



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

### Activity Evaluation Summary

- CME Activity:** Clinical Updates for Nurse Practitioners and  
Physician Assistants  
Saturday, November 12, 2016  
Crowne Plaza White Plains Downtown  
White Plains, NY
- Course Directors:** Deborah Paschal, CRNP and Gregg Sherman, MD
- Date of Evaluation Summary:** November 29, 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 November 2016, the National Association for Continuing Education (NACE) sponsored a live CME activity, **Clinical Updates for Nurse Practitioners and Physician Assistants: 2016**, in White Plains, NY.

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 idiopathic pulmonary fibrosis, COPD and alpha-1 antitrypsin deficiency, chest xray interpretation, heart failure, 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.

Three hundred forty four healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2016 in White Plains, NY. One hundred forty six 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 forty four 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 1.25 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: 3.14
MD	1	0.69	
DO	1	0.69	
NP	119	82.64	
PA	11	7.64	
RN	6	4.17	
Other	0	0.00	
<b>No Response</b>	<b>6</b>	<b>4.17</b>	

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

Response	Frequency	Percent	Mean: 3.37
None	17	11.81	
1-5	38	26.39	
6-10	32	22.22	
11-15	22	15.28	
16-20	11	7.64	
21-25	7	4.86	
> 25	15	10.42	
<b>No Response</b>	<b>2</b>	<b>1.39</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: 3.45
None	20	13.89	
1-5	41	28.47	
6-10	23	15.97	
11-15	16	11.11	
16-20	11	7.64	
21-25	13	9.03	
> 25	17	11.81	
<b>No Response</b>	<b>3</b>	<b>2.08</b>	

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

Response	Frequency	Percent	Mean: 1.65
None	74	51.39	
1-5	53	36.81	
6-10	10	6.94	
11-15	3	2.08	
16-20	0	0.00	
21-25	1	0.69	
> 25	1	0.69	
<b>No Response</b>	<b>2</b>	<b>1.39</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: 3.12
None	45	31.25	
1-5	30	20.83	
6-10	15	10.42	
11-15	15	10.42	
16-20	8	5.56	
21-25	6	4.17	
> 25	22	15.28	
<b>No Response</b>	<b>3</b>	<b>2.08</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: 1.96
None	62	43.06	
1-5	52	36.11	
6-10	10	6.94	
11-15	4	2.78	
16-20	3	2.08	
21-25	5	3.47	
> 25	2	1.39	
<b>No Response</b>	<b>6</b>	<b>4.17</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: 2.01
None	82	56.94	
1-5	23	15.97	
6-10	15	10.42	
11-15	4	2.78	
16-20	4	2.78	
21-25	1	0.69	
> 25	9	6.25	
No Response	6	4.17	

Upon completion of this activity, I can now: Discuss diagnostic strategies for alpha-1 antitrypsin deficiency (AATD); Incorporate testing into COPD treatment algorithm; Describe evolving treatment options for patients with AATD.

Response	Frequency	Percent	Mean: 1.29
Yes	102	70.83	
Somewhat	40	27.78	
Not at all	1	0.69	
No Response	1	0.69	

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: 1.19
Yes	114	79.17	
Somewhat	27	18.75	
Not at all	0	0.00	
No Response	3	2.08	

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.

Response	Frequency	Percent	Mean: 1.20
Yes	114	79.17	
Somewhat	28	19.44	
Not at all	0	0.00	
No Response	2	1.39	

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: 1.24
Yes	110	76.39	
Somewhat	31	21.53	
Not at all	2	1.39	
No Response	1	0.69	

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	117	81.25	
Somewhat	12	8.33	
Not at all	0	0.00	
No Response	15	10.42	

**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: 1.17
Yes	95	65.97	
Somewhat	17	11.81	
Not at all	1	0.69	
<b>No Response</b>	31	21.53	

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

Response	Frequency	Percent	Mean: 1.17
Strongly Agree	119	82.64	
Agree	23	15.97	
Neutral	1	0.69	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
<b>No Response</b>	1	0.69	

**Overall, this was an excellent CME activity:**

Response	Frequency	Percent	Mean: 1.13
Strongly Agree	123	85.42	
Agree	19	13.19	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
<b>No Response</b>	2	1.39	

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

Response	Frequency	Percent	Mean: 1.15
Strongly Agree	121	84.03	
Agree	19	13.19	
Neutral	1	0.69	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
<b>No Response</b>	3	2.08	

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

Response
Malaria-emergency; prevention is key. DEET! > 2 months stay. UIP=IPF - high CT scan diagnosis
Chest xray interpretation. Measuring JVD. CHF management
Consideration of IPF, improved CXR interpretation
Encourage patients to have more information before travel
Updated CHF medications
Identification of IPF, understanding when to treat heart failure, interpreting chest xray
Reading CXR, when in doubt do it Paps, send test for Alpha-1 (free) teaching/travel medicine - specific questions "have you traveled", etc.
How to diagnose IPF, test for AATD, always ask regarding travel with flu like symptoms
Diagnosis and treatment of IPF
Use of biomarkers in diagnosis of HF and use or adjustment of medications
Learning to use suggested medication. Ideas on using and doing assessment
Widen the differential diagnosis
How to properly identify and diagnose, what tests to order
Increase screening AATD, spirometry testing
Using acquired charts/graphs to grade each disease
Identifying IPF, better understanding of xrays
AATD screening
Consider IPF in my differential of dyspnea and cough and test/screen everyone diagnosed with COPD for alpha-1 AT deficiency. I do not interpret xrays. Initiating guideline medical therapy in HF patients, inquire about travel more
Diagnosing IPF, COPD, Alpha-1 Dif. CXR interpretation
Proper evaluation of IPF

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

<b>Response</b>
Identify patients that need HDCT, how to muster patients with spirometry, assisting patient with heart failure
Using COPD screening tool; utilizing free alpha-1 AT test
Reading CXR/alpha-1 genetic testing
HRCT
Xray interpretation, diagnosis of COPD
Better understanding of new medications
Diagnosing AATD, diagnosing IPF
Heart failure medication review
I have new resources, but practice in long term care. Will test COPD patients for AATD
Interpreting xrays
Radiologic interpretation
Better pelvic exams
AAT testing, utilization of new HF Rx's
It's important to talk to a patient, set a quit date, so patient stops smoking. Recognize when to diagnose AATD
Implementing COPD strategies. Xray interpretation
Refer patients with pulmonary Rhinositis early. Consider testing COPD patients for AATD
Beginning to learn to read CXR
Screen for AATD in COPD patient. Considering IPF as a DD, more confident treating Malaria
Ordering test/appropriate diagnostics and interpretation of results
Immediate clinical application of HF management, CXR, COPD
Bleed test for AAT with COPD patients if indicated. How to read chest xray. Perform less uncomfortable pelvic exams
What AATD is and how to diagnose, points in reading chest xrays
Treatment of heart failure and CXR interpretation
The use of spirometry, MMRC scale in diagnosing COPD, heart failure management guidelines, technique for pelvic exams
Implementing alternative therapies
Screen all COPD patients for AATD, look at CXRs consistently with Radiologist, continue to learn more regarding different medications for heart failure
ID patients for questionable IPF with spirometry. PFT, increase dose CT, use BNP more often, use COPD algorithm
Diagnosing IPF, reading CXR, staging COPD with appropriate interventions
Better understanding of newer research and will be able to better look at meds
Identifying when to order CXY, identify difference between Atelecturn and pleural effusion/pneumonias. Treat patients going to malaria known areas. Gyn exam techniques
Diagnostics, interventions, approach/assessment
COPD Gold, heart failure meds
Better diagnosis of IPF. Use lab test x AATD
Early identification of AATD. Aggressive treatment of COPD
Will be able to do better workups for chronic lung and cardiac symptoms - treatment
Diagnosing IPF. AATD testing
Define between IPF versus secondary. Diagnostic testing for IPF. Alpha antitrypsin. Use of newer drugs in CHF
Specific drug usage with HF, CHF, COPD
Will now consider IPF in my workups. Will order AATD when evaluating for COPD. Can better understand CXR
Appropriate meds to treat CHF. Better interpretation of CXR, identify mosquito borne viruses and symptoms, tips on pelvic exams
IPF screening. Alpha-1 screening
Role of race in treatment of HF, marking on CXR, IPF differentiation from other chronic lung diseases

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

Response
Learn the practice guidelines and integrate the knowledge with clinical assessment
Testing for AATD. Isosorbide
Understanding radiology reports based on clear judgment. Screen for AATD. Understand xray interpretation. Use BNP diagnostically
Imaging studies
CHF medications
Detailed history and physical exam prior to Rx planning
PFT and chest xray interpretations. BNP-interpretation, better CHF treatment, asking travel questions
Incorporate what I learned in patient teaching
Consider IPF in the male, older population with history of increasing dyspnea and appropriate workup with HRCT, PFTs
Determining more accurate need for xray; more in depth questions for travel and assessment for diseases
I will test for AATD more frequently, educate my traveling patients
Adequate testing, guideline use, and proper management
Chest xray interpretation was very helpful, will refer frequently to all presentations in future
Screening COPD patient, how to recognize IPF
Ensure more spirometry testing for COPD diagnosis, more travel screening in history

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

Response	Frequency	Percent	Mean: 1.43
Very likely	99	68.75	
Somewhat likely	33	22.92	
Unlikely	2	1.39	
Not applicable	8	5.56	
No Response	2	1.39	

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

Response	Frequency	Percent	Mean: 1.61
Within 1 month	94	65.28	
1-3 months	24	16.67	
4-6 months	5	3.47	
Not applicable	17	11.81	
No Response	4	2.78	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Fernando Martinez, MD - Idiopathic Pulmonary Fibrosis:**

Response	Frequency	Percent	Mean: 4.96
Excellent	137	95.14	
Very Good	5	3.47	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.39	

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

Response	Frequency	Percent	Mean: 4.72
Excellent	105	72.92	
Very Good	31	21.53	
Good	4	2.78	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	2.78	

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

Response	Frequency	Percent	Mean: 4.82
Excellent	116	80.56	
Very Good	18	12.50	
Good	2	1.39	
Fair	1	0.69	
Unsatisfactory	0	0.00	
No Response	7	4.86	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Marie Galvao, MSN, ANP-BC - Heart Failure:**

Response	Frequency	Percent	Mean: 4.83
Excellent	118	81.94	
Very Good	16	11.11	
Good	4	2.78	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	4.17	

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: 4.94
Excellent	126	87.50	
Very Good	8	5.56	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	10	6.94	

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

Response	Frequency	Percent	Mean: 4.95
Excellent	134	93.06	
Very Good	5	3.47	
Good	1	0.69	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	2.78	

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

Response	Frequency	Percent	Mean: 4.91
Excellent	129	89.58	
Very Good	10	6.94	
Good	1	0.69	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	2.78	

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: 4.94
Excellent	133	92.36	
Very Good	7	4.86	
Good	1	0.69	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	2.08	

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: 4.92
Excellent	110	76.39	
Very Good	9	6.25	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	25	17.36	

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

Response	Frequency	Percent	Mean: 4.91
Excellent	130	90.28	
Very Good	9	6.25	
Good	2	1.39	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	2.08	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Marie Galvao, MSN, ANP-BC - Heart Failure:

Response	Frequency	Percent	Mean: 4.88
Excellent	123	85.42	
Very Good	15	10.42	
Good	1	0.69	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	3.47	

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: 4.92
Excellent	121	84.03	
Very Good	8	5.56	
Good	1	0.69	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	14	9.72	



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

Response	Frequency	Percent	Mean: -
Topics covered	108	75.00	
Location/ease of access	84	58.33	
Faculty	17	11.81	
Earn CME credits	117	81.25	
<b>No Response</b>	5	3.47	

**Future CME activities concerning this subject matter are necessary:**

Response	Frequency	Percent	Mean: 1.54
Strongly agree	74	51.39	
Agree	55	38.19	
Neutral	7	4.86	
Disagree	2	1.39	
Strongly Disagree	0	0.00	
<b>No Response</b>	6	4.17	

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

Response
Lab interpretation
Asthma, Sickle Cell Disease, suturing, reading US
Hypertension management
Thyroid disorders. Infectious disease (STD/STI). Hepatitis B/C
GI, Colon Cancer, Dermatology updates/clinical practice
Renal disease. Interpreting lab values
HTN, Asthma
Lab work interpretation
Emergency issues in healthcare. Women's Health. Disease prevention topics
12 Lead EKG interpretations and stages in MI
Asthma, DM
IPF. Because treatment changes are on the horizon
HOCM
Breast cancer. HPV-vaccine. OB/Gyn exam guidelines - Pap smears. Menopause
Gyn
Dermatology, EKG
Autoimmune. Dermatology
HTN, heart markers
Wound care
HIV in Primary Care/Renal Disease. Latent TB in Primary Care. More HF
Alopecia, other popular autoimmune disease presentations. Chest pain (cardiac viability, heart failure)
Gastroenterology/Liver Disease
Wound care
Obstetric related topics/Women's Health
Diabetes, Hyperlipidemia, and Women's Health
Oncology topics
Renal disease insufficiency/failure, TIA/CVA understanding mass/shift/bleed - head CT
Office procedures
Physical assessment, pediatric cases/diseases
Congestive Heart Failure (just medications), Lupus, Pulmonary Embolism
Screening guidelines in Primary Care (cancer), DM, HIV, vaccines, MS
Hospital borne infections. ESBC infections. Tick borne illness
STIs and management. LGBTQ assessment and care in Primary Care

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

<b>Response</b>
Management of CKD, dermatology, palliative care/pain management
Heart Failure, DM, HTN, COPD, more radiologic interpretation
GI, HCV, HIV, mental health
Wound care, suturing, ultrasound, CT interpretation
Arrhythmia
Back pain, headache
Skin
Obesity post surgical management. Iron deficiency. Back conditions
Managing anticoagulation in Primary Care
More NP PA programs
Oncology
Addiction/opioid dependency treatment. EKG interpretation
Wound care, I&D skills
Fibromuscular Dysplasia
Oncology/Hematology
Women's Health
Reflux/GERD; IBS-C, IBS-D, any GI or CRC topic
Insulin, Diabetes, Hep C
Managing diabetes, managing an asthma attack. The speakers were very knowledgeable and personable. Interesting choices of topics and useful as well
Procedures, suturing, i.e. Radiology reading
Lyme disease. HDCM. Cardiac arrhythmias
Immune disorders. Lymes. Emergent care
Diabetes management. Hypertension management. Suture skills. Abdominal/GI diseases and management
Sepsis, Pneumonia, PE DVT's
12 lead EKG interpretation. Legal issues in documentation
Wound assessment and care
Endocrinology for Primary Care (especially thyroid disease). Orthopedics - PE of shoulder, knee, ankle. Update on Hepatitis
Endocrine/rheumatology
Musculoskeletal disorders
More imaging, cancer
Geriatric-specific topics. Geriatric syndromes
Lymes disease, hematology, infectious disease
HIV, mental health
OAB
Care for elderly with comorbidity
STD and HIV
Mycobacterium pathologies ex Mycoplasma Arium Complex (MAC)
Pediatric illness - billing and coding, lab interpretation
Pediatric/DM/HTN/abdominal pain
Arrhythmias, acute coronary syndrome, Pulmonary HTN, heart failure
Lyme, addiction, Dermatology, smoking cessation, recurrent vaginitis (BV, yeast), gut biome. POJS: role of endocrine disruptors, transgender healthcare
Suture workshop. Cirrhosis, liver failure
Sports Medicine, Dermatology

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

<b>Response</b>
Diabetes control. Heart failure. Mental health issues in Primary Care. Thyroid disorders
Atrial Fibrillation, substance/EtOH abuse. Dermatologic disorders
Integrative Medicine
Seizures, Neurodegen diseases (CVAS, MS, PSP, Dementia), anemias
Wound management, EKG interpretation, lymphedema management
Ortho assessment and treatment of common ortho complaints
Endocrine - Osteoporosis. Urology - changes to menopause
STDs, basic suturing and Dermabond, safe I&D for summer practicing NP, urgent care clinic
Pediatrics, orthopedics
Dermatology
Office procedures. EKG interpretation
Pain management, vaccinations, skin disease
Dermatology. Bug bites. Cellulitis, rash - headaches, fatigue
Pharmacology
Diabetes Mellitus, HTN, hyperlipidemia, thyroid disorders
Urinary incontinence treatment. Diabetes updates. Wound, ostomy, continence topics
Most common diseases presented to primary care provider and appropriate treatment and diagnosis and evidence based
Palliative Care
More of pediatric pathology
Musculoskeletal exams. Neuro
GI, Diabetes, Asthma, Psychiatry, Heart Disease, antibiotic therapy
A topic on what the best radiology test to order when ruling out or considering particular diagnosis
Dermatology eg. identifying different rashes
Osteoporosis. Postmenopausal HRT
Skin conditions/Dermatology
Infectious diseases and oncology
Identifying most common rashes
Diabetes, STDs, neuromuscular disease
Asthma care. RA diagnosis and treatment
Splinting skills (suturing, wound care). Coding and billing. Dermatology basics
Arrhythmias
Diabetes, antibiotics
Neurological and cardiac disorders
Skills workshop, wound care (HD/abscess). Heart failure

**Additional comments:**

<b>Response</b>
Thank you
This has been a good class. Excellent and knowledgeable presenters
Great conference! Thank you so much. Really surpassed expectations of a free CME. Great job!
Very nice presentations and updated information
Dr. Martinez was absolutely fantastic! Actually all of the speakers were excellent. One of the best CME programs I've been to. Kept me engaged. Will definitely be back and recommend others to attend! Bravo! Nancy was great. Love the practical advice

**Additional comments:**

<b>Response</b>
Great lectures. Thanks
Excellent speakers!
Excellent CME
Excellent speakers!
Excellent conference - knowledgeable speakers
Excellent program
Amazing! Enjoyed all the speakers - very engaging and well-organized
Nice conference
This was a wonderful day - teachers were excellent. Location comfortable, food very good. Folks who worked conference were polite and helpful. Thank you
I was pleasantly surprised. All speakers were knowledgeable and energetic. I was engaged throughout the entire conference
Dr. Dirubbo was a delight!
Great presentations. Wonderful speakers who are awesome educators. Tight space with seating - uncomfortable. Loved talk on Bugs, Bites and Beyond - very interesting
Thank you
Seating too close, spoils the learning
Please more events in this location. Thanks for doing these events to the betterment of the profession
Conference was great overall, but seating was very crowded and uncomfortable. Thank you for supplying breakfast and lunch!
Excellent experience!
Great program
I like that you had subjects that are not usually covered. Great conference
Very good speakers
Excellent conference! Great topics and well run. Truly one of the best conferences I have attended
Very good presentations! Dr. Martinez was particularly excellent!
Better accommodation - felt back in like a sardine can at the tables
Excellent conference! I will definitely be attending more. Thank you
Excellent program
Sessions too long
Excellent CME; will be coming back for additional CME. Knowledgeable instructors/presenters; very educational!
Informative, educational, and great that it was free! also, very informative tips when traveling and set up for pelvic exam
Excellent conference! Each lecturer was outstanding, well-organized with topics that are relevant and important
Great program!
Known areas. Gyn exam techniques
Fantastic - the whole day! Will definitely attend future events and peruse available resources
Very good
Good information
This was my first NACE conference, but I hope to attend many more in the future!
Thank you!
Amazing, well organized! Wonderful registration. Moderator very straight forward - clear and concise. Interactive component - fun! Great presenters
Great presentations and speaker selection!
Should have alerted us that slides were available online prior to attending class. Thank you
Nice review. This conference was well done!
One of the best conferences I have attended

**Additional comments:**

<b>Response</b>
Thank you! Excellent and professional!
Excellent speakers! Thanks to NACE and staff
Great conference!
Chest xray interpretations - unique and like to see more like these
Excellent conference! Keep up the excellent work! Will come to all local events! Thank you!
Dirubbo, DNP exaggerated quite a lot. El Salvador has only 4 respirators. Gyn presentation should be in the morning - lots of material. it's important in practice, I think AM is better FA