



## Clinical Updates for Nurse Practitioners and Physician Assistants: 2016

### Activity Evaluation Summary

- CME Activity:** Clinical Updates for Nurse Practitioners and  
Physician Assistants  
Saturday, September 24, 2016  
Hyatt Regency Cincinnati  
Cincinnati, OH
- Course Directors:** Deborah Paschal, CRNP and Gregg Sherman, MD
- Date of Evaluation Summary:** October 5, 2016



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

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 diabetes, migraine headache, hepatitis B, heart failure, IBS and chronic constipation, and chest xray interpretation.

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 thirty one healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2016 in Cincinnati, OH. Seventy-three 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. Seventy 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 2.25 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: 3.07
MD	5	7.14	
DO	0	0.00	
NP	52	74.29	
PA	5	7.14	
RN	5	7.14	
Other	0	0.00	
<b>No Response</b>	<b>3</b>	<b>4.29</b>	

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

Response	Frequency	Percent	Mean: 2.58
None	7	10.00	
1-5	35	50.00	
6-10	16	22.86	
11-15	6	8.57	
16-20	3	4.29	
21-25	0	0.00	
> 25	2	2.86	
<b>No Response</b>	<b>1</b>	<b>1.43</b>	

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: 2.78
None	11	15.71	
1-5	22	31.43	
6-10	25	35.71	
11-15	2	2.86	
16-20	3	4.29	
21-25	3	4.29	
> 25	3	4.29	
<b>No Response</b>	<b>1</b>	<b>1.43</b>	

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

Response	Frequency	Percent	Mean: 4.26
None	4	5.71	
1-5	7	10.00	
6-10	13	18.57	
11-15	18	25.71	
16-20	9	12.86	
21-25	6	8.57	
> 25	12	17.14	
<b>No Response</b>	<b>1</b>	<b>1.43</b>	

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

Response	Frequency	Percent	Mean: 1.91
None	29	41.43	
1-5	30	42.86	
6-10	3	4.29	
11-15	2	2.86	
16-20	4	5.71	
21-25	1	1.43	
> 25	0	0.00	
<b>No Response</b>	<b>1</b>	<b>1.43</b>	

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

Response	Frequency	Percent	Mean: 3.22
None	8	11.43	
1-5	23	32.86	
6-10	12	17.14	
11-15	12	17.14	
16-20	5	7.14	
21-25	4	5.71	
> 25	5	7.14	
<b>No Response</b>	<b>1</b>	<b>1.43</b>	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Chest X-ray Interpretation:

Response	Frequency	Percent	Mean: 2.70
None	23	32.86	
1-5	21	30.00	
6-10	5	7.14	
11-15	6	8.57	
16-20	6	8.57	
21-25	4	5.71	
> 25	4	5.71	
No Response	1	1.43	

Upon completion of this activity, I can now: Review the epidemiology and pathogenesis of migraine headaches; Describe ways by which migraine can be diagnosed by PCPs; Discuss clues which may differentiate migraine from "secondary headache" disorders; Outline preventative, acute, abortive and rescue interventions for migraine:

Response	Frequency	Percent	Mean: 1.03
Yes	66	94.29	
Somewhat	2	2.86	
Not at all	0	0.00	
No Response	2	2.86	

Upon completion of this activity, I can now: Recognize the role of postprandial hyperglycemia in type 2 diabetes (T2DM) patients not at target and examine its role in the pathogenesis of diabetic complications; Utilize glucagon-like peptide (GLP)-1 receptor agonist (GLP-1 RA) therapy to address post-prandial hyperglycemia in ways current strategies do not; Compare GLP-1 RAs for glycemic efficacy and differential impact on postprandial glycemic control; Discuss various GLP-1 RA combination strategies to effectively control fasting and post-prandial hyperglycemia:

Response	Frequency	Percent	Mean: 1.15
Yes	58	82.86	
Somewhat	10	14.29	
Not at all	0	0.00	
No Response	2	2.86	

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: 1.13
Yes	59	84.29	
Somewhat	9	12.86	
Not at all	0	0.00	
No Response	2	2.86	

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: 1.07
Yes	64	91.43	
Somewhat	5	7.14	
Not at all	0	0.00	
No Response	1	1.43	

Upon completion of this activity, I can now: Recognize the indications for ordering a chest x-ray; Define the Silhouette Sign; Identify common findings on a chest x-ray:

Response	Frequency	Percent	Mean: 1.12
Yes	46	65.71	
Somewhat	6	8.57	
Not at all	0	0.00	
No Response	18	25.71	

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

Response	Frequency	Percent	Mean: 1.23
Strongly Agree	53	75.71	
Agree	16	22.86	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	1.43	

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

Response
Better ways to evaluate patients
Check A1C 1 month after starting therapy. Have migraine patients keep a headache diary and return in 2 weeks. Optimize use of nitrate/hydralazine therapy in AA population with HF
Headaches versus migraine and therapy to date. IBS treatment; defining constipation and best treatment. Heart failure and use of drugs to treat systolic/diastolic HF
HBV-screening, engaging in social history
Update on pharmacological therapies. Understanding guidelines
Increase screening for HepB
Unsure

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: 1.15
Yes	56	80.00	
Somewhat	10	14.29	
Not at all	0	0.00	
No Response	4	5.71	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.18
Strongly Agree	56	80.00	
Agree	12	17.14	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	2.86	

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

Response	Frequency	Percent	Mean: 1.22
Strongly Agree	54	77.14	
Agree	15	21.43	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	1.43	

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

<b>Response</b>
Screening HBV based on endemic region exposure. Constipation treatment. More aggressive migraine management
Evaluate for appropriate patient education and response. Take ethnicity into account
Utilizing GLP-1 in reducing A1C; accessing "scale HBV" app, effectively diagnosing and treating migraines, effectively manage CHF
Apply new information to my current practice as I work daily with patients with DM, CHF, in the elderly population
Migraine treatment. Postprandial glucose treatment. Screening for HBV
Use of GLP-1 in my endocrinology population - more aggressive use. Screening for HBV
Ethnicity for prescribing. Xray interpretation. Strategies for diagnosis of IBS
Help of patient transition to GLP-1 RA. Educate to stop eating when full - increase dose slowly. Get patients going on migraine prophylaxis - migraines are very common. HBV is a silent killer - test all high risk patients
FOGMAT diet was new
Rechecking A1C patient 1 month when changing therapy instead of 3 months. Adding corlanor to patient on max beta blocker who still have high HR and history MF. And focus on ethnicity when treating HF
Improve patient education and communication
Ask more patients about IBS. Use GLP-1 early
Adding GLP-1 to DM2 patients. Change method of migraine treatment. Treatment of chronic HA secondary to analgesic overuse use
Early recognition of migraine and early treatment
Tighter A1C control, increase use GLP-1, prophylaxis for all migraines; increased screening of HepB, more aggressively treat IBS and CIC
More confident in use of GLP1 RA. Use of dexamethasone and Frova to stop chronic migraines. Hep B screening
My practice will incorporate more effective migraine treatment
Greater awareness of HepB screening. Use of GLP-1 RA in DM. Migraine review. Constipation - new treatments
Considering race when treating HF patient. Careful history taking when evaluating for HBV screening
I do not care for patients with these disease states, but I have learned a lot about them
Diagnose HF by recognizing variety of symptoms ie third heart sound, helpojugular reflex, measuring JVP, using evidence based guidelines to make appropriate decisions when ordering a CXR
Considering ethnicity in HF treatment. Differentiating between effusion and consolidation
Recheck A1C after 4 weeks of therapy change. Magnesium oxide as preventive herbal therapy
Review of chest xray. Migraine management
Screen patients born in the US whose parent came from HB endono areas. Differentiate cluster headache from migraine
New meds for Rx migraine, constipation and HF
Recommend migraine prophylaxis for many patients. Newer meds with CHF to add or change meds
More patient education. Practice. Decrease pp level
I can now more confidently choose heart failure treatments and read xrays more effectively by using a systemic approach
Start monitoring A1C in 4 weeks with new therapy initiation. Triptan for menstrual migraines, avoid ATB in someone who feels "sinusitis" treatment for HA
Increasing basal insulin by limit QD until FG <110. Evaluating migraine. IBS-C and CIC criteria and conversing with patients
Utilize recommended strategies for migraine management
Incorporating newer DM drugs
I have learned great information on the use of GLP1-RA along with other diabetic agents to lower A1C results
Excellent content. Applicable to my practice
Increased awareness of conditions
I felt the migraine treatments were especially helpful, the HF introduced me to some new treatments. Excellent

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

Response
Guidelines, labs, and drug treatment
The Little Clinic (inside Kroger) is not going to treat migraines and what I learned today is greatly going to improve the care I will give. Ask patients directly about constipation. Keep ethnicity in mind especially with CHF
Use of GLP-1 RA for post prandial glucose management. Timely use of cardiac biomarkers for early HF exacerbation recognition. Systematic approach in CXR interpretation. Classification of migraine and pharmacologic options for management

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

Response	Frequency	Percent	Mean: 1.18
Very likely	59	84.29	
Somewhat likely	6	8.57	
Unlikely	0	0.00	
Not applicable	2	2.86	
No Response	3	4.29	

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

Response	Frequency	Percent	Mean: 1.27
Within 1 month	56	80.00	
1-3 months	6	8.57	
4-6 months	0	0.00	
Not applicable	4	5.71	
No Response	4	5.71	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeff Unger, MD - Diabetes:**

Response	Frequency	Percent	Mean: 4.85
Excellent	59	84.29	
Very Good	8	11.43	
Good	1	1.43	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	2.86	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeff Unger, MD - Migraine:**

Response	Frequency	Percent	Mean: 4.88
Excellent	60	85.71	
Very Good	8	11.43	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	2.86	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Ponni V. Perumalswami, MD - Hepatitis B:**

Response	Frequency	Percent	Mean: 4.55
Excellent	44	62.86	
Very Good	17	24.29	
Good	5	7.14	
Fair	1	1.43	
Unsatisfactory	0	0.00	
No Response	3	4.29	

**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: 4.76
Excellent	52	74.29	
Very Good	14	20.00	
Good	1	1.43	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	4.29	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Laurence O. Watkins, MD - Heart Failure:**

Response	Frequency	Percent	Mean: 4.89
Excellent	57	81.43	
Very Good	7	10.00	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	8.57	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Susan Collazo, ARNP-BC - Chest xray Interpretation:**

Response	Frequency	Percent	Mean: 4.91
Excellent	51	72.86	
Very Good	3	4.29	
Good	1	1.43	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	15	21.43	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jeff Unger, MD - Diabetes:

Response	Frequency	Percent	Mean: 4.87
Excellent	62	88.57	
Very Good	3	4.29	
Good	3	4.29	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	2.86	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Ponni V. Perumalswami, MD - Hepatitis B:

Response	Frequency	Percent	Mean: 4.88
Excellent	63	90.00	
Very Good	4	5.71	
Good	2	2.86	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.43	

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

Response	Frequency	Percent	Mean: 4.95
Excellent	63	90.00	
Very Good	3	4.29	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	5.71	

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

Response	Frequency	Percent	Mean: -
Topics covered	57	81.43	
Location/ease of access	39	55.71	
Faculty	4	5.71	
Earn CME credits	54	77.14	
No Response	2	2.86	

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

Response
Obesity/nutrition issues. Eating disorders

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jeff Unger, MD - Migraine:

Response	Frequency	Percent	Mean: 4.97
Excellent	66	94.29	
Very Good	2	2.86	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	2.86	

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: 4.89
Excellent	60	85.71	
Very Good	5	7.14	
Good	1	1.43	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	5.71	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Susan Collazo, ARNP-BC - Chest xray Interpretation:

Response	Frequency	Percent	Mean: 4.97
Excellent	59	84.29	
Very Good	2	2.86	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	9	12.86	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.72
Strongly agree	28	40.00	
Agree	32	45.71	
Neutral	7	10.00	
Disagree	1	1.43	
Strongly Disagree	0	0.00	
No Response	2	2.86	



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

<b>Response</b>
Resistant hypertension, treatment of AFib
More pulmonary
Treating asthma versus seasonal allergies. Standards and protocols for gynecological therapy, PAPs, breast exams, and new guidelines for screenings
Treatment and evaluation of common URIs (sinusitis, bronchitis, pneumonia, etc.)
Bones, Osteoporosis/review. Fractures, immobilization, rehab/healing
Women's Health - contraception, menopause. Cough/COPD. STD
Credit for legal CME
Would have preferred information on Hep C than HBV and the IBS was informative, but would prefer information on IBD
HLD in PCP management - PCMH model
Bipolar disorders
Joint injections, EKG review
Any specialty area
ADD, Autism, Depression/Bipolar disorders. New viral infections associated with travel. Current HRT guidelines
ADHD, childhood obesity strategies
New CHF treatments
Concussions, Dementia
Otitis media children (OM). Bacterial vaginosis (Br)
Meeting of digestive disorders, more on DM, dermatologic, respiratory disorders, psych in the elderly
Persistent cough diagnostic workup and evaluation/depression
Obesity, Women's Health, oral health, respiratory health
Insulin choices; new Hep C treatments; managing end stage liver in PTP office
Management of back pain, chronic pain
TEE, 2D Echo
STIs including urea and mycoplasma infections, URIs diagnosis and treatment avoiding antibiotic therapy, UTIs in females, young women, Depression
CAD, PAD, chronic back pain, arthritis
PTSD treatment
Thyroid issues
Lung cancer screening
Psych disorders in Primary Care
Sutures and fractures
Other HA - diagnosis, treatment, anything Dermatology
Nutrition-based therapies for Diabetes
Hep C, Anemias
CKD, ESRD, Pulmonary Hypertension, Neurogenic Bladder, OAB, Rheumatoid Arthritis
Orthopedics - xray interpretation/exam. Pain management, kidney - CRF therapy. Anti-coagulant therapy
Thyroid disease management. COPD management
12 lead EKG interpretations. Depression and anxiety diagnosis and management, appropriate use of antibiotics for respiratory processes
Thyroid disease
Excellent presentations! A Saturday well spent!
Further information on migraine
HepC management. Asthma/COPD with PFTS
More on biomarkers, muscle cramps, causes and treatments
Bipolar versus Unipolar Depression, anxiety, insomnia

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

<b>Response</b>
Pharm, DM, CKD, Neuro, Ortho
Obesity management, Men's and Women's Health
COPD, HTN management
HTN, asthma, immunizations
Thyroid management and weight loss management
Dermatology
Thyroid disease, chronic pain management, Pulmonary Fibrosis
Dementia and Palliative Care, neurologic disorders

**Additional comments:**

<b>Response</b>
Would have liked handouts of slides. Many 'busy' slides/hard to read from the back
Mrs. Collazo's presentation is the best CXR presentation that I've been to in my career
Jeff Unger - a little too fast speaking
Not currently in a treatment clinic, however these subjects are still of interest. Very complex cases/treatment options for me since not in treatment clinic
Thank you very much for inviting me
Great program, thank you for providing at no cost!
Noise from the adjoining room was a distraction
The questions asked at the end of the HBV did not reflect the learning objectives - as a PCP, HBV treatment is beyond my scope outside of GI/liver specialists. Ask more reflective question you will get a more positive response or take more time to teach treatment
This is my second NACE conference. These are excellent conferences! Very educational! Free is wonderful too! Thank you!
Excellent job! Teresa Joiner APRN works at Louisville VA Hospital and would do an excellent job. Also skin lesions, Morton Kasdan, MD would be great, national author and speaker
Thank you!
I have used NACE for a couple years now. Speakers are great, always provide useful information
Could not understand Susan Collazo's words - too mumbled/muffled, words were not distinct. My hearing? But I had no trouble with any of the other speakers
Great free resource, please come to Michigan
Good CXR review. Thank you!
It would be beneficial to remind people to put their phones on vibrate! Unfortunately some need to be told
Excellent topics. Zika and effects in non-pregnancy adults
Beginners level - how to interpret U.S. film/scan
Fantastic. So helpful, great speakers, thank you so much!
HepB, encounter visit videos, only need 1, not both
Thank you for this opportunity
Would like to see NACE in Indianapolis, IN for IN health system
The speaker on Hep B said "uh" way too much. It's very distracting and the presentation seemed disjointed. The rest of the presenters were great. Would absolutely attend another of your conferences
Thank you! Good topics
Wonderful program