
2:30pm		Fermin Barrueto, MD FAAEM FACEP	Thi oughput:	of Oral or Intravenous Contrast?	
		Intralipid, The Antidote of the Future?			
		Richard Shih, MD FAAEM			-
3:00pm		BR	EAK	1	_
3:30pm	Swaminatha Mahadevan, MD Trauma Updates	What's New in EMS? Marvin Wayne, MD FAAEM New Technologies in EMS—Coming to an	Gary Gaddis, MD FAAEM Sexual Assault Nurse Examiners: An Extender Who Benefits Everyone	Seric Cusick, MD FAAEM How Good Is Ultrasound at Detecting Pneumothorax?	
4:00pm		EMS Continue to an EMS System Near You David Tan, MD FAAEM Alan Yee, MD FAAEM Hot Topics in EMS	Kevin Beier, MD FAAEM What Should I Know Before I Talk to My State Representative?	Dave Levy, DO FAAEM Complications of Interventional Radiology	-
4:30pm	W. Richard Bukata, MD Other Important Literature Updates	Education and Practice—The National EMS Scope of Practice and Physician EMS Certification	James Blakeman What Are the Most Common Reimbursement Errors?	Seric Cusick, MD FAAEM How Can Ultrasound Improve Adult Resuscitation?	
5:00pm		Roger Stone, MD MS FAAEM Hot Topics in EMS— Medical Oversight for the Pit Doc		Scott Melanson, MD FAAEM Which Patient Needs a Stat MRI?	
5:30pm			Award Presentations		
6:00pm			Opening Reception		



Conference Schedule

Tuesday, March 3, 2009

	Track A	Track B	Track C	Track D	Track E	Track F
	Rational Approach to Common Problems Encanto A	Point- Counterpoint Encanto B	Pediatrics Deer Valley	Managing Trauma in a Non-Trauma Center Paradise Valley	Leadership Workshop (Invitation Only) Alhambra	Resident Track <i>Camelback B</i>
8:00am	J. Stephen Huff, MD FAAEM Headache—How Not to Miss Bad Things	Andrew Perron, MD (pro) Laurence Raney, MD FAAEM (con)	Andrea Marmor, MD Which Child with a Head Injury Really Needs a CT Scan?	Bart Besinger, MD FAAEM Farm-Related Trauma—What	Robert McNamara, MD FAAEM The History and Current State of EM	Barbara Katz Your EM Job Search
8:30am	Kevin Reed, MD FAAEM What Really Helps a Sore Throat?	lbuprofen Is Better Than Acetaminophen for Acute Musculoskeletal Pain?		Should I Expect		
8:45am		Michael Allswede,				
9:00am	Daniel Lugassy, MD How To Avoid Missing Common Radiographic Findings?	DO (pro) Paul Pepe, MD (con) Preparation for CBRNE: Did We Get What We Paid For?	Jim Ducharme, MD Pain Control and Sedation: No Longer Just an Option	David Crippen, MD Motorcycle Crash: What Should I Expect Based on the Type of Bike		Fermin Barrueto, MD FAAEM Lethal Toxicology
9:30am	Andrew Johnson,	Kevin Reed, MD			BREAK	
	MD FAAEM	FAAEM (pro)			William T. Durkin, Jr.,	
9:45am	Am I Treating Simple Orthopedic Problems Correctly?	Laurence Raney, MD FAAEM (con)			MD MBA FAAEM The Qualities of an	
10:00am	BREAK	<i>Codeine is a Useless Drug</i>	Karen Santucci, MD	BREAK	Effective Leader	Joseph Wood, MD
10:15am	_	BREAK	Pediatric Psychiatric	Alon Duby, MD	Larry D. Weiss, MD	JD FAAEM
10:30am	Frank Dos Santos, DO Can I Make Sinusitis Better?	Michael Klevens, MD FAAEM (con) Paul Pepe, MD (pro) Low-Volume	Emergencies	ATLS: Where do I Deviate from the Plan?	JD FAAEM Emergency Physician Advocacy	Medical Malpractice
11:00am	Robert Rogers, MD FAAEM Asymptomatic	<i>Resuscitation Is a Valuable Tool</i>	Melanie Heniff, MD FAAEM Special Needs	Michael Epter, MD FAAEM Should I Just Pan-		Michelle Lin, MD FAAEM Emergency Medicine
	Hypertension in the		Kids—What Am I	Scan Everyone?		Orthopedic Pearls
11:15am	ED—Don't Just Do Something, Stand There!	David Crippen, MD (con)	Missing?		BREAK	
	Carey Chisholm, MD FAAEM	Gary Gaddis, MD FAAEM (pro)			Kevin Beier, MD FAAEM	
11:30am	Am I Treating Simple Wounds Correctly?	Etomidate Is Obsolete			Kathleen Ream Lobbying Your Legislature	
12:00pm			LUNCH and Annua	Business Meeting	I	I



Conference Schedule

Tuesday, N	larch 3, 2009				
	Track A	Track B	Track C	Track D	Track E
	Rational Approach to Common Problems Encanto A	Point- Counterpoint Encanto B	Miscellany Deer Valley	Managing Trauma in a Non-Trauma Center Paradise Valley	Leadership Workshop (Invitation Only) Alhambra
	Stuart Swadron, MD FAAEM	Alan Jones, MD (con)	Larry D. Weiss, MD JD FAAEM	Kevin Rodgers, MD FAAEM	Stephen Hayden, MD FAAEM
2:30pm	What's New in Treating GI Bleeding?	Nathan Shapiro, MD FAAEM (pro)	Joseph Wood, MD JD FAAEM	What Should I Do When the Bleeding	Becoming a Leader in Academic EM
		Early Goal-Directed Therapy Saves Time and Money	Ask the Experts: Medico—Legal Panel	Won't Stop?	
3:00pm	Michael Klevens,				
	MD FAAEM	Bart Besinger, MD			Megan Boysen, MD
3:15pm	Is Levetiracetam (Keppra ®) Really the	FAAEM (con)			Mark Reiter, MD
0.10011	New Standard for Controlling Seizures?	Jacob Ufberg, MD FAAEM (pro)			MBA FAAEM Organizing EM Besidents
3:30pm	Stuart Swadron, MD	Triple-Rule-Out CT Should Be Standard	Joseph Lex, MD	James Webley, MD	Residents
3:45pm	FAAEM What Murmurs Can't I Miss?	in At-Risk Chest Pain Patients	FAAEM Drug and Device Updates	FAAEM Which Orthopedic Injuries Are Time-	Michael Ybarra, ME Organizing Students
4:00pm	Chandra Aubin, MD	Michael LeWitt, MD		Sensitive?	
4:15pm	Can I Make Bronchitis Better?	FAAEM (con) Daniel Lugassy, MD			Andrew Mayer, MD FAAEM
4:30pm	Nounou Taleghani, MD FAAEM Can I Make	- (pro) All Fire Victims Should Get the Cyanokit	Usamah Mossallam, MD FAAEM Care of the Arab-	Richard Martin, MD FAAEM Kids and Old Folks:	State Chapter Development
4:45pm	Conjunctivitis Better?	Eric Bruno, MD	Muslim Patient	How Do I Manage	Stephen Hayden,
	Dave Levy, MD	FAAEM (pro)		Differently?	MD FAAEM
	FAAEM	Carey Chisholm, MD FAAEM (con)			Public Speaking
5:00pm	Saving Time and Money: Point of Care Testing	Helicopters Save			
5:30pm		1	ADJOURN	1	1

Conference Schedule

Questions Encento Athe Emergency Department Encento BChanges and Career Extenders Deer ValleyPatients in the Community ED Paradise Valley8:00amEric Bruno, MD FAAEM Is Post-Resuscitation Cooling the Standard of Care?Robert McNamara, MD FAAEM Non-Specific Abdominal Pain: What's the Wory?Richard Martin, MD FAAEM Coing from the Community to the UniversityJim Roberts, MD F Troubleshooting All Going from the Community to the University8:30amRobert Rogers, MD FAAEM Which Hypertensive Patient Needs a Workup tor End Organ Damage?Stephen Playe, MD How Can I Treat Grandma's Pain Without Hurting Her?Ron Hellstern, MD Practicing EM in a Coat and TieMichele Franklin, BSN Peter Greenwald, Learly Goal Directed Therapy—Lessons Learmed in Commu BONStephen Playe, MD How Can I Treat Grandma's Pain Without Hurting Her?Ron Hellstern, MD Practicing EM in a Coat and TieMichele Franklin, BSN Peter Greenwald, Learly Goal Directed Therapy—Lessons Learmed in Commu ED Implementation9:30amFrank Dos Santos, DO What Antibiotic Can I Safely Give to My Penicillin Allergic Patient?Fred Mirarchi, DO FAAEM Does a Living Will Equal DAR?Nounou Taleghani, MD FAAEM Does a Living Will Equal DAR?Nounou Taleghani, MD FAAEM Does a Living Will Equal DAR?Nounou Taleghani, MD FAAEM Distart A Medical School Mistakes Made in Commu for the Critical Patie in the ED?11:00amMichele Lin, MD FAAEM Does I Lorazepam Prevent the Next Seizure?Kevin Terrell, DO How Do I Avoid Poisoning Grandma?Nounou Taleghani, MD FAAEM	Nednesday, N	larch 4, 2009			
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8:30am Which Hypertensive Patient Needs a Workup for End Organ Damage? Stephen Playe, MD How Can I Treat Grandma's Pain Without How Can I Treat Grandma's Pain Without for Anything? Ron Hellstern, MD Practicing EM in a Coat and Tie Michele Franklin, BSN Peter Greenwald, Early Goal Directed Therapy—Lessons Learned in Commu ED Implementation 9:30am Frank Dos Santos, DO What Antibiotic Can I Safely Give to My Penicillin Allergic Patient? Fred Mirarchi, DO FAAEM Does a Living Will Equal DNR? Ron Neuson Taleghani, MD FAAEM Moving Behind the Camera—Becoming a Media Consultant Peter DeBlieux, MI FAAEM The Ten Most Commu ED Implementation 10:00am Chandra Aubin, MD Should Every Patient with a STD Get RPR and HIV Testing in the ED? Fred Mirarchi, DO FAAEM Does a Living Will Equal DNR? Nounou Taleghani, MD FAAEM Going Overseas—Helping to Start a Medical School Peter DeBlieux, MI FAAEM Going Overseas—Helping to Start a Medical School Peter DeBlieux, MI FAAEM Mistakes Made in O for the Critical Patie in the ED 11:00am Michelle Lin, MD FAAEM Making Your Life Easier (and Your Patient Care Kevin Terrell, DO How Do I Avoid Poisoning Grandma? ADJOURN Michael Winters, I FAAEM What Should I Do A the Patient is Intube		• •		Alon Duby, MD	
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	11:30am	-	Grandma?		What Should I Do After the Patient is Intubated?
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*Topics and speakers subject to change. Please visit www.aaem.org for the most up-to-date schedule.



Pre-Conference Course - Saturday, February 28 - Sunday, March 1, 2009

Resuscitation for Emergency Physicians:	
The AAEM Course	

Resuscitation for Emergency Physicians (REP) is an integrated resuscitation course for the emergency physician.

The REP course is an advanced course for clinicians that will encompass a broad spectrum of topics including neonatal, pediatric and adult resuscitation; medical and trauma care will be discussed.

REP is the first integrated resuscitation course developed by an emergency medicine professional society that is tailored to the needs of emergency physicians.

Emergency physicians who want to take a single integrated resuscitation course taught at an advanced level, rather than taking ACLS, PALS and ATLS will find REP to be a rewarding experience.

PREREQUISITE: Course participation will require either board certification or residency training in emergency medicine.

Credit Designation

AAEM designates this educational activity for a *maximum of 13.50 AMA PRA Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AOA credit is also available (see page 3).

Learning Objectives:

- 1. Develop advanced resuscitation skills that can be applied to medical, trauma and undifferentiated patients of all age groups.
- 2. Develop an approach to complex medical and traumatic disease processes based upon a discussion of current medical literature.
- 3. Develop an integrated approach to resuscitation in the emergency department.
- 4. Discuss by way of a case-based approach multiple key medical and traumatic conditions in an evidence-based format.

Course Schedule

Saturday, February 28, 2009

8:00am Introduction

8:05am	Chest and Abdominal Trauma
9:35am	Shock (General)
10:35am	Break
10:50am	Cardiac Arrest
11:50am	Lunch (on your own)
1:20pm	Pelvis and Extremity Trauma
2:00pm	Shock (Traumatic)
2:30pm	Break
2:50pm	ACS
4:00pm	CNS Trauma
5:00pm	Adjourn

Sunday, March 1, 2009

8:00am	Pediatric
9:15am	Neonatal
9:45am	Break
10:00am	Trauma in Special Populations
10:40am	Dysrhythmias
11:35am	Lunch (on your own)
1:15pm	Respiratory Failure
2:05pm	Non ACS Cardiac
2:50pm	Break
3:10pm	Sepsis
4:00pm	The Crashing Patient
4:55pm	Closing Comments
5:00pm	Adjourn

Course Directors

William Brady, MD FAAEM

Professor and Vice- Chair, Department of Emergency Medicine, University of Virginia Health System, Charlottesville, Virginia

Richard Harrigan, MD FAAEM

Professor, Department of Emergency Medicine, Temple University, Philadelphia, PA

Andrew Perron, MD

Professor and Program Director, Department of Emergency Medicine, Maine Medical Center, Portland, ME

Faculty

Peter DeBlieux, MD FAAEM

LSUHSC Director of Faculty and Resident Development, LSUHSC Professor of Clinical Medicine, Tulane University Professor of Clinical Surgery, Director of Emergency Medicine Services University Hospital

Michael Gibbs, MD

Professor and Chair, Department of Emergency Medicine, Maine Medical Center, Portland, ME

Amal Mattu, MD FAAEM

Associate Professor and Program Director, Department of Emergency Medicine, University of Maryland, Baltimore, MD

Robin Naples, MD

Assistant Professor, Department of Emergency Medicine, Temple University, Philadelphia, PA

Robert O'Connor, MD FAAEM

Professor and Chair, Department of Emergency Medicine, University of Virginia, Charlottesville, VA

Ghazala Sharieff, MD FAAEM

Associate Clinical Professor, Children's Hospital and Health Center, University of California at San Diego, San Diego, CA, Director of Pediatric Emergency Medicine, Palomar-Pomerado Hospitals/California Emergency Physicians, San Diego, California

Jeffrey Tabas, MD FAAEM

Associate Professor, Department of Emergency Medicine, University of California San Francisco, San Francisco, CA

15¹¹ Annual Scientific Assembly AMERICAN ACADEMY OF EMERGENCY MEDICINE

Pre-Conference Course – Sunday, March 1, 2009

Advanced Ultrasound Course

This year's Ultrasound Course is a session designed for the advanced emergency medicine ultrasonographer seeking the most current information and instruction in the use of ultrasound in the emergency department. A combination of didactic and hands-on instruction will be offered to maximize the learning experience.

Credit Designation

AAEM designates this educational activity for a maximum of 5.5 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AOA credit is also available (see page 3).

Learning Objectives

Upon completion of this course participants will be able to:

Vascular Access:

- 1. Describe the surface landmarks and transducer position necessary to perform central and peripheral vascular access under ultrasound guidance.
- 2. Understand the sonographic landmarks and anatomical relationships as it relates to the vasculature of the neck, upper extremity and groin.
- 3. Discuss indications for placing central and peripheral lines under ultrasound quidance.
- 4. Recognize and acquire ultrasonographic images of the internal jugular, femoral, basilic, brachial and axillary veins in live patient models.
- 5. Perform the technique of ultrasound guided vascular access on phantom models.

Cardiothoracic Ultrasound:

- 1. Describe the surface landmarks and transducer position necessary to perform the cardiac and lung examination.
- 2. Understand the sonographic landmarks and anatomical relationships of the ribs, chest wall, pleura and lung.
- 3. Recognize and acquire ultrasonographic images of heart (subcostal, parasternal long, parasternal short, and apical windows) and lungs (transthoracic - utilizing both linear and convex probes).
- 4. Understand the sonographic findings and pitfalls for interpreting life threatening conditions such as pneumothorax.

Musculoskeletal:

- 1. Discuss the advantages and disadvantages of diagnostic musculoskeletal ultrasound compared to other imaging modalities.
- 2. Demonstrate the appearances of various tissues on diagnostic musculoskeletal ultrasound.
- 3. Correctly apply ultrasound basic concepts so as to ensure proper visualization of musculoskeletal structures.
- 4. Proficiently perform a diagnostic musculoskeletal ultrasound on various upper and lower limb structures.

Coding/Billing/Credentialing/Quality Assurance:

- 1. Understand the modified coding for limited ultrasounds in the ED.
- 2. Understand the proper documentation and storage necessary for billing.
- Understand the credentialing process for EMUS as well as supporting quidelines and policies.
- 4. Understand the QA process as it pertains to Ultrasound.

Course Schedule

Sunday, March 1, 2009

- Musculoskeletal Ultrasound 9:00am
- 9:45am Vascular Access

10:30am 11:00am Cardiothoracic Ultrasound 12:00pm Billing/Coding/Credentialing/QA 12:30pm Lunch 1:30pm Hands-on Session 4:00pm Adjourn

Break

Course Director

Michael J Lambert, MD RDMS FAAEM

Fellowship Director Emergency Ultrasound, Dept. of Emergency Medicine, Advocate Christ Medical Center, Oak Lawn, IL

Faculty

Seric Cusik, MD FAAEM J. Christian Fox, MD FAAEM **Geoffrey Hayden, MD FAAEM** Chris Kerwin, MD

Ultrasound Fellow, Department of Emergency Medicine, Advocate Christ Medical Center. Oak Lawn. IL

Vicki E. Noble, MD RDMS

Director, Division of Emergency Ultrasound, Massachusetts General Hospital Martha Villalba, MD

Joseph P. Wood, MD JD RDMS FAAEM

Emergency Medicine Department, Mayo Clinic Hospital, Scottsdale, Arizona

2008 LLSA Review Course

This course is designed to provide the experienced emergency physician with an evidence-based review course for all of the required readings for the 2008 LLSA Review Course. Both direct instruction and small group instruction will be utilized. Content will be discussed both via PowerPoint and through small group discussion on key topics for each mandated journal article.

Credit Designation

AAEM designates this educational activity for a maximum of 3.75 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AOA credit is also available (see page 3).

Learning Objectives

This course is designed for the experienced emergency physician who is required to pass the ABEM LLSA 2008 exam. At the conclusion of this course, participants will be able to:

- 1. Identify and recognize the key points in each assigned reading selection, which will prepare them to take the LLSA test.
- 2. Understand the emergency medicine board certification requirements.

Course Schedule

Sunday, March 1, 2009

1:00pm - 5:00pm

Course Director

Richard Shih. MD FAAEM

Residency Director of Emergency Medicine at Morristown Memorial Hospital and Attending Physician at Morristown Memorial Hospital, Morristown, NJ

Faculty

Michael E. Silverman, MD FAAEM FACP

Assistant Professor, Mount Sinai School of Medicine, Assistant Residency Director Memorial Hospital, Morristown, NJ

HOENIX 🗡 ARIZONA Sheraton Phoenix Downtown Hotel

Pre-Conference Course – Sunday, March 1, 2009

Pediatric Emergencies: Children are not Little Adults

An ED visit can be a life-changing event for a child. Children and adolescents account for nearly a third of hospital emergency department visits. This patient population has unique physical characteristics that require special care and equipment. According to the Centers for Disease Control and Prevention, fewer than 6% of Emergency Departments have on hand all the pediatric equipment recommended by the American Academy of Pediatrics. A recent report on pediatric emergency care by the Institute of Medicine found that many providers don't know how to properly stabilize seriously injured or ill children or fail to recognize cases of child abuse. This course will serve as a venue in which the Emergency Physician may fine tune and polish their skills in the assessment and management of pediatric emergencies.

Credit Designation

AAEM designates this educational activity for a *maximum of 9.0 AMA PRA Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AOA credit is also available (see page 3).

Learning Objectives

Upon completion of this course participants will be able to:

- 1. Discuss practical and clinically relevant information for the current approach to pediatric emergencies.
- Develop a logical, efficient approach to the assessment and treatment of the ill or injured child.

Course Schedule

Sunday, March 1, 2009

0.00 am	Walcome & Introduction			
8:00am	Welcome & Introduction			
8:05am	"What's Up When the Temperature is Up!" – The Febrile Child			
8:50am	"The First Few Days of Life" – Neonatal Emergencies			
9:30am	Orthopedic Emergencies – "What Not to Miss!"			
10:15am	Break			
10:30am	Lumps & Bumps" – Pediatric Dermatologic Emergencies			
11:15am	"The Sniffing Position" – The Pediatric Airway			
12:00pm	Lunch Presentation – "Kids Will Eat Anything!" – Pediatric Poisoning			
	(Lunch provided)			
12:45pm	"The Number 1 Killer" – Pediatric Trauma			
1:30pm	"An Ouchless ED" – Pain Management & Sedation			
2:15pm	"Baby Jane Cried Last Night" – Child Abuse/Maltreatment			
3:00pm	Break			
3:15pm	"But Air Can't Kill You!" – Drug Abuse in Children & Adolescents			
4:00pm	"Children Are Not Little Adults!" – Top 5 Patient Safety Issues			
4:30pm	Case Discussions			
5:30pm	Adjourn			
Course Sy	Course Sylabus and CD Provided			

Course Director

Joanne Williams, MD FAAEM

Adjunct Associate Professor of Emergency Medicine, Charles Drew University of Medicine & Science, Clinical Associate Professor of Emergency Medicine Keck School of Medicine at USC, Physician Specialist/DHS/Los Angeles County LAC-USC Medical Center

Faculty

Heatherlee Bailey, MD FAAEM

Drexel University College of Medicine, Department of Emergency Medicine, Director of Critical Care Education, Assistant Professor of Emergency Medicine, Philadelphia, Pennsylvania

Elcedo L. Bradley, RN BSN M Ed MPA

Risk Management Consultant, Risk Manager (Retired), Martin Luther King Jr./Charles R. Drew Medical Center, Los Angeles, California

Pamela L. Dyne, MD FACEP

Professor of Clinical Medicine/Emergency Medicine, David Geffen School of Medicine at UCLA, Attending Physician, Olive View-UCLA Medical Center Dept of Emergency Medicine, Attending Physician, Valley Presbyterian Hospital Emergency Department Sylmar, California

Julie Gorchynski, MD MSc FACEP

Associate Professor, Research Director, Dept. of Emergency Medicine, Texas A&M Corpus Christi, Texas

Joseph Lex, MD FACEP FAAEM

Associate Professor, Department of Emergency Medicine, Temple University, School of Medicine, Philadelphia, PA

Shahram Lotfipour, MD MPH FAAEM

Director, Undergraduate EM Education, Assistant Dean, Clinical Science Education, Associate Clinical Professor, Department of Emergency Medicine, University of California, Irvine School of Medicine, Irvine, California

Maureen McCollough MD MPH FACEP

Associate Professor of Pediatrics and Emergency Medicine, Medical Director, Department of Emergency Medicine, Los Angeles County USC Medical Center Los Angeles, California

Cynthia Price, MD FACEP

Assistant Residency Director/Assistant Professor, Integrated Program in Emergency Medicine and Traumatology, University of Connecticut, Hartford, Connecticut

Nadeem Qureshi MD FAAP FCCM

Consultant Pediatric Emergency Medicine, Chair, International Emergency Medicine Program, King Faisal Specialist Hospital and Research Center Riyadh, Saudi Arabia

Ghazala Q. Sharieff, MD FACEP FAAEM

Medical Director, Rady Children's Hospital Emergency Care Center, Associate Clinical Professor, University of California, San Diego; Director of Pediatric Emergency Medicine, Palomar-Pomerado Health System/California Emergency Physicians, San Diego, California



Pre-Conference Course - Sunday, March 1, 2009

Student Track

The first two hours will be geared towards the application process. We will have a program director panel comprised of osteopathic and allopathic physicians from various regions of the US. During the third hour, we are excited to announce that Dr. Joe Lex from Temple University will be lecturing about a surviving a long career in emergency medicine. In the final hour, Dr. Bentley Bobrow from the Department of Emergency Medicine at the Mayo Clinic in Scottsdale, Arizona, will be speaking about current research in resuscitation.

Course Schedule

Sunday, March 1, 2009

1:00pm - 5:00pm

Letters of Recommendation - Get Real!

Sam Keim, MD Program Director Panel Michael Epter, DO FAAEM

Eric Katz, MD FAAEM

Sam Keim, MD

Mock Interview Session

Eric Katz, MD FAAEM

40 Years on the Frontline: Surviving a Long, Happy Career in Emergency Medicine Joseph Lex, MD FAAEM

Current Resuscitation Research

Bentley Bobrow, MD FAAEM

Faculty

Bentley Bobrow, MD FAAEM

Department of Emergency Medicine, Mayo Clinic in Scottsdale, AZ

Michael Epter, DO FAAEM

Eric Katz, MD FAAEM

Sam Keim, MD

Joseph Lex, MD FAAEM

Associate Professor, Department of Emergency Medicine, Temple University School of Medicine, Philadelphia, PA

USAAEM Pre-conference: Emerging Trends in Ultrasound and Trauma Care

This course will provide an update on the care of the trauma patient, focusing on battlefield injury epidemiology, hemostatic and hypotensive resuscitation, wound management, and fluid and blood component therapy. New technologies for patient monitoring and assessment, hemostatic agents, and Novo-7 will be discussed. Attendees will learn to use ultrasound in the hypotensive patient, to assess endotracheal tube positioning, diagnose pneumothorax, obtain central and peripheral venous access, and assess for elevated intracranial pressure.

Credit Designation

AAEM designates this educational activity for a *maximum of 3.75 AMA PRA Category I Credit(s)*. Physicians should only claim credit commensurate with the extent of their participation in the activity. AOA credit is also available (see page 3).

Learning Objectives

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

- 1. Apply the latest updates in the care of the traumatically injured patient to patient care rendered in battlefield and austere environments.
- 2. Use emergency ultrasonography to improve the patient care provided in battlefield and austere environments.
- 3. Use the latest improvements in wound management for traumatic wounds in battlefield and austere environments.
- Recognize similarities in the care provided by combat medics during the Vietnam War and today's military providers.

Course Schedule

Sunday, March 1, 2009

1:00pm	Welcome and Overview
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- 1:05pm Combat Injury Epidemiology
- 1:20pm Ten Lessons Applied to Explosive Injuries
- 1:35pm Principles of Damage Control and Hypotensive Resuscitation
- 1:50pm Ultrasound Guided Assessment and Resuscitation of the Hypotensive Patient
- 2:05pm E-FAST: Ultrasound Diagnosis of Pneumothorax
- 2:20pm Break
- 2:30pm Ultrasound Guided Central and Peripheral Access
- 2:45pm Fluid, Novo-7, and Blood Component Therapy
- 3:00pm Ocular Ultrasound to Identify Elevated Intracranial Pressure
- 3:15pm Advanced Patient Monitoring in the Combat Environment
- 3:30pm Assessing Endotracheal Tube Position with Ultrasound
- 3:45pm Update on Hemostatic Agents & Bandages
- 4:00pm Case Scenarios and Panel Discussion
- 4:30pm Combat Medics: Then and Now
- 5:00pm Hands-On Session
- 6:00pm Adjourn

Faculty

David Durkovich, DO Joseph Lex, MD FAAEM John Love, MD FAAEM John McManus, MD Joel Schofer, MD FAAEM

Conference Schedule

March 2, 2009

7:00am	Registration Opens	11:00am - 12:00pm	High-Risk Problems You Can't Afford to Miss
Phoenix C Ballroom			Jeff Tabas, MD FAAEM
7:45am – 8:00am	Welcome, Opening Remarks Larry D. Weiss, MD JD FAAEM AAEM President Professor of Emergency Medicine, University of Maryland School of Medicine		Associate Professor of Emergency Medicine, UCSF; Attending Physician San Francisco General Hospital Emergency Services Learning Objectives 1. Describe an approach to improve diagnostic accuracy of AMI.
8:00am - 9:00am	The Corporate Practice of Medicine J. James Rohack, MD President-Elect, American Medical Association Learning Objectives	0	 Describe an approach to improve diagnostic accuracy of unstable angina. Describe an approach to improve diagnostic accuracy of aortic dissection.
	1. Review the 2009 AMA Advocacy Agenda and impact with New Congress and President.		essions Begin
	 Outline how AMA specifically helps emergency physicians help their patients. 	Track A – Literato	ure Updates
	 Outline the AMA view on corporate practice of medicine. Review the challenges American physicians will face as 2012 approaches. 	1:00pm - 2:00pm	Cardiology Updates Amal Mattu, MD FAAEM <i>Program Director, Emergency Medicine Residency,</i> <i>Associate Professor of Emergency Medicine, University</i>
9:00am - 10:00am	High Risk ECGs Amal Mattu, MD FAAEM Program Director, Emergency Medicine Residency, Associate Professor of Emergency Medicine, University of Maryland School of Medicine Learning Objectives 1. Improved electrocardiography interpretation.		 of Maryland School of Medicine Learning Objectives 1. Improve electrocardiography interpretation. 2. Manage patients with cardiac chest pain. 3. Manage patients with cardiogenic pulmonary edema. 4. Manage patients with cardiac arrest.
10:00am - 11:00am	 Improved care of the patient with chest pain. Improved care of the patient with syncope. Kicking the Acidosis: Sorting out Metabolic Emergencies Corey Slovis, MD FAAEM FACP Professor of Emergency Medicine and Medicine, Chairman, Department of Emergency Medicine Learning Objectives Learn a simplified approach to simple and mixed acidosis. Understand how to differentiate compensation from a second primary process. Learn clues to the diagnosis of the wide gap metabolic acidosises. 	2:00pm - 3:00pm	 Pediatric Updates Ghazala Sharieff, MD FAAEM FAAP Medical Director, Rady Children's Hospital Emergency Care Center; Director of Pediatric Emergency Medicine, Palomar-Pomerado Health System/California Emergency Physicians Learning Objectives 1. To improve the resuscitation knowledge of newborns and children. 2. To know the recent literature in trauma, respiratory emergencies, gastrointestinal emergencies and seizures in children. 3. To know the causes and management of the critically ill newborn.
	 Be able to recognize hidden alkalosis in acidotic patient. 	3:00pm – 3:30pm	Break – Please visit Exhibitors & Photos in the Valley of the Sun Ballroom

March 2, 2009

3:30pm - 4:30pm	 Trauma Updates S.V. Mahadevan, MD Associate Professor of Surgery/Emergency Medicine, Stanford University School of Medicine; Associate Chief, Division of Emergency Medicine, Medical Director, Stanford University Emergency Department Learning Objectives 1. Review relevant trauma literature from past four years. 2. Describe, in detail, the articles most likely to impact emergency physician practice. 		Sugammadex, A Possible New Reversal Agent for Rocuronium Fermin Barrueto, MD FAAEM FACEP Clinical Assistant Professor, Dept of Emergency Medicine, University of Maryland School of Medicine; Chair, Department of Emergency Medicine, Upper Chesapeake Health Systems Learning Objectives 1. Recognize a lethal toxicologic exposure. 2. Understand the piffalls in delaying treatment. 3. Aggressively and appropriately manage the
4:30pm - 5:30pm	Other Important Literature Updates W. Richard Bukata, MD Clinical Professor of Emergency Medicine, Los Angeles County / University of Southern California Medical Center, Los Angeles, CA; Medical Director, Emergency Department, San Gabriel Valley Medical Center, San Gabriel, CA; Publisher, Emergency Medical Abstracts, The Center for Medical Education, Inc., Creamery, PA		patient. Intralipid, The Antidote of the Future? Richard Shih, MD FAAEM Program Director, Department of Emergency Medicine, Morristown Memorial Hospital; Associate Professor of Surgery, New Jersey Medical School Learning Objectives 1. To become familiar with new toxicology concepts.
5:30pm – 6:00pm	Awards Presentations		To learn pitfalls in diagnosis and treatment in new toxicologic agents.
6:00pm – 7:00pm	Opening Reception Please join us for an Opening Reception in the Exhibit Hall in the Valley of the Sun Ballroom	3:00pm – 3:30pm	Break – Please visit Exhibitors & Photos in the Valley of the Sun Ballroom
		3:30pm - 5:30pm	What's New in EMS?
Track B – Panel Encanto B	Discussion		New Technologies in EMS-Coming to an EMS System Near You Marin Wayne, MD EAAEM
1:00pm - 3:00pm	Cutting Edge Antidotes - Critical Reviews of Toxicology Articles that will Change EM Practice		Marvin Wayne, MD FAAEM Associate Clinical Professor, University of Washington; EMS Medical Director Bellingham/Whatcom County
	Hyperinsulinemia/Euglycemia Therapy for Ca Channel and B Blocker Poisoning Daniel Lugassy, MD Medical Toxicology Fellow, New York City Poison Control Center, New York University School of Medicine Learning Objective 1. Review several publications that have changed or will change the practice of emergency toxicology. Buprenorphine: The New Methadone, What the EP needs to know! Dan Quan, MD FAAEM Emergency Medicine Residency, Maricopa Medical		 Washington; Attending, ED St. Joseph Hospital, Bellingham, WA Learning Objectives 1. Discuss the field environment and difficulty of endotracheal intubation. 2. Describe the use of a camera assisted intubation system. 3. List the results of a comparative study of camera assisted intubation vs. traditional laryngoscopy. 4. Describe systems of Intraosseous IV placement in adults and children. 5. Discuss advantages of such systems and their limitations.

Center, Phoenix, Arizona

March 2, 2009

Hot Topics in EMS Education and Practice-The National EMX Scope of Practice and Physician EMS Certification

David Tan, MD FAAEM

Assistant Professor and Chief, EMS Section, Division of Emergency Medicine, Program Director, Fellowship in EMS, Washington University School of Medicine, St Louis, MO

Learning Objectives

- Describe the process by which ABEM sponsors a new subspecialty to ABMS.
- State the purpose of developing prehospital medicine as a new subspecialty of emergency medicine.
- Describe the process of identifying a unique body of scientific medical knowledge in support of this new subspecialty.
- List barriers to the development of EMS as a boarded subspecialty.
- 5. Outline the general process of proposed certification and re-certification in EMS.

Alan Yee, MD FAAEM

Operational Medical Director, Chesterfield Fire and EMS

Hot Topics in EMS-Medical Oversigh for the Pit Doc Roger Stone. MD MS FAAEM

Clinical Assistant Professor, University of Maryland Emergency Medicine; EMS Medical Director, Montgomery and Caroline County, MD

vionigomery and caronne county, i

Learning Objectives

- Update the working EM physician on current challenges in providing pre-hospital (EMS) medical oversight.
- Underscore the importance of the medical director's authority and scope of services when providing oversight.
- Review areas of liability inherent in EMS medical oversight, and new resources or strategies for mitigation.
- Introduce the topic of due process as it relates to EMS oversight positions, and results of a recent survey by the Academy.
- Brief the member on recent AAEM efforts to provide advocacy or support for physician involvement in EMS.

5:30pm – 6:00pm Awards Presentations

6:00pm – 7:00pm Opening Reception

Please join us for an Opening Reception in the Exhibit Hall in the Valley of the Sun Ballroom

Track C – Nuts and Bolts of EM

Deer Valley

o t. a dy	1:00pm - 1:45pm	 Exploiting Your Independent EM Group Advantage Ron Hellstern, MD FACEP AOA Graduate, University of Missouri School of Medicine Learning Objectives 1. To identify the potential strengths of the independent EM group model as compared to the CMG model. 2. To identify the weaknesses of the independent EM group model and provide insight into how to rectify these. 3. To address the issue of physician egalitarianism and its impact on physician business thinking.
	1:45pm - 3:00pm	 4. To delineate the path to independent EM group contract impregnability. Does physician triage improve throughput? Do
;		standing orders improve throughput? Do protocols and guidelines improve throughput? Mark Reiter, MD MBA FAAEM Attending Physician, Director of Medical Student Education, St. Luke's Hospital (Bethlehem, PA); Clinical Assistant Professor of Emergency Medicine, Temple University Hospital (Philadelphia, PA)
		 Learning Objectives To identify the role of benchmarking in improving ED throughput. To identify bottlenecks/barriers to efficient ED patient flow. To identify strategies to improve ED throughput. To weigh the pros and cons of three specific ED throughput interventions: a physician in triage, use of stratigne patient and use of strategies
I		use of standing orders, and use of clinical decision rules.
al		Tom Scaletta, MD FAAEM President, Emergency Excellence; Chair, Department of Emergency Medicine, Edward Hospital (Naperville, IL);
to t		 Assistant Professor of Emergency Medicine, Rush/Cook County Hospital Learning Objectives 1. Understand that physician triage can improve throughput and why. 2. Understand that standing orders can improve throughput and why. 3. Understand that protocols and guidelines can improve throughput and why.
t	3:00pm – 3:30pm	Break – Please visit Exhibitors & Photos in the Valley of the Sun Ballroom

March 2, 2009

3:30pm - 4:00pm	Sexual Assault Nurse Examiners: An Extender Who Benefits Everyone Gary Gaddis, MD FAAEM St. Luke's/Missouri Endowed Chair for Emergency Medicine, St. Luke's Hospital of Kansas City; The University of Missouri-Kansas City School of Medicine		6:00pm – 7:00pm Track D – Emerg Paradise Valley	Opening Reception Please join us for an Opening Reception in the Exhibit Hall in the Valley of the Sun Ballroom ency Imagine
	 Learning Objectives The audience will become knowledgeable about the history of the development of Sexual Assault Nurse Examiners (SANEs), and Sexual Assault Nurse Examiner (SANE) programs. The audience will become aware of the improved effectiveness of legal admissibility of evidence collected by SANEs, as compared to emergency physicians. The audience will become aware of the role of SANEs in testifying at trials of alleged perpetrators of sexual assaults. The audience will become aware of the opportunity to establish SANE programs under physician direction, in a manner analogous to that utilized by Emergency Medical Services, so that SANE nurses can operate within a defined scope of practice without involvement of the emergency physician (EP), unless the EP's involvement is needed for other aspects of patient care. The audience will be able to identify means to link SANE programs to other programs which, operating together, can ameliorate the various traumas inherently suffered by survivors of sexual assault. 		Paradise Valley 1:00pm - 1:30pm 1:30pm - 2:00pm	 Which Patient with Seizure / Headache Needs a Stat Head CT? Andrew Perron, MD Professor and Residency Program Director, Department of Emergency Medicine, Maine Medical Center, Portland, ME Learning Objectives 1. Describe the indications for an acute CT scan of the head in the patient presenting with first time seizure. 2. Describe the utility of CT imaging of the brain in acute headache. 3. Understand the clinical policies that are in place that govern the suggested use of CT scanning in the patient presenting with acute headache or seizure. My Patient Is Pregnant and I Suspect PE / Appendicitis Jacob Ufberg, MD FAAEM Assoc. Professor and Residency Director, Temple University Hospital, Philadelphia, PA Learning Objectives 1. Participants will understand how much radiation is considered safe in pregnancy.
4:00pm - 4:30pm	What Should I Know Before I Talk to My State Representative? Kevin Beier, MD FAAEM <i>Chairman, Department of Emergency Medicine, Middle</i> <i>Tennessee Medical Center, Murfreesboro, TN</i> Learning Objectives 1. How to effectively lobby your legislator.			 Participants will know how much radiation is delivered by common radiographic studies for VTE and appendicitis. Participants will understand the pros and cons of different approaches to the workup of suspected VTE or appendicitis in pregnancy. Physicians will be able to use a reasonable approach to the use of imaging studies in
4:30pm - 5:30pm 5:30pm - 6:00pm	 What Are the Most Common Reimbursement Errors? James Blakeman Learning Objectives Understand the most common errors in the billing and coding process and how they affect emergency physician income. Identify the five common myths about emergency physician reimbursement. Learn the five most value documentation tips that lead to better reporting of care. Identify how to defend the appropriate payment of high-valued emergency physician care when questioned by payers or patients. Awards Presentations			the pregnant patient with suspected VTE or appendicitis.

March 2, 2009

2:00pm - 2:30pm	Which Imaging Study is Best in Acute Stroke? J. Stephen Huff, MD FAAEM Department of Emergency Medicine, University of Virginia Learning Objectives 1. Review diagnostic approach and imaging procedures for subarachnoid hemorrhage.	4:00pm - 4:30pm	Complications of Interventional Radiology David Levy, DO FAAEM Chairman, Department of Emergency Medicine, St. Elizabeth Health Center; Associate Professor of Emergency Medicine, Northeastern Ohio Universities College of Medicine Learning Objectives
	 Define diagnostic approach to the patient with suspected intracranial hemorrhage. Understand the utility and limitations of cranial CT in patient with ischemic stroke. Discuss advanced neuroimaging techniques useful in ischemic stroke. Understand limitations of CT, CT-angio, and MRI in acute ischemic stroke. 		 To review the management of specific post- procedural complications. Explain major and minor complications associated with percutaneous radiologic gastrostomy. Describe complications most commonly associated with percutaneous biliary drains. Describe potential problems occurring with
2:30pm - 3:00pm	What Are the Indications of Oral or Intravenous Contrast? Scott Melanson, MD FAAEM Residency Program Director, St. Luke's Hospital,		 percutaneous nephrostomy ± tube/stent. 5. Review procedure-specific complications: Non-vascular procedures Vascular procedures: venous Vascular procedures: arterial.
	Bethlehem, PA.; Clinical Associate Professor of Emergency Medicine, Temple University School of Medicine, Philadelphia, PA	4:30pm - 5:00pm	How Can Ultrasound Improve Adult Resuscitation? Seric Cusick, MD FAAEM Director of Emergency Ultrasound, Assistant Clinical Professor, Department of Emergency Medicine,
3:00pm – 3:30pm	Break – Please visit Exhibitors & Photos in the Valley of the Sun Ballroom		University of California, Davis
3:30pm - 4:00pm	How Good is Ultrasound at Detecting Pneumothorax? Seric Cusick, MD FAAEM Director of Emergency Ultrasound, Assistant Clinical Professor, Department of Emergency Medicine, University of California, Davis Learning Objectives 1. Demonstrate understanding of the technique for sonographic evaluation in suspected		 Learning Objectives Discuss current approaches to resuscitation and the potential role for point-of-care ultrasound. Identify sonographic findings in reversible etiologies of critical illness. Review the scientific literature supporting the use of point-of-care ultrasound in resuscitation, critical care, and procedural guidance. Develop a sonographic approach to resuscitation of the adult patient.
	 pneumothorax. 2. Develop understanding of the scientific literature that evaluates performance characteristics of point-of-care ultrasound for pneumothorax. 3. Identify the role for ultrasound for the detection of pneumothorax in the evaluation of emergency department patients. 	5:00pm - 5:30pm	Which Patient Needs a Stat MRI? Scott Melanson, MD FAAEM Residency Program Director, St. Luke's Hospital, Bethlehem, PA.; Clinical Associate Professor of Emergency Medicine, Temple University School of Medicine, Philadelphia, PA
		5:30pm – 6:00pm	Awards Presentations
		6:00pm – 7:00pm	Opening Reception Please join us for an Opening Reception in the Exhibit Hall in the Valley of the Sun Ballroom

March 2, 2009

Track E – AAEM/JEM Competition

Camelback B			Assistant Pi
1:00pm - 5:30pm 5:30pm – 6:00pm 6:00pm – 7:00pm	AAEM/JEM Resident and Student Original Research Competition Moderator/Judge: Stephen Hayden, MD FAAEM Professor of Clinical Medicine, Department of Emergency Medicine, UCSD Medical Center, San Diego, CA; Editor-in-Chief, Journal of Emergency Medicine Judges: Howard Blumstein, MD FAAEM Wake Forest University School of Medicine, Emergency Department Robert McNamara, MD FAAEM Professor and Chairman, Department of Emergency Medicine, Temple University School of Medicine, Philadelphia, PA David Slattery, MD FAAEM Nathan Shapiro, MD MPH FAAEM Research Director, Department of Emergency Medicine, Beth Israel Deaconess Medical Center, Boston, MA Awards Presentations Opening Reception Please join us for an Opening Reception in the Exhibit Hall in the Valley of the Sun Ballroom	9:00am - 9:30am	Assistant Pi Georgetown Emergency Learning 1. Review differe 2. Using plan o phary 3. Review 4. Review treatn How To Avo Findings Daniel Luga Medical Tox Control Cen Learning 1. Discus emerg 2. Review radiog high r claims
			3. Demoi comm
March 3, 2009 Track A – Ration Encanto A	al Approach to Common Problems	9:30am - 10:00am	Am I Treati Correctly? Andrew Joh Academic C Medicine, N
8:00am - 8:30am	Headache: How Not to Miss Bad Things J. Stephen Huff, MD FAAEM Department of Emergency Medicine, University of	10:00am – 10:30am	Break – Pl Valley of th
	 Virginia Learning Objectives 1. Review red flag warning symptoms for patient with acute headache. 2. Understand uses and limitations of physical 	10:30am - 11:00am	Can I Make Frank Dos S SUNY MARI Wood Johns Medicine Re

- examination in evaluation of patient with headache. 3. Delineate and review "don't miss" headache
- diagnoses.
- 4. Discuss when to obtain advanced neuroimaging and consultation.
- 5. Describe utility of lumbar puncture in evaluation of patient with headache.

8:30am - 9:00am	 What Really Helps a Sore Throat? Kevin Reed, MD FAAEM Assistant Professor of Emergency Medicine, Georgetown University and Washington Hospital Center Emergency Medicine Residency Program Learning Objectives 1. Review the incidence of strep pharyngitis in different populations. 2. Using evidenced based approach, formulate plan of care for diagnosing or ruling out strep pharyngitis. 3. Review efficacy of steroids in treating pharyngitis 4. Review the role of NSAIDS, Tylenol and alternative treatments in pharyngitis.
9:00am - 9:30am	 How To Avoid Missing Common Radiographic Findings Daniel Lugassy, MD Medical Toxicology Fellow, New York City Poison Control Center, New York University School of Medicine Learning Objectives 1. Discuss which common radiographic findings in emergency medicine are missed. 2. Review five critical commonly missed radiographic findings that are associated with a high risk of morbidity, mortality, and malpractice claims. 3. Demonstrate techniques to avoid missing these common radiographic findings and others.
9:30am - 10:00am	Am I Treating Simple Orthopedic Problems Correctly? Andrew Johnson, MD FAAEM Academic Chairman, Department of Emergency Medicine, Naval Medical Center Portsmouth
10:00am – 10:30am	Break – Please visit Exhibitors & Photos in the Valley of the Sun Ballroom
10:30am - 11:00am	Can I Make Sinusitis Better? Frank Dos Santos, DO <i>SUNY MARITIME US NAVY; Clinical Instructor Robert</i> <i>Wood Johnson Medical School; EMS/Fellow Disaster</i> <i>Medicine Robert Wood Johnson Medical School</i> Learning Objectives 1. Current diagnostic and imaging for sinusitis. 2. Current antibiotic selection for sinusits. 3. Over the counter medications for sinusits review.

11:00am - 11:30am	"Hypertensive Urgency" When the Consultant is More Symptomatic than the Patient Robert Rogers, MD FAAEM FACP <i>Assistant Professor of Emergency Medicine and</i> <i>Medicine, Director of Undergraduate Medical Education</i> <i>Department of Emergency Medicine, The University of</i> <i>Maryland School of Medicine, Baltimore, MD</i>	3:30pm - 4:00pm	What Murmurs Can't I Miss? Stuart Swadron, MD FAAEM Vice-Chair of Education and Residency Program Director, Department of Emergency Medicine, Los Angeles County/USC Medical Center; Associate Professor, Keck School of Medicine, University of Southern California
	 Describe common pitfalls in evaluating and treating hypertension in the ED. Describe a safe and effective approach to the hypertensive patient. Utilize the "ED Hypertension" algorithm in clinical practice. 	4:00pm - 4:30pm	Can I Make Bronchitis Better? Chandra Aubin, MD Assistant Professor, Assistant Residency Director, Emergency Medicine, Washington University School of Medicine Learning Objectives
11:30am - 12:00pm	 Am I Treating Simple Wounds Correctly? Carey Chisholm, MD FAAEM Professor of Emergency Medicine, EM Residency Director, Indiana University School of Medicine Learning Objectives 1. Identify the five steps for caring for an ED patient with a laceration. 2. Identify the five medico-legal pitfalls associated with wound care in the ED. 3. Identify the five situations in which antimicrobials should always BE CONSIDERED when caring for an ED patient with a wound. 4. Identify the five unusual organisms that you must think about in selected ED wounds. 	4:30pm - 5:00pm	 Improve physician knowledge of current recommendations for treatment of acute bronchitis, discuss other differential diagnoses in patients with acute cough. Identify which patient groups might benefit from antibiotic of inhaled beta agonist therapy. Identify therapeutic options for symptom management. Emphasize the encouragement of smoking cessation in patients with bronchitis. Identify patient groups that might have other causes of acute cough or underlying early chronic lung disease. Can I Make Conjunctivitis Better?
12:00pm – 2:30pm 2:30pm - 3:00pm	 5. Identify the five most valuable wound closure options in the ED. Lunch and Annual Business Meeting What's New in Treating GI Bleeding? Stuart Swadron, MD FAAEM Vice-Chair of Education and Residency Program 	4.50pm - 5.00pm	Nounou Taleghani, MD PhD FAAEM Assistant Professor of Emergency Medicine, Director Special Projects, Academic Affairs, Weill Medical College of Cornell University; New York Presbyterian Hospital Learning Objectives 1. Differential diagnosis of the red eye.
	Director, Department of Emergency Medicine, Los		Overview of different types of conjunctvitis.
	Angeles County/USC Medical Center; Associate Professor, Keck School of Medicine, University of Southern California	5:00pm - 5:30pm	Saving Time and Money: Point of Care Testing David Levy, DO FAAEM Chairman, Department of Emergency Medicine, St. Elizabeth Health Center; Associate Professor of

Track B – Point-Counterpoint		9:30am - 10:15am	Codeine is a Useless Drug
Encanto B			Laurence Raney, MD FAAEM (Con) Associate Professor of Emergency Medicine, Division
8:00am - 8:45am	 Ibuprofen is Better than Acetaminophen for Acute Musculoskeletal Pain? Andrew Perron, MD (Pro) Professor and Residency Program Director, Department of Emergency Medicine, Maine Medical Center, Portland, ME Learning Objective 1. Understand the difference between the analgesic and anti-inflammatory dosages of NSAIDs. 2. Be able to list the absolute and relative contraindications of NSAIDs. 3. Understand the relative benefits of NSAIDs and Acetaminophen in acute pain. Laurence Raney, MD FAAEM (Con) Associate Professor of Emergency Medicine, Division Chief of Emergency Medicine, Medical University of South Carolina Learning Objectives 1. Know the analgesic ceiling for ibuprofen. 2. Realize that at the lower doses ibuprofen is very safe. 		 Associate Professor of Emergency Medicine, Division Chief of Emergency Medicine, Medical University of South Carolina Learning Objectives Codeine is, in fact, morphine methyl ether. Codeine's main analgesic effects come from conversion to morphine. A significant portion of the population can't convert to morphine, so have only side-effect and limited analgesia. Kevin Reed, MD FAAEM (Pro) Assistant Professor of Emergency Medicine, Georgetown University and Washington Hospital Center Emergency Medicine Residency Program Learning Objectives Review the basic pharmacology of codeine to understand why certain patients are affected differently by this drug. Review the literature regarding the use of codeine for common complaints presenting in the acute care setting. Formulate a plan of care for treating acute or
8:45am - 9:30am	Preparation for CBRNE: Did We Get What We Paid For? Michael Allswede, DO (Pro)	10:15am – 10:30am	chronic pain during your next patient encounter. Break – Please visit Exhibitors & Photos in the Valley of the Sun Ballroom
	 Program Director, Emergency Medicine Residency, Conemaugh Memorial Medical Center, Johnstown, PA Learning Objectives 1. Understand medical-economic limitations for healthcare systems. 2. Understand educational gaps and capability lapses in medical system disaster response. Paul Pepe, MD (Con) Professor of Medicine, Surgery, Pediatrics, Public Health and Chair, Emergency Medicine, The University of Texas Southwestern Medical Center and the Parkland Health and Hospital System; City of Dallas Director of Medical Emergency Services for Public Safety, Public Health and Homeland Security, Dallas, TX Learning Objectives 1. Appreciate the numerous reasons for the growing magnitude and frequency of disasters and other threats to public health and public well-being. 2. Understand the reasons why we remain relatively unprepared for future threats. 3. Appreciate some the training solutions that may help to mitigate much of this lack of preparedness. 4. Recognize some of the mistakes of the past in terms of funding targets for homeland security. 	10:30am - 11:15am	 Low-Volume Resuscitation is a Valuable Tool Michael Klevens, MD FAAEM (Con) Learning Objectives Understand trauma resusciation. Understand the limitations and benefits of permissive hypotension. Paul Pepe, MD (Pro) Professor of Medicine, Surgery, Pediatrics, Public Health and Chair, Emergency Medicine, The University of Texas Southwestern Medical Center and the Parkland Health and Hospital System; City of Dallas Director of Medical Emergency Services for Public Safety, Public Health and Homeland Security, Dallas, TX Learning Objectives Understand the original rationale for fluid resuscitation in post-traumatic hemorrhage. Recognize the potential problem with providing rapid fluid resuscitation in the scenario of uncontrollable hemmorrhage. Appreciate the pros and cons of fluid resuscitation in penetrating torso injury versus isolated traumatic blunt head injury. Discuss the pros and cons of some of the proposed fluid infusions for post-traumatic hemorrhage.

11:15am - 12:00pm	 Etomidate is Obsolete Dave Crippen, MD FCCM (Con) Associate Professor, University of Pittsburgh Medical Center; Department of Critical Care Medicine, Medical Director-Neurovascular Critical Care, Pittsburgh, PA Learning Objectives 1. Understand the rational use of Etomidate as it pertains to titrated sedation in the ICU. Gary Gaddis, MD FAAEM (Pro) St. Luke's/Missouri Endowed Chair for Emergency Medicine, St. Luke's Hospital of Kansas City; The University of Missouri-Kansas City School of Medicine Learning Objectives 1. The audience will become knowledgeable regarding key aspects of the pharmacology of etomidate, and of other sedative agents. 2. The audience will become aware of the relative advantages and disadvantages of etomidate, as compared to other sedative agents available to emergency physicians. 3. The ability of the audience members to rationally choose a sedative agent for various emergency department indications will be enhanced. 	3:15pm - 4:00pm	 Triple-Rule-Out CT Should be Standard in At-Risk Chest Pain Patients Bart Besinger, MD FAAEM (Con) Assistant Professor of Emergency Medicine, Associate Director, Medical Student Clerkship, Department of Emergency Medicine, Indiana University School of Medicine Learning Objectives 1. Discuss limitations of the Triple Rule Out CT. 2. Discuss risks of the Triple Rule Out CT. Jacob Ufberg, MD FAAEM (Pro) Assoc. Professor and Residency Director, Temple University Hospital, Philadelphia, PA Learning Objectives 1. Participants will understand the test characteristics of triple rule out CT. 2. Participants will understand how triple rule out CT compares to current testing strategies for chest pain. 4. Participants will understand how much radiation is imparted by a triple rule out CT.
12:00pm – 2:30pm 2:30pm - 3:15pm	 Lunch and Annual Business Meeting Early Goal-Directed Therapy Saves Time and Money Alan Jones, MD (Con) Assistant Director of Research, Director, EM Critical Care Services Learning Objectives 1. Understand Clinical Rational for EGDT. 2. Learn about resources needed to perform EGDT. 3. Know cost implications associated with EGDT. Nathan Shapiro, MD FAAEM (Pro) Research Director, Department of Emergency Medicine, Beth Israel Deaconess Medical Center, Boston, MA Learning Objectives 1. To discuss the benefits of sepsis resuscitation protocol. 2. To discuss the cost-benefit of this protocol. 	4:00pm - 4:45pm	 All Fire Victims Should Get the Cyanokit Michael LeWitt, MD MPH FAAEM (Con) Core Faculty, Emergency Medicine Residency, Conemaugh Valley Memorial Hospital, Johnstown, PA Daniel Lugassy, MD (Pro) Medical Toxicology Fellow, New York City Poison Control Center, New York University School of Medicine Learning Objectives 1. Discuss the features of cyanide toxicity. 2. Understand the pathophysiology of cyanide poisoning. 3. Identify why fire victims are at risk for cyanide poisoning. 4. Provide evidence for the use of the Cyanokit in all fire victims.

4:45pm -	5:30pm	 Helicopters Save Lives Eric Bruno, MD FAAEM (Pro) <i>Clinical Assistant Professor of Emergency Medicine,</i> <i>Pennsylvania State University College of Medicine,</i> <i>Lehigh Valley Emergency Medicine Residency</i> Learning Objectives 1. To advocate for appropriate use of aero medical transportation. 2. To emphasize protocol adherence to improve aero medical transportation safety. Carey Chisholm, MD FAAEM (Con) <i>Professor of Emergency Medicine, EM Residency</i> <i>Director, Indiana University School of Medicine</i> Learning Objectives 1. Raise serious safety issues surrounding the 			10:00am	 Pain Control and Sedation: No Longer Just an Option Jim Ducharme, MD Clinical Professor of Medicine, McMaster University; VP Medical Services, MedEmerg International Learning Objectives Discuss pain control both during and after painful procedures in the ED. Review The Joint Council impact on ED pain practice. Discuss the disconnect between patient desires and physician expectations with respect to pain medication. Identify how to better meet a patient's pain needs.
Track C - Deer Valle	– Pediatri	 current aero-medical industry. 2. Present data about the inappropriate utilization of helicopter transport. 3. Present data about the lack of outcomes data fro patients transported by helicopter. 4. Outline specific safety features for medical helicopter use. 	10:00)am	- 11:00am	Pediatric Psychiatric Emergencies Karen Santucci, MD FAAP Associate Professor of Pediatrics, Yale University School of Medicine; Medical Director, Pediatric Emergency Medicine Yale-New Haven Children's Hospital Learning Objectives 1. Participants should be able to differentiate varying degrees of urgency as they relate to behavioral health issues and classify and
8:00am - 9		 Which Child with a Head Injury Really Needs a CT Scan? Andrea Marmor, MD Assistant Clinical Professor, Pediatrics, University of California, San Francisco, San Francisco General Hospital Learning Objectives Become familiar with recent evidence regarding algorithms for selective CT scans in children with minor head trauma. Know historical and clinical factors associated with clinically significant intracranial injury in children with minor head trauma. Quantify the risks of cancer after head CT in 				 recognize escalating behavior within the emergency department. 2. Participants should be able to differentiate between organic and psychiatric causes of psychosis, depression and other mood disturbances. 3. Participants should be able to incorporate concrete tools into their practice to aide in the assessment and disposition planning for adolescent suicide attempters presenting to the emergency department. 4. Participants should be able to make an informed decision about the appropriate medication to use acutely for escalating behavior in the emergency department.
		 children of different ages. 4. Apply a selective approach to CT scan in children with minor head trauma which will minimize unnecessary radiation while identifying children with clinically significant intracranial injury. 5. Identify children who can be safely observed or discharged without CT scan after minor head 	11:00	am	- 12:00pm	Special Needs Kids: What Am I Missing? Melanie Heniff, MD FAAEM FAAP Clarian Arnett Hospital, Lafayette, IN; Methodist Hospital, Indianapolis, IN; Witham Memorial Hospital, Lebanon, IN; Volunteer Clinical Faculty, Indiana University EM Residency
		trauma.	12:00)pm	– 2:30pm	Lunch and Annual Business Meeting

Track C – Miscellany		Track D – Managing Trauma in a Non-Trauma Center		
Deer Valley		Paradise Valley		
2:30pm - 3:30pm	Ask the Experts: Medico - Legal Panel Larry Weiss, MD JD FAAEM Professor of Emergency Medicine, University of Maryland School of Medicine Joseph Wood, MD JD FAAEM Vice-Chair Emergency Department, Mayo Clinic,	8:00am - 9:00am	Farm-Related Trauma: What Should I Expect? Bart Besinger, MD FAAEM Assistant Professor of Emergency Medicine, Associate Director, Medical Student Clerkship, Department of Emergency Medicine, Indiana University School of Medicine	
	 Arizona Learning Objectives 1. Participants will understand recent developments in EMTALA. 2. The speakers will review the current state of litigation of corporate practice of medicine. 3. The speakers will review recent developments in 		 Learning Objectives Identify trauma scenarios commonly encountered in agriculture. Discuss emergency department management of crush and amputation injuries. Discuss some common farm related chemical and biological exposures. 	
 state tort reform. 3:30pm - 4:30pm Joseph Lex, MD FAAEM Associate Professor, Department of Emergency Medicine, Temple University School of Medicine, Philadelphia, PA Learning Objectives 1. List new drugs that have been approved for use in the US by the FDA during calendar year 2008 and explain their potential use for emergency practitioners. Describe the potential role of romiplostim in treating patients with Immune Thrombocytopenic Purpura (ITP). Discuss the potential role of methylnaltrexone in treating patients with opioid-induced constipation. 4:30pm - 5:30pm Care of the Arab-Muslim Patient 	9:00am - 10:00am 10:00am - 10:15am	Motorcycle Crash: What Should I Expect Based on the Type of Bike Dave Crippen, MD FCCM Associate Professor, University of Pittsburgh Medical Center; Department of Critical Care Medicine, Medical Director-Neurovascular Critical Care, Pittsburgh, PA Learning Objectives 1. Understand the nature of motorcycle related trauma as it pertains to different motorcycle cultures. Break – Please visit Exhibitors & Photos in the Valley of the Sun Ballroom ATLS: Where Do I Deviate from the Plan?		
	 Discuss the potential role of methylnaltrexone in treating patients with opioid-induced constipation. 		Alon Duby, MD MBBCh FRCSEd FFAEM Surgeon Commander, Royal Navy; Consultant in Emergency Medicine, Warwickshire, UK; UK Medical Consultant, Royal Caribbean Cruise Lines Learning Objectives	
			 Inform about the role of ATLS training and its limitations. Describe new realms of emergency medicine beyond the scope of current ATLS teaching. 	
	exist when caring for Arab and Muslim American patients.	11:00am - 12:00pm	Should I Just Pan-Scan Everyone? Michael Epter, DO FAAEM	
	2. Understand the impact of fasting on health and	12:00pm – 2:30pm	Lunch and Annual Business Meeting	
	nutrition. 3. Understand female cultural norms and the impact on patient care. 4. Recognize the need for interpreters that are not related to the patient and that are of the same sex. 5. Remove misperceptions about Arab and Muslim American patients.	2:30pm - 3:30pm	What Should I Do When the Bleeding Won't Stop? Kevin Rodgers, MD FAAEM Professor of Clinical Emergency Medicine and Co- Program Director, Emergency Medicine Residency, Indiana University	

3:30pm - 4:30pm	 Which Orthopedic Injuries are Time-Sensitive? James Webley, MD FAAEM Clinical Assistant Professor, Michigan State University; College of Osteopathic Medicine, Genesys Regional Medical Center, Grand Blanc, MI Learning Objectives 1. The participant will learn to recognize the circumstances under which several orthopedic emergencies occur that require prompt intervention. 2. The participant will learn to recognize how ischemia plays a role in each of these orthopedic emergencies. 3. Literature will be reviewed in order to elucidate how it affects the practice of both the emergency physician and orthopedist. 4. The participant will learn the treatment modalities most likely to optimize patient outcomes. 	11:30am - 12:00pm	 Lobbying Your Legislature Kevin Beier, MD FAAEM Chairman, Department of Emergency Medicine, Middle Tennessee Medical Center, Murfreesboro, TN Learning Objectives Understanding the legislative process. How to affect the legislative process. Kathleen Ream Director, Government Affairs, AAEM Learning Objectives Apply the principles of advocacy to a practical political situation. Identify two examples of what not to do when building a relationship with your legislators. Heighten the audience's awareness of the important role that grassroots activities play in public policy decision-making. Increase the knowledge base of the audience.
4:30pm - 5:30pm	Kids and Old Folks: How Do I Manage Differently? Richard Martin, MD FAAEM		5. Describe the relationship-building phases in a legislative advocacy program.
	Assistant Professor, Department of Emergency Medicine, Temple University Hospital	12:00pm – 2:30pm	Lunch and Annual Business Meeting
		2:30pm - 3:15pm	Becoming a Leader in Academic EM
Track E – Leaders	hip Workshop (Invitation Only)		Stephen Hayden, MD FAAEM Professor of Clinical Medicine, Department of
Alhambra			Emergency Medicine, UCSD Medical Center, San Diego,
8:00am - 9:30am	The History and Current State of EM Robert McNamara, MD FAAEM		CA; Editor-in-Chief, Journal of Emergency Medicine
10:00am – 10:15am	Break – Please visit Exhibitors & Photos in the Valley of the Sun Ballroom	3:15pm - 3:45pm	Organizing EM Residents Megan Boysen, MD Resident, UC Irvine Medical Center, Department of
9:45am - 10:15am	The Qualities of an Effective Leader William T. Durkin, Jr., MD MBA FAAEM <i>President, William T. Durkin, Jr., MD, Inc.</i>		Emergency Medicine Mark Reiter, MD MBA FAAEM Attending Physician, Director of Medical Student Education, St. Luke's Hospital (Bethlehem, PA); Clinical
10:15am - 11:15am	Emergency Physician Advocacy Larry Weiss, MD JD FAAEM Professor of Emergency Medicine, University of		Assistant Professor of Emergency Medicine, Temple University Hospital (Philadelphia, PA) Learning Objectives
	Maryland School of Medicine Learning Objectives 1. The speaker will describe common threats to		 Discuss leadership development for EM residents. Introduce EM residents to leadership opportunities.
	 the practice rights of emergency physicians, and how AAEM advocates in this area. 2. Participants will understand the importance of advocacy in support of the academic integrity of emergency medicine. 3. Participants will understand how illegal practice models threaten the professional integrity of emergency medicine. 	3:45pm - 4:15pm	Organizing Students Michael Ybarra, MD <i>Resident, Georgetown University, Washington Hospital</i> <i>Center</i> Learning Objectives 1. History of the Medical Student Council. 2. Building a grassroots organization. 3. Developing leaders. 4. Improving communication. 5. Getting the most out of membership.

4:15pm - 4:45pm	State Chapter Development Andrew Mayer, MD FAAEM AAEM Board of Directors, Member at Large; Chairperson, AAEM State Chapter Committee	11:00am - 12:00pm	Emergency Medicine Orthopedic Pearls Michelle Lin, MD FAAEM Associate Program Director, UCSF-SFGH Emergency Medicine Residency; Assistant Clinical Professor of Emergency Medicine, UCSF San Francisco General	
4:45pm - 5:30pm	Public Speaking Stephen Hayden, MD FAAEM Professor of Clinical Medicine, Department of Emergency Medicine, UCSD Medical Center, San Diego, CA; Editor-in-Chief, Journal of Emergency Medicine		 Hospital Learning Objectives 1. Name common high-risk traumatic injuries which are easily missed on plain x-rays. 2. Identify subtle fractures in the pelvis and extremities on plain films. 3. Understand the limitations of x-rays in identifying 	
Track F – Resider	it Track		traumatic pathology.	
Camelback B				
8:00am - 9:00am	Your EM Job Search	March 4, 2009		
	Barbara Katz Learning Objectives	Track A – Specific Clinical Questions		
	1. Ability to create an effective job-search profile.	Encanto A		
	 Ability to effectively search out strong job opportunities. Ability to evaluate and rank job opportunities. Ability to make professional initial contact. Ability to evaluate initial contact and make decisions. 	8:00am - 8:30am	Is Post-Resuscitation Cooling the Standard of Care? Eric Bruno, MD FAAEM Clinical Assistant Professor of Emergency Medicine, Pennsylvania State University College of Medicine, Lehigh Valley Emergency Medicine Residency	
9:00am - 10:00am	Lethal Toxicology Fermin Barrueto, MD FAAEM FACEP <i>Clinical Assistant Professor, Dept of Emergency</i> <i>Medicine, University of Maryland School of Medicine;</i> <i>Chair, Department of Emergency Medicine, Upper</i> <i>Chesapeake Health Systems</i> Learning Objectives 1. Devices for the field of		 Learning Objectives To demonstrate when induced hypothermia is appropriate. To describe limitations of induced hypothermia. To suggest that induced hypothermia is standard of care in some instances. To describe the procedure of induced hypothermia. 	
10:00am - 11:00am	 Review four landmark articles in the field of toxicology. Discuss and understand the content of these articles. Apply what has been learned to clinical Emergency Medicine practice. Medical Malpractice Joseph Wood, MD JD FAAEM Vice-Chair Emergency Department, Mayo Clinic, Arizona 	8:30am - 9:00am	 What Hypertensive Patient Needs A Workup for End Organ Damage? Robert Rogers, MD FAAEM FACP Assistant Professor of Emergency Medicine and Medicine, Director of Undergraduate Medical Education Department of Emergency Medicine, The University of Maryland School of Medicine, Baltimore, MD Learning Objectives 1. Discuss which hypertensive patients need an emergency department work up for end organ damage. 2. Discuss the relationship between hypertension 	
		9:00am - 9:30am	and patient symptoms. Is Ketorolac Actually Good for Anything? Andrew Johnson, MD FAAEM Academic Chairman, Department of Emergency	
			Medicine, Naval Medical Center Portsmouth	

March 4, 2009

9:30am - 10:00am	 What antibiotic can I Safely Give to my Penicillin Allergic Patient? Frank Dos Santos, DO SUNY MARITIME US NAVY; Clinical Instructor Robert Wood Johnson Medical School; EMS/Fellow Disaster Medicine Robert Wood Johnson Medical School Learning Objectives 1. Beta Lacatm class review. 2. Types of drug allergies. 3. Incidence of cross reaction allergies with cephalosporins and penicillin. 	Track B – Geriatr <i>Encanto B</i> 8:00am - 9:00am 9:00am - 10:00am	ics in the Emergency Department Non-Specific Abdominal Pain: What's the Worry? Robert McNamara, MD FAAEM How Can I Treat Grandma's Pain Without Hurting Her? Stephen Playe, MD Learning Objectives 1. The attendee will be able to define the experience called "pain."
10:00am - 10:30am	Should Every Patient with a STD get RPR and HIV Testing in the ED? Chandra Aubin, MD RDMS Assistant Professor, Assistant Residency Director, Emergency Medicine, Washington University School of Medicine Learning Objectives 1. Review current CDC recommendations for treatment of common STDs, prevalence of STDs by location.	10:00am - 11:00am	 2. The attendee will be able to classify pain into one of four categories. 3. The attendee will be able to compare and contrast the methods of treating different types of pain. 4. The attendee will be able to discuss special geriatric considerations in pain management. 5. The attendee will be able to describe barriers to effective pain management. Does a Living Will Equal DNR?
	 Review current CDC recommendations for HIV screening. Review presentations patterns of syphilis and when to test in asymptomatic patients. Discuss rationale for deciding whether screening tests are indicated in your population. 	10.00am - 11.00am	Fred Mirarchi, DO FAAEM Medical & Operations Director, Department of Emergency Medicine, Hamot Medical Center Learning Objectives 1. Know and understand the difference between a living will & DNR order.
10:30am - 11:00am	Does IV Lorazepam Prevent the Next Seizure? Ben Wedro, MD FAAEM <i>Department of Emergency Medicine, Gundersen Clinic,</i> <i>La Crosse, Wisconsin</i> Learning Objectives 1. Understand different etiologies of seizure.		 Understanding current patient safety implication with respect to the provision of emergency medical care and the presence of a living will. Define and understand the difference between an effective vs. an enacted living will. Review relevant case examples.
	 Understand different therapeutic interventions that may be considered. Have information to decide whether lorazepam is a reasonable initial therapeutic alternative to consider in the treatment of an initial seizure and the prevention of a second seizure in close temporal relationship. 	11:00am - 12:00pm	How Do I avoid Poisoning Grandma? Kevin Terrell, DO Indiana University Department of Emergency Medicine, IU Center for Aging Research, Regenstrief Institute for Health Care Learning Objectives 1. Discuss why prescribing to older adults is
11:00am - 12:00pm	 Tricks of the Trade: Making Your Life Easier (and Your Patient Care Better) Michelle Lin, MD FAAEM Associate Program Director, UCSF-SFGH Emergency Medicine Residency; Assistant Clinical Professor of Emergency Medicine, UCSF San Francisco General Hospital Learning Objectives 1. List alternative techniques in wound closure and splinting. 2. Understand alternative approaches to common procedures in the emergency department. 		 different. 2. Discuss the impact of renal insufficiency on prescribing. 3. Make cases for generally avoiding: Drugs on Beers list of medications to avoid in seniors; NSAIDs; Benzodiazepines; Medications with anticholinergic properties; and Certain opioids. 4. Strategies to avoid common drug interactions. 5. Discuss strategies to manage pain in seniors more effectively and safely.

March 4, 2009

Track C – Mid-Ca	reer Changes and Career Extenders	10:30am - 11:00am	Occupational Medicine
Deer Valley			Michael LeWitt, MD MPH FAAEM Core Faculty, Emergency Medicine Residency,
8:00am - 8:30am	Going from the Community to the University Richard Martin, MD FAAEM Assistant Professor, Department of Emergency Medicine, Temple University Hospital		 Conemaugh Valley Memorial Hospital, Johnstown, PA Learning Objectives 1. Understand what is occupational medicine. 2. Identify resources to obtain further training in
8:30am - 9:00am	Heading Out to Sea - Cruise Ship Medicine Alon Duby, MD MBBCh FRCSEd FFAEM Surgeon Commander, Royal Navy; Consultant in Emergency Medicine, Warwickshire, UK; UK Medical Consultant, Royal Caribbean Cruise Lines Learning Objectives 1. An introduction to the specialty of Cruise Ship Emergency Medicine.	Track D – Manag Paradise Valley	 occupational medicine. 3. Identify other specialists in the field. 4. Identify aspects of occupational medicine related to emergency medicine. 5. Discuss career changes from EM to OM. sping Critical Patients in the Community ED
9:00am - 9:30am	Practicing EM in a Coat and Tie Ron Hellstern, MD FACEP AOA Graduate, University of Missouri School of Medicine Learning Objectives 1. To present some aspects of an EM career as both a clinician and a physician executive, managing partner and entreprenuer.	8:00am - 9:00am	Troubleshooting AICDs Jim Roberts, MD FAAEM Professor and Vice Chair, Dept Emergency Medicine, The Drexel University College of Medicine; Chair, Department of Emergency Medicine, Mercy Catholic Medical Center, Philadelphia, PA Learning Objectives 1. Become familiar with the workings of the AICD.
9:30am - 10:00am	Moving Behind the Camera - Becoming a Media Consultant Ben Wedro, MD FAAEM		 Understand risks and benefits. Discuss psychological aspects of AICD use. Discuss change in mortality with the device.
10:00am - 10:30am	 Department of Emergency Medicine, Gundersen Clinic, La Crosse, Wisconsin Learning Objectives 1. Participants will be learn to understand the information needs of media outlets and the timeliness of those needs. 2. Participants will learn of potential opportunity concepts. 3. Participants will learn of the benefits to the individual physician, the medical profession and the public health of the community. Going Overseas - Helping to Start a Medical School Nounou Taleghani, MD PhD FAAEM Assistant Professor of Emergency Medicine, Director Special Projects, Academic Affairs; Weill Medical College of Cornell University, New York Presbyterian Hospital Learning Objectives 1. What WCMC did in Qatar and how it compares to other endeavors by US medical schools overseas. 	9:00am - 10:00am	 Early Goal Directed Therapy - Lessons Learned in Community ED Implementation Michele Franklin, RN BSN Peter Greenwald, MD Learning Objectives 1. Understand the evidence supporting the use of EGDT/Quantitative resuscitation algorithms. A review of the recent literature. 2. Understand the mechanics of EGDT. We will review of EGDT, emphasizing central venous pressure (CVP) and central venous saturation (ScVO2) as targeted endpoints in a beside feedback loop. 3. Identifying and overcoming barriers to implementation. We will discuss by example, with emphasis on stakeholder analysis, institutional buy in, and team based approach, with discussion of physician and RN peer based feedback. Our specific experience and data from two years of practice will be presented. 4. Preparing for future directions. Ongoing studies will be discussed. Resource packets in electronic format will be provided for individuals planning on improving sepsis care in their home

institutions.

March 4, 2009

10:00am - 11:00am	The Ten Most Common Mistakes Made in Caring for Critical Patients in the ED	
	Peter DeBliuex, MD FAAEM	
	LSUHSC Professor of Clinical Medicine; LSUHSC-	
	MCLNO University Hospital Director of Emergency	
	Medicine Services; LSUHSC Emergency Medicine	
	Director of Faculty and Resident Development	
11:00am - 12:00pm	What Should I Do After the Patient Is Intubated?	
	Michael Winters, MD FAAEM	
	Assistant Professor of Emergency Medicine and	
	Medicine, Director, Critical Care Education, Co-Director,	
	Combined EM/IM/Critical Care Program, University of	
	Maryland School of Medicine, Baltimore, MD	
	Learning Objectives	
	1. Discuss the appropriate monitoring of the	
	intubated ED patient.	
	2. List recommended ventilator settings designed to	
	reduce the risk of ventilator-induced lung injury.	
	3. Define and describe the measurement of peak	
	pressure, plateau pressure, and auto-positive	
	end-expiratory pressure.	
	4. Identify supportive measures to decrease the	
	incidence of ventilator-associated pneumonia,	
	stress-related mucosal injury, deep venous	
	thrombosis, critical illness neuropathy and	
	oxygen toxicity.	

Hotel Accomodations

Sheraton Phoenix Downtown Hotel

340 North 3rd Street Phoenix, Arizona 85004 Phone: (866) 837-4213 Online Reservations: http://www.starwoodmeeting.com/Book/AAEM09 Reservation Deadline: January 13, 2009

AAEM encourages attendees to make reservations by this date. After January 13, 2009, regular room rates may apply and availability may not exist. Reservations should be made directly with the Sheraton Phoenix Downtown Hotel by either of the above listed telephone number or website.

Room Rates for a Single or Double Occupancy room are \$225.00 per nights, plus applicable state and local taxes.

Open Mic Sessions Available

Sign up for an Open Mic Session

AAEM will again feature the Open Mic Session, which is a unique opportunity for attendees who have always wanted to speak at a national meeting.

Tuesday, March 3, 2009, will feature an "open microphone" session in a 40-50 seat room at the Sheraton Phoenix Downtown Hotel. From 7:45am to 6:00pm (with a two-hour break for the annual business meeting and lunch from 12:00pm to 2:00pm), assembly attendees will have an opportunity to present a 25-minute lecture on any topic of their choosing.

The slots on the hour will be filled in advance by email. The slots on the halfhour will be filled on a "first-come, first-served" basis by signing up onsite. Consequently 16 "new voices" can be heard and evaluated by education committee members and conference attendees. The best speakers will be invited to give a formal presentation at the 2010 Scientific Assembly in Las Vegas, NV.

Speakers can choose any topic they wish. If they wish to distribute handouts, they can do so on their own. An LCD projector and screen will be available, so a presenter can give a computer-based presentation. Evaluation forms will be on hand for anyone who wishes to comment on what they've seen and heard.

This is not an educational track. There will be no quality control, no assigned topics, no pre-screening. There will be no CME for these sessions, and the speakers certainly shouldn't use this on their CVs as "invited guest lecturer."

Timing will be VERY strict. Four slots will be reserved for emergency medicine residents - two scheduled in advance and two scheduled onsite. The other 12 slots are open for medical professionals who have been looking for a means to break into the speaking circuit.

To sign up for an Open Mic time, please contact Kate Filipiak at kfilipiak@aaem.org or 800-884-2236.

AAEM Foundation Event

Watch for more details at www.aaem.org.

AAEM Photo Competition

The American Academy of Emergency Medicine seeks original photographs for presentation. Photographs of patients, pathology specimens, gram stains, EKG's and radiographic studies or other visual data may be submitted. Submissions should depict clear examples of findings that are relevant to the practice of emergency medicine or findings of unusual interest that have educational value.

Photos will be accepted until December 1, 2008. For official rules and submission guidelines please view the Call for Photographs brochure at www.aaem.org.

Conference Cancellation Policy

Refund requests must be submitted in writing one month prior to the event. A \$50 processing fee will be charged for all cancellations. All refunds will be processed after the meeting. No refunds will be granted if cancellation is received less than one month prior to the event or if deposit was designated as a donation to the Foundation. Special considerations will be given for health or family emergencies if requested in writing no later than 15 days after the last day of the meeting.



Registration Form

Print your n	ame below as you wish it to appear on your	badge.				
First Name	:					
	:			Degree (MD/D	00)	
Send addit	ional conference information to my	🗆 Home	\Box Institution	(address below)		
Institution:						
Address: _						
City:				State:	Zi	0:
				Fax:		
E-mail:						
I require:	☐ AMA PRA Category 1 Credit(s)™	Category 2	A AOA Credit	□ No Credit Necessary		
		Re	gistration Before	e January 13, 2009	Registration After Jar	uary 13, 2009
		۸۸	EM Momboro	Non AAEM Momboro	AAEM Mombor	Non AAEM Mombor

	AAEM Members	Non-AAEM Members	AAEM Member	Non-AAEM Member
Saturday, February 28, 2009 & Sunday, March 1, 2009				
Resuscitation For Emergency Physicians: The AAEM Course*	□\$300.00	□\$400.00	□\$400.00	□\$500.00
(2 day course) (8am-5pm)				
Sunday, March 1, 2009				
Advanced Ultrasound* (9am-4pm)	□\$350.00	□\$450.00	□\$450.00	□\$550.00
LLSA Review 2008*(1pm-5pm)	□\$195.00	□\$300.00	□ \$295.00	□\$400.00
Pediatric Emergencies: Children are not Little Adults*	□\$300.00	□\$400.00	□\$400.00	□\$500.00
(8am-5:30pm)	□ \$200.00 Residents		Signature \$300.00 Residents	
USAAEM Pre-conference: Emerging Trends in Ultrasound and	□ Free to	□\$75.00	🗆 Free to	□\$150.00
Trauma Care* (1pm-6pm)	USAAEM Members		USAAEM Members	
	Residents		Residents	
	□ Students		□ Students	

* Some of these activities are held concurrently. Due to their hands-on format, registration in each of the pre-conference courses is limited.

Monday, March 2, 2009 - Wednesday, March 4, 2009	Required Refundable Deposit for AAEM Members	Registration Fee for Non-AAEM Members
General Assembly Registration	□ \$200.00**	□ \$395.00
AAEM/RSA Resident Member	□ \$100.00**	□ \$100.00***
AAEM/RSA Student Member	□ \$50.00**/*** □ I am attending the Scientific Assembly only. □ I am attending the Strudent Track only (Sunday, March 1) □ I am attending both the Scientific Assembly and the Student Track	□ \$100.00*** □ I am attending the Scientific Assembly only. I am attending the Strudent Track only (Sunday, March 1) □ I am attending both the Scientific Assembly and the Student Track
Allied Health Professional		□ \$200.00

** Required deposit for all AAEM members. You will have the option now or onsite of donating this refund to the AAEM Foundation. Otherwise, deposits paid by credit card will be automatically credited to the same account number. Deposits paid by check will be paid back by check, made payable to the institution or person issuing the original deposit.

*** All resident and student non-member registration fees and student free member registration fees will go towards the 2009-2010 AAEM/RSA membership dues.

□ I would like to donate my deposit to the AAEM Foundation.

Method of Payment (check one): 🛛 Check	□ VISA	MasterCard	
Card Number:			Expiration Date:
Cardholder Name:			
Signature:			

□ Please send me information about becoming a member of □ AAEM □ AAEM/RSA

Return completed form with appropriate payment to:

15th Annual Scientific Assembly, American Academy of Emergency Medicine 555 East Wells Street, Suite 1100, Milwaukee, WI 53202 or fax it to : (414) 276-3349

For more information, call (800) 884-2236, or email info@aaem.org To register online, go to www.aaem.org **Please Note:** On occasion, an AAEM photographer or videographer may take photos/videos at the 15th Annual Scientific Assembly of attendees who are participating in sessions, functions and/or activities. Please be aware that these photos/videos are for AAEM use only and may appear in AAEM conference brochures, programs, publications, the AAEM Web site or other AAEM materials. Your attendance at the conference constitutes your permission and consent for this photography.





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