Clinical Updates for Nurse Practitioners and Physician Assistants: 2016

Activity Evaluation Summary

CME Activity: Clinical Updates for Nurse Practitioners and
                         Physician Assistants
                         Saturday, October 1, 2016
                         Sheraton Pittsburgh Hotel at Station Square
                         Pittsburgh, PA

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

Date of Evaluation Summary: October 18, 2016

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 Pittsburgh, PA.

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 Heart failure, Psoriasis, Atopic Dermatitis, Diabetes, 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 and forty eight healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2016 in Pittsburgh, PA. Eighty-two 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-one 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 4.25 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: 3.18
MD	2	2.47	
DO	1	1.23	
NP	61	75.31	
PA	14	17.28	
RN	1	1.23	
Other	1	1.23	
No Response	1	1.23	

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

Response	Frequency	Percent	Mean: 3.08
None	17	20.99	
1-5	22	27.16	
6-10	15	18.52	
11-15	8	9.88	
16-20	7	8.64	
21-25	4	4.94	
> 25	7	8.64	
No Response	1	1.23	

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

Response	Frequency	Percent	Mean: 2.07
None	16	19.75	
1-5	49	60.49	
6-10	13	16.05	
11-15	2	2.47	
16-20	0	0.00	
21-25	0	0.00	
> 25	1	1.23	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 2.36
None	17	20.99	
1-5	35	43.21	
6-10	15	18.52	
11-15	10	12.35	
16-20	2	2.47	
21-25	0	0.00	
> 25	1	1.23	
No Response	1	1.23	

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

Response	Frequency	Percent	Mean: 4.57
None	13	16.05	
1-5	6	7.41	
6-10	6	7.41	
11-15	9	11.11	
16-20	12	14.81	
21-25	14	17.28	
> 25	21	25.93	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 3.43
None	14	17.28	
1-5	13	16.05	
6-10	19	23.46	
11-15	11	13.58	
16-20	8	9.88	
21-25	8	9.88	
> 25	6	7.41	
No Response	2	2.47	

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: 1.14
Yes	69	85.19	
Somewhat	11	13.58	
Not at all	0	0.00	
No Response	1	1.23	

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:

Response	Frequency	Percent	Mean: 1.27
Yes	60	74.07	
Somewhat	17	20.99	
Not at all	2	2.47	
No Response	2	2.47	

Upon completion of this activity, I can now: Describe the role of the kidney in glycemic control; Review emerging data surrounding the effects of SGLT2 inhibitor therapy; Recognize the incidence and risk of hypoglycemia in managing patients with diabetes; Discuss approaches to individualizing the treatment of T2DM:

Response	Frequency	Percent	Mean: 1.15
Yes	62	76.54	
Somewhat	11	13.58	
Not at all	0	0.00	
No Response	8	9.88	

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: 1.27
Yes	60	74.07	
Somewhat	20	24.69	
Not at all	1	1.23	
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: 1.16
Yes	64	79.01	
Somewhat	12	14.81	
Not at all	0	0.00	
No Response	5	6.17	

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: 1.13
Yes	62	76.54	
Somewhat	7	8.64	
Not at all	1	1.23	
No Response	11	13.58	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.32
Strongly Agree	57	70.37	
Agree	22	27.16	
Neutral	2	2.47	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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

Response	Frequency	Percent	Mean: 1.36
Strongly Agree	53	65.43	
Agree	27	33.33	
Neutral	1	1.23	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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

Response	Frequency	Percent	Mean: 1.41
Strongly Agree	51	62.96	
Agree	27	33.33	
Neutral	3	3.70	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 1.49
Very likely	53	65.43	
Somewhat likely	18	22.22	
Unlikely	1	1.23	
Not applicable	6	7.41	
No Response	3	3.70	

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

Response
New therapies in HF treatment, psoriasis, atopic dermatitis, the scoring system - CHA2DS2-VASC
Better assess for comorbidities in patients with psoriasis. Consider lifestyle modifications in patients with atopic dermatitis. Refer patients on DOACS to cardiology for pre-op clearance/to get ok to d/c their anticoagulation
Use of diabetes meds as add-ons. Always checking renal function - educate patients
Importance of hypertension treatment
Adding GLP-1 to monotherapy to reduce A1C. AD - avoid systemic corticosteroids. Elevated BNP indicative of CHF
Improved assessment of comorbidities associated with disease processes. Integrate treatment plan, taking into account racial differences in treatment effectiveness
Recognize patient earlier for heart failure. Recognize clinical presentation with psoriasis. Recognize clinical presentation with atopic dermatitis. Approaches to treating patient with T2DM
Less steroid use for skin rashes
Specific medications to use for what level of severity of illness
Recognition of HF. Initiation of Gricol therapy with psoriasis. Treatment of HF options related to race
Use of Ivabradine, step therapy with CHF. Early referral for patients with psoriasis. Increase use of GLP-1 RA
Identify BNP. Review ADA 2016 standards of care
Include knowledge/treatment of HF
Considering race more often in prescribing meds
My patient populations present with these conditions as well as comorbid conditions. This makes me update in new strategies/treatment
New medication strategies
Explore more extensively differential diagnosis in skin disorders. Review of new treatment strategies for skin disorder
New treatments for heart failure, screening for comorbidities with psoriasis, behavioral modification for atopic dermatitis, as well as extending topical steroid use beyond clinical improvement
PE is so important in dermatology and HF as with everything in medicine. Minimal treatment options AD; moisture! Culture-culture-culture! Even after ablation. Anticoagulation important. Not only improve glycemic control, but patient outcomes. Educate patients

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

Response
This course highlighted the diagnosis and treatment of common problems/illnesses I see in my practice. I was able to learn updated guidelines and treatment approaches
Audience questions before and after to determine growth
Recognize what my diabetic patients may need - although I do not treat. Help educate diabetic patients I see in our urology practice. Assess all AFib patients are being treated appropriately
Better knowledge in diabetes treatment. Difference of race with treatment in heart disease
I didn't know about the new drugs in heart failure, psoriasis, DM. Helped explain their mechanisms and what drugs to use or why the patients are on them
Lifestyle modification - CHF, atopic derm, explore HF NYIII - med plan. Ok to use some biologicals in primary
Better understand the DOACs and feel more confident to prescribe independently. Also, feel more confident in treating CHF with the newer agents
Increase knowledge of medications. Understand diagnoses. Increase patient education
New medication Rx strategy for CHF
Patient education, treatment modalities
New heart failure medications Strategies to differentiate skin disorders and treatment
I have learned much about medications to treat heart failure and order to prescribe. I realize how important it is for Atopic Dermatitis (I realized then how systemic psoriasis is and consider more). Aware of new treatment in pipeline for AD. I will try the staggering finger sticks and weekends off. Will look at CHADS2-Vas score and HAS-BLED risk
Improving with prescribing warfarin. Isosorbide/hydralazine for AA patient with CHF
Treatment modalities for AD, considering comorbidities as potential for and assess/evaluate appropriately
Better management of HF patients. Better education of diabetic patients and proper selection of OLP, agents
Identifying HF in African Americans (treatment differs). Comorbidities and psoriasis
Looking at other conditions related to psoriasis, when to use Ivabradine and sacubitral/valsartan
Valsartan - Valsartan/subitatil change
DOAC use
These strategies will help me in license maintenance and board recertification
Refer to derm. Increase comfort in assigning and managing HF
Using topical inhibitors in conjunction with steroids for AD. Incorporate GLP-1 in treatment of Diabetes. Consider use of newer anticoags in treatment of AFib. Use HAS BLED score
Appropriate treatments of CHF, psoriasis, atopic dermatitis, Diabetes, AFib
I work in hospice so do not have direct patient care regarding these strategies (am retired from Primary Care)
Individualized therapy, pay attention to racial differences, comorbidities medications
Limit use of corticosteroids. FP heart failure suspected often in BNP. Adjust prescribing medication for heart failure
Medication review. Proper use of GLP-1. Screening for anticoag therapy
Always consider race in treatment. Utilize new treatment modalities where appropriate. Always screen patients with psoriasis for comorbidities
Making recommendations in requisitioning patients on heart failure medications. Able to provide more education to patients with diabetes. Can discuss side effects of their medications with them
New pharmacologies
This conference highlighted key diagnoses and treatment for common health problems. It improved my confidence to treat these patients. Helps providers treat CHF according to ethnicity. We see DM, CHF, A-Fib, eczema, psoriasis daily! Great topics
New medications
How to determine CHADS2 score
Implement evidence based strategies in patient care
Ways to educate my patients with correct medication management and treatment. Better understanding of GLP-1. Useful information with heart failure and AC therapy

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

Response
New medication options, new ways to educate patients, risk factor awareness and disease process, be aware of comorbidities
Understanding the importance of ethnic consideration with therapies. Treat the patient not the study information. Understanding how all comorbidities affect everything with that person
Antidiabetic meds, patient education, atopic dermatitis wet wrap therapy, importance of OAC use and explanation

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

Response	Frequency	Percent	Mean: 1.59
Within 1 month	54	66.67	
1-3 months	11	13.58	
4-6 months	4	4.94	
Not applicable	9	11.11	
No Response	3	3.70	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Robert L. Gillespie, MD - Heart Failure:

Response	Frequency	Percent	Mean: 4.88
Excellent	71	87.65	
Very Good	8	9.88	
Good	1	1.23	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.23	

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

Response	Frequency	Percent	Mean: 4.60
Excellent	56	69.14	
Very Good	16	19.75	
Good	8	9.88	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.23	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Brad P. Glick, DO - Atopic Dermatitis:

Response	Frequency	Percent	Mean: 4.59
Excellent	51	62.96	
Very Good	19	23.46	
Good	6	7.41	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	6.17	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Samuel Grossman, PharmD - Diabetes (GLP-1):

Response	Frequency	Percent	Mean: 4.78
Excellent	58	71.60	
Very Good	16	19.75	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	7	8.64	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Samuel Grossman, PharmD - Diabetes (SGLT2):

Response	Frequency	Percent	Mean: 4.80
Excellent	55	67.90	
Very Good	14	17.28	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	12	14.81	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Daniel T. Thibodeau, PA-C - Atrial Fibrillation:

Response	Frequency	Percent	Mean: 4.85
Excellent	58	71.60	
Very Good	6	7.41	
Good	2	2.47	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	15	18.52	

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

Response	Frequency	Percent	Mean: 4.95
Excellent	77	95.06	
Very Good	2	2.47	
Good	1	1.23	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.23	

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

Response	Frequency	Percent	Mean: 4.93
Excellent	76	93.83	
Very Good	4	4.94	
Good	1	1.23	
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? Brad P. Glick, DO - Atopic Dermatitis:

Response	Frequency	Percent	Mean: 4.90
Excellent	73	90.12	
Very Good	4	4.94	
Good	2	2.47	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	2.47	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Samuel Grossman, PharmD - Diabetes (GLP-1):

Response	Frequency	Percent	Mean: 4.92
Excellent	69	85.19	
Very Good	4	4.94	
Good	1	1.23	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	7	8.64	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Samuel Grossman, PharmD - Diabetes (SGLT2):

Response	Frequency	Percent	Mean: 4.92
Excellent	67	82.72	
Very Good	4	4.94	
Good	1	1.23	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	9	11.11	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Daniel T. Thibodeau, PA-C - Atrial Fibrillation:

Response	Frequency	Percent	Mean: 4.97
Excellent	67	82.72	
Very Good	2	2.47	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	12	14.81	

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

Response	Frequency	Percent	Mean: -
Topics covered	49	60.49	
Location/ease of access	57	70.37	
Faculty	10	12.35	
Earn CME credits	69	85.19	
No Response	2	2.47	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.63
Strongly agree	41	50.62	
Agree	29	35.80	
Neutral	9	11.11	
Disagree	1	1.23	
Strongly Disagree	0	0.00	
No Response	1	1.23	

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

Response
Migraines, Vertigo, thyroid dysfunction
Diabetes (general), thyroid dysfunction, Women's Health (Cardiology), hair loss
Management/treatment of asthma/COPD. Mental health treatment on primary care level
Skin rashes - peds/adults - ID - treatment. Sinusitis. COPD/Asthma treatments
ID and psych
Psychiatry related
DM. RA. SLE
Diabetes
Anxiety, suicide, fatigue, hair loss, vertigo, IBS, Melanoma
Pain management
More derm; antibiotic review
DM, anxiety, preventing burnout, nutrition
Internal Medicine
Peripheral vascular disease
Continue updating skin disorder treatment as well as blood sugar control
Orthopedic conditions/treatments, acute dermatological conditions/rashes, migraines and other neurological issues
Thyroid disease
GI-GERD, fatty liver, EOE, cirrhosis, IBD
Migraines, ortho, more DM, heart/cardio
Chronic kidney disease, current recommendations. Pneumonia/Bronchitis/COPD/and Depression
Hypertension, Men's Health
COPD, HTN, and comorbidities
Resistant infectious disease and treatment
RA, MS, migraines, Hepatitis - new Rx therapy
Antiarrhythmic meds and EKG review
ENT sinusitis, Vertigo, etc. Ortho
Xray interpretation - thoracic imaging. HCV update
Dermatology, asthma
Gout, HTN with JNC8, RA
Dementia
Arrhythmias, Aico/PM, Pre-op/ERAS
Transgendered health/primary care
Women's Health. Infectious Disease. GI-liver
DM
Antibiotics/very different - symptoms/organizations

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

Response
CAD/PCI, HTN, Thyroid Disease
Zika, more endocrine, thyroid, parathyroid
Kidney failure
Bipolar management. Hyperlipidemia and statin use. Migraine management
Immunizations. Cancer treatment
Super bugs, Zika, Ebola - Infectious Diseases and treatment. Autism, Alzheimer, weight loss
COPD/Asthma
Women's Health, gyn
Geriatric care, Palliative Care, end of life issues
More dermatology. Sustaining pharm therapy
Topics tailored to geriatric community
Switching Diabetes meds, especially insulins. Thyroid disorders
Parathyroid issues. Osteoporosis
EKG review. Treatment of lung cancer. CVA
Diabetes, provider burnout, pain management, end of life care
Any pertaining to Primary Care
Pulmonary medicine. Hematology
Antibiotic use with URI's/respiratory disorders. Mental health disorders and treatment. Urinary topics. Pulmonary conditions with treatments (i.e. asthma, COPD, etc.) PFT's. Disease management
EKG interpretation. Mental illness. Headaches/Neurology
GI related. HepC. GERD. IBS/IBD
Continue general clinical updates
CXR interpretation. Dementias, especially with behaviors

Additional comments:

Response
Thank you!
I found this conference to be very informative. Thank you!
All spoke too fast and gave way too much information for time given. Only speaker who was excellent was D. Thibodeau. He spoke slowly, precisely and clearly
Enjoyed
Great program. Classes a little too long, room extremely cold
Excellent location for conference. Need real education on diagnosing and treatment. Would like to see programs follow up new decisions on all disease topics
Good program. Longer time with cardiology
THank you. May consider another CME/lunch presentation to increase CME hours
Have conference in Cleveland, OH
Case studies very helpful. Helpful when brand and generic drugs are identified, especially for those of us who may not work with patients with some disease processes - due to practice site/population. Suggest - shorter lunch break to wrap up earlier
Would be beneficial to have rationales added to post test questions
I especially appreciated and enjoyed the interactive questions and sharing of responses. Excellent learning activity. The 70 minute sessions were too long. Would prefer shorter, but greater number of sessions. I'd like to have one of the speakers be a nurse practitioner
Excellent presentation. Keep it free CME!
Excellent program

Additional comments:

Response
I sat by Shauna. She is my favorite PA-C
Excellent presentations and good learning experience. Thank you for this educational opportunity
Atopic dermatitis started before 10:50, 1st 2 speakers raced through material, rather than sharing interest in topic
Really enjoyed the lectures. Also, the Sheraton was a great venue
Dr. Grossman's talks were great. He addressed many concerns
Nice, very organized conference. Thank you!
Thank you!
Speaker for Psoriasis/AD excellent, kept a very dry topic interesting. DM lecture excellent, speaker well informed, educated and had excellent practice tips to incorporate in practice
PowerPoint handouts would be nice to have during the PowerPoints
Great conference - thank you so much. Wonderful lecture in A-Fib
Felt the derm presentation was very difficult to follow
First conference with NACE - great!
Thank you for the CME's!
Excellent CME activity! Thank you!
Excellent presentations
Glick - needed to give trade name along with generic name. Very confusing. Needs to make presentation simpler for time period he had. He may as well have been speaking a foreign language! All presenters need to use trade and generic names! Would be helpful especially when your knowledge is minimal already
The response cards kept me engaged
Excellent conferences. Wonderful speakers and topics
Very nice conference! I learned a lot of information - favorite speakers Dr. Gillespie and Dr. D. Thibodeau. Will return for additional conferences. Provide slide copies at conference or email prior to printout to bring for notes
Thanks, glad I came
Thanks for the coffee