AGENDA

THURSDAY, MARCH 7

7:00 a.m. Breakfast

7:30 a.m. – 8:00 a.m. Welcome/Introductions and Tips for Success
Heather Draper, PharmD, BCPS, BCEMP

ACPE Number: 0204-9999-24-910-L01-P
Application-based: 4.0 contact hours

8:00 a.m. – 9:30 a.m. Complex Case: Surgery and Trauma - Blunt Trauma
Juliana Zschoche, PharmD, BCPS, BCEMP
Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, medication use, acuity indices).
2. Interpret signs, symptoms, and laboratory other diagnostic test results.
3. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.
4. Modify treatment plan based upon monitoring the patient’s response to initial therapy.

9:30 a.m. – 9:45 a.m. BREAK

9:45 a.m. – 10:45 a.m. Complex Case: Surgery and Trauma - Penetrating Trauma
Heather Tilley, PharmD
Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, medication use, and acuity indices).
2. Interpret signs, symptoms, acuity indices, laboratory and other diagnostic results (e.g., pre-hospital care).
3. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.
4. Select alternative routes of administration based upon patient-specific factors.
5. Modify treatment plan based upon patient’s response to initial therapy.
10:45 a.m. – 12:15 p.m.  Complex Case: Infectious Diseases - Meningitis
Josh Heffren, PharmD, BCPPS
Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, relevant acuity indices).
2. Interpret signs, symptoms, laboratory and other diagnostic and acuity results.
3. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.
4. Select alternative routes of administration based upon patient-specific factors.
5. Summarize strategies for procurement, preparation, and administration of time-sensitive therapies.
6. Modify treatment plan based upon patient’s response to initial therapy.

12:15 p.m. – 1:30 p.m.  LUNCH (on your own)
ACPE Number: 0204-9999-24-911-L01-P
Application-based: 4.0 contact hours

1:30 p.m. – 3:30 p.m.  Statistics, Evidence-Based Medicine, and Research Design
Emily Frederick, PharmD, BCPS
Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Given an excerpt from a study...Evaluate quality and appropriateness, with specific attention to study design, statistical analysis, internal/external validity, source of bias/confounders, and quality of conclusions and interpretation of graphs.
2. Explain why a statistical test is appropriate or not appropriate, based on the sample distribution, data type, and study design.
3. Interpret clinical and statistical significance for results from commonly used statistical tests.
4. Explain the strengths and limitations of different types of measures of central tendency (mean, median, and mode) and data spread (standard deviation, standard error of the mean, range, and interquartile range).
5. Evaluate odds ratio, risk/incidence rate, relative risk, number needed to treat, number needed to harm, and other risk estimates.
6. Assess whether the study applies to a specified patient population.

3:30 p.m. – 3:40 p.m.  BREAK
### Complex Case: Seizures and Status Epilepticus
David Zimmerman, PharmD, BCCCP, BCEMP, FASHP

**Objectives:**
At the end of the presentation, the pharmacist should be able to:

1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, relevant acuity indices, pre-hospital providers).
2. Evaluate medication-related problems based on presentation, history (e.g., pre-hospital providers), medication use, and laboratory data.
3. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.
5. Modify treatment plan based upon patient’s response to initial therapy.

### Complex Case: Ischemic Stroke
Gabrielle Procopio, PharmD, BCPS, BCEMP

**Objectives:**
At the end of the presentation, the pharmacist should be able to:

1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, relevant acuity indices).
2. Evaluate medication-related problems based on presentation, history (e.g., pre-hospital providers), medication use, and laboratory data.
3. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.
5. Modify treatment plan based upon patient’s response to initial therapy.
FRIDAY, MARCH 8

7:00 a.m.  Breakfast

7:30 a.m. – 7:35 a.m.  Welcome and Announcements

ACPE Number: 0204-9999-24-912-L01-P
Application-based: 3.5 contact hours

7:35 a.m. - 8:35 a.m.  Complex Case: Cardiovascular – Acute Coronary Syndrome
Heather Draper, PharmD, BCPS, BCEMP

Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, relevant acuity indices, pre-hospital providers).
2. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-related information, and laboratory data.
4. Assess applicability and limitations of published data and reports to care of patient.
5. Modify treatment plan based upon monitoring patient’s response to initial therapy.

8:35 a.m. – 9:35 a.m.  Complex Case: Cardiovascular - Acute Decompensated Heart Failure
Kyle Weant, PharmD, BCPS, BCCCP, FCCP

Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Assess patient presentation based upon patient-specific signs, symptoms, acuity indices, laboratory and other diagnostic results.
2. Evaluate medication-related problems based on presentation, history (e.g., pre-hospital providers), medication use, and/or laboratory data.
4. Modify treatment plan based upon patient’s response to initial therapy.

9:35 a.m. – 9:50 a.m.  BREAK
9:50 a.m. – 11:20 a.m.  Complex Case: Cardiovascular - Dysrhythmia
Curtis Geier, PharmD, BCCCP
Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, relevant acuity indices, pre-hospital providers).
2. Summarize strategies for procurement, preparation, and administration of time-sensitive therapies.
3. Modify treatment plan based upon patient’s response to initial therapy.

ACPE Number: 0204-9999-24-913-L01-P
Application-based: 4.5 contact hours

11:20 a.m. – 12:20 p.m.  Complex Case: Obstetric Emergencies
Jenny Koehl, PharmD, BCPS, BCEMP
Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, relevant acuity indices) and best available evidence.
2. Interpret signs, symptoms, and laboratory and other relevant diagnostic test results.
3. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.
4. Modify treatment plan based upon monitoring the patient’s response to initial therapy.

12:20 p.m. – 1:35 p.m.  LUNCH (on your own)

1:35 p.m. – 2:35 p.m.  Complex Case: Endocrine
Libby Johnson, PharmD, BCPS, BCEMP
Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Interpret signs, symptoms, laboratory and other diagnostic and acuity results.
2. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.
3. Select alternative routes of administration based upon patient-specific factors.
4. Modify treatment plan based upon monitoring the patient’s response to initial therapy.
5. Develop education, discharge and follow-up care plans based upon patient-and disease specific factors to improve adherence and continuity of care.
2:35 p.m. – 3:35 p.m.  Complex Case: Headache  
David Zimmerman, PharmD, BCCCP, BCEMP, FASHP  
Objectives:  
At the end of the presentation, the pharmacist should be able to:  
1. Evaluate medication-related problems based on presentation, history (e.g., pre-hospital providers), medication use, and laboratory data.  
2. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.  
3. Modify treatment plan based upon patient’s response to initial therapy.  
4. Develop education, discharge and follow-up care plans based upon patient- and disease specific factors to improve adherence and continuity of care.

3:35 p.m. – 3:45 p.m.  BREAK

3:45 p.m. – 5:15 p.m.  Complex Case: Psychiatry  
Jenny Koehl, PharmD, BCPS, BCEMP  
Objectives:  
At the end of the presentation, the pharmacist should be able to:  
1. Interpret signs, symptoms, laboratory and other diagnostic and acuity results.  
2. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.  
3. Select alternative routes of administration based upon patient-specific factors.  
4. Modify treatment plan based upon monitoring patient’s response to initial therapy.  
5. Assess applicability and limitations of published data and reports to care of patient.
SATURDAY, MARCH 9

7:00 a.m.  Breakfast

7:30 a.m. – 7:35 a.m.  Welcome and Announcements

ACPE Number: 0204-9999-24-914-L01-P
Application-based: 4.0 contact hours

7:35 a.m. – 9:05 a.m.  Complex Case: Toxicology - Adult
Megan Musselman, PharmD, MS, BCPS, BCCCP, BCEMP, DPLA, FCCP, FASHP
Objectives:
1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, relevant acuity indices).
2. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.
3. Interpret signs, symptoms, and laboratory and other relevant diagnostic test results.
4. Evaluate policies and processes for availability of essential drugs (e.g., drug shortages) and emergency preparedness.
5. Summarize strategies for procurement, preparation, and administration of time-sensitive therapies.
6. Modify treatment plan based upon monitoring the patient’s response to initial therapy.

9:05 a.m. – 9:20 a.m.  BREAK

9:20 a.m. – 10:50 a.m.  Complex Case: Toxicology - Pediatric
Ryan Feldman, PharmD, BCPS, DABAT
Objectives:
1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, relevant acuity indices).
2. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.
4. Modify treatment plan based upon patient’s response to initial therapy.
10:50 a.m. – 11:50 a.m.  Complex Case: Hematology  
Marianne Pop, PharmD, MPH, BCPS  
**Objectives:**  
At the end of the presentation, the pharmacist should be able to:  
1. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.  
2. Modify treatment plan based upon monitoring the patient's response to initial therapy.  
3. Develop discharge and follow-up care plans based upon patient- and disease specific factors to improve adherence and continuity of care.

11:50 a.m. – 1:05 p.m.  LUNCH (on your own)

ACPE Number: 0204-9999-24-915-L01-P  
Application-based: 4.0 contact hours

1:05 p.m. – 2:05 p.m.  Complex Case: Hepato-gastrointestinal  
Andrew Smith, PharmD, MBA, BCPS, BCCCP, BCEMP  
**Objectives:**  
At the end of the presentation, the pharmacist should be able to:  
1. Interpret signs, symptoms, laboratory and other diagnostic and acuity results.  
2. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.  
3. Select alternative routes of administration based upon patient-specific factors.  
4. Modify treatment plan based upon monitoring the patient's response to initial therapy.

2:05 p.m. – 3:35 p.m.  Complex Case: Infectious Diseases - Sepsis  
Liz Rozycki, PharmD, BCPS, BCEMP  
**Objectives:**  
At the end of the presentation, the pharmacist should be able to:  
1. Develop therapeutic and monitoring plans based on medication-related, patient- and disease-specific information, laboratory data, and available evidence.  
2. Summarize strategies for procurement, preparation, and administration of time-sensitive therapies.  
3. Modify treatment plan based upon patient's response to initial therapy and stewardship guidelines.  
4. Evaluate medication use protocols for adherence to evidence-based guidelines.  
5. Identify principles of quality assurance and continuous quality improvement (e.g., RAC, MUE).

3:35 p.m. – 3:45 p.m.  BREAK
Complex Case: Outpatient Infectious Diseases
Heather Draper, PharmD, BCPS, BCEMP

Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Interpret signs, symptoms, and laboratory and other relevant diagnostic test results.
2. Develop therapeutic and monitoring plans based on medication-related problems, patient- and disease-specific information, and laboratory data.
3. Develop discharge and follow-up care plans based upon patient- and disease specific factors and public health recommendations to ensure continuity of care.

Closing Remarks
RECORDED-ONLY TOPICS

In addition to the programming presented live, there are two additional presentations (2.5 credit hours total) provided in an audio-recorded format. The presentations are as follows:

ACPE Number: 0204-9999-24-916-H01-P
Application-based: 2.5 contact hours

Complex Case: Oncology
Maggie Ma, PharmD, BCPS
Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, laboratory data).
2. Summarize strategies for procurement, preparation, and administration of time-sensitive therapies.
3. Modify treatment plan based upon monitoring the patient’s response to initial therapy.

Complex Case: Pulmonary
Daniel Jarrell, PharmD, BCCCP, BCPS
Objectives:
At the end of the presentation, the pharmacist should be able to:
1. Identify initial management in medical emergencies using available patient-specific information (e.g., age-related, risk factors, relevant acuity indices).
2. Summarize strategies for procurement, preparation, and administration of time-sensitive therapies.
3. Adjust patient-centered care plan based upon response, monitoring and patient-specific information.
4. Identify adverse drug events and medication errors in emergency medicine.
5. Evaluate protocols for adherence to evidence-based guidelines to assure safe and cost effective medication use and optimal resource allocation.
ACCREDITATION FOR PHARMACISTS

The American Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education with Commendation.

The American College of Clinical Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

All continuing pharmacy education credits must be claimed within 60 days of the live session you attend. To be sure your CE is accepted inside of ACPE’s 60-day window, plan to process your CE before May 1, 2024!
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