

PRELIMINARY PROGRAM



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18TH ANNUAL **SCIENTIFIC ASSEMBLY** FEBRUARY 8-10, 2012

HOTEL DEL CORONADO  SAN DIEGO



The American Academy of Emergency Medicine (AAEM) is *the* specialty society of emergency medicine. A democratic organization with more than 6,000 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.

18th Annual American Academy of Emergency Medicine Scientific Assembly

On behalf of the Education Committee, the American Academy of Emergency Medicine (AAEM) invites you to attend the premier event in emergency medicine for clinicians – the 18th Annual Scientific Assembly! The venue for Scientific Assembly is at the timeless Hotel del Coronado in San Diego, CA, from Wednesday, February 8th – Friday, February 10th, 2012.

The 2012 conference will begin with an outstanding plenary session entitled, “*Everyday Leadership: Secrets of Great Minds through the Ages*” by Dr. Amal Mattu, MD FAAEM. The membership will have the privilege of hearing one of the premier speakers in emergency medicine discuss those qualities and characteristics of truly extraordinary leaders and the importance that effective leadership skills play in optimizing success in all walks of life – whether one aspires to being a successful emergency physician, spouse and parent, or succeeding as a national leader.

Six additional plenary sessions given by preeminent speakers will be featured throughout the conference on the following topics:

- *Updates in Toxicology* – Richard Shih, MD FAAEM
- *Updates in Trauma* – Swaminatha Mahadevan, MD FAAEM
- *Updates in Critical Care* – Peter DeBlieux, MD FAAEM
- *Updates in Infectious Disease* – David Talan, MD FAAEM
- *Updates in Pediatrics* – Ghazala Sharieff, MD FAAEM FAAP
- *Updates in Neurology* – featuring a special joint session led by internationally acclaimed hosts of EM: RAP – Mel Herbert, MD FAAEM, and Stuart Swadron, MD FAAEM.

Day 2 will kick off with a brand new session entitled, “*Ask the Experts.*” This unique, innovative session is designed to have session panelists presented a challenging case with an increasing amount of information given. In this way, attendees will be able to witness the thought process of how content experts including Peter DeBlieux, MD FAAEM, Corey Slovis, MD FAAEM, and Stuart Swadron, MD FAAEM, approach and solve cases in critical care, cardiology and neurology, respectively.

In keeping with the spirit of providing attendees a cutting edge conference, with up to date, results oriented and clinically relevant didactic sessions, the tracks for 2012 include:

- Managing Critical Patients
- Controversies in Emergency Imaging
- Rational Approaches to Common Problems
- Keeping Up with the Boomers – Geriatric Emergencies
- What’s Going On with My Little One? – Pediatric Emergencies
- Where’s the Literature to Support This?
- When the Shift Hits the Fan – Cringe Inducing Triage Notes!
- Point – Counterpoint Debate
- Clinical Questions – Answered!
- Nuts and Bolts of Emergency Medicine Practice
- Talks You Can’t Miss!

Other highlights for 2012 include:

February 6th & 7th Preconference Courses

- Resuscitation for Emergency Physicians: The AAEM Course
- Advanced Obstetrics Simulation Course
- Pediatric Emergencies: Children are Not Little Adults
- This Won’t Hurt a Bit! Regional Anesthesia for the ED
- Introductory/Advanced Ultrasound Workshops
- (Pediatric Emergency Department Simulation – (PEDS) Procedure Lab
- Update on Humanitarian and Disaster Relief Missions – Bringing Military Experience to You

- Practice Management Bootcamp
- 2011 LLSA Review Course
- Wellness for the Emergency Physician
- Student Track

February 8th

- AAEM/JEM Resident and Student Research Competition
- “Unconference It” – Joseph Lex, Jr., MD FAAEM
 - Participants will download an audio (mp3) file prior to the conference about the new antiplatelet and anticoagulant drugs prasugrel, dabigatran, ticagrelor, rivaroxaban, and apixaban. During the session, Dr. Lex will lead a Q&A generated by the talk.

February 9th

- The Best of Morbidity and Mortality
 - Presentation of selected cases by EM faculty with a focus on identifying cognitive errors (biases, failed heuristics, and failures in perception) and improving patient safety.
- Open Mic Presentations
 - Annual session sponsored by the Young Physicians Section of AAEM to encourage AAEM members the opportunity to expound on a cutting edge topic at their own Assembly by presenting a 25-minute lecture on a topic of their choosing. The top two speakers will be invited to give a formal presentation at the 2013 Scientific Assembly in Las Vegas, NV.
- Emergency Medicine Photo Contest

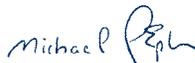
February 10th

- RSA – YPS Track
- Resident In Service Review

If you thought it can’t get any better than this – IT CAN! If you sign up before January 5th, you get an early registration fee discount for preconference courses! As customary for the conference, there is no registration fee for AAEM members (deposit is refundable). For more information, visit this website now: www.aaem.org and click on the Scientific Assembly icon.

Expect nothing less from your professional organization - the best emergency medicine CME, at no charge, in a great location presented by top clinician educators in emergency medicine. Catch the wave of Scientific Assembly in San Diego before it’s gone... February 8th-10th, 2012.

AAEM Scientific Assembly – perpetually advancing emergency medicine for the clinician, proudly a premier educational conference.


Michael Epter, DO FAAEM
Chair, Education Committee



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 Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 16.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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.

AAEM frequently polls its members for potential topics to be covered. A majority of the topics for 2012 were selected specifically on recommendation of a member.

When planning activities, the AAEM Education Committee uses the 2009 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).
2. 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.

ACGME Competency Index

To contribute to the development of our members as lifelong learners and enhance the effectiveness of the CME activities it provides, AAEM uses the six competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) to guide its educational programming decisions. The six competencies are:

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

All sessions at the AAEM Scientific Assembly address the competencies of Patient Care and Medical Knowledge. For more information about the ACGME physician competencies, visit <http://acgme.org/Outcome>.

Special Thanks & Consideration

The 2012 Scientific Assembly would not be possible without the administrative support provided by Janet Wilson and Marcia Blackman and the collective input from the Education Committee and those Track Chairs who participated on the 2012 Scientific Assembly Planning Subcommittee.

William Durkin, Jr., MD MBA FAAEM
Chad Kessler, MD FAAEM
Joseph Lex, Jr., MD FAAEM
Michael Epter, DO FAAEM
Amal Mattu, MD FAAEM
Kevin Reed, MD FAAEM
Kevin Rodgers, MD FAAEM
Elizabeth Weinstein, MD FAAEM
Jacob Ufberg, MD FAAEM

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.



Planning Committee Members and Staff Who Have Disclosed No Relevant Financial Relationships:

Jody Bath
Marcia Blackman
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The Following Planning Committee Members and Staff Have Disclosed Relevant Financial Relationships:

Gary Gaddis, MD FAAEM
Johnson & Johnson, Stock Ownership
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Medscape Emergency Medicine, Honorarium, Blogger; Advisor; Reviewer
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Omniflight Helicopters, Inc., Salary, Medical Director
Nounou Teleghani, MD FAAEM
Vivid Medical, Stock Options, Medical Director
Jacob Ufberg, MD FAAEM
Vapotherm, Inc., Research Funding, Contracted Research
Kay Whalen
Executive Director, Inc., Ownership Interest

Pre-conference Courses

Monday, February 6, 2012	
8:00am – 12:00pm	Advanced Obstetrics Simulation Course
7:40am – 5:00pm	Resuscitation for Emergency Physicians: The AAEM Course
8:00am – 5:00pm	Pediatric Emergencies: Children are Not Little Adults*
1:00pm – 5:00pm	Update on Humanitarian and Disaster Relief Missions – Bringing Military Experience to You

*This pre-conference course includes lunch.

Tuesday, February 7, 2012	
8:00am – 12:00pm	Pediatric Emergency Department Simulation (PEDS) Procedure Lab
8:00am – 12:00pm	This Won't Hurt a Bit! Regional Anesthesia for the ED
8:00am – 4:15pm	Introductory Ultrasound
8:00am – 4:15pm	Advanced Ultrasound Full Day Course
8:00am – 4:30pm	Practice Management Bootcamp
7:45am – 5:00pm	Resuscitation for Emergency Physicians: The AAEM Course
1:00pm – 5:00pm	2011 LLSA Review Course
1:00pm – 5:15pm	Wellness for the Emergency Physician
9:00am – 1:00pm	Advanced Ultrasound Half Day Course
12:00pm – 4:00pm	Advanced Ultrasound Half Day Course

Conference Schedule

Wednesday, February 8, 2012	
Plenary Sessions	
7:45am – 8:00am	Howard Blumstein, MD FAAEM AAEM President <i>Welcome, Opening Remarks</i>
8:00am – 9:00am	Amal Mattu, MD FAAEM <i>Everyday Leadership: Lessons From Great Minds through the Ages</i>
9:00am – 10:00am	Richard Shih, MD FAAEM <i>Updates in Toxicology</i>
12:20pm – 1:20pm	LUNCH (on your own)
1:20pm – 2:30pm	Stuart Swadron, MD FAAEM Mel Herbert, MD <i>Updates in Neurology</i>
2:30pm – 3:00pm	Ghazala Sharieff, MD FAAEM FAAP <i>Updates in Pediatrics</i>

Track A — Managing Critical Patients

10:20am – 10:50am	Michael Winters, MD FAAEM <i>When you Just Can't Get it Up: Unresponsive Hypotension</i>
11:00am – 11:30am	Joseph Bushra, MD FAAEM <i>Massive GI bleeders—what can you/should you do before your consultant arrives?</i>
11:40am – 12:10pm	Haney Mallema, MD FAAEM <i>Managing pericardial tamponade in the slowly crashing patient</i>
3:20pm – 3:50pm	Dan Sullivan, MD FAAEM <i>Litigation of TPA for CVA—Cases from the dark side</i>
4:00pm – 4:30pm	Kevin Reed, MD FAAEM <i>The Hypotensive Decompensated CHF patient</i>
4:40pm – 5:10pm	Mel Herbert, MD <i>Unstable, Shock-resistant patients with Rapid AFib</i>
5:30pm	Opening Reception

Track B — Controversies in Emergency Imaging

10:20am – 10:50am	Pik Mukherji, MD FAAEM <i>My aching back! Do I really need a CT scan for urolithiasis?</i>
11:00am – 11:30am	Michael Epter, DO FAAEM <i>It's 2012 - CT angio and CT perfusion for acute stroke? Do they help, and should I be doing them?</i>
11:40am – 12:10pm	Kevin Rodgers, MD FAAEM <i>When XR of the extremity isn't enough – a case series in evaluation of hip, heel, tibial plateau, and wrist injuries.</i>
3:20pm – 3:50pm	Robin Naples, MD FAAEM <i>CT Coronary Angiography – where are we today?</i>
4:00pm – 4:30pm	Robert McNamara, MD FAAEM <i>With or without? Using the radiologist's guidelines to get what you want.</i>
4:40pm – 5:10pm	Jacob Ufberg, MD FAAEM <i>Pregnancy and RLQ pain – when Appy is the number 1 rule out.</i>
5:30pm	Opening Reception

Track C — Rational Approaches to Common Problems: Part 1

10:20am – 10:50am	Harsh Sule, MD FAAEM <i>My nose won't stop bleeding.</i>
11:00am – 11:30am	Jason Knight, MD <i>I got into some poison ivy.</i>
11:40am – 12:10pm	Harsh Sule, MD FAAEM <i>Hypoglycemia and big lips...how long do I need to watch?</i>
3:20pm – 3:50pm	Eric Katz, MD FAAEM <i>I got something in my eye.</i>
4:00pm – 4:30pm	Joseph Bushra, MD FAAEM <i>I have food poisoning from that Chinese place.</i>
4:40pm – 5:10pm	Joelle Borhart, MD <i>Non-pregnant vaginal bleeding for 2 weeks.</i>
5:30pm	Opening Reception

Conference Schedule

Track D — Talks You Can't Miss

10:20am – 10:50am	Maureen McCollough, MD FAAEM <i>Pediatric Fever in 2012-Part I</i>
11:00am – 11:30am	Maureen McCollough, MD FAAEM <i>Pediatric Fever in 2012-Part II</i>
11:40am – 12:10pm	Henry Pitzele, MD FAAEM <i>Rashes that are a must ID</i>
3:20pm – 3:50pm	Joseph Lex, Jr., MD FAAEM <i>Unconference It - 2012 Drugs</i>
4:00pm – 4:30pm	Jason Schaffer, MD FAAEM <i>Heparin, Lovenox, Eptifibatide, Clopidogrel, Lepirudin and good ole' ASA – what works best and when?</i>
4:40pm – 5:10pm	Michael Bond, MD FAAEM <i>Is there an app for that? Can's/Cant's - Apps that will change your practice...</i>
5:30pm	Opening Reception

Track E — Keeping Up with the Boomers—Geriatric Emergencies

10:20am – 10:50am	Joseph Martinez, MD FAAEM <i>Abdominal Pain in the Elderly</i>
11:00am – 11:30am	Michael Silverman, MD FAAEM FACEP <i>Caution – Iatrogenic failures when writing drugs for the Octogenarian...</i>
11:40am – 12:10pm	Joanne Williams, MD FAAEM <i>Trauma in the Elderly</i>
12:20pm-1:20pm	LUNCH (on your own)

Thursday, February 9, 2012

Plenary Sessions

8:00am – 9:00am	Amal Mattu, MD FAAEM, Peter De Blieux, MD FAAEM, Corey Slovis, MD FAAEM, Stuart Swadron, MD FAAEM <i>Ask the Experts - Critical Care/Cardiology/Neurology</i>
9:00am – 10:00am	Swaminatha Mahadevan, MD FAAEM <i>Updates in Trauma</i>
12:30pm – 2:00pm	LUNCH & Annual Business Meeting
2:20pm – 3:20pm	Peter DeBlieux, MD FAAEM <i>Updates in Critical Care</i>

Track A — What's Going On with My Little One?—Pediatric Emergencies

10:20am – 10:50am	Jennifer Walthall, MD FAAEM FAAP <i>Pediatric Bread & Butter: What Every Pediatrician Wishes EM Physicians Knew</i>
11:00am – 11:30am	Kevin Rodgers, MD FAAEM <i>Near Misses in Pediatric Imaging</i>
11:40am – 12:10pm	Elizabeth Weinstein, MD FAAEM <i>Pediatric Potpourri: Deadly Misses (include XR)</i>
3:30pm – 4:00pm	Ghazala Sharieff, MD FAAEM <i>Syncopal, Chest Pain and those funny looking ECG's</i>
4:10pm – 4:40pm	Elizabeth Weinstein, MD FAAEM <i>Non-Accidental Trauma Evaluation: How to Get it Right</i>
4:50pm – 5:20pm	Jennifer Walthall, MD FAAEM FAAP <i>Pediatric Diarrhea, Hematochezia and Constipation: Crap You Need to Know</i>

Track B — Where's the Literature to Support This?

10:20am – 10:50am	Jack Perkins, MD FAAEM <i>Which patients with chest pain really need a tele bed?</i>
11:00am – 11:30am	Michael Winters, MD FAAEM <i>Are ABGs mandatory to get into the ICU?</i>
11:40am – 12:10pm	Chad Kessler, MD FAAEM <i>Severe Asymptomatic Hypertension: Treating the Mercury</i>
3:30pm – 4:00pm	Autumn Graham, MD FAAEM <i>Procedural Sedation – I can't use what?</i>
4:10pm – 4:40pm	Samuel Stellpflug, MD FAAEM <i>Nephrogenic Systemic Fibrosis and Contrast Induced Nephropathy-Really?</i>
4:50pm – 5:20pm	Lisa Moreno-Walton, MD FAAEM <i>Syncope? Does anyone really need a CT?</i>

Track C — When the Shift Hits the Fan: Cringe-Inducing Triage Notes

10:20am – 10:50am	Samuel Stellpflug, MD FAAEM <i>26 F Pseudoseizure</i>
11:00am – 11:30am	Raquel Mora, MD FAAEM <i>14 F Pulled from bottom of pool</i>
11:40am – 12:10pm	Jason Knight, MD <i>67 F Blurred Vision</i>
3:30pm – 4:00pm	Lisa Moreno-Walton, MD FAAEM <i>44 F Fibromyalgia is acting up</i>
4:10pm – 4:40pm	Raquel Mora, MD FAAEM <i>8 week old child with ALTE</i>
4:50pm – 5:20pm	Haney Mallemat, MD FAAEM <i>34 F Left sided paresthesias</i>

Track D — The Best of Morbidity and Mortality

Track E — Point/Counterpoint Debate

10:20am – 10:50am	Corey Slovis, MD FAAEM Jeff Kline, MD <i>We do more harm than good worrying about PE</i>
11:00am – 11:30am	Robin Naples, MD FAAEM Sassan Naderi, MD FAAEM <i>1 set is enough</i>
11:40am – 12:10pm	Henry Pitzele, MD FAAEM Jack Perkins, MD FAAEM <i>Over the counter Naloxone</i>

Track F — Open Mic Presentations

Sponsored by YPS

Conference Schedule

Friday, February 10, 2012

Plenary Session

8:00am – 9:00am **Dave Talan, MD FAAEM**
Updates in Infectious Disease

Track A — Clinical Questions - Answered!

9:20am – 9:50am **Jason Schaffer, MD FAAEM**
Cardiac Arrest – Turns Out We CAN Do Better: What's the Best Approach to CPR in 2012?

10:00am – 10:30am **Eric Katz, MD FAAEM**
My Febrile Patient is on an Immunomodulator? What now?

10:40am – 11:10am **Michael Bond, MD FAAEM**
The Equivocal Arthrocentesis: Who Needs Antibiotics, Admission, the OR?

11:20am – 11:50am **Jeff Kline, MD**
The Pregnant Patient and VTE Disease: What's the Best Algorithm for Dx/Tx?

12:00pm – 12:30pm **Pik Mukherji, MD FAAEM**
3rd World Traveler with Fever - What do I do now?

Track B — Rational Approaches to Common Problems: Part 2

9:20am – 9:50am **Sassan Naderi, MD FAAEM**
This cough is driving me crazy.

10:00am – 10:30am **Joseph Martinez, MD FAAEM**
I had a seizure and I'm on Keppra.

10:40am – 11:10am **Michael Epter, DO FAAEM**
I pulled off a tick.

11:20am – 11:50am **Joelle Borhart, MD**
GC, Chlamydia and Trichomonas... oh my!

12:00pm – 12:30pm **Autumn Graham, MD FAAEM**
CT Negative and my neck still hurts.

Track C — Nuts and Bolts of EM Practice

9:20am – 9:50am **Will Miller, JD**
You have been served

10:00am – 10:30am **David Lawhorn, MD FAAEM**
Craig Norquist, MD FAAEM
Establishing a democratic group and keeping your contract- Part 1

10:40am – 11:10am **David Lawhorn, MD FAAEM**
Craig Norquist, MD FAAEM
Establishing a democratic group and keeping your contract- Part 2

11:20am – 11:50am **Leslie Zun, MD MBA FAAEM**
Handling the Hard to Handle Patient and Family

12:00pm – 12:30pm **Jim Blakeman**
It's all about money

Track D — RSA-YPS Track

Post-Conference Course

Resident In-Service Review

Preparing for In-Service; What to Expect on Your Test

Course Description

This Post-Conference Course is meant to simulate the type of questions encountered on the ABEM Qualifying Examination. This course will serve as an intense overview of many high yield topics to facilitate maximal success on the upcoming in-training examination.

Credit Designation Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 4 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Objectives

By the end of this course, attendees will have gained knowledge and confidence that will significantly improve their scores on the National Emergency Medicine In-training Examination.

Faculty

Kevin Rodgers, MD FAAEM
Michael Epter, DO FAAEM

Course Schedule

Friday, February 10, 2012

2:00pm – 6:00pm

Pre-conference Courses • Monday, February 6, 2012

Advanced Obstetrics Simulation Course

Course Description

The delivery of a fetus, including complicated deliveries, is required training in emergency medicine (EM) residency. However, these deliveries are infrequent in the Emergency Department (ED) limiting EM residency and post-EM residency routine training, especially at large tertiary hospitals where Obstetrics (OB) competition for procedures exists. This advanced course is designed for emergency physicians of all levels to teach skills not received during EM training or to refresh delivery skills and procedures that are rarely used but “high-risk” when encountered in the ED setting. This course, co-sponsored by the Uniformed Services Chapter of the American Academy of Emergency Medicine, will include didactic and intensive simulation training in 3 high-risk deliveries scenarios:

1. Breech
2. Shoulder dystocia
3. Nuchal cord delivery requiring resuscitation of both mother and fetus

Participants will receive hands-on instruction by experienced EM and Obstetrics Faculty. Task trainers and simulators will be used to recreate clinical vignettes. Critical actions will be reviewed and each participant will perform these simulated high-risk deliveries in a low-pressure setting. A post-training test and summary will ensure understanding of steps necessary for successful high-risk deliveries in the future.

Credit Designation Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 3.75 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Objectives

At the conclusion of this presentation, each participant will be able to:

- Describe the different breech delivery positions and apply recommended techniques for a successful breech delivery.
- Identify when a delivery is complicated by shoulder dystocia and perform a successful shoulder dystocia delivery.
- Recognize a nuchal cord delivery with fetal distress and demonstrate an understanding of neonatal resuscitation and immediate maternal post-partum care.
- Review indications, necessary supplies and techniques for successful umbilical catheter insertion for neonatal resuscitation.

Course Schedule

Monday, February 6, 2012

8:00am	Didactic session Brief review of 3 high-risk delivery scenarios including appropriate delivery techniques and management.
9:00am	Simulation Scenarios: Breech Delivery, Shoulder Dystocia, Precipitous Delivery and Newborn Resuscitation, Umbilical Catheter placement
11:00am	Break
11:15am:	Post-test and test review
11:30am	Debriefing wrap up
12:00pm	Adjourn

Pediatric Emergencies: Children are Not Little Adults

Course Description

An Emergency Department 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 Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 8.5 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Objectives

Upon completion of this course participants will be able to:

- 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

Monday, February 6, 2012

8:00am	Welcome & Introduction to Course
8:05am	“Tachycardia . . . Not!” – Evaluating Pediatric Vital Signs
8:30am	“What’s Up When the Temperature is Up!” – The Febrile Child
9:00am	“What Not to Miss!” – Orthopedic Emergencies
9:30am	“Weighing in on the Problem” – Managing the Obese Child in the ED
10:00am	Break
10:15am	“My Belly Hurts!” – The Acute Abdomen in Children
10:45am	“Lumps & Bumps” – Pediatric Dermatologic Emergencies
11:15am	“The Sniffing Position” – The Pediatric Airway
11:45am	“The First Few Days and a Little Beyond” – Neonatal Emergencies
12:15pm	Lunch Presentation - “Kids Will Eat Anything!” – Pediatric Poisoning Lunch Presentation - “No Rads!” – Pediatric Ultrasound
1:30pm	“An Ouchless ED” – Pain Management & Sedation
2:15pm	“Baby Jane Cried Last Night” – Child Abuse/Maltreatment
2:45pm	“But Air Can’t Kill You!” – Drug Abuse in Children & Adolescents
3:15pm	Break
3:30pm	“The Number 1 Killer!” – Pediatric Trauma
4:00pm	“Fallen Angels” – Handling the Death of a Child in the ED
4:30pm	“Children are Not Little Adults!” – Risk Management & Patient Safety
5:00pm	Adjourn

**Lunch is included for this pre-conference course.*

Pre-conference Courses • Monday, February 6, 2012

Update on Humanitarian and Disaster Relief Missions - Bringing Military Experience to You

Recent military experiences in Iraq, Afghanistan, Haiti and other countries with humanitarian and disaster relief will be discussed. Tentative plans include conducting the class on the USNS Mercy, one of the US Navy's two hospital ships, with a guided tour (subject to military approval).

Learning Objectives

- Participants will be updated on the most recent principles that guide humanitarian and disaster relief missions.
- Participants will gain real world military and civilian "lessons learned" from the extensive humanitarian and disaster relief missions conducted by the US military.

Credit Designation Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 3 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Course Schedule

Monday, February 6, 2012

1:00pm – 5:00pm



Pre-conference Courses • Monday, February 6 & Tuesday, February 7, 2012

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 Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 14.25 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Objectives

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

Course Schedule

Monday, February 6, 2012

7:40am	Introduction
7:45am	Cardiac Arrest
8:45am	The Tox Patient in Extremis
9:35am	Break
9:50am	Sepsis
10:50am	ACS
11:40am	Lunch (on your own)
1:10pm	Dysrhythmias
2:10pm	Chest and Abdominal Trauma
3:00pm	Break
3:15pm	CNS Trauma
4:05pm	Pelvis and Extremity Trauma
5:00pm	Adjourn

Tuesday, February 7, 2012

7:45am	Shock
8:45am	Respiratory Failure
9:45am	Break
10:00am	Pediatric & Neonatal Resuscitation
12:00pm	Lunch (on your own)
1:45pm	Non-Traumatic Neurologic Emergencies
2:45pm	Break
3:00pm	Critical Care: Beyond the "Golden Hour"
4:00pm	The Crashing Patient
5:00pm	Adjourn



Pre-conference Courses • Tuesday, February 7, 2012

Pediatric Emergency Department Simulation (PEDS) Procedure Lab

The Pediatric Emergency Department Simulation Procedure Lab is designed for emergency physicians seeking a practical, hands on course in the management of critical pediatric scenarios including the performance of invasive procedures. Task trainers and simulators will be used in a skills lab designed for emergency physicians of all levels. Junior physicians will have a hand at directing the management of simulated critically ill children and at performing procedures they may have not yet performed in practice; senior physicians will be able to refresh their skills particularly in procedures and events that are infrequent in practice but high stakes when they are needed.

Participants will rotate through three pediatric critical case scenarios (airway, trauma and sepsis) in which they will simulate the critical decision making skills required for the successful resuscitation of critically ill pediatric patients. Decision making skills including the indications and contraindications for several procedures, the anatomic and physiologic differences between adults and children, and the management of complications will be performed by the participants. Faculty will guide participants through the stations and provide not only core instruction in indication, performance, and management of complications, but also share their “tricks of the trade.”

Credit Designation Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 4 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Objectives

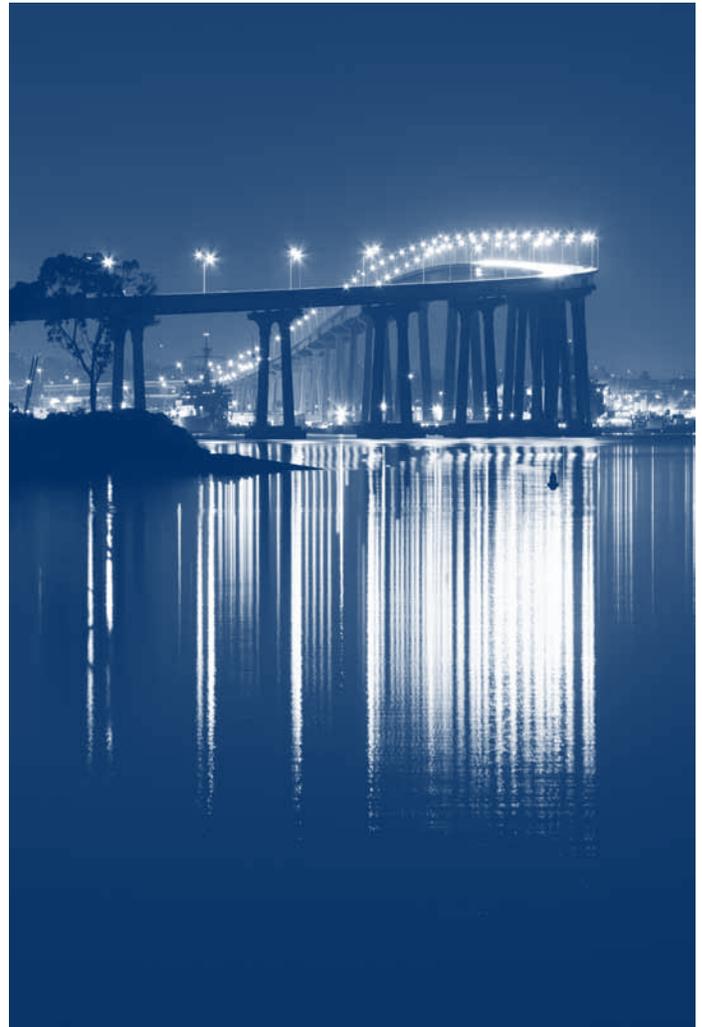
At the conclusion of this presentation, each participant should be able to:

- Airway: evaluate the pediatric airway and perform several rescue strategies for airway control, including non-invasive maneuvers and surgical rescue interventions.
- Trauma: perform a primary and secondary survey on a critically injured simulated pediatric patient including the recognition and simultaneous treatment of significant injuries.
- Sepsis: recognize the signs of impending septic shock and demonstrate the critical steps for resuscitation of a pediatric patient with septic shock.

Course Schedule

Tuesday, February 7, 2012

- 8:00am Introduction
- 8:20am Station #1
- 9:20am Station Rotation
- 9:25am Station #2
- 10:25am Station Rotation
- 10:30am Station #3
- 11:30am Debriefing and Conclusion



Pre-conference Courses • Tuesday, February 7, 2012

Practice Management Bootcamp

The course will present a clinically-based approach to documentation and coding of physician services provided in the emergency department that will identify how to properly report and capture appropriate RVUs and reimbursement for professional services. The major component of emergency physician reimbursement is the Evaluation and Management service. The course will address the specific elements of the history, physical exam and ED course/medical decision-making upon which the payers base their valuation of service reimbursement. Topics include documentation of clinically appropriate HPI, ROS, family, medical and social histories, exam elements and management options, tests and studies considered, ordered and evaluated, differential diagnoses, treatment decisions and disposition considerations.

Critical care and observation care are common services provided in the emergency department that have their own documentation requirements, focused on medical necessity and clear support of the patient's clinical condition that requires critical or observation care. The course will detail these considerations and their implications for RVU generation. Procedures, such as wound care, fracture care, minor extremity trauma management, sedation, and a variety of other procedural services will also be discussed in detail as to their documentation requirements for accurate reporting to third party payers. Attention will be given throughout to meeting good documentation practices that meet risk management standards.

Credit Designation Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 7.25 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Objectives

At the conclusion of this presentation, each participant should be able to:

- Learn the keys to reimbursement: knowing how to communicate the value of ED care, identify what you're worth and to document it.
- Learn E&M coding and documentation – the 5 keys for high acuity patients.
- Recognize HPI, ROS, PFSH and Exams – documentation principles that lead to sensible coding policy.
- Medical Decision Making is the heart of the value equation; we learn to focus on documenting what really counts, like the difference between 99283s and 99284s.
- Apply case examples to make the principles practical.
- Emergency medicine should own this code. Learn to define it properly, it's simpler than you know, and how to measure its value in order to capture all the revenue.
- Time is of the essence. Learn what counts. (Hint- it's not just bedside time).
- Apply what qualifies through chart examples of atrial fibs, asthma, overdoses, weak and dizzy, even nosebleeds.
- Learn that Obs is a status not just a unit, it pays 40-100% more to know the difference and you do it commonly on 5-8% of all ED patients.
- Do well while you do good with observation services that benefit everybody, including the payer.
- Learn the 'TAO' of obs, the key to medical necessity, the 5 key documentation points that prove the value of obs and the 10 codes that define it.
- Which codes apply, what we can and can't bill for and what needs to be done to prove the emergency physician's value.
- Why payment is not about the size of the wound – how to document and be paid for repairs of higher complexity. They may be more common than you know.
- Get specific coding and documentation advice for ultrasound, foreign body removal, debridement, I&Ds, conscious sedation, central lines, CPR, defibrillation, and other coding controversies.

Course Schedule

Tuesday, February 7, 2012

- | | |
|---------|---|
| 8:00am | Reimbursement Update and Emergency Physicians' Reimbursement Almanac.
Evaluation and management – where the money is lost and found |
| 12:00pm | Lunch (on your own) |
| 12:45pm | Critical Care Coding and Documentation Issues
Observation Care Coding and Documentation Issues |
| 2:30pm | Break |
| 2:45pm | Essentials of Fracture, Dislocation and Splinting Care in the ED
Wound Care
Other Procedures
Chart review – specific charts are reviewed for the application of correct coding policies. |
| 4:15pm | Program evaluation and adjourn |

Pre-conference Courses • Tuesday, February 7, 2012

This Won't Hurt a Bit! Regional Anesthesia for the ED

To enhance the emergency physician's ability to provide optimal pain relief for injuries or procedures in the emergency department through use of targeted regional and intra-articular analgesia. This course will review the indications for, and the techniques of, regional pain blocks in the emergency department including Hand/Wrist; Ankle/Foot; Head and Neck: Facial and Dental Blocks as well as Intra-articular (shoulder) Blocks for joint reduction. Ultrasound guided femoral nerve and shoulder blocks will also be covered. Contraindications, complications and adjuncts as well as future trends will be reviewed as well.

Credit Designation Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 4 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Objectives

At the conclusion of this presentation, each participant should be able to:

- List clinical situations in which regional pain management may provide superior analgesia for procedures or painful conditions in the ED.
- Recognize contraindications and complications of regional pain blocks in ED patients.
- Select and appropriately dose specific anesthetic agents.
- Explain how the procedure can be made less painful.
- Describe the techniques for regional nerve blocks of the face and extremities.
- Demonstrate the use of the ultrasound for femoral nerve blocks as well as shoulder dislocations.

Course Schedule

Tuesday, February 7, 2012

8:00am – 12:00pm

Part 1: The Basics

- Intro
- General comments & indications
- Allergies
- Drugs and dosages
- Rewarming

Part 2: Hand and Wrist

- Median nerve
- Ulnar nerve
- Radial nerve
- Practice

Part 3: Facial and Dental blocks

- Periauricular field block
- Supraorbital nerve
- Infraorbital nerve
- Mental nerve
- Dental blocks (mandibular, infiltration)
- Practice

Part 4: Foot and Ankle blocks – Ozlem Yigit

- Posterior tibial nerve
- Sural nerve
- Superficial & deep peroneal nerve
- Saphenous nerve
- Practice

Part 5: Femoral nerve (include ultrasound)

- Practice

Part 6: Shoulder blocks for reduction (using ultrasound)

Part 7: Concluding comments, questions

Ultrasound Courses

Whether you're a beginner or a seasoned sonographer, this year's AAEM pre-conference ultrasound course will be worth your time. We will be offering a half day course for beginners. This will include didactic sessions on Physics, Trauma exam (FAST), Abdominal Aorta and Ultrasound assisted procedures (including central line placement). Half of your time will be spent in small groups scanning models with a very favorable instructor/student ratio.

Physicians who have already taken an introductory course will have an opportunity to build their own Ultrasound Course in our advanced modules. These will be structured to maximize "hands-on" scanning of models. Modules will be offered in Pulmonary, OB/GYN scanning (including endovaginal), Vascular access (Central and Peripheral lines), Peripheral Nerve Blocks, Head & Neck US, Musculoskeletal and eleven more modules.

The faculty will include physicians with international reputations as outstanding ultrasound educators.

Advanced Ultrasound Half-Day Course

Credit Designation Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 3.5 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Advanced Ultrasound Full-Day Course

Credit Designation Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 6.75 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Introductory Ultrasound

Credit Designation Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 6.75 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Objectives

Upon completion of this course participants will be able to:

Vascular Access:

- Understand the sonographic landmarks and anatomical relationships as they relate to the vasculature of the neck, upper extremity and groin.
- Acquire and interpret sonographic images of the internal jugular, femoral, basilic, brachial and axillary veins in live patient models.
- Demonstrate ultrasound guided cannulation on vascular simulator.
- Learn the diagnostic criteria for deep venous thrombosis (DVT).
- Demonstrate compression technique for DVT assessment.

Image Acquisition and Instrumentation:

- Enhance the understanding of the basic principles of ultrasound.
- Apply these principles to the reduction of common artifacts and improvement of high quality diagnostic ultrasound images.
- Understand the relationship between transducer position and image orientation.
- Demonstrate the basic operator controls on the ultrasound system required for image acquisition. Enhance the understanding of the basic principles of ultrasound.
- Apply these principles to the reduction of common artifacts and improvement of high quality diagnostic ultrasound images.

Pre-conference Courses • Tuesday, February 7, 2012

Gallbladder, Renal & Aorta:

- Understand the surface landmarks for appropriate transducer positioning to perform sonographic examinations of the Aorta, Kidney and Gallbladder.
- Understand the sonographic windows and landmarks of the Aorta, Kidney and Gallbladder.
- Demonstrate the ability to identify and visualize landmarks for the Aorta, Kidney and Gallbladder in the transverse and longitudinal scanning planes.
- Understand the sonographic findings and pitfalls for identifying pathology including aortic aneurysm, hydronephrosis and cholelithiasis/cholecystitis.

Equipment:

- Learn to be an expert on your own equipment.
- Learn how to safely connect and remove probes from their ports.
- Learn how to switch between transducers.
- Learn and demonstrate how to store and review images.
- Demonstrate adjustments to controls, ie, gain, depth, frequency in hands-on session.
- Demonstrate how to properly document an ultrasound study by adding pt. information, text annotation and proper landmarks.

The Fast Examination:

- Understand the surface landmarks for appropriate transducer positioning to perform the FAST examination.
- Understand the sonographic landmarks and anatomical relationships of the Heart, Liver, Spleen and Bladder as they relate to the FAST examination.
- Demonstrate the ability to identify and visualize the areas of potential intra-abdominal and thoracic spaces for free fluid to collect in on the FAST examination.
- Understand the sonographic findings and pitfalls for identifying life threatening, trauma conditions such as cardiac tamponade, hemo/pneumothorax and intra-abdominal hemorrhage.

Cardiac:

- Understand the utility of motion modality (M-mode) and demonstrate its use.
- Demonstrate the surface landmarks and transducer position necessary to perform an echocardiogram in the ED.
- Acquire and interpret sonographic images of heart (subcostal, parasternal long, parasternal short and apical windows).
- Identify pathologic conditions such as pericardial effusion, gross wall motion abnormalities and cardiac tamponade.

Pulmonary:

- To review and understand the sonographic artifacts of normal and pathologic pulmonary conditions that give pulmonary ultrasound its diagnostic capacity. This includes but is not limited to pleural imaging, the "lung sliding sign," B-line and comet tail identification for extravascular pulmonary congestion and pleural effusion imaging techniques.
- Demonstrate sonographic landmarks of the ribs, pleura, diaphragm and lung parenchyma.
- Distinguish between normal and pathologic condition through image review and hands on imaging practice.

Gastrointestinal:

- Understand the sonographic appearance of normal stomach, large and small bowel and pancreas, including normal anatomical structures and normal bowel peristalsis.
- Describe transducer choices, scanning protocols and patient positions necessary to perform a gastrointestinal examination.
- Identify and detect gastrointestinal pathology such as ileus, pneumoperitoneum, appendicitis, colitis, diverticulitis, ileitis, intussusception or hernias.
- Describe common sites of intra- and retroperitoneal free air, systematic examination techniques and pitfalls for appendicitis, pneumoperitoneum, colitis, diverticulitis and hernia.

First Trimester Pelvic:

- Understand the indications for emergency screening ultrasound examinations of the pelvis.
- Describe the surface landmarks and transducer position necessary to perform transabdominal and endovaginal ultrasound examinations of the pelvis.
- Perform an endovaginal US on model patients demonstrating correct scanning technique.
- Interpret common diagnoses in first trimester pregnancy.

Venous Access and DVT:

- Understand the sonographic landmarks and anatomical relationships as they relate to the vasculature of the neck, upper extremity and groin.
- Acquire and interpret sonographic images of the internal jugular, femoral, basilic, brachial and axillary veins in live patient models.
- Demonstrate ultrasound guided cannulation on vascular simulator.
- Learn the diagnostic criteria for deep venous thrombosis (DVT).
- Demonstrate compression technique for DVT assessment.

Head & Neck:

- Understand the normal sonographic appearance and anatomical landmarks of organs and structures in the head and neck region, including ocular, salivary glands, thyroid gland, the upper airway including larynx and trachea, upper esophagus, facial bones and neck vessels and lymph node anatomy.
- Describe transducer choices, scanning protocols and patient positions necessary to perform a focused ocular examination to detect retinal detachment, vitreous hemorrhage, lens dislocation, periocular free air or increased intracranial pressure.
- Understand common thyroid abnormalities such as cysts or masses and the anatomical relation of the parathyroid glands.
- Describe the appearance of salivary glands and appearance of salivary stones. Identify lymphnodes within the neck.
- Describe ultrasound exam techniques to detect upper airway anatomy to guide correct endotracheal tube placement including normal esophagus and appearance of esophageal intubation.
- Understand anatomy of main neck vessels and their relation to other musculoskeletal structures.

Starting an Ultrasound Program:

- Review the responsibilities of the ultrasound director.
- Review the requirements for training faculty and residents and discuss the process of privileging faculty to perform emergency ultrasound.
- Review how to establish a quality assurance process and how to report, document and archive images for both teaching and clinical use.
- Review equipment necessary to begin a successful program.
- Share public domain resources others have used in program initiation.

Pre-conference Courses • Tuesday, February 7, 2012

Billing, Coding & Reimbursement:

- Understand the modified coding for limited ultrasounds in the ED.
- Understand the proper documentation and storage necessary for billing.
- Understand the credentialing process for EMUS as well as supporting guidelines and policies.

Musculoskeletal:

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

Peripheral Nerve Block:

- Discuss the science and practical performance of brachial plexus, axillary and femoral blockade.
- Learn the physiology and anatomy of the techniques, factors that influence success and complications.
- Demonstrate approaches for peripheral nerve blocks in the upper and lower extremity.
- Demonstrate peripheral nerve block on simulator under ultrasound guidance.

Shock, The 7Up Exam:

- Provide a sequenced approach to ultrasound in the medical shock patient.
- Demonstrate the surface landmarks and transducer position necessary to perform a 7-Up scan.
- Review causes and potential responses to treatments of hypotension and tissue malperfusion.

Testicular Ultrasound:

- Learn and demonstrate the landmarks for the testes in the longitudinal and transverse plane.
- State the importance of using color Doppler and pulsed wave Doppler to indicate the waveform of vessels in the testes and epididymis.
- Review the following disorders of the testis: hydrocele, varicocele, orchitis, epididymitis and varicocele.

Course Schedule

Introductory Ultrasound

Tuesday, February 7, 2012

8:00am	Welcome
8:15am	Introduction & Physics
9:00am	The Fast Examination
9:45am	Fast-Case Studies
10:00am	Break
10:15am	Aorta
11:00am	Procedures
12:00pm	Lunch (on your own)
1:00pm	Modules
2:30pm	Break
2:45pm	Modules
4:15pm	Adjourn

Advanced Ultrasound

Tuesday, February 7, 2012

Full Day

8:00am – 4:15pm (lunch on your own)

Pick 6 application modules

Half Day Session

9:00am – 1:00pm

12:00pm – 4:00pm

Pick 3 application modules

Modules:

Image Acquisition and Instrumentation
 Gallbladder, Renal and Aorta
 Equipment
 The FAST Examination
 Venous Access & DVT
 Peripheral Nerve Blocks
 Cardiac
 Pulmonary
 Musculoskeletal
 Head and Neck
 Gastrointestinal
 Starting an Ultrasound Program
 Billing, Coding and Reimbursement
 Pelvic Ultrasound
 Shock, The 7Up Exam
 Testicular Ultrasound
 Vascular Access

Pre-conference Courses • Tuesday, February 7, 2012

Wellness for the Emergency Physician

The practice of emergency medicine can be extremely stressful, leading many to believe that emergency physicians are at high risk of “burnout” and abbreviated career longevity. The shift-work required in emergency medicine can lead to disruptions in normal sleep/wake patterns, poor sleep hygiene, and fatigue, which may stress personal and professional relationships. It is widely believed that physicians are poorly trained in business and financial matters, and this may lead to poor financial planning and having to work beyond typical retirement age. Malpractice claims are almost inevitable for those who practice in emergency departments, and the stress associated with malpractice litigation is considerable.

Participants in this session on emergency physician wellness will have the opportunity to learn key tips and techniques from recognized experts to improve career longevity, minimize fatigue through improved scheduling and sleep hygiene, and to deal with malpractice stress. They will also learn ways to improve diet and increase exercise with minimal impact to their busy schedules, and will discuss key financial planning strategies for now and the future.

Credit Designation Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 4 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Objectives

At the conclusion of this presentation, each participant should be able to:

1. Describe proper sleep hygiene for shift workers, as well as personal and professional scheduling methods that minimize sleep debt and fatigue.
2. Understand and describe coping mechanisms for dealing with malpractice stress, and will describe resources available to aid them if confronted by malpractice stress.
3. Describe methods to improve career satisfaction and longevity.
4. Plan basic nutrition and fitness activities to improve health and wellness.
5. Understand vital aspects of financial planning for physicians.

Course Schedule

1:00pm	Opening Remarks
1:15pm	Career Longevity
2:00pm	Financial Planning
2:45pm	Break
3:00pm	Sleep Strategies for the Pit Doc
3:45pm	Being Fit for Duty - Strategies for Fitness and Nutrition
4:30pm	I Got Sued - Now What?
5:15pm	Adjourn

2011 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 2011 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 Statement

The American Academy of Emergency Medicine designates this live activity for a maximum of 3.75 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Objectives

This course is designed for the experienced emergency physician who is required to pass the ABEM LLSA 2011 exam. At the conclusion of this course, participants will be able to:

1. Identify key diagnostic and therapeutic concepts of articles chosen by the American Board of Emergency Medicine for maintenance of up to date, evidence-based clinical competency in emergency medicine.
2. Review the LLSA educational points for Head, Ear, Eye, Nose, Throat Disorders.
3. Review the LLSA educational points for other components of the Renal and Urogenital Disorders.
4. Identify and review toxicologic disorders and traumatic disorders highlighted in the 2011 LLSA core content.
5. Discuss Cardiovascular Disorders as it relates to the 2011 LLSA readings.
6. Review evaluation and treatment for Subarachnoid hemorrhage.

Course Schedule

Tuesday, February 7, 2012

1:00pm – 5:00pm

Hotel Accommodations

Hotel del Coronado

1500 Orange Avenue

Coronado, CA 92118

Phone: 800-468-3533

Online reservations: <http://www.hoteldel.com/Reservations>

Group code: AAEM 2012

Reservation Deadline: January 5, 2012

AAEM encourages attendees to make reservations by this date. After January 5, 2012, regular room rates may apply, and availability may not exist. Reservations should be made directly with the Hotel del Coronado.

Single/Double Occupancy - \$245.00 per night, plus applicable state and local taxes.

Hotel Service Fee - \$15.00 plus taxes, per room, per night.

The Resort Charge includes: daily newspaper delivery (Monday – Saturday); in-room coffee and tea; fitness center access; fitness classes; local, 800, and credit card calls; high-speed Internet access. The Resort Charge covers all registered room guests.

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 AAEM 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.

10th Annual Open Mic Session

Open Mic Sessions Available

Sponsored by the Young Physicians Section

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.

Thursday, February 9, 2012, will feature an “open microphone” session in a 40-50 seat room at the Hotel del Coronado. From 7:30am to 5:30pm (with a break for lunch and the annual business meeting), 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 half-hour will be filled on a “first-come, first-served” basis by signing up onsite, allowing 16 “new voices” to be heard and evaluated by education committee members and conference attendees. The top two speakers will be invited to give a formal presentation at the 2013 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.

Timing will be VERY strict. Eight slots will be reserved for emergency medicine residents and Young Physicians Section members - four scheduled in advance and four scheduled onsite. The other eight slots are open for medical professionals who have been looking for a means to break into the speaking circuit.

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 should not use this on their CVs as “invited guest lecturer.”

To sign up for an Open Mic time, please contact Marcia Blackman at mblackman@aaem.org or 800-884-2236.

18th Annual American Academy of Emergency Medicine Scientific Assembly

Registration Form Print your name below as you wish it to appear on your badge.

First Name: _____ Last Name: _____ Degree (MD/DO): _____

Send additional conference information to my Home Institution (address below)

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

I require: AMA PRA Category 1 Credit(s)TM Category 2A AOA Credit No Credit Necessary

	Registration On or Before January 5, 2012		Registration After January 5, 2012	
	AAEM Members	Non-AAEM Members	AAEM Members	Non-AAEM Members
Monday, February 6, 2012				
Resuscitation for Emergency Physicians: The AAEM Course* (2 day course) (Monday 7:40am-5pm; Tuesday 7:45am-5pm)	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$600.00	<input type="checkbox"/> \$950.00
Advanced Obstetrics Simulation Course (8am-12pm)*	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$600.00
Pediatric Emergencies: Children are Not Little Adults (8am-5pm)	<input type="checkbox"/> \$300.00 <input type="checkbox"/> \$200.00 - Residents <input type="checkbox"/> \$100.00 - Students	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$400.00 <input type="checkbox"/> \$300.00 - Residents <input type="checkbox"/> \$200.00 - Students	<input type="checkbox"/> \$500.00
Update on Humanitarian and Disaster Relief Missions - Bringing Military Experience to You (1pm-5pm)	<input type="checkbox"/> \$25.00 USAAEM Member	<input type="checkbox"/> \$75.00 Non-USAAEM Member	<input type="checkbox"/> \$35.00 USAAEM Member	<input type="checkbox"/> \$85.00 Non-USAAEM Member
Tuesday, February 7, 2012				
Advanced Ultrasound* Full-Day (8am-4:15pm)	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$575.00	<input type="checkbox"/> \$525.00	<input type="checkbox"/> \$675.00
Pick 6 modules:	<input type="checkbox"/> Image Acquisition and Instrumentation <input type="checkbox"/> Gallbladder, Renal and Aorta <input type="checkbox"/> The FAST Examination <input type="checkbox"/> Venous Access & DVT <input type="checkbox"/> Peripheral Nerve Blocks <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Pelvic Ultrasound <input type="checkbox"/> Testicular Ultrasound			
Advanced Ultrasound* Half-Day: <input type="checkbox"/> 9am-1pm <input type="checkbox"/> 12pm-4pm	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$550.00
Pick 3 modules:	<input type="checkbox"/> Image Acquisition and Instrumentation <input type="checkbox"/> Gallbladder, Renal and Aorta <input type="checkbox"/> The FAST Examination <input type="checkbox"/> Venous Access & DVT <input type="checkbox"/> Peripheral Nerve Blocks <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Pelvic Ultrasound <input type="checkbox"/> Testicular Ultrasound			
Introductory Ultrasound* (8am-4:15pm)	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$575.00	<input type="checkbox"/> \$525.00	<input type="checkbox"/> \$675.00
2011 LLSA Review Course* (1pm-5pm)	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00
PEDS Procedure Lab* (8am-12pm)	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$475.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$575.00
Practice Management Bootcamp (8am-4:30pm)	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00
This Won't Hurt a Bit! Regional Anesthesia for the ED (8am-12pm)	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00
Wellness for the Emergency Physician (1pm-5:15pm)	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$500.00
Wednesday, February 8, 2012 - Friday, February 10, 2012				
<i>General Assembly Registration</i>	Required Refundable Deposit for AAEM Members		Registration Fee for Non-AAEM Members	
<i>AAEM/RSA Resident & Transitional Member</i>	<input type="checkbox"/> \$200.00**		<input type="checkbox"/> \$500.00	
<i>AAEM/RSA Student Member</i>	<input type="checkbox"/> \$100.00** <input type="checkbox"/> I am attending the Resident In-Service (Free)		<input type="checkbox"/> \$150.00*** <input type="checkbox"/> I am attending the Resident In-Service (\$75.00)	
<i>Allied Health Professional</i>	<input type="checkbox"/> \$50.00**/** <input type="checkbox"/> I am attending the Scientific Assembly only <input type="checkbox"/> I am attending the Student Track only <input type="checkbox"/> I am attending both the Scientific Assembly and the Student Track		<input type="checkbox"/> \$100.00*** <input type="checkbox"/> I am attending the Scientific Assembly only <input type="checkbox"/> I am attending the Student Track only <input type="checkbox"/> I am attending both the Scientific Assembly and the Student Track	
			TOTAL: _____	

*Some of these activities are held concurrently. Due to their hands-on format, registration in each of the pre-conference courses is limited.
 ** 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 2012-2013 AAEM/RSA membership dues, with remaining amount refunded.

I would like to donate my deposit to the AAEM Foundation. I do not want my name published in AAEM materials/publications in recognition of my donation.

Method of Payment (check one): Check VISA MasterCard Discover

Card Number: _____ Expiration Date: _____

Cardholder Name: _____

Signature: _____

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

Return completed form with appropriate payment to:
 18th 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 18th 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 website or other AAEM materials. Your attendance at the conference constitutes your permission and consent for this photography.