

## Clinical Content for Fall Anaheim Conference

UCAOA is beginning a new plan for its educational conference presentations, in response to ongoing educational-needs surveys from members and a process of strategic planning by the Board of Directors and several related committees. As a result, the basic content for the Anaheim Conference is now predefined, as outlined below, rather than being more free-form. There will be three topical tracks – Essentials, Advanced and Occupational Medicine. Speakers are invited to submit proposals for presentations in any area. Having presented on the same or similar topic in the past is helpful, but not a prerequisite. What is most important is that a speaker has a deep understanding of the subject matter and an ability to communicate well and anticipate participant needs.

**Essentials Track** Urgent Care Medicine comprises a unique knowledge and skill set which, as a whole, is not part of current medical education, and many clinicians who are starting practice or have already been in practice in Urgent Care, are seeking to “fill-in the gaps”. This educational pathway is designed to provide any clinician – physician, PA, or NP – with the broad range of the fundamental knowledge needed to manage the most common and important medical problems and needs seen in the Urgent Care setting. While not a “textbook review”, these sessions will cover the history and exam features which can help make a diagnosis or risk-stratify a patient, the use and interpretation of tests commonly available in most Urgent Cares, the recognition of “red flag” presentations of higher-risk conditions, and the recommended treatment, disposition and follow-up of patients.

Each presentation should contain the following, at a minimum.

- **UC approach to the patient with acute abdominal pain, GI and GU complaints, including care of the pregnant patient**
  - Basics of history-taking and examination (including considering cardiac/chest causes of abdominal symptoms) and testing strategies
  - Risk-stratification for surgical or more complicated non-surgical disease
  - Who can be sent home, who requires which UC testing (if available), who needs to go to ED/hospital for testing/treatment/admission/consultation
  - Review the indications for and essentials of interpreting plain films of the abdomen
  - Issues with pregnant patients – recognizing/managing ectopic pregnancy/threatened miscarriage and the PIH/eclampsia spectrum
  - Review treatment of those patients with conditions who can safely be evaluated and discharged from UC – AGE, uncomplicated diarrhea, dyspepsia/gastritis/PUD, biliary colic, ureteral stone, vulvovaginitis, threatened miscarriage
  - Can briefly address the care of unstable patients with GI/GU conditions but leave the major discussion of that to the “Emergencies” presentation
- **UC approach to the patient with acute chest pain and/or shortness of breath, palpitations, and syncope**
  - Basics of history-taking and examination (including considering abdominal causes of chest symptoms) and testing strategies
  - Risk-stratification for ACS, PE (HEART score, PERC rule, syncope rules)
  - Who can be sent home, who requires which UC testing (if available), who needs to go to ED/ hospital for testing/treatment/admission/consultation
  - Review the indications for and essentials of interpreting CXRs
  - Review treatment and follow-up of those patients with conditions who can safely be evaluated and discharged from UC – GERD, pleuropericarditis, chest wall pain

## Clinical Content for Fall Anaheim Conference

- syndromes, asthma/COPD exacerbation, acute bronchitis, palpitations and syncope without red flags
- Can briefly address the care of unstable patients with cardiopulmonary conditions but leave the major discussion of that to the “Emergencies” presentation
- **UC approach to the patient with acute nontraumatic headache and other neurological complaints, including concussion and dizziness**
  - Basics of history-taking and examination and testing strategies
  - Who can be sent home, who requires which UC testing (if available), who needs to go to ED/ hospital for testing/treatment/admission/consultation
  - Review treatment and follow-up of those patients with conditions who can safely be evaluated and discharged from UC – migraine, tension headache, r/o temporal arteritis, minor TBI, radiculopathy, peripheral vertigo
  - Can briefly address the care of unstable patients with neurological conditions but leave the major discussion of that to the “Emergencies” presentation
- **Handling medical emergencies in UC – Essentials**
  - Managing the unstable patient with chest pain and/or dyspnea
  - Managing the unstable patient with altered mental status, seizure or stroke
  - Managing the unstable patient with an allergic reaction
  - Managing the unstable patient with uncontrolled bleeding – GI, GU, external
  - Managing the patient with hypotension and/or syncope
  - Managing the “peri-arrest” patient (review of the most practical elements of the ACLS and PALS guidelines)
- **Wound and burn care/Dermatology Essentials**
  - Basics of history-taking and examination and testing strategies for patients with wounds (lacerations, puncture wounds, avulsions/amputations, skin tears), burns and rashes
  - Procedures – topical/local anesthesia, wound repair (debridement, suture techniques, tissue glue, wound tape), foreign body removal (splinters, fish-hook), burn care, abscess I&D, paronychia treatment, subungual hematoma treatment
  - Review tetanus vaccination schedule and use of tetanus immunoglobulin, including for the previously un- or under-immunized
  - Review burn center referral criteria
  - Identification and treatment of common rashes – contact dermatitis, urticaria, angioedema, cellulitis, erythema multiforme, various forms of tinea spectrum, Candida, pityriasis rosea, various forms of herpes
  - Recognition of rashes indicating potentially more severe disease – bullous disease, nontraumatic purpura, petechiae, necrotizing fasciitis, SJS/TEN spectrum
- **Treating common infections seen in UC**
  - Basics of history-taking, examination, any UC testing strategies, and treatment and follow-up for pediatric and adult patients with:
    - Acute/chronic sinusitis
    - Acute bronchitis
    - Acute pharyngitis
    - Otitis media and externa
    - Influenza
    - Pneumonia – CAP and risk-stratifying for HCAP
    - Cystitis and pyelonephritis
    - Cellulitis/abscess
    - Sexually transmitted infections

## Clinical Content for Fall Anaheim Conference

- Recognizing how to modify usual practice in more complicated patient populations – immunocompromised (chemo/neutropenia, immunosuppressant meds, liver and renal disease), pregnant, elderly, chronic heart or lung disease
- **Occupational Medicine Essentials** (there is a separate track for which the entire 10 hours is Occupational Medicine, so this presentation is a basic overview)
  - Discussion of how the patient-clinician relationship is different than for non-workers' comp, eg, implications of time off work being different, dealing with patient expectations
  - Philosophy of active return-to-work, handling interactions with and expectations of employers and case managers
  - Basic rules, regulations, workers-comp-specific paperwork, causation determination, work status determinations, implications of the ACOEM guidelines
  - Review of the basic care of back/neck pain, joint sprains, RSIs and CTS according to the ACOEM guidelines (assume the diagnosis has been made and primarily discuss care plan – but do mention more complicated conditions – rotator cuff tears, knee derangements need to be evaluated for, though they will be discussed more in the ortho section)
  - Medical surveillance programs – hearing conservation, respiratory, metals
  - Physical exams – pre-employment, commercial driver, surveillance program exams
- **Pediatric UC Essentials**
  - Approach to neonatal and pediatric fever
  - Identification and management of pediatric-specific infections – bronchiolitis, fifth disease, roseola, peds pneumonia (otitis media, pharyngitis discussed elsewhere)
  - Pediatric asthma management
  - Recognizing and treating pediatric-specific trauma – torus and supracondylar fractures, toddler fracture, bowing deformity, Salter-Harris injuries, nursemaid's elbow
  - Recognizing child abuse and neglect; reporting requirements
  - Pediatric head trauma, PECARN decision-rule for imaging
  - Neonatal issues – presentation of congenital conditions after discharge from the nursery
- **Ophthalmology Essentials**
  - Basics of history-taking, examination, use of Woods lamp, slit lamp, tonometry
  - Management of blunt eye trauma, recognizing hyphema and deeper injury
  - Approach to the red and/or painful eye
  - Approach to the patient with visual disturbance or visual loss
  - Techniques, precautions, and limitations of removal of conjunctival and corneal foreign bodies
- **Orthopedic essentials**
  - Review the diagnosis and management of commonly seen fractures
    - Ankle, radial head, wrist
  - Review the diagnosis and management of commonly seen soft tissue injuries
  - Review the recognition of more complicated problems
    - Compartment syndrome
    - Neurovascular compromise in trauma
    - Primary neurovascular disorders presenting as musculoskeletal problems
    - DVT
  - Review the essentials of interpreting musculoskeletal xrays
  - Review basic procedures in orthopedics – reduction of finger fractures, nursemaid's elbow, basic splinting

## Clinical Content for Fall Anaheim Conference

**Occupational Medicine Track** Occupational medicine is being practiced in Urgent Care settings on an increasing basis, driven by community need and convenient access to care and it has its own knowledge and skill base. This educational pathway is designed to provide a clinician – physician, PA, or NP – with the fundamental knowledge needed to feel comfortable assessing and treating patients with occupational medicine needs in the Urgent Care setting.

Each presentation should contain the following, at a minimum.

- **General orientation to Occupational Medicine**
  - Overview of the knowledge, mindset and services which are different in Occ Med vs medicine in general
    - Clinician-patient relationship
    - Impact of the employer, insurer, case manager
    - Goals of treatment – functional restoration vs complete pain relief
    - Different patient motivators – no copays, differences in disability pay for work vs nonwork injuries
  - Understanding the unique equipment and devices (interpretation discussed in a separate session)
    - Audiometry testing
    - Spirometry
    - Vision testing devices
  - Impact of the ACOEM Guidelines on patient care
- **Regulations, paperwork, occupational causation concerns**
  - Regulations for workplace safety and surveillance (mechanics discussed in a separate session) and injury care (discussed further here)
  - First reports of injury – proper form completion and implications
  - Follow-up reports
  - Determining causation
  - "Presumption" situations
  - Overview of medicolegal examinations, IMEs, QMEs and when they are needed to help a claim or patient
- **Physical capacity, impairment and disability**
  - Modified duty
  - Implications of time off work – temporary/permanent, partial/total disability
  - General issues of splint use/non-use in injury care
  - Ergonomics issues
  - Functional capacity evaluations
  - Workplace injury prevention
- **Physical examinations**
  - Pre-employment physical exams
    - Health, physical capacity, job descriptions
    - Implications of the ADA, reasonable accommodation
  - Commercial drivers examinations
  - Fitness for duty examinations
  - Drug screening
    - Regulations, NIDA vs nonNIDA
    - Utility of testing methods other than urine

## Clinical Content for Fall Anaheim Conference

- Proper collection, chain-of-custody
- Interpretation, MRO functions, what it takes to be certified
- Implications of company drug and alcohol policies
- **Medical surveillance programs** – test methods, periodicity, removal from work
  - Hearing conservation – audiometry interpretation
  - Respiratory protection – spirometry interpretation
  - Heavy metals – different testing modalities, interpretation
  - TB testing – indications, interpretation, periodicity
- **Occupational exposures**
  - Blood/body fluid and other potentially infectious exposures
  - Chemical/toxic/hazardous exposures and injuries
  - Occupational cancers
- **Review of ACOEM Guideline-recommended care – thoracolumbar and lower back pain/injury**
  - Diagnosis, determining causation
  - Duty modification
  - Treatment
  - Discuss how/when care and goals may differ from care outside of Workers’ Comp
- **Review of ACOEM Guideline-recommended care – neck and upper back pain**
  - Diagnosis, determining causation
  - Duty modification
  - Treatment
  - Discuss how/when care and goals may differ from care outside of Workers’ Comp
- **Review of ACOEM Guideline-recommended care – cumulative trauma disorders (RSIs) of the distal (elbow, wrist, hand and finger) upper extremity: tendonitis, epicondylitis, ganglions, nerve impingement syndromes**
  - Diagnosis, determining causation
  - Duty modification
  - Treatment
  - Discuss how/when care and goals may differ from care outside of Workers’ Comp
- **Review of ACOEM Guideline-recommended care – concussion and stress claims**
  - Diagnosis, determining causation
  - Duty modification
  - Treatment
  - Discuss how/when care and goals may differ from care outside of Workers’ Comp

**Advanced Urgent Care Track** Seasoned clinicians who are interested in “raising the bar” can attend these sessions to learn new techniques and knowledge, to improve their efficiency and expand the scope of their practice and proficiency.

Some ideas for subject matter are included with each topic but innovation is invited!

- **Advanced procedures**
  - Hematoma blocks, wrist fracture reductions
  - Epistaxis treatment
  - Peri-tonsillar aspiration
  - Intra-articular anesthesia for shoulder reductions

## Clinical Content for Fall Anaheim Conference

- Shoulder reduction techniques without anesthesia
- Complex wound repair, skin tear management
- **EKG interpretation and advanced cardiology concepts**
  - EKG signs of ischemia, higher-risk syncope, PE, pericarditis
  - Safe discharge of the chest pain patient from UC setting
  - Assessing and managing CHF in the UC setting
- **Update in CMS Quality metrics**
  - MACRA, MIPS mechanics
  - UC-appropriate indicators and how to achieve high quality while maintaining patient satisfaction
- **Asthma and COPD Update**
  - Step-wise care in Asthma
  - Importance and implications of personalized plans of care
  - Use of single-dose decadron in adults and children
  - In-clinic care
  - Use of spirometry
  - Changes in controller medication dosing for exacerbations
  - Disposition decisions
- **UC “Start to Finish”: managing more complicated conditions in the UC setting**
  - CHF exacerbation
  - DVT
  - Noncritical GI bleeding
  - Pneumonia
  - Atrial fibrillation
  - Acute hypertension
- **Managing facial, ophthalmic and dental trauma**
  - Evaluating for concussion
  - Evaluating for facial fractures – who needs XR vs CT
  - Nasal fracture management
  - Recognizing penetrating eye injuries
  - Managing globe contusion and hyphema, corneal injuries
  - Approach to dental subluxations and tooth fractures
  - Needed materials for acute dental care
- **What’s new and developing in diagnostic testing?**
  - Concussion diagnostic devices
  - Viral conjunctivitis tests
  - New viral infection testing for URI
  - New tests for possible primary or secondary bacterial infection
  - Strengths, weaknesses, and utility of each of the above
- **Clinical Decision Rules Every UC Provider should know**
  - HEART score
  - PECARN for pediatric head injury
  - Adult head injury instruments – NEXUS, Canadian rule
  - NEXUS and Canadian C spine rules
  - Clinical PERC rule for PE
  - Syncope rules
  - CURB-65 or PORT for pneumonia

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- **Update in managing chronic illnesses and how it affects the urgent care evaluation and management of patients**
  - Diabetes
  - Hypertension
  - Atrial fibrillation
  - Dementia
- **Advanced update in treating common infections in UC – review controversies and latest guidelines for treating**
  - Acute/chronic sinusitis
  - Acute bronchitis
  - Acute pharyngitis
  - Otitis media and externa
  - Influenza
  - Pneumonia – CAP and risk-stratifying for HCAP
  - Cystitis and pyelonephritis
  - Cellulitis/abscess
  - Sexually transmitted infections
  - Cutting edge: Bioelectricity

### **General format for all clinical presentations (as appropriate/available)**

- Definitions, scope, background
- Urgent care perspective/impact/focus
- Are there any relevant external (CMS, UCAOA, etc) quality metrics relating to the topic?
- Evidence basis, including most recent study evidence, analysis of study quality, and any Clinical Practice Guidelines (CPGs) from other specialties that are applicable to UC
- Diagnosis – Key H&P elements, UC and other testing, any applicable derived or validated Clinical Decision Instruments from other specialties that could be useful in UC (the idea behind decision instruments is not to have them substitute for judgement, but to inform, objectify or even improve clinical judgement)
- Recognizing “red flag” presentations which require prompt action – UC stabilizing care, transfer for definitive diagnostic evaluation or care
- Identifying low-risk patients who can be safely diagnosed or at least risk-stratified in the UC setting, for outpatient care and follow-up
- Treatment and follow-up – most current recommendations, CPGs for treatment, outcomes evidence, cost/quality analyses if available
- Are there changes in the chronic care of the patient that need to be understood/recommended, based on the acute presentation (eg, increasing controlled meds in patients with RAD exacerbation)
- Special populations – are there considerations for specific patient populations – immunocompromised, dialysis, cancer patients, pregnant patients, the very young or very old?
- Cutting-edge/future directions
- Emphasize practice-changing or practice-enhancing applications of the knowledge
- Take Home Points/Real Life Applications – pearls and boiled-down knowledge and tools, particularly those which relate to clinical “pain points” – what can be learned which makes the clinician’s life less of a hassle, more efficient
- References