



Clinical Updates for Nurse Practitioners and Physician Assistants: 2016

Activity Evaluation Summary

- CME Activity:** Clinical Updates for Nurse Practitioners and
Physician Assistants
Saturday, September 17, 2016
Orlando Airport Marriott Lakeside
Orlando, FL
- Course Directors:** Deborah Paschal, CRNP and Gregg Sherman, MD
- Date of Evaluation Summary:** September 27, 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 Orlando, FL.

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 Prostate Cancer, Atrial Fibrillation, Hepatitis B, Heart Failure, Diabetes, and Psoriasis.

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.

Four hundred and five healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2016 in Orlando, FL. One hundred and eighty five 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 and eighty 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 3.25 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: 3.19
MD	2	1.09	
DO	0	0.00	
NP	149	81.42	
PA	14	7.65	
RN	10	5.46	
Other	1	0.55	
No Response	7	3.83	

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

Response	Frequency	Percent	Mean: 3.29
None	23	12.57	
1-5	52	28.42	
6-10	33	18.03	
11-15	27	14.75	
16-20	26	14.21	
21-25	9	4.92	
> 25	11	6.01	
No Response	2	1.09	

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

Response	Frequency	Percent	Mean: 3.48
None	24	13.11	
1-5	44	24.04	
6-10	34	18.58	
11-15	21	11.48	
16-20	27	14.75	
21-25	13	7.10	
> 25	16	8.74	
No Response	4	2.19	

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

Response	Frequency	Percent	Mean: 2.23
None	52	28.42	
1-5	89	48.63	
6-10	15	8.20	
11-15	11	6.01	
16-20	3	1.64	
21-25	3	1.64	
> 25	7	3.83	
No Response	3	1.64	

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

Response	Frequency	Percent	Mean: 2.13
None	57	31.15	
1-5	88	48.09	
6-10	14	7.65	
11-15	7	3.83	
16-20	8	4.37	
21-25	2	1.09	
> 25	4	2.19	
No Response	3	1.64	

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

Response	Frequency	Percent	Mean: 4.67
None	12	6.56	
1-5	17	9.29	
6-10	23	12.57	
11-15	23	12.57	
16-20	34	18.58	
21-25	21	11.48	
> 25	45	24.59	
No Response	8	4.37	

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

Response	Frequency	Percent	Mean: 2.10
None	42	22.95	
1-5	101	55.19	
6-10	19	10.38	
11-15	5	2.73	
16-20	4	2.19	
21-25	1	0.55	
> 25	3	1.64	
No Response	8	4.37	

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

Response	Frequency	Percent	Mean: 1.07
Yes	169	92.35	
Somewhat	13	7.10	
Not at all	0	0.00	
No Response	1	0.55	

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: 1.09
Yes	161	87.98	
Somewhat	16	8.74	
Not at all	0	0.00	
No Response	6	3.28	

Upon completion of this activity, I can now: Recognize the prevalence and risk factors of prostate cancer; Compare the USPSTF, AUA and NCCN guidelines on screening; Understand the use of PSA and biomarkers; Develop a logical approach to screening for prostate cancer in a primary care setting:

Response	Frequency	Percent	Mean: 1.05
Yes	173	94.54	
Somewhat	8	4.37	
Not at all	1	0.55	
No Response	1	0.55	

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: 1.11
Yes	164	89.62	
Somewhat	18	9.84	
Not at all	1	0.55	
No Response	0	0.00	

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: 1.07
Yes	164	89.62	
Somewhat	12	6.56	
Not at all	0	0.00	
No Response	7	3.83	

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

Response	Frequency	Percent	Mean: 2.10
None	42	22.95	
1-5	101	55.19	
6-10	19	10.38	
11-15	5	2.73	
16-20	4	2.19	
21-25	1	0.55	
> 25	3	1.64	
No Response	8	4.37	

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:

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Yes	169	92.35	
Somewhat	13	7.10	
Not at all	0	0.00	
No Response	1	0.55	

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: 1.09
Yes	161	87.98	
Somewhat	16	8.74	
Not at all	0	0.00	
No Response	6	3.28	

Upon completion of this activity, I can now: Recognize the prevalence and risk factors of prostate cancer; Compare the USPSTF, AUA and NCCN guidelines on screening; Understand the use of PSA and biomarkers; Develop a logical approach to screening for prostate cancer in a primary care setting:

Response	Frequency	Percent	Mean: 1.05
Yes	173	94.54	
Somewhat	8	4.37	
Not at all	1	0.55	
No Response	1	0.55	

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: 1.11
Yes	164	89.62	
Somewhat	18	9.84	
Not at all	1	0.55	
No Response	0	0.00	

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: 1.07
Yes	164	89.62	
Somewhat	12	6.56	
Not at all	0	0.00	
No Response	7	3.83	

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

Response	Frequency	Percent	Mean: 1.08
Yes	157	85.79	
Somewhat	14	7.65	
Not at all	0	0.00	
No Response	12	6.56	

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

Response	Frequency	Percent	Mean: 1.14
Strongly Agree	158	86.34	
Agree	21	11.48	
Neutral	2	1.09	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	1.09	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.13
Strongly Agree	158	86.34	
Agree	22	12.02	
Neutral	1	0.55	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	1.09	

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

Response	Frequency	Percent	Mean: 1.14
Strongly Agree	156	85.25	
Agree	22	12.02	
Neutral	2	1.09	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	3	1.64	

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

Response
Better screening, consideration of race with CHF, use of biomarkers for prostate cancer and CHF, meds for CHF per race, dual/triple DM therapy
I found PSA screening to be the most useful and presentation was comprehensible
Screening - biomarkers; increase prescribing of DOAC; screening for cc in psoriasis; use of GLP-1 rather than post prandial insulin; better med management for CHF
Psoriasis treatments
Biomarkers - use for risk of prostate cancer. Start switching people with AFib to DOAC's. Test for HepB
Consider comorbidities with psoriasis. Screening using CHAZDs-2 VASC score and using DOACs instead of Warfarin, biomarkers for prostate cancer, use of GLP-1s. Consider race when treating HF, screen for HBV
HBV screening, new treatment for CHF, GLP-1 RA therapy, 4K/PSA screening
Appropriate use of CHA2DS2 vasc score; prostate biomarker
Not able to implement strategies in my current job description
Use recommended guideline for CHF, AFib
Utilize charting, guidelines for AFib. Improve communication with patients helping them understand screenings
Use biomarkers. Address postprandial glucose
Using the HASBLED and CHADS scale for AFib, using biomarkers for determining risk of prostate cancer, screening for HBV by region of birth
Hep B screening, G1P issues, PSA testing

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

Response
Better identify patients with risk of cardioembolic stroke and appropriate anticoagulation therapy. Develop a logical approach to prostate screening, etc.
Prostate screening and biomarkers, AFib and DOAC use, HBV screening, treatment and patient discussion, CHF treatment and changed guidelines, psoriasis
Start using biomarkers, frequent follow up with anticoagulants
Treating psoriasis as a systemic disease
Improve assessment skills, impairment in clinical assessment
Screening for PSA earlier, Invokana for D2M management
Better knowledge of biomarkers, transmission of HBV, DNP indication
AUA guidelines, HBV new treatment
Better screening for PSA. Guidelines for monitoring Hep B
Keeping me abreast of medical therapies (I am PMH-ARNP)
I will screen my patients more thoroughly with everything I learned today
Orient new clinicians to follow guidelines and med recommendations
Identifying Hep B patient. Different treatment in CHF and populations, biomarkers for PSA level
New ways to approach subjects making it easier to discuss. New guidelines discussed. Great ideas
Ability to educate and seek additional information
PSA follow up - increase tests. Adhere to guidelines for anticoagulants. Increase education for patient
Better awareness of medical conditions, work in OCC health, see wide variety
Consider racial and ethnic background. Patient education on Hepatitis B
PSA biomarkers - when to use. Use of GLPs - risk of hypoglycemia. Hep B screening needs
Screening and management of prostate cancer. Role of anticoagulant in treatment of AFib, increased risk of CHF
Biomarkers for prostate cancer risk, use and document CHADS2-Vas scores, how to screen HBV
Helpful in prostate screens
Screening, apply treatment strategies after discussing with patients
Use biomarkers for abn PSA
PSA screen/use of biomarkers, Hep B - mother/baby, 6 min increase x2 risk stroke with AFib, CHF meds, use GLP1
Biomarkers and anticoag alternatives
Better understanding PSA1-5 treatment for HBV, HF
Biomarkers for prostate
Use PSA to screen the biomarkers instead of biopsy
4Kscore use, increase use of DOACS
Biomarkers for PSA over 1.5 mg/ml. Use CHA2DS2 scale/HAS-BLED scale
Use of biomarkers for prostate
Fact based therapeutic regimens
Use biomarkers for PSA over 1.5. Order GLP-1 and insulin to treat DM and low post prandial insulin
PSA screening and use of biomarkers
Ordering 4K score
Learned different ways to read HepB results
PSA screening, biomarkers, treatment anticoagulation therapy, HepB screening
Apps for CHAD, scale HBV, treat HepB
Using biomarker (4K score)
Use biomarkers for PSA interpretation. Start testing at 40 years old. Below 1.5 risk of PC low - nothing else needs to be done
Screening/Hep B vaccine. Proper PSA screening and biomarkers, starting GLP-1 sooner. Document ChA2D2 vac score
Follow guideline to screen, treat illness

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

Response
Use CHADS2, screen for PSA and DREW, steroid topical - chart use
Rationale for adding GLP-1. Recommending prostate screening, Hep B screening
Listen to my patients, research studies
Patient AFib in HF clinic switch coumadin to new agent DDAC's
PSA screening, CHD2S2 guided therapy, new heart failure drugs, HBV association with HAC
Better communication with patient, proper education to patients
Use of new oral anticoagulants; new CHADVAS2 score, clinical presentation of psoriasis
Better way for prostate cancer screening, understanding risks and need to use anticoagulants, associated comorbidities contridants to psoriasis
Heart sounds
Management of postprandial DM, what diagnostic tests to order for evaluation for prostate cancer
Screening appropriately
Look for comorbidities in patients with psoriasis. Determine patients' resting BS compared to postprandial, apply evidence for CHF
Take a better history. Utilize information to make better decision
PSA screening, AFib meds meaning Coumadin to DOAC, CHF management with meds. Screening psoriasis
Better management of elevated PSA
Screening for HepB, psoriasis treatment
Use of biomarker for prostate health. Treatment option Hep B
Implementing treatment of DM2
Lab interpretation
Increase biomarker labs in elevated PSA, use Chad-vase score, screen for HepB
Medication management
Prostate biomarkers for elevated PSA, use of anticoagulation to individualize adherence and determine risks. Risks and serology in HBV high risk groups. Improve HF quality and use of ethnicity to decrease exacerbations and improve HF control. Post prandial management and GLP use
Prostate biomarkers
Treatment option available for HepB. Use of PSA and biomarkers. Use of CHA2DS2-Vasc score and DOAC
Considering new medications/options/treatments for all diseases covered
Better testing choosing
PSA biomarkers. Adding GLP-1 to decrease weight, A1C. Looking at Achille's heel for psoriatic arthritis diagnosis

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

Response	Frequency	Percent	Mean: 1.26
Very likely	150	81.97	
Somewhat likely	18	9.84	
Unlikely	1	0.55	
Not applicable	9	4.92	
No Response	5	2.73	

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

Response	Frequency	Percent	Mean: 1.47
Within 1 month	132	72.13	
1-3 months	20	10.93	
4-6 months	6	3.28	
Not applicable	17	9.29	
No Response	8	4.37	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Matt T. Rosenberg, MD - Prostate Cancer:

Response	Frequency	Percent	Mean: 4.98
Excellent	178	97.27	
Very Good	1	0.55	
Good	1	0.55	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	1.64	

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

Response	Frequency	Percent	Mean: 4.71
Excellent	138	75.41	
Very Good	28	15.30	
Good	8	4.37	
Fair	1	0.55	
Unsatisfactory	1	0.55	
No Response	7	3.83	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Louis Kuritzky, MD - Diabetes:

Response	Frequency	Percent	Mean: 4.90
Excellent	154	84.15	
Very Good	15	8.20	
Good	1	0.55	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	13	7.10	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Matt T. Rosenberg, MD - Prostate Cancer:

Response	Frequency	Percent	Mean: 4.93
Excellent	169	92.35	
Very Good	10	5.46	
Good	1	0.55	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	1.64	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Marcus Wharton, MD - Atrial Fibrillation:

Response	Frequency	Percent	Mean: 4.68
Excellent	133	72.68	
Very Good	38	20.77	
Good	10	5.46	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.09	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Anekwe Onwuanyi, MD - Heart Failure:

Response	Frequency	Percent	Mean: 4.53
Excellent	113	61.75	
Very Good	50	27.32	
Good	12	6.56	
Fair	2	1.09	
Unsatisfactory	1	0.55	
No Response	5	2.73	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Kristine Kucera, PA-C - Psoriasis:

Response	Frequency	Percent	Mean: 4.89
Excellent	132	72.13	
Very Good	14	7.65	
Good	1	0.55	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	36	19.67	

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

Response	Frequency	Percent	Mean: 4.83
Excellent	154	84.15	
Very Good	20	10.93	
Good	5	2.73	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	2.19	

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

Response	Frequency	Percent	Mean: 4.87
Excellent	160	87.43	
Very Good	15	8.20	
Good	3	1.64	
Fair	1	0.55	
Unsatisfactory	0	0.00	
No Response	4	2.19	

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

Response	Frequency	Percent	Mean: 4.92
Excellent	162	88.52	
Very Good	8	4.37	
Good	3	1.64	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	10	5.46	

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

Response	Frequency	Percent	Mean: -
Topics covered	133	72.68	
Location/ease of access	120	65.57	
Faculty	34	18.58	
Earn CME credits	144	78.69	
No Response	4	2.19	

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

Response
Chronic renal failure, management of COPD/asthma, abdominal pain and IBS
Inflammatory Bowel Disease, Liver Disease
Women's Health
Skills workshops: suturing, biopsy, punch razor, triggerpiont and joint injections, minor procedures
Dermatology, Orthopedic
Pediatric topics!
Hyperthyroid
Thyroid management, HTN management, any additional topics
Type I Diabetes, Hashimoto's thyroiditis, bariatric surgeries, obesity, asthma
Depression and anxiety in Primary Care; MI
Pain management with medications, interventional treatments. Antibacterial treatments of different infections
Good variety of topics seen in my practice. Would like to see some topics with current treatments/updates
Sleep medicine

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

Response	Frequency	Percent	Mean: 4.75
Excellent	140	76.50	
Very Good	29	15.85	
Good	8	4.37	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	3.28	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Kristine Kucera, PA-C - Psoriasis:

Response	Frequency	Percent	Mean: 4.92
Excellent	147	80.33	
Very Good	11	6.01	
Good	1	0.55	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	24	13.11	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.44
Strongly agree	116	63.39	
Agree	51	27.87	
Neutral	11	6.01	
Disagree	2	1.09	
Strongly Disagree	0	0.00	
No Response	3	1.64	

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

Response
CKD, Osteoporosis
Needs updates on all topics annually due to changes on criteria and new meds to treat and need guidelines
More dermatology topics
Orthopedic management
Screening for OBL. GI diseases
Antibiotic overuse
GERD; overuse of antibiotics. Orthopedic- sports injuries - joint (degenerative) disease older patients
Thyroid disease
ESRD, COPD, RA, GERD
HTN meds, thyroid, new narcotic admin guidelines for ARNP
COPD, Dermatology
More dermatology
More of inflammatory disease and treatment
Pediatrics topic, HTN management
Diabetes/pain management
Nutrition, wellness, pain management, angioedema and allergies
Renal topics
Non-Hodgkins Lymphoma treatments. Subclinical hypothyroidism
Psych; substance use disorders
Anything Primary Care related!
ED topics - septic shock, new treatments in cardiac procedures
EKG evaluation
Thyroid disorders
Eczema, birth control, STDs, weight loss, Depression
Suturing workshop
COPD - new treatments, new antibiotic out
HPV and head and neck cancer/anal cancer
Women's Health, Pediatrics
Women's Health. Stroke. Rashes/skin conditions
Skills workshop - suturing
Rheumatoid arthritis. Psychiatric mental health
Gastroenterology
Evaluation diagnosis, treatment of autoimmune conditions
Hypertension, resistant HTN, obesity management
CAD, HTN, hyperlipidemia, anxiety, Depression
COPD
HRT
Skill lab on PFT, tympanometry, EKGs
Geriatric, preventive health for older patients
Dermatology - any topic. Pap guidelines
Workshops: suture course, toenail removal, IFD workshop
Rheumatoid Arthritis; chronic pain options
More Dermatology
Major Depression
Dermatology, obesity

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

Response
Vaccines
Vascular care, wound management is what I practice and would appreciate CME topics on this area
Psychiatry - Bipolar and Schizophrenia, management of MS, lipids, etc.
Maybe closer related lectures
Pain control. Osteoarthritis
Advanced EKG interpretation
More on obesity, thyroid disease
COPD/Asthma, PAH, autoimmune disorder
Kidney disease
Mental health issues, chronic pain treatments
Hypogonadism, hypopituitarism, HIV-PREP therapy in Primary Care, Fibromyalgia
Back pain/neurospine, coding and billing, more cardiac, Derm
Thyroid disease, sleep apnea
HepC, MAC
CKD, CHF, Derm, DM
Diagnostic tests interpretation
Workshop on trigger point injection for knees/shoulders
Skill workshops
Fatty liver, chronic pain, more skin conditions, abdominal pain and differential diagnosis, leg pain and differential diagnosis, Bipolar, ADHD, psychiatric conditions, COPD
More skin lectures - eczema, skin conditions that react 2nd to malignancies
Parkinson's, Dermatology
HIV
Now that DEA is approved in Florida, maybe a short/brief talk to enhance/help prevent OD use in patients
Breast/ovarian cancer genetic screening, reproductive medicine
Common dermatological issues/exam and treatment of shoulder, hand, hip, knee, spine problems, chronic pain
Any subject related to Family Practice
EKG interpretation, thyroid diseases, intraosticular injections
Women's Health concerns, GERD, COPD
HTN, CRD
Lab interpretation
Renal failures, how to read xray/CT/MRI from actually looking at films, how to differentiate between different murmurs
Psychiatric issue, narcotic meds, renal disease
Thyroid diseases
Sexually transmitted disease, herpes, pharmacology new meds cardiac and DM, LVAD modality and new meds HF. Renal disease physiology and treatment
Dialyrespathophys boot camp
Narcotics medication, psychiatric meds
HTN, obesity, Depression, anxiety, EHR
Case of opiates. More on preventive medicine
CKD
Infectious disease, vaccines
TB, breast cancer
Skills conference
Dermatology, asthma
CHF, COPD, anxiety, Dementia

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

Response
All hepatitis - A, C, D, E, F, etc., cholesterol management
Skills workshop, sutures, EKG, skin disorders
Skill workshops, suturing, ortho, treatment of skin disorders, psych, HIV
Women's Health
Upper and lower GI issues, Hepatitis A, B, C and treatments
Obesity
Asthma, COPD
GERD, IBD, Hepatitis C
Kidney disease, cancer, asthma/COPD, OA/RA
Dermatology. Medication interactions
Thyroid Disease. Hypertension. Lupus
Women's Health and Dermatology
Lipid management, Depression management
Dermatology, endocrine disorders
EKG. Lab value interpretations, what to order. POTS disease. Case studies on different topics. Postural Orthostatic Tachycardia Syndrome
Hypertension. Cancer. Nutrition
Effects of poor dental care on body
Asthma/COPD/IBS/IBD
HRT
HRT
Antibiotic stewardship, anemias
CVA. COPD. PNA. Use of antimicrobrady. Pain management. Antiarrhythmias
Functional medicine, approaches to chronic disease
Thyroid, HTN, heart failure, multiple sclerosis
HTN, depression/psych, more DM management, asthma
Ortho - back pain, shoulder pain, knee pain, xray interpretation, obesity management, diet education/plans, headaches, dizziness - these are most common reasons for visits
HTN management
Addiction
Polycystic Ovarian Syndrome
More of hepatitis
Psychiatry/workshops
More on meds rather than cellular/DNA impact from meds

Additional comments:

Response
Great speakers and topics. Very informative and up to date
Very good topics
Excellent program!
Some of the content was too extensive at the primary care level
I work in pediatrics primary care and I feel there is a lack in education on pediatric topics
I really enjoyed this conference. Thank you so much for offering it to us!
Great conference! Thank you for allowing student NPs!
Excellent conference. Thank you! Had difficulty understanding Dr. Onwuanyi

Additional comments:

Response
Great speakers, very informative
Excellent presentation of psoriasis/therapies
Thank you for this seminar
Appreciate giving the clinical updates for free. Hope we could do this more often so more topics can be covered. By the way, coffee in the afternoon is a must!
Excellent program
Continue to offer different CME topic Saturday events in Tampa and Orlando so we can attend both without duplicating topics. Encourage speakers not to read post test ARS question slides word for word, we can read them. Kristine's presentation was excellent!
Dr. Wharton difficult to understand - speaks soft, doesn't pronounce words and also same for Dr. Onwuanyi
This was a great seminar
Thank you!
Great program. Very informative. Slides need enlarged - can't read questions
Very difficult to understand Dr. Wharton's and Dr. Onwuanyi's speech, sounded mumbles, difficult to understand them
Evaluation forms should be anonymous. Excellent moderators - very pleasant and professional
N/A
Venue very nice, temperature was great. Excellent choice of topics, nice variety. Very kind to make coffee and food available. Thank you
Place screen higher - cannot see
Excellent, very informative
Excellent
Great conference. I appreciate the opportunity to attend such a well presented conference for free! Thank you so much!
Very well done, thank you for the free access
Incorporate ICD10 with lectures. Contradictory statements in two presentations: Pusuils GLP-1, Pusuils SGLT2 IUN
Love reviews
Well done program
Outstanding presentations!
Great speakers!
Need water bottles
Dr. Wharton difficult to understand, otherwise an expert on topic. Dr. Kuritzky was excellent, well prepared
The use of videos are very effective eg. demonstration of jugular vein distention/evaluation in cardiac lecture (this will also help to keep people awake as they get involved and interested)
Thank you all for a wonderful day of information
Great program. Thank you
Great conference!
Excellent speakers in every subject
The more complicated lectures should be earlier in the day (i.e. HF after lunch)
Excellent program
Psoriasis topic excellent - made me understand better diagnosis, prognosis, organs, complication and risk
Great day. Thank you
The heart sounds were great!
Excellent conference!
Love this better than PCE - more useful
Great conference
Dr. Kuritzky - excellent presentation! CHF speaker a little difficult to understand
Afternoon coffee is greatly appreciated

Additional comments:

Response
Great presentations! Half-day presentations would be great
Anekwe O. was very difficult to understand
NACE are the best continuing education I have ever attended! Having a lunch and learn was very nice. Center needs more bathroom facilities