



Clinical Updates for Nurse Practitioners and Physician Assistants: 2016

Activity Evaluation Summary

- CME Activity:** Clinical Updates for Nurse Practitioners and
Physician Assistants
Saturday, October 22, 2016
Phoenix Airport Marriott
Phoenix, AZ
- Course Directors:** Deborah Paschal, CRNP and Gregg Sherman, MD
- Date of Evaluation Summary:** November 2, 2016



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In October 2016, the National Association for Continuing Education (NACE) sponsored a live CME activity, **Clinical Updates for Nurse Practitioners and Physician Assistants: 2016**, in Phoenix, AZ.

This educational activity was designed to provide nurse practitioners and physician assistants the opportunity to learn about diagnosis and management of patients with varied conditions such as heart failure, atrial fibrillation, hepatitis B, psoriasis, IBS and chronic constipation, and obesity.

In planning this CME activity, the NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

Two hundred and sixty eight healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2016 in Phoenix, AZ. One hundred forty two healthcare practitioners actually participated in the conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred thirty eight completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION



The Association of Black Cardiologists, Inc. is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Association of Black Cardiologists, Inc. designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of 6 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 7 contact hours of continuing education (which includes 3.0 pharmacology hours).

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit*[™] from organizations accredited by ACCME or a recognized state medical society. PAs may receive a maximum of 7 Category 1 credits for completing this activity.

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	Mean: 3.21
MD	3	2.17	
DO	0	0.00	
NP	109	78.99	
PA	12	8.70	
RN	5	3.62	
Other	4	2.90	
No Response	5	3.62	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Atrial Fibrillation:

Response	Frequency	Percent	Mean: 2.62
None	22	15.94	
1-5	55	39.86	
6-10	31	22.46	
11-15	14	10.14	
16-20	5	3.62	
21-25	4	2.90	
> 25	3	2.17	
No Response	4	2.90	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: IBS and Chronic Constipation:

Response	Frequency	Percent	Mean: 3.02
None	12	8.70	
1-5	44	31.88	
6-10	43	31.16	
11-15	15	10.87	
16-20	7	5.07	
21-25	6	4.35	
> 25	6	4.35	
No Response	5	3.62	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Heart Failure:

Response	Frequency	Percent	Mean: 2.57
None	27	19.57	
1-5	55	39.86	
6-10	27	19.57	
11-15	14	10.14	
16-20	5	3.62	
21-25	1	0.72	
> 25	6	4.35	
No Response	3	2.17	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Hepatitis B:

Response	Frequency	Percent	Mean: 1.90
None	55	39.86	
1-5	60	43.48	
6-10	9	6.52	
11-15	3	2.17	
16-20	1	0.72	
21-25	1	0.72	
> 25	4	2.90	
No Response	5	3.62	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Psoriasis:

Response	Frequency	Percent	Mean: 2.17
None	27	19.57	
1-5	83	60.14	
6-10	14	10.14	
11-15	2	1.45	
16-20	3	2.17	
21-25	2	1.45	
> 25	3	2.17	
No Response	4	2.90	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Obesity:

Response	Frequency	Percent	Mean: 4.83
None	5	3.62	
1-5	9	6.52	
6-10	20	14.49	
11-15	22	15.94	
16-20	28	20.29	
21-25	14	10.14	
> 25	36	26.09	
No Response	4	2.90	

Upon completion of this activity, I can now: Identify those patients at risk for cardioembolic stroke who are appropriate candidates for anticoagulation; Recognize common misperceptions about anticoagulation risk to improve communication and patient adherence; Discuss the management of bleeding in patients on anticoagulants; Describe the role of continued anticoagulation in the setting of emerging non-pharmacologic therapy:

Response	Frequency	Percent	Mean: 1.20
Yes	111	80.43	
Somewhat	23	16.67	
Not at all	2	1.45	
No Response	2	1.45	

Upon completion of this activity, I can now: Recognize risk factors and use of biomarkers in the diagnosis, prognosis and risk stratification of heart failure; Understand the pathophysiologic and cultural differences between racial groups in determining management strategies for heart failure; Demonstrate ability to recognize patients at risk for early heart failure based on physical exam and other clinical factors; Implement evidence based strategies to decrease symptoms and improve quality of life for patients with heart failure.

Response	Frequency	Percent	Mean: 1.26
Yes	104	75.36	
Somewhat	31	22.46	
Not at all	2	1.45	
No Response	1	0.72	

Upon completion of this activity, I can now: Identify which patients should be screened for HBV according to US Preventive Services Task Force recommendations; Identify patients who need referrals to specialist care; Explain how current therapies interact with the HBV lifecycle to disrupt viral replication; Compare the mechanism of action between currently available and new/emerging therapies to illustrate the potential for viral clearance in agents in development; Discuss recent treatment guidelines and supporting clinical data used to manage HBV infection; Describe how new and emerging therapies are reflected in the new guidelines for screening and treatment:

Response	Frequency	Percent	Mean: 1.17
Yes	114	82.61	
Somewhat	21	15.22	
Not at all	1	0.72	
No Response	2	1.45	

Upon completion of this activity, I can now: Identify symptoms specific to CIC to distinguish it from IBS-C; Diagnose CIC or IBS-C based on patients' presenting symptoms; Describe the Rome III criteria for CIC and IBS-C, and demonstrate how disease severity affects patient QOL; Recognize the clinical guidelines for non-pharmacologic and pharmacologic options to treat patients with CIC and IBS-C.

Response	Frequency	Percent	Mean: 1.11
Yes	118	85.51	
Somewhat	15	10.87	
Not at all	0	0.00	
No Response	5	3.62	

Upon completion of this activity, I can now: Recognize measurements for diagnosing obesity; Identify appropriate history of eating and activity for patients with the disease of chronic obesity; Analyze plan of care to provide medical management of chronic obesity based on the history and physical of individual patients; List the reasons for referral for patients with chronic obesity to specialists including bariatric surgeons.

Response	Frequency	Percent	Mean: 1.10
Yes	101	73.19	
Somewhat	9	6.52	
Not at all	1	0.72	
No Response	27	19.57	

Overall, this activity was effective in improving my knowledge in the content areas presented:

Response	Frequency	Percent	Mean: 1.21
Strongly Agree	110	79.71	
Agree	27	19.57	
Neutral	1	0.72	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

As a result of this activity, I have learned new strategies for patient care. List these strategies:

Response
Scale HBV app and use. HF appropriate treatment per patient populations. IBSC vs AC
Assessing and diagnosing IBS. Choosing the right anticoagulant
Hep B screening
Ability to identify risk future for CHF and cardioenhetin strokes. Implementing evidence and treatment for CHF, HTN, etc. Effective communication with patients concerning diagnosis and treatments
Prompt anticoagulation for patients with AF. Hep B screening

Upon completion of this activity, I can now: Recognize the clinical presentation and current immunopathophysiology of psoriasis and psoriatic arthritis; Identify and discuss the significance of the ever-expanding numbers of co-morbid conditions and emerging biofactors associated with psoriatic disease; Discuss current therapeutic protocols for psoriasis and its related disorders; Interpret latest evidence-based data on emerging treatment options for psoriatic disease.

Response	Frequency	Percent	Mean: 1.18
Yes	99	71.74	
Somewhat	22	15.94	
Not at all	0	0.00	
No Response	17	12.32	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.21
Strongly Agree	109	78.99	
Agree	29	21.01	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	0	0.00	

As a result of this activity, I have learned new and useful strategies for patient care:

Response	Frequency	Percent	Mean: 1.20
Strongly Agree	111	80.43	
Agree	26	18.84	
Neutral	1	0.72	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

As a result of this activity, I have learned new strategies for patient care. List these strategies:

Response
Add renal exam to constipation evaluation. Do JVD test when patient has edema. Add anti-HB for Hep B screening
Use of EBP guidelines
Refer patient with atrial fib to cardiology to manage. Take time to talk with patients about BM's. Identify patients that need Hepatitis screening
The diagnosis and best treatment of patients with HF, IBG with C RIC, Psoriasis, obesity, AFib
Will look more at CHADS2 VAS scores, will screen/question more for HBV screening
Management of HF, AFib, Psoriasis
Increased awareness of risk factors, understanding of current and new edema therapies. Academic instruction
Will try Ivabradine for better rate control in patients with CHF and Isosorbide Diate/Hydralazine as option in AA patients with CHF
Open dialogue with patient regarding bowel movements - spend more time with patients with c/o constipation
New CHF Rxs, goal to keep HF HR <70. Relation of HBV risk factor to world location. New Rx for HBV, HBV app, when to anticoagulate with Af, Rx for 1 BST psoriasis
Assessment skills, new medications, better understanding of diagnoses
More effective treatment of HR, AFib
Change management
CHAS VASC score, HBV antibody/antigen screening, differentiating IBS-C versus chronic constipation
Evidence based cancer screening, when to refer
Joint injections. Accessing guidelines, strategies to incorporate into my practice, suture w/s, incision drainage
Early recognition of risk factors, early treatment, maintenance and monitoring of chronic conditions
I learned difference in HFpEF and HFREF, I learned how to utilize CHADS VASC score, and how to screen for HBV
Learning about specific guideline resources for most of the topics covered today
Screening for HBV, CHADS VASC score, treat AFib with anticoagulants based on score
Excellent
Screening for HBV, psoriasis treatments/referral, obesity strategies
More thorough screening of patients initially to identify potential future problems
HF assessment, recognize early and treat
Anticoagulate for Afib, IBS-C (D) treatment versus CIC. Psoriatic disease treatment, obesity treatment. HF treatments. HBV screening
I learned several new CHF medications, will review all studies that back these guidelines
Best way to measure JVP
Use of guidelines in practice
Selecting CHF based on race, identify more patients appropriate for anticoagulation therapy, screening strategies for HepB
Using CHADS-VAS scoring system for AFib management
Screen Hep B, new meds for CHF
Recognition of psoriasis and treatment, HBV screening, increased awareness of HF, symptoms, and treatment, identification of IBS-C and CIC
I learned how to better manage CHF and AFib. I learned how to identify high risk patients for HBV and how to approach them
Identification of risk factors, symptoms of CHF, screening for HBV, servous versus chronic constipation
CHF exam and medications
Be more diligent in screening patients from immigrant countries for HBV. Be more aware and monitor closely patients on DOAC that they don't decompensate
No aldostrom with normal EF
Sorting out appropriate cardiac meds for etiology. Diastolic versus systolic HF and rate variances
Refer to Cardiologist/specialist. I am a psychiatric prescriber

As a result of this activity, I have learned new strategies for patient care. List these strategies:

Response
Improved use of pro-BNP versus BNP. Improved use CHF meds. Improved history regarding constipation. Pregnancy consent females in weight loss
Order the correct labs. Know which patient needs screening for HBV
Look at ethnicity when evaluating HF. Using other meds for Diabetes
Use of CHADS2-VASC in determining need for anticoagulation
Screen for HepB, treat HF more effectively
Communication to enable me diagnosing my patients. Appropriate pharmacology approaches. Educating my patients
Increase HBV screening; treatment options for IBS, CIC
New outlook on CHF and AFib, meds for psoriasis as well as broadened diagnosis by evaluating comorbidities interventions for obesity
ID HepB
Take complete history regarding IBS-C, CIC. Eating plans/risk factors. Examine skin. Look for systemic diseases
H/P questions: assessment techniques, screen
Screen for HBV regularly, options to discuss and treat IBS/CIC and medications appropriate for Afib/HF
Improved medication use, improved diagnosis, treatments, understanding management, when to refer
Screen patients for HBV, use anticoagulants for AFib (not warfarin)
Difference between IBS-C and CIC, being able to identify patients who should be screened for HBV
Appropriate screening and guidelines, which to reference
Good history and physical exam, identify the problem, connect with the patient
Avoid DOAC with mechanical valves. Check E antigen and E antibody levels before stopping Rx
Better assess HF patients and pay more attention to these symptoms
To implement screening for HepB
Apply appropriate screening and treatment guidelines
Hep B screening. Appropriate HF and Afib med management. Diagnose IBS-C and CIC appropriately
Heart sounds S3, S4, meaning JVD, scale HBV, FOD MAP
Assessment risk factors for heart failure. Screening for HepB
Communication about HepB and constipation
Med management
HepB communication approach, DM medical evaluation, IBA
Assessments and treatments
Reversal of anticoagulants during acute bleeding, classification of heart failure, screening for HepB
Learned a lot about HBV screening, treatment, lab tests. did not learn much in the cardiac area, in past had some issue with a few patients pre-treated
Able to better discuss disease and treatment more efficiently with patients/families
Guidelines for anticoagulants in AFib, who to screen for HepB, diagnosing and treating IBD-C and CIC
Screen HBV, assess for comorbidities, choose appropriate meds
Thinking outside the box and asking questions pertinent to disease process
Improved medication management of discussed disease states
Screening and recommended practices
Use new medications for heart disease, psoriasis, HepB
Treat constipation

How likely are you to implement these new strategies in your practice?

Response	Frequency	Percent	Mean: 1.37
Very likely	103	74.64	
Somewhat likely	24	17.39	
Unlikely	3	2.17	
Not applicable	7	5.07	
No Response	1	0.72	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: John M. Fontaine MD - Heart Failure:

Response	Frequency	Percent	Mean: 4.67
Excellent	95	68.84	
Very Good	37	26.81	
Good	4	2.90	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.45	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Kalyan Ram Bhamidimarri, MD - Hepatitis B:

Response	Frequency	Percent	Mean: 4.80
Excellent	107	77.54	
Very Good	23	16.67	
Good	2	1.45	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	4.35	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Paul S. Yamauchi, MD - Psoriasis:

Response	Frequency	Percent	Mean: 4.80
Excellent	98	71.01	
Very Good	22	15.94	
Good	1	0.72	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	17	12.32	

When do you intend to implement these new strategies into your practice?

Response	Frequency	Percent	Mean: 1.48
Within 1 month	98	71.01	
1-3 months	23	16.67	
4-6 months	3	2.17	
Not applicable	12	8.70	
No Response	2	1.45	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: John M. Fontaine MD - Atrial Fibrillation:

Response	Frequency	Percent	Mean: 4.71
Excellent	102	73.91	
Very Good	28	20.29	
Good	4	2.90	
Fair	1	0.72	
Unsatisfactory	0	0.00	
No Response	3	2.17	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nimish Vakil, MD - IBS and Chronic Constipation:

Response	Frequency	Percent	Mean: 4.90
Excellent	117	84.78	
Very Good	13	9.42	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	8	5.80	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Angela Golden, DNP, FNP-C - Obesity:

Response	Frequency	Percent	Mean: 4.76
Excellent	85	61.59	
Very Good	13	9.42	
Good	3	2.17	
Fair	2	1.45	
Unsatisfactory	0	0.00	
No Response	35	25.36	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? John M. Fontaine MD - Heart Failure:

Response	Frequency	Percent	Mean: 4.84
Excellent	118	85.51	
Very Good	14	10.14	
Good	2	1.45	
Fair	1	0.72	
Unsatisfactory	0	0.00	
No Response	3	2.17	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Kalyan Ram Bhamidimarri, MD - Hepatitis B:

Response	Frequency	Percent	Mean: 4.89
Excellent	118	85.51	
Very Good	14	10.14	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	4.35	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Paul S. Yamauchi, MD - Psoriasis:

Response	Frequency	Percent	Mean: 4.92
Excellent	113	81.88	
Very Good	10	7.25	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	15	10.87	

Which statement(s) best reflects your reasons for participating in this activity:

Response	Frequency	Percent	Mean: -
Topics covered	100	72.46	
Location/ease of access	97	70.29	
Faculty	23	16.67	
Earn CME credits	109	78.99	
No Response	2	1.45	

What topics would you like to see offered as CME activities in the future?

Response
Urgent Care and ER
Endocrine (thyroid)

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? John M. Fontaine MD - Atrial Fibrillation:

Response	Frequency	Percent	Mean: 4.85
Excellent	117	84.78	
Very Good	15	10.87	
Good	1	0.72	
Fair	1	0.72	
Unsatisfactory	0	0.00	
No Response	4	2.90	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nimish Vakil, MD - IBS and Chronic Constipation:

Response	Frequency	Percent	Mean: 4.94
Excellent	122	88.41	
Very Good	8	5.80	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	8	5.80	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Angela Golden, DNP, FNP-C - Obesity:

Response	Frequency	Percent	Mean: 4.81
Excellent	101	73.19	
Very Good	12	8.70	
Good	3	2.17	
Fair	0	0.00	
Unsatisfactory	1	0.72	
No Response	21	15.22	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.46
Strongly agree	85	61.59	
Agree	39	28.26	
Neutral	8	5.80	
Disagree	2	1.45	
Strongly Disagree	0	0.00	
No Response	4	2.90	

What topics would you like to see offered as CME activities in the future?

Response
Emergency Medicine
DMII. Hyperlipidemia. Endocrinologic disorders
Diabetes management, Dermatology conditions
Psych
HepC, anemia (IDA), Diabetes
Various dermatologic conditions, COPD evaluation and treatment, Dementia evaluation and treatment
Suture workshops
Hep C, HIV, Kidney Disease
Dementia, hydration issues in elderly, UTIs, fall injuries
Psych topics, including OCD, Bipolar
Skin disorders, orthopedic conditions, suture workshops, xray reports
Orthopedics assessment/treatment
PCOS. Immunization updates. Endocrine disorders. Orthopedic exams/demonstration
Medication management of Dementia and behavioral disturbance
Chronic diarrhea. Depression/anxiety management
Prevention/cleaning and prevention
New insulins, joint injection workshop
Addiction issues - symptom management in detox
Inflammatory bowel. Conference room too cold prior to lunch. Better in the afternoon
Derm. More Diabetes, psych topics, dermatology topics/rashes, asthma, fatigue, hair loss, concussion syndrome, neck/back/hip/shoulder pain conditions, radiology - reading xrays, ordering practices of radiology films/ultrasounds. HyPylon. Suture workshops great
Hands on procedures. Radiology, dermatology, ortho, hematology
COPD. DM. CKD. MI
Treatment of DM. Thyroid. Sutures workshop. Issues
Eosinophilic esophagitis
Pain management. Orthopedics. Physical Medicine. Rehab
Plan of patient care to provide control and medical management of borderline obesity
Skin cancer/ADHD/transgender health issues
DM, EKG interpretation, Women's Health, alternative treatments, herbal therapies
Psychiatry, Women's Health, Pediatrics
CKD
Diabetic plastic surgery, general surgery, Rheumatological, Internal Medicine, Psychiatry
Hypertension management, HPV and HIPAA
COPD, Depression/anxiety
Suture workshops and other hands-on skills
Primary Care common skin infections
Antibiotics, UTIs, Osteoporosis screening with elderly, sleep apnea
Skills workshops, suture, splint, EKG interpretation, in-office procedures
Urgent care considerations
Pediatric information - childhood obesity. Skills and procedural classes
Anxiety/Depression, asthma, AR
Standard of care for any medical condition
Chronic kidney disease, sleep apnea
COPD versus asthma treatments. DM

What topics would you like to see offered as CME activities in the future?

Response
Derm/any dermatology, depression/anxiety
Alternative/complementary therapies. Dermatology, eye diseases
Diabetes Type I. Skin disorders, RH, knee, ankle exam
Diabetes, hormonal replacement
Back pain/ortho. Psych disorders in Primary Care
ADD/ADHD/Derm
RA. Depression
Some pediatric considerations. Atopic dermatitis. Suture workshops
Lung cancers, sarcoidosis, LUPUS, Leukemias
Diabetes Type 2 management, the acute abdomen. Skills workshop
Dermatology, Women's Health, Leukemias, Carcinomas
Suture and skill workshops
Antibiotic updates
Dizziness/Vertigo
Opioids. Guidelines for chronic pain (medication management)
Imaging. Learn how to start and manage insulin pumps. Suturing. Joint injections. Trigger point
Shoulder pain assessment and joint injections
The impact of xenoestrogens, environmental toxins interfere with metabolism and/or contribute to lower toxicity, how toxins affect CYP450 system
Psychiatry
Sleep apnea, OSA, Depression Rx, cognitive behavior therapy. Change theory, stages of change, for stopping smoking, weight loss, diet
Relationship of patho/treatment of Hyperparathyroidism Primary and Secondary relationships to calcium, Osteoporosis/kidney stones. Skills and suturing workshops! Please trigger point joint aspiration and injections
Diabetes management. HTN management
DM
Management of abnormal Pap Smears
Kidney failure and treatments. Cancer prevention
Renal/GV updates
Management of complex patients through the spectrum i.e. they start with DM and CHF, HTN and then... What needs changed with management, when do you step up due to CRD, when do you change meds
Treatment of Type I Diabetes of patient and families from childhood through old age for best results and outcomes for decreasing morbidity and mortality
COPD, HTN, thyroid/endocrine
H Pylori, STDs
DOT - physical cert - pay. IUD insertion - pay. Renal failure. Parkinson's. ALS
Pharmacological, neurological, opioids use and management, DM, back pain, COPD, Dementia management
Movement disorders, migraine, MS, ADD
Pediatric CEU
Back pain
Contraception, meds during pregnancy, HIV
Women's Health, LGBTQ health issues, female sexual dysfunction
Sports medicine, back pain, thyroid diseases, work slips
Migraines, musculoskeletal disorders, Endocrinology, pain management, emergency medicine, joint injections, I&D's
Pain/opioids
DM, COPD, HTN, assessments, heart sounds

What topics would you like to see offered as CME activities in the future?

Response
Orthopedics and hematology for abnormal CBCS
HTN, HLD, DMII, Rheum
Osteoporosis, pain, orthopedics
Medication updates
Dementia, psych issues
Women's Health topics
Anemias and appropriate treatment based on CKD and heart complications, dermatology
Angioedema, hormone replacement women/men, allergies, H Pylori, suturing
Dermatology, psych
Sickle cell anemia
Colon screen, HepC, cirrhosis
Asthma, thyroid disorders
Depression, adult ADHD
Hepatitis C please. Add HIV treatment
Infectious Disease, HTN, Osteoporosis
Rheumatological/autoimmune disorders
Any topics I feel would be beneficial
Depression, anxiety
Multipharmacy in HTN and DM
New imaging modalities
Urgent care, hospice/palliative
Orthopedic topics, celiac disease/food allergies, intolerance; treating acne, COPD; ADHD/ADD
Infectious disease, skill workshop, HTN management, ABX therapy, suture workshop
Asthma, Diabetes, skills workshop - suture, I&D, EKG, joint infection
Palliative Care/end of life care/DM II/ASHD
Arrhythmias. COPD management. DM management. Acute/chronic renal disease
Work related injuries Surgical treatment for obesity, pre-op evaluation. Pre-op evaluation in Primary Care. Lab value evaluations and treatments/plan of care. Guidelines for prescriptions and evidence-based practice. Requests for live CS conference please
Zika, ebola, HIV
Chronic kidney disease

Additional comments:

Response
This is an excellent access to continuation. The free presentation is greatly appreciated
Having the handouts would be great. I would pay for copies of handouts
Heard Angela Golden lecture at previous conference. Great talk
Very useful information in clinical practice
Increase tremor evaluation and treatment, Insomnia, chronic fatigue, Fibromyalgia, headache/migraine treatment
Deborah was great at keeping things moving!
Topics well defined and applicable to Primary Care setting. Great insight! Appreciated ARQ and videos for interactive learning
Great conference
Great conference!
Did not mention drugs used in IBS-C

Additional comments:

Response
Great conference!
Room cold in morning. Less time for lunch - leave early. Start at 7:30
Location of room too noisy from outside - workers - kitchen? Too distracting
Where are the handouts mentioned numerous times by speakers? Better temperature control in the room
Great conference!
This is an excellent opportunity to attend this kind of CME activity. Hope there will be more in a year. I'd like skills workshop in Phoenix or Tucson
Thank you
Heard Angela Golden lecture at previous conference recently
List of common meds would have been great! Dr. Fontaine had a tendency to mumble. Dr. Yamauchi's speech problem annoying; he showed study with only 317 subjects. I suggest in the future you listen to these people speak before having them present. Two of them had speech problems
If we could have the password for the internet to access slides while in the conference. Dr. Fontaine - was a little difficult to follow. Dr. Bhamidimarri - was amazing. Maybe next time be at a hotel that we can use WiFi to access the slides. Dr. Vakil - was amazing, easy to follow
Too many questions - wasted time
Nice
Would love to have handouts for the presentations, even for minimal cost. Angela Golden may be "passionate" but should not diminish her presentation as if suited to the Rotary Club. Very poor - will avoid her in the future. Dragged on as if every word was a pearl followed by a pause
Thank you so much for providing me this course. It's great!
I was looking forward to the bariatric portion of the lecture but this lecture was beneath me. Best suited for undergrad
Thank you
This is my third year attending and I enjoy NACE programs. Appreciate the lectures, topics, location, and FREE seminar
Contact person: Dr. Emil Annabi Pima Pain Center in Tucson, AZ
Every CME activity I have gone to for the past 3 years address the same topics
Was a great conference
Excellent presenters. Too much information on slides. Too small print, hard to see
Thank you for this program
Co-opt the male BR on this hall next time to increase number of facilities available. Slide available for download prior to day - found it halfway through day
Great conference!
Very good, very informative, excellent accommodations
I always attend NACE due to realistic appropriate topics for today's market that we encounter
The obesity was a lecture more for new RN's. Seems to be more dragged out. The information appears to be basic. Some information on medication, but was not explored or expanded on. Was not an upbeat lecture
Great speakers with information relevant to my practice. Thanks
It was great, I will attend again
Good layout of room, plenty of room between seats
Have speakers be more engaging
Always enjoy attending this seminar
HBV screening too lengthy and in depth
Excellent conference, thank you - look forward to other CMEs
Thank you!
Thank you!
Great conference

Additional comments:

Response
Great seminar, I would consider coming back to such seminars, well organized, great room, topics, presentations
Appreciated staff of Phoenix Airport Marriott allowing me to use a room for the day for me to pump, as there was no family restroom or private area that was appropriate
Overall great conference, I always learn a pearl of wisdom!
Hard to understand Dr. Fontaine with sound system and size of room and talked too fast for me. Psoriasis lecture - good, but too long!
Clinically relevant information like focus on patient presentation. Will look for your courses in the future
Truly enjoyed - thank you!
Could have used protein bars at breaks. Good topics and speakers - learned more!