



Clinical Updates for Nurse Practitioners and Physician Assistants: 2016

Activity Evaluation Summary

CME Activity: Clinical Updates for Nurse Practitioners and Physician Assistants
Saturday, November 5, 2016
Embassy Suites by Hilton Columbia - Greystone
Columbia, SC

Course Directors: Deborah Paschal, CRNP and Gregg Sherman, MD

Date of Evaluation Summary: November 25, 2016



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

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, psoriasis, atopic dermatitis, idiopathic pulmonary fibrosis, heart failure, and atrial fibrillation.

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.

One hundred sixty nine healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2016 in Columbia, SC and two hundred forty seven registered to participate in the live simulcast. One hundred sixty four healthcare practitioners actually participated in the conference: sixty-five attended the conference in Columbia, SC and ninety-nine participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred sixty three 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 3.5 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.

Clinical Updates for Nurse Practitioners and Physician Assistants: Update 2016

November 5, 2016
Columbia, SC
Live & Simulcast

What is your professional degree?

Label	Frequency	Percent
MD	8	5%
DO	0	0%
NP	118	72%
PA	28	17%
RN	6	4%
Other	3	2%
Total	163	100%

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

Label	Frequency	Percent
None	11	7%
1-5	39	23%
6-10	26	16%
11-15	24	14%
16-20	22	13%
21-25	16	10%
> 25	28	17%
Total	166	100%

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

Label	Frequency	Percent
None	49	30%
1-5	97	60%
6-10	9	6%
11-15	6	4%
16-20	0	0%
21-25	0	0%
> 25	2	1%
Total	163	100%

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

Label	Frequency	Percent
None	35	21%
1-5	85	51%
6-10	27	16%
11-15	8	5%
16-20	3	2%
21-25	6	4%
> 25	2	1%
Total	166	100%

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

Label	Frequency	Percent
None	96	58%
1-5	60	36%
6-10	7	4%
11-15	0	0%
16-20	1	1%
21-25	2	1%
> 25	0	0%
Total	166	100%

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

Label	Frequency	Percent
None	33	20%
1-5	54	33%
6-10	28	17%
11-15	27	16%
16-20	12	7%
21-25	3	2%
> 25	8	5%
Total	165	100%

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

Label	Frequency	Percent
None	35	21%
1-5	67	41%
6-10	30	18%
11-15	19	12%
16-20	6	4%
21-25	7	4%
> 25	1	1%
Total	165	100%

Upon completion of this activity, 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.

Label	Frequency	Percent
Yes	134	83%
Somewhat	27	17%
Not at all	1	1%
Total	162	100%

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

Label	Frequency	Percent
Yes	119	73%
Somewhat	44	27%
Not at all	1	1%
Total	164	100%

Upon completion of this activity, I can now: Review and characterize the clinical features of atopic dermatitis (AD); Discuss the current immunopathophysiology of AD; Identify strategies for comprehensive treatment; Identify and position emerging topical therapies as well as targeted biologic agents as a new treatment category for AD

Label	Frequency	Percent
Yes	137	85%
Somewhat	25	15%
Not at all	0	0%
Total	162	100%

Upon completion of this activity, I can now: Implement an appropriate strategy for diagnosing a patient with suspected idiopathic pulmonary fibrosis (IPF); Discuss and contrast the available pharmacotherapeutic options for patients with IPF; Describe the non-pharmacotherapeutic options for IPF patients; Establish the clear role for the primary care clinician in diagnosing and managing disease in IPF patients

Label	Frequency	Percent
Yes	97	62%
Somewhat	58	37%
Not at all	2	1%
Total	157	100%

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

Label	Frequency	Percent
Yes	119	79%
Somewhat	32	21%
Not at all	0	0%
Total	151	100%

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

Label	Frequency	Percent
Yes	110	77%
Somewhat	31	22%
Not at all	1	1%
Total	142	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	112	68%
Agree	52	32%
Neutral	1	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	165	100%

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

Label	Frequency	Percent
Strongly Agree	112	68%
Agree	52	32%
Neutral	1	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	165	100%

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

Label	Frequency	Percent
Strongly Agree	93	56%
Agree	64	39%
Neutral	8	5%
Disagree	0	0%
Strongly Disagree	0	0%
Total	165	100%

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

Label	Frequency	Percent
Very Likely	39	24%
Somewhat likely	3	2%
Unlikely	15	9%
Not applicable	165	100%
Total	108	65%

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

Label	Frequency	Percent
Within 1 month	102	62%
1-3 months	29	18%
4-6 months	10	6%
Not applicable	24	15%
Total	165	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Gary Scheiner, MD – Diabetes:

Label	Frequency	Percent
Excellent	122	75%
Very Good	35	21%
Good	6	4%
Fair	0	0%
Unsatisfactory	0	0%
Total	163	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Brad Glick, DO – Psoriasis:

Label	Frequency	Percent
Excellent	103	63%
Very Good	46	28%
Good	12	7%
Fair	2	1%
Unsatisfactory	0	0%
Total	163	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: C.

Brad Glick, DO – Atopic Dermatitis:

Label	Frequency	Percent
Excellent	106	65%
Very Good	44	27%
Good	12	7%
Fair	0	0%
Unsatisfactory	0	0%
Total	162	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Franck Rahaghi, MD – Idiopathic Pulmonary Fibrosis:

Label	Frequency	Percent
Excellent	113	72%
Very Good	35	22%
Good	9	6%
Fair	0	0%
Unsatisfactory	0	0%
Total	157	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Elizabeth Ofili, MD – Heart Failure:

Label	Frequency	Percent
Excellent	105	66%
Very Good	34	22%
Good	18	11%
Fair	1	1%
Unsatisfactory	0	0%
Total	158	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Marcus Wharton, MD – Atrial Fibrillation:

Label	Frequency	Percent
Excellent	107	72%
Very Good	39	26%
Good	3	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	149	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Gary Scheiner, MS, CDE – Diabetes:

Label	Frequency	Percent
Excellent	119	73%
Very Good	32	20%
Good	13	8%
Fair	0	0%
Unsatisfactory	0	0%
Total	164	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Brad Glick, DO – Psoriasis:

Label	Frequency	Percent
Excellent	123	75%
Very Good	29	18%
Good	10	6%
Fair	1	1%
Unsatisfactory	0	0%
Total	163	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Brad Glick, DO – Atopic Dermatitis:

Label	Frequency	Percent
Excellent	120	75%
Very Good	31	19%
Good	10	6%
Fair	0	0%
Unsatisfactory	0	0%
Total	161	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD – Idiopathic Pulmonary Fibrosis:

Label	Frequency	Percent
Excellent	118	75%
Very Good	31	20%
Good	9	6%
Fair	0	0%
Unsatisfactory	0	0%
Total	158	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Elizabeth Ofili, MD – Heart Failure:

Label	Frequency	Percent
Excellent	110	71%
Very Good	33	21%
Good	12	8%
Fair	0	0%
Unsatisfactory	0	0%
Total	155	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Marcus Wharton, MD – Atrial Fibrillation

Label	Frequency	Percent
Excellent	106	72%
Very Good	33	22%
Good	8	5%
Fair	0	0%
Unsatisfactory	0	0%
Total	147	100%

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

Label	Frequency	Percent
Topics covered	121	30%
Location/ease of access	118	30%
Faculty	21	5%
Earn CME credits	140	35%
Total	400	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	86	52%
Agree	64	39%
Neutral	14	8%
Disagree	1	1%
Strongly Disagree	0	0%
Total	165	100%

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

List these strategies:

Comment
Alternating PP monitoring
Although not applicable to my current position, it is good to stay current on these topics.
Apply learned knowledge when providing care of patients in assessment, ordering imaging studies, lab tests, diagnosing and treatments appropriately.
Applying new medication strategies and following updated guidelines
Appropriate testing and early referral for IPF.
Seek specialty consult for Psoriasis
As a WHNP student, the primary patients I may see at the reservation will have diabetes mellitus, dermatitis, and chronic kidney failure. There are also a few in heart failure or atrial fibrillation primarily managed in the primary care setting. My goal for taking this course was to familiarize myself with treatment options for a-fib, and atopic dermatitis if the case presents itself in the clinic.
AS APPLIED TO ALL OF THE AFOREMENTIONED CONFERENCE TOPICS, THIS IS THE MAJOR STRATEGY I AM GOING TO FULLY IMPLEMENT IN MY PRACTICE: BEING VERY VIGILANT ON THE OBVIOUS & SUBTLE S/S OF THE AFOREMENTIONED DISEASES & PROMPT IMPLEMENTATION OF DIAGNOSTIC WORK UP & APPROPRIATE TREATMENTS AS GLEANED FROM THESE ACTIVITIES.
As discussed in various clinical issues; will be more proactive in identifying risk factors; comorbidities; markers
Asking questions differently Keeping the skin hydrated in the home Educating better re prevention and encouraging follow up Spending more time with client Including the client in their own care Knowing which experts to send to client to
Assessment for medication use, recognition of disease.
Better assessing for risk factors
Better awareness of issues re: each and better decision making
Better communication with patients about new diabetic medications for better control; different solutions to keep skin well hydrated to prevent discomfort or breakouts; different medication treatment to control Afib; etc.
Better evaluation and treatment of presenting symptoms
Better management of my diabetic patients, and patients with CHF
Better understand medications/treatments
Better understanding of GLP1 meds. Can recognize comorbidities associated with psoriasis
Bibasilar crackles need a diagnosis and do not need to be ignored Always consider race/ethnicity when considering optimizing therapy with patients with CHF Recognize 3rd heart sound needs hospitalization in HF
Clear treatment options for T2DM, more confident on diagnosis of IPF
Clearly identification and dx of clinical presentations identified in this conference. Clearer treatment plan for each
Consider use of GLP-1 RA drugs earlier in treatment of DM2 patients.
Cultural difference between racial groups in determining strategies for medication management.
Diabetes management

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Diabetes: education and implementation of GLP-1s Psoriasis: evaluation, diagnosis, treat or referral Atopic Derm: differentiation from psoriasis Atrial fib and CHF treatment
Diabetic management Heart failure treatment/recognition
Diagnose IPF
Diagnoses and treatment of presented conditions
Diagnosis of atopic dermatitis; psoriatic; hyperglycemia post prandial
Different approach with diabetic patient use of anticoagulant before and after surgery management of pulmonary fibrosis
DM GLP1 Psoriasis, Atopic dermatitis, Idiopathic Pulmonary Fibrosis, HF treatment, AF
Eat veggies before other meal items to improve insulin resistance Diagnosis tools for psoriasis Cycle steroids Ct scan to diagnose pulmonary fibrosis
Educate clients. Follow guidelines. f/u on plan of care in future patient visits
Education, life changes, strategies for counseling IPF
Evaluate CHAD2VASC versus HAS-BLED; new meds in CHF
Examining more for psoriasis arthritic symptoms and signs
Followup HF, anticoagulation; continue high resolution CT for PF screening
GLP-1 RA combination strategy to effectively control fasting and post prandial hyperglycemia.
GLP-IRA/DOACS use
History taking Review all regimen close follow up of care
History taking and thorough PE.
How assess and diagnos IPF Recognize and treat eczema and psoriasis and those are best presented topics treatment of CHF and Afib
How to better tx and do psoriasis and atopic dermatitis
I am in Occ Med so don't see these patients
I am presently unemployed but actively looking for a position. The strategies I will use involve more aggressive evaluation for pulmonary fibrosis and patient education on all the topics covered. I plan to stress more post prandial blood sugar testing and education for patients to prevent hypoglycemia w/ patients w/ HGA1c less than 7.0
I don't feel very confident with the topics except for heart failure. I currently work in research so I don't manage patients. However I did view a lot of your presentations on heart failure. I feel I need to gain more knowledge on the other topics to feel confident about them. As always the presenters were very knowledgeable and easy to follow.
I don't take care of patients with these conditions - however, very interesting and helpful if I do have patients
I have learned more information with regards to the above topic so I am better able to cope with these disease processes.

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I have many new teaching instruction for my clients, also new assessment and treatment options
I will discuss with patient the information I have learned in this lecture.
I'll be able to develop a new approach for psoriasis patients
Improve patient's QOL.
Improved diagnosis and treatment
Incorporate the knowledge and strategies learned into practice setting
Incorporating GLP1-RA for DM patients struggling to keep post-prandial BS control. Recognizing manifestation of Psoriasis, differentiating between other dermatologic pathologies and treatment options. Recognition and treatment options for atopic dermatitis. New medications for HFrEF and HFpEF.
Information on psoriatic arthritis was helpful and pertinent to my practice
Keeping updated with common topics and topics not seen in my daily practice.
Latest EBP techniques in the four CEU discussions I listed above.
Learned multiple areas to improve my treatment of pts
Management of patients with atrial fibrillation utilizing new anticoagulants. CHADs2 VASc. Management of patient with HF medication treatment taking into consideration race and pulmonary fibrosis diagnosis and referral.
More confidence in clinical assessment
More effective history taking, assessment
Much greater knowledge of IPF
My approach to management will be modified as well, it has been updated.
N.A
N/A
New diabetic management strategies with the use of GLP-1 agents. Recognize the use of agents for psoriasis and how important it is to look at co conditions, know the s/s of atopic dermatitis, idiopathic pulmonary fibrosis recognition and management, difference in managing different ethnicity for heart failure and stroke victim care with anticoagulant.
New guidelines in CHF, for pharmaceutical care workup for IPF
New information on medications to apply, work more on health prevention
New knowledge of better treatment of IPF, basic techniques for AD
Newly available medications
No new strategies.
Not applicable to my practice setting
Not so much strategies but it better equipped me to make clinical decisions.
Obtain better history. Provide excellent evidence based treatment.
Outstanding presentation Chosen topics for this meeting were excellent, fully covered.
Patient education
Patient-centered communication style that incorporates patient preferences, assesses literacy, addresses cultural barriers.
Paying more attention to postprandial hyperglycemia and accurately treating patients who are experiencing hyperglycemia post meals. Utilizing proper guidelines in treating African Americans with heart failure
Pharmacology knowledge and works for the patients to better control their disease process.
Post prandial glycemic control. Non medical treatment. Treatment options for psoriasis
Proactive use of GLP-1 receptor agonist especially for post prandial hyperglycemia. Consulting dermatologist, use of biologics. Assessing patients for IPF

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without delay and team consultation to right pulmonary specialist. Initiating treatment for heart failure patients. Evaluating atrial fib patients for anticoagulants and be a pro in education and prevention of morbidity and mortality. Thus reducing healthcare cost.
Provide best treatment for diabetic patients
Refer IBD patients to GI sooner
Screening for murmurs and other vascular issues
Step therapy for diabetes. Not being afraid of steroid use. Use appropriately
Strategies include what I was informed during each lecture in terms of pt management and care of condition
This CME helps to keep me up to date on the latest diagnostic studies and treatments for the subject matter which is presented.
To take into consideration every patient that have signs and symptoms of any potential problems, regardless of race and ethnicity. Send patients to specialist to confirm diagnosis of illness, as the need arise. Prescribed the best medication to manage each patient's illness, individually, based on their symptoms.
Treat options fo typ2 Diabetes Treatment options for A- fib Treatment options for CHF
Treating DM and better control of A1C with GLP-1
Treatment for dm, a. Fib. Better knowledge about psoriasis
Treatment for psoriasis and A.D. Try to use new drugs for DM
Treatment management
Updates in Treatment recommendations for these conditions
Updates to diabetes and updated information on psoriasis. Thank you
Use anticoags in all AF. 2% CHADS2-VASC. Use Bil-dil in AA with CHF
Use high resolution in pts w/crackles Utilize multi disciplinary team when managing heart failure pts to consider newer meds
Use info provided and learned by presenters
Use new guidelines to gain better outcomes
Use of CHADS score. Post prandial education
Use of different medications, dietary education ideas. Start anticoagulants for all A-Fib including transient CHA2DSVASC
Use of GLP-1 receptor agonist, new therapies for psoriasis, treatment of AD, biomarkers for HF, left atrial anatomic effect in stroke
Use of new Rx's
Use of newest meds
Use the scoring regimens to determine stroke risk
Using GLP1 for decreasing postprandial blood glucose levels, identifying comorbidities in psoriasis
Utilization of GLP1 in postprandial glucose.
Utilize GLP 1 agonist to target postprandial hyperglycemia Appropriate diagnosis and management of IPF Identify patients at risks for stroke and appropriate management with anticoagulants
Utilize GLP1 more often as well as titrate up
Utilize research based meds GLP-1 RA
Utilizing GLP-1 RA more often, trying to get patient's off of coumadin and onto the newer anticoags, implementing ethnic differences in heart failure, never ignore patients with rales
Webcast wasn't clear/was breaking in between CME.

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Will consider GLP-1 agonists as an earlier adjunct to metformin.
Will implement ceramide lotions for skin irritation, decrease diuretic and sulfonylureas with SGLT2
With AF aggressive treatment with anticoagulation. Adding a GLP-1 when intensified therapy is necessary, identify HF and aggressively treat - use of ARNI

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

Comment
stewardship with antibiotics in dermatology.
-blood cancers
AAA, Claudication. varicose veins
AFIB, HTN, CHF
Anemia, B12, Vitamin D, iron, help! Beyond the basics
Any cardiac issue
Any immune related health condition. Any cancer subjects esp. hereditary
Any topic on chronic illnesses would be great! There are so many topics that would be useful to speak on. PTSD, Anxiety, Peripheral Vascular Disease, etc.
ASTHMA BOTH CHILDHOOD ONSET & ADULT ONSET TYPES, T2 DIABETES, HEART FAILURE, COMMON INFECTIONS IN THE OUTPATIENT CLINICS AS WELL AS NOSOCOMIAL INFECTIONS, GLAUCOMA, HYPERTENSION, WOMEN'S HEALTH, SPORTS MEDICINE, JOINT & SPINE PROBLEMS, PAIN MANAGEMENT.
Asthma, hypertension, HIV, syphilis
Atrial Fibrillation - Ht Fx - I like this survey approach to several key topics
BPH/OAB treatments
New therapy for COPD
CHF, New insulins, New antihyperlipidemics
CHF, respiratory conditions, anemia, more in long term patients
Chronic kidney failure
COPD management
COPD. PFT. Pneumonia. Rheumatoid arthritis
Current update of travelers immunization
CXR interpretation
Dementia, HTN
Depression Bipolar Schizophrenia Anxiety Insomnia Psychotropic meds/pharmacology
Dercum's Disease
Derm (again), Immunology, Psychiatric comorbidities; repeat IPF
Dermatology concerns in the elderly population
Diagnostic tools as technology explodes
Dysbiosis
EKG interpretation
Endocrinology - Pituitary tumor, adrenal insufficiency and thyroid cancer
Female related issues for Native American populations

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Gyn topics including new Pap smear/ Mammogram guidelines. Pediatric topics including vaccine updates
Gyn training.
Headaches Sleep Heart disease Lung function Dermatology
Hematologic, TAUR
Hyperlipidemia
Hypertension management
Hypothyroidism, PCOS
I would like to see more pediatric issues including lab testing, review of pediatric abnormalities on physical exams and please include heart abnormalities frequently seen in a clinic setting.
Interventional procedures available for atrial fib' Evaluation and treatment of acute coronary syndromes
Liver disorders
Management of patients with HIV, TB, Zika. Management of Lung, Heart, renal transplants.
More dermatological conditions
More endocrinology, hypertension
More on heperglycemia and dermatology
More pediatrics
More related topics
More topics on mental illness
MTM, asthma, seizures, heart murmurs
Musculoskeletal disorders Radiology interpretation
Narcotic prescribing, lung disorders
No suggestions at this time
Office procedures, billing and coding, transgender care
Oncology autoimmune diseases
Ortho, pain management
Orthopedic
Orthopedic and Rheumatologic topics
Orthopedic assessments, more dermatology topics
Pain management ENT Ophthalmology
Pain management
Pain management, inpatient acute care management, orthopaedics for primary care
Pain management, orthopedic and sports medicine, psych
Pain management, sickle cell disease, hypertension, menopause
PCOS CV Disease lymphoma, lupus,

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Skin cancer
pain management non narcotic
Pediatric illnesses
Pediatric topics
Pediatric wellness. Polyglandular endocrine disorders
Pediatrics, Women's Health
Primary care options for uninsured/underinsured (HTN, DM, etc.)
Psych, depression, bipolar, more addiction Rx eg Naltrexone - use of in drug and CToH addiction
Psychiatry
Psychiatry. Please do ADD, major depression, and anxiety disorder
Pulmonary Hypertension
Recalcitrant hypertension
Renal disease
Renal, neurological
Respiratory issues, Hypertension, Pulmonary Hypertension, Women's Health, Pulmonary Embolism, etc.
Sexually transmitted disease treatments; Oral contraceptives
Skin cancer. Lung sounds. Heart sounds review
Thank you
Thyroid and adrenal disorders
Thyroid disease. Women's Health
Thyroid, osteoporosis, HRT,
Thyroidism
Treatment for opioid abuse; treatment for smoking cessation if mentally ill patient
Treatment of osteoarthritis
management of chronic pain and understanding of chronic pain
metabolic syndrom
Urgent care topics
Urology
peds
pharmacology
Urology, cancer
Viral diffuse rashes (Exanthem)
Weight loss medications and behavioral strategies
Women's Health
Work-up of hypertension in primary settins

Additional comments:

Comment
A lot of information in a short period of time
Always great!
Break up oral psoriasis therapy slide. Address CHADS2VASC score. Liked the set up and presenters, well done. Faculty was very good. Slides well done, good idea polling responses
Dr. Glick was obviously well versed. However, I am not. I needed him to slow down! Less busy slides too! I can read about drugs - I want pearls! Dr. Ofili talked too fast - difficult to follow
Dr. Rahaghi was awesome! Great location - preferred this to Hilton last year

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Enjoyed how thoroughly all topics presented as well as the opportunity to ask and get feedback from them as well
Enjoyed Jim Aderhold's presentation during lunch theater
Enjoyed presentations, more likely can implement suggestions in clinical practice
Enjoyed the lunch talk
Especially excellent day of review and learning, thank you so much for the ease of access and skill of the presenters.
Excellent lung presentation! Thank you!
Good location and staff
Great CME, thank you!
Great conference, overall great speakers, amazing for a free CE conference!
Great offering. Thank you
Great speakers, very knowledgeable!
I am so grateful for the convenience of these programs. Thank you for offering.
I am very pleased to have listened to this by teleconference. I appreciate that opportunity. I look forward to participating in more. I appreciate the speakers consciousness about presenting some basic pathophysiology.
I appreciate NACE whole-heartedly having this conference available. I learned great deal of knowledge by attending this conference and plan to use the learned knowledge when I see patients in the clinic.
I appreciate these CE conferences with expert speakers. Thank you.
I VERY MUCH LIKE & AGREE ON THE TOPICS PRESENTED, THE PRESENTATION STYLES, LOCATION, CONFERENCE FORMATS & PLEASE CONTINUE TO OFFER LIVE SIMULCASTS AS WELL, & DO THESE CONFERENCES ON THE WEEKENDS LIKE SATURDAY. PLEASE CONTINUE TO USE THE LIVE SIMULCAST PARTICIPATION FORMAT/ PROCEDURE YOU ALL HAVE ADOPTED, IT WAS VERY EASY TO USE & FOLLOW!!!
Internet access! Site audience not given opportunity for questions
It helps to be given both brand and generic names for meds on slides
It would be awesome to have low carb food options. I eat a low carb diet and there were no options for breakfast or lunch. Ironic with two T2DM lectures!
Keep up the excellent CME on line.
Love your webinars, Thank you
Loved the lunch speaker also
Make temperature in room warmer - too cold - hard to concentrate when shivering
n/a
none
Please provide conference WiFi, great location, great lunch
Temperature too cold in room of conference
Thank you for having me attend! Wishing you continued success
Thank you for making activities available as webinars as well.
Thank you for offering online access as well
Thank you for this conference. It was very good!
Thank you for webcast opportunity.
Thank you very much for these conferences. I appreciate the opportunity to learn about these topics.
Thank you!

Clinical Updates for Nurse Practitioners and Physician Assistants: Update 2016

November 5, 2016- Columbia, SC

Thanks
This as always was excellent - fast moving and informative
This was helpful as many of these topics relate to my oncology population that is my primary practice
Very good as usual
Very good conference and speakers (
Very nice location for lectures, appreciate that there is no cost for the CME, very intelligent and insightful, would like a cruise conference out of Charleston, SC port
Wonderful speakers, topics, and location. Well organized program for entire day
Would be nice to give generic and brand name occasionally for those unfamiliar