WEDNESDAY, OCTOBER 23

8:00-9:00 am  PRODUCT THEATER OPPORTUNITY (breakfast)

9:30-10:00 am  Welcome & Opening Remarks – Stephanie Ludtke, CME Chair & Julie Doyle, WAPA President

10:00-11:00 am  Pharmacology Update: New Meds – Ernest Stremski, MD, MBA, Concordia University Wisconsin

11:00 am-12:00 pm  Sleep Disorders – Anthony Reider, MD, Alliance

12:00-1:30 pm  LUNCH

1:30-2:30 pm  Acute Mountain Sickness: Prevent, Diagnose and Treat – Charles Pearce, MD, Madison Emergency Physicians

- Recognize the key features of and complications from acute mountain sickness, including high altitude cerebral edema and high-altitude pulmonary edema.
- Create prevention and treatment plans for acute mountain sickness assessing particular high-risk individuals and trips.
- Explore the medical preparation and considerations for a Mount Kilimanjaro hiking trip

Domestic Abuse: Recognition and Management – Sharain Horn-Dalzin, RN, MSN, Advocate / Aurora Health

2:30-3:30 pm  Musculoskeletal Imaging: Pearls & Pitfalls – Keith Baynes, MD, Medical College of Wisconsin

- Review radiographic projections, basic anatomy and common pathologic conditions
- Review the importance of utilizing a search pattern in Radiology.
- Review “don’t-miss” findings in MSK imaging, as well as common normal variants mistaken for pathology.

Neurological Emergencies: When Minutes Matter – Megan Zellmer, PA-C, Mayo Clinic Health System

This presentation will inform learners of the signs and symptoms of various neurological emergencies such as status epilepticus, acute stroke, intracerebral hemorrhage, meningitis, and brain herniation syndromes. Key diagnostic tests and therapeutic interventions will be discussed for management of these disorders. Time will also be spent on differentiating central and peripheral vertigo through physical examination skills.

- Describe and recognize the subtle and overt presentations of various neurological emergencies.
- List key diagnostic tests available in the ED to further evaluate for various neurological presentations.
- Outline appropriate therapeutic interventions and other management of patients presenting with serious neurological conditions.
3:30-4:00 pm  COFFEE BREAK

4:00-5:00 pm  Session 1 TBA
Session 2 TBA

5:30-7:30 pm  PRODUCT THEATER OPPORTUNITY (dinner or reception)

THURSDAY, OCTOBER 24

7:00-8:00 am  PRODUCT THEATER OPPORTUNITY (breakfast)

7:00 am-5:00 pm  EXHIBIT HALL OPEN

8:00-9:00 am  The Nuts and Bolts of Mechanical Ventilation – Sarah Vanderlinden, MPAS, PA-C, DFAAPA
- Identify indications and contraindications for invasive and non-invasive mechanical ventilation.
- Describe the most common modes for invasive and non-invasive mechanical ventilation.
- Explain considerations for monitoring, management and interventions that may be required for patients on mechanical ventilation.
- Recognize best practices and quality standards for patients on mechanical ventilation.

Nephrology Update – Greg Poulton, PA-C, Medical College of Wisconsin

9:00-10:00 am  Pediatric Lipid Screening – Amy Peterson, MD, University of WI-Madison
An Update on Vascular Disease – Stephen Robischon, MPAS, PA-C, Medical College of Wisconsin
This session will encompass a review on the natural history, work-up and basic management of common vascular diseases, including carotid artery disease, peripheral artery disease (PAD), abdominal aortic aneurysms (AAA) and lower extremity venous disease for non-vascular providers.
- Discuss the most common risk factors for vascular diseases.
- Perform screening and conduct a basic work-up for common vascular diseases (i.e. exam findings and diagnostic/imaging modalities).
- Discuss the basic medical management of common vascular diseases, including when to refer to a vascular specialist.

10:00-10:30 am  COFFEE & EXHIBITOR MINGLE

10:30-11:30 am  Bone Health and Osteoporosis: Clinical Pearls and Why it Should Matter to You – Erin Zepezauer, NFP, APNP, Medical College of Wisconsin
During this presentation, we will discuss the current osteoporosis epidemic and what role providers have in preventing debilitating fractures in their patients. We will review DXA scans and discuss the importance of reviewing the images. We will discuss risk factors for osteoporosis, calcium and vitamin D recommendations, criteria for diagnosing osteoporosis and treatment for osteoporosis.
- List risk factors for osteoporosis.
- Explain why screening for osteoporosis is so important.
- List criteria for the diagnosis of osteoporosis.

Pulmonary Hypertension Update – Farhan Raza, MD, University WI-Madison

11:30 am-12:30 pm  Managing Cardiovascular Risk in Patients with Type 2 Diabetes: Emerging Concepts – Ji Hyun (CJ) Chun, PAC, MPAS, BC-ADM, Optum Care Medical Group
Cardiovascular disease (CV) is the most common cause of death in patients with diabetes. Efforts in lowering the CV risk in patients with DM2 has long been the main interest with conflicting results. We will review the most recent CV outcome trials (CVOT) with newer antidiabetic agents and apply to our current practice.
- Describe the pathophysiology of type 2 diabetes and CVD.
- Review the previous strategies addressing CV risk through glucose control and recent results of recent CV outcome trials (CVOT).
- Select an appropriate second agent based on a patient's cardiovascular risk profile.
12:30-1:30 pm  LUNCH (provided)

1:30-2:30 pm  Leadership & Culture Building – Jeffrey Thompson, MD, Gundersen Health System
Diabetes Meds / Management Update – Carlos Mendez, MD, FACP, Medical College of Wisconsin

2:30-3:30 pm  Influencing Without Authority – Kimara Ellefson, Medical College of Wisconsin
Influence does not only come from those in formal leadership roles. Influencing others to meet objectives is a skill that can be learned, regardless of formal authority, rank or title. Through the application of Cohen and Bradford’s “Influence Model,” the session will cover the skills necessary to influence others to be more effective in their roles.

- Describe what influence means in the context of authority.
- Distinguish between personal and positional sources of power.
- Apply the influence model to increase your influence by identifying potential allies and understanding work style preferences.

Polycystic Ovarian Syndrome – Laura Cooney, MD, University of Wisconsin-Madison

3:30-4:00 pm  COFFEE & EXHIBITOR MINGLE

4:00-5:00 pm  Evidence-Based Preoperative Evaluation – Kurt Pfeifer, MD, FACP, SFHM, Medical College of Wisconsin
Perioperative medicine is becoming increasingly important and challenging as the surgical population becomes older and more medically complex. Many clinicians receive no formal training in preoperative evaluation or postoperative care. The two are linked since a good preoperative evaluation incorporates plans for care throughout the perioperative setting. This presentation will cover key aspects of performing evidence-based preoperative evaluation.

- Employ cost-effective perioperative care; Identify common areas of misunderstanding in perioperative medicine.
- Utilize recent literature to provide evidence based medical care to surgical patients

Session 2 TBA

5:00-6:00 pm  NETWORKING / SPONSOR OPPORTUNITY

6:00-8:00 pm  WAPA Foundation Dinner & Awards

FRIDAY OCTOBER 25

7:00 am-5:00 pm  EXHIBIT HALL OPEN

7:00-8:00 am  SPONSORED BREAKFAST: BRILINTA – Maria O’Connor, PA-C, AstraZeneca

8:00-9:00 am  Past, Present & Future of Bariatric Surgery – Rana Higgins, MD, FACS, FASMBS, Medical College of Wisconsin
Bariatric surgery is currently the most effective long-term solution for morbid obesity. These procedures provide a neurohormonal and metabolic impact that significantly affects various medical conditions, most significantly diabetes.

- Identify and differentiate between historical compared to present day bariatric surgery procedures.
- Discuss the neurohormonal mechanisms that contribute to the long-term effective of bariatric surgery.
- Determine the metabolic impact of bariatric surgery, specifically regarding diabetes management.

Primary Care Update of Pre-Exposure Prophylaxis for Prevention & Infective Endocarditis in People Who Inject Drugs – Robert Paxton, PA-C, Marquette University

9:00-10:00 am  Obesity: Non-Operative Management – Bradley Javorsky, MD, Froedtert
Toxidromes in the Poisoned Patient– Douglas Borys, PharmD, DABAT, FAACT, Concordia University of Wisconsin
Introduce the idea of a toxidrome and how knowing a constellation of signs and symptoms may help in managing patients. After defining a five common toxidromes my plan is to note a deviation to each. Or when the toxidrome is not perfect or a surprise finding. Finally, close by talking briefly about the Wisconsin Poison Center.

- Describe and define a toxidrome and how to apply that information to your patients.
- Compare and contrast sedative, sympathetic, cholinergic, anticholinergic and opioid toxidromes.
- Differentiate between a “classic” toxidrome and an anomaly.
- Identify the value of the Wisconsin Poison Center to you in your practice.
10:00-10:30 am  **COFFEE & EXHIBITOR MINGLE**

10:30-11:30 am  **Pediatric Obesity** – Alvina Kansra, MD, Medical College of Wisconsin  
**Interacting with a Drug-Seeking Patient** – Michael McNett, MD, Advocate / Aurora Health  
A substantial percentage (at least 40%) of chronic opioid patients have opioid use disorder. The primary purpose of this subset of pain patients is to maximize the amount of opioids that are prescribed to them, including by manipulating their providers. This presentation will instruct the participants in how to identify when this is happening, address the behavior in an optimal way (including scripting language for them), and maintain healthy boundaries with the patient while doing so. It will also help the providers deal with their own feelings that may result from these interactions.

- Identify basic characteristics of functional pain syndromes, including Opioid Use Disorder.
- Identify when a patient is trying to manipulate them into providing opioids that are not in the patient's best interest.
- Calmly and professionally address those behaviors in a way that minimizes antagonism and bad feelings on the part of both the patient and the provider.

11:30-12:30 pm  **Rx Fat: Ketogenic Therapy for Adults with Epilepsy** – Elizabeth Felton, MD, PhD, University of Wisconsin-Madison  
There are four main management strategies for patients with epilepsy - drugs/medications, surgery, neurostimulation, and dietary therapies. Dietary therapies are underutilized, in part due to misconceptions and in part due to lack of access. This talk will focus on the use of ketogenic diet therapy as an adjunct for epilepsy treatment in adults. There will also be an overview of the UW Health Adult Epilepsy Dietary Therapy Clinic.

- Discuss basic concepts of ketogenic diet therapy and how it can be used for adults.
- Identify adults with epilepsy who may benefit from ketogenic diet therapy.
- Discuss unique considerations for starting ketogenic diet therapy in adults (as compared to children).

**Complex Regional Pain Syndrome** – Michael Jung, MD, Advanced Pain Management