



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

### Activity Evaluation Summary

- CME Activity:** Clinical Updates for Nurse Practitioners and  
Physician Assistants  
Saturday, October 8, 2016  
Hyatt Regency Fairfax  
Fairfax, VA
- Course Directors:** Deborah Paschal, CRNP and Gregg Sherman, MD
- Date of Evaluation Summary:** October 19, 2016



300 NW 70<sup>th</sup> Avenue • Plantation, Florida 33317  
(954) 723-0057 Phone • (954) 723-0353 Fax  
email: [info@naceonline.com](mailto:info@naceonline.com)

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 Fairfax, VA.

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 Hepatitis B, Heart Failure, IBS and Chronic Constipation, Diabetes, Insect Borne Diseases, and Pelvic Exam Techniques

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 and seventy one healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2016 in Fairfax, VA. Eighty-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. Eighty-two 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*<sup>™</sup>. 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*<sup>™</sup>. 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*<sup>™</sup> 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: -
MD	5	6.10	
DO	0	0.00	
NP	64	78.05	
PA	8	9.76	
RN	1	1.22	
Other	2	2.44	
<b>No Response</b>	<b>3</b>	<b>3.66</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: 2.65
None	5	6.10	
1-5	36	43.90	
6-10	24	29.27	
11-15	13	15.85	
16-20	1	1.22	
21-25	1	1.22	
> 25	0	0.00	
<b>No Response</b>	<b>2</b>	<b>2.44</b>	

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

Response	Frequency	Percent	Mean: 4.12
None	4	4.88	
1-5	15	18.29	
6-10	10	12.20	
11-15	19	23.17	
16-20	15	18.29	
21-25	7	8.54	
> 25	11	13.41	
<b>No Response</b>	<b>1</b>	<b>1.22</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: 1.88
None	29	35.37	
1-5	44	53.66	
6-10	5	6.10	
11-15	0	0.00	
16-20	0	0.00	
21-25	1	1.22	
> 25	2	2.44	
<b>No Response</b>	<b>1</b>	<b>1.22</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: 2.63
None	14	17.07	
1-5	36	43.90	
6-10	15	18.29	
11-15	5	6.10	
16-20	7	8.54	
21-25	1	1.22	
> 25	3	3.66	
<b>No Response</b>	<b>1</b>	<b>1.22</b>	

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

Response	Frequency	Percent	Mean: 2.24
None	26	31.71	
1-5	32	39.02	
6-10	14	17.07	
11-15	1	1.22	
16-20	2	2.44	
21-25	2	2.44	
> 25	3	3.66	
<b>No Response</b>	<b>2</b>	<b>2.44</b>	

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

Response	Frequency	Percent	Mean: 2.29
None	36	43.90	
1-5	21	25.61	
6-10	5	6.10	
11-15	7	8.54	
16-20	6	7.32	
21-25	3	3.66	
> 25	2	2.44	
No Response	2	2.44	

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: 1.15
Yes	70	85.37	
Somewhat	12	14.63	
Not at all	0	0.00	
No Response	0	0.00	

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: 1.15
Yes	69	84.15	
Somewhat	12	14.63	
Not at all	0	0.00	
No Response	1	1.22	

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: 1.27
Yes	59	71.95	
Somewhat	22	26.83	
Not at all	0	0.00	
No Response	1	1.22	



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: 1.10
Yes	71	86.59	
Somewhat	8	9.76	
Not at all	0	0.00	
No Response	3	3.66	

Upon completion of this activity, I can now: Perform a pelvic examination with greater confidence; Use techniques to make special populations of patients have a more positive experience with a pelvic exam; Select the proper equipment and supplies necessary for performing a better pelvic exam:

Response	Frequency	Percent	Mean: 1.13
Yes	61	74.39	
Somewhat	5	6.10	
Not at all	2	2.44	
No Response	14	17.07	

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

Response	Frequency	Percent	Mean: 1.32
Strongly Agree	56	68.29	
Agree	24	29.27	
Neutral	1	1.22	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	1.22	

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

Response
Limit sugar based foods with IBS
Clinical guidelines CDC, USTF, RF. Race/ethnicity - lifestyle change plus plan phone followup
Treatment for constipation and heart failure
Pelvic exam techniques, HBV screening, DM management
Prescribe medications appropriately. Adjusting meds according (ie lab results/symptoms). Proper screening/more thorough H and P. Lifestyle modifications

Upon completion of this activity, I can now: Understand the epidemiology, pathophysiology, diagnosis, treatment and prevention of the following mosquito borne diseases: Dengue, Chikungunya, Zika, and Malaria:

Response	Frequency	Percent	Mean: 1.09
Yes	68	82.93	
Somewhat	7	8.54	
Not at all	0	0.00	
No Response	7	8.54	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.40
Strongly Agree	51	62.20	
Agree	28	34.15	
Neutral	2	2.44	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	1.22	

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

Response	Frequency	Percent	Mean: 1.44
Strongly Agree	49	59.76	
Agree	28	34.15	
Neutral	4	4.88	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	1.22	

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

<b>Response</b>
Managing PPG hyperglycemia, Zika prevention
DM pharmacologic management, Hep B screening
New treatment options
Need to screen more thoroughly before giving Hep B vaccines in the retail setting
Will utilize the Rome CV criteria in diagnosing IBS-C versus CIC
Assess medication regimens in more detail particularly more aware of patient c/o stomach. With diabetes targeting weight loss post prandial levels. Screen patients for HBV
When to screen HBV biomarker specificity and address therapies to reduce M/M, educating population, recent or post travel? Infection
Definitely look at rashes, joint pain differently. Don't assume SOB, fatigue is from being out of shape. Think HF
Use GLP-I to reduce post prandial glucose. Use isosorbide dinitrate/hydralazine in African Americans with NYHA class III-IV
HBV screening for US born with foreign born parents. Condom trick with speculum
PowerPoints, explaining in depth, answering questions
Heart Failure, supplemental medications
Follow heart failure guidelines/considering race; using GLP-1 RA
Culture/ethnicity in HF. Incretin based treatment. Different in IBS-C ICU-pain proved symptom/GLP-1 indications
Will screen high risk HBV patients, will explore more details in constipation complaints
Stop pap smear is okay if patient is uncomfortable. Consider post prandial glucose levels. Use FOD map diet for IBS
I will screen all patients with flu-like symptoms for bowel history, pay more attention to controlling post prandial glucose, push for referral prophylaxis for traveling patients
Good CME, continue please
How to better manage and diagnose Hep B. How to have better conversations/discussion with patients about chronic illness
New medication management in HF and DM. Screen more often for HBV or vaccinate
More in-depth consideration of HBV screening and more consideration of GLP-1 RA initiation of DM patients
Screen for HBV in high risk patients; listen for S3 sound in HF patients; adopt stepwise Rx for chronic constipation and re-evaluate in 1-3 weeks; combination use of basal insulin with GLP1-RA; appreciation of insect borne disease; how to do a good pelvic exam
Patient education. Screening
Pelvic exam techniques, improved ability to analyze status of diabetes control
Better patient history, better Rx treatment
Updated meds for heart failure, difference between IBS-C and CIC, Hepatitis B - interview techniques, Zika versus Malaria, pelvic exam
Hep B, DM stepwise management and the importance of post prandial glucose, differentiate IBS-C versus CIC, biomarkers in diagnosing and treating HF, how to test for various flav viruses
Cultural sensitivity, better communication
Ask about travel history, check blood sugar levels at varying times, ask where you were born and family history for screening HTN
Screening activities and guidelines for Hep B and regions with higher risk
New treatment options for Hep B, IBS-C
I have much better understanding of screening/relevance of HBV
Increase use of GLP-1, check Hep B screen on certain populations, test for more insect illness with fevers
Initiating appropriate interventions for heart failure patients
Tools for screening HBV and treatment; Bristol tools with IBS/CIC
Optimal conversations with patients regarding travel, social, sexual, and vaccination histories
In regards to Hep B, I will stress that Hep B can transfer from mother to baby to help people keep open mind about Hep B screening. New tricks/techniques for pelvic exams

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

Response
Standard questions for screening Hep B vaccine, or screening test if necessary
Implementing HBV screening and monitoring PPG in treating DX. Implementing FODMAP for patients with constipation
Med reconciliation

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

Response	Frequency	Percent	Mean: 1.30
Very likely	65	79.27	
Somewhat likely	9	10.98	
Unlikely	0	0.00	
Not applicable	5	6.10	
No Response	3	3.66	

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

Response	Frequency	Percent	Mean: 1.40
Within 1 month	62	75.61	
1-3 months	8	9.76	
4-6 months	1	1.22	
Not applicable	7	8.54	
No Response	4	4.88	

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

Response	Frequency	Percent	Mean: 4.70
Excellent	59	71.95	
Very Good	20	24.39	
Good	2	2.44	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.22	

**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: 4.68
Excellent	58	70.73	
Very Good	22	26.83	
Good	2	2.44	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 4.58
Excellent	53	64.63	
Very Good	22	26.83	
Good	6	7.32	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.22	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Gary Scheiner, MS, CDE - Diabetes:**

Response	Frequency	Percent	Mean: 4.83
Excellent	66	80.49	
Very Good	11	13.41	
Good	1	1.22	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	4.88	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nancy E. Dirubbo, DNP - Insect-Borne Diseases:**

Response	Frequency	Percent	Mean: 4.92
Excellent	68	82.93	
Very Good	6	7.32	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	8	9.76	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nancy E. Dirubbo, DNP - Pelvic Exam Techniques:**

Response	Frequency	Percent	Mean: 4.96
Excellent	66	80.49	
Very Good	3	3.66	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	13	15.85	

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: 4.85
Excellent	71	86.59	
Very Good	8	9.76	
Good	2	2.44	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.22	

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: 4.79
Excellent	65	79.27	
Very Good	13	15.85	
Good	2	2.44	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	2.44	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nancy E. Dirubbo, DNP - Insect-Borne Diseases:

Response	Frequency	Percent	Mean: 4.86
Excellent	66	80.49	
Very Good	11	13.41	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	6.10	

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

Response	Frequency	Percent	Mean: -
Topics covered	53	64.63	
Location/ease of access	58	70.73	
Faculty	12	14.63	
Earn CME credits	71	86.59	
No Response	0	0.00	

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

Response
Obesity, weight management, Depression

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: 4.83
Excellent	70	85.37	
Very Good	10	12.20	
Good	2	2.44	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 4.80
Excellent	63	76.83	
Very Good	16	19.51	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	3.66	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nancy E. Dirubbo, DNP - Pelvic Exam Techniques:

Response	Frequency	Percent	Mean: 4.86
Excellent	60	73.17	
Very Good	10	12.20	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	12	14.63	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.62
Strongly agree	39	47.56	
Agree	35	42.68	
Neutral	6	7.32	
Disagree	1	1.22	
Strongly Disagree	0	0.00	
No Response	1	1.22	

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

<b>Response</b>
Pulmonary
Management of chronic kidney disease, Lupus, arthritis (Osteo)
Rashes, eye disorders, sports injuries
Dermatology/skin disease. How to read x-rays, EKG reading - basic
Hypertension
H. Pylor, abnormal PAPS, COPD, Arthritis, Dermatology
Thyroid disorders, chronic fatigue, autoimmune disorders
Suture, joint injections
Opioids
HTN, Dyslipidemia, Pharmacology
Cancer - breast/prostate. Especially during September for Prostate Cancer awareness and October for Breast Cancer awareness
COPD/asthma. Immunosuppressant meds. Nutritional deficiencies as it relates to adrenal insufficiency
Diabetes, HTN in special population
Asthma, COPD, ENT, travel medicine, psych
Hypertension management
GERD management. IBD diagnosis and management. Pancreatic disease. HTN management
Crohn's disease. GERD. Peptic ulcer disease. H-Pylori
Chronic pain management
Prostate cancer screening
Insulin use in Type II Diabetes
More Women's Health
Zika
CKD Primary Care management and evaluation; proteinuria, CLL, estrogen supplement therapy
Critical Care; Oncology
More cardio! Weight management. Bariatric medicine. More cardiac. LGBT issues/care. Transgender care. CBD disorders. Breast cancer. Genetics
Obesity - current therapies
Bipolar/Depression/Anxiety
Lyme Disease
Retail medicine
Hypertension
Heart Failure. DM. HIV
Lyme Disease, role of biofilms in chronic infection
Sleep, migraines
All topics and yes!
Dermatology, Respiratory Illness, Travel Medicine, Women's Health
Neurological diseases
Sleep apnea
Pancreatitis, COPD, Osteomyelitis, intra-abdominal infection, Colitis
Dermatology, Pulmonology, geriatric updates
Effect of microbiome on general health and disease development
Palliative Care, pain management, symptom management cancer
More HTN pharmacological treatment topics
Orthopedic, EMT
Cardiac/HF

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

<b>Response</b>
Managing multiple comorbidities in geriatric population
Non-pharmaceutical effective treatments
Pediatric updated immunizations, adult immunizations
New drugs, FDA approvals and prescriptive guidelines. How to work up febrile illness in the returning traveling Infectious Disease, EKG and when to get a stress test; interpretation of LFT's
Asthma, COPD (respiratory), back pain, headache, skin rashes, Pharmacology
Musculoskeletal, common dermatologic conditions in Primary Care
Peds - newborn care
Fibromyalgia, Chronic Pain Syndrome, Renal disorders, Bone diseases
Pain management, Psych topics
Ortho topics, CKD, Endometriosis, hormone replacement therapy, Osteoporosis
Infectious Disease topics
Rheumatology, Dermatology
Anemia, Asthma, Osteoarthritis, COPD, Hypertension (especially African Americans), anticoagulants
Update on use of provider apps. Derm. Ortho
Pediatrics!
Joint pains, Gout
Common procedures such as joint injection, trigger point injection

**Additional comments:**

<b>Response</b>
The topics here above mentioned are topics that are also constantly used in the NP practice. It would be lovely to have another CME conference on these topics, and possibly in Fairfax, VA. Thank you!
Great lecture series
Provide lunch
Excellent presentations. Thank you
Hyatt Fairlakes very good site in northern VA for CME. Pleasant environment - good for productive learning; rooms large enough to accommodate large audiences comfortably
Work in retail health, Hep B Zika good knowledge for clinic. Also work 2-3 days/month in Gyn office so pelvic exam beneficial
Thank you!
Thank you it was very enlightening (as a new NP)
Great conference. Speakers were great
The speakers were very knowledgeable about their subject topics
Nancy Dirubbo is awesome! She is top notch! Just like my professors
Very nice CME activity
Learned a lot from the HF lecture - great teaching style Dr. Philip Duncan marked improvement in my pre and post test questions! Nancy Dirubbo was very engaging and gave a lot of practical applications and skills
Going to details treatment is not appropriate at this level. I loved the movies that patients were talking about their situation. Question and answers also were very helpful
Great conference CE activity
Good course today. Thank you
Very nice facility. Very good and knowledgeable speakers
Bug Bites and Beyond - Lyme? Would like more integrative/functional medicine incorporated in
Thanks
Thanks!



**Additional comments:**

<b>Response</b>
I would cover the pelvic exam topic in the morning or early afternoon. Need to be alert and need to be interactive
Provide slides in booklet for ease of following along
Great job to all
Thank you for providing this CME. Nancy Dirubbo was an excellent presenter; very engaging!
Nancy - Diabetes was outstanding!
Should have WiFi connection - not available in this room. We couldn't download the slides during the presentation
Very nice conference, box lunch would have been nice for lunch
Thank you! I am concerned about missing the followup email evaluation and not being able to claim my credits. Why is there more than one evaluation?
Get some PA-C's on faculty!
Nancy truly incorporated the nursing aspect of care for people - mental/emotional aspects of caring for people - very warm, interesting presentation
Well organized. Excellent speakers. Love the clickers
All of the speakers today were wonderful! I really enjoyed them. Lunch was a mess today at the Hyatt bar/restaurant; they were not prepared at all for all of the NACE participants. Any chance NACE could provide sandwiches and chips?
Great program, thank you!