



Clinical Updates for Nurse Practitioners and Physician Assistants: 2016

Activity Evaluation Summary

CME Activity: Clinical Updates for Nurse Practitioners and Physician Assistants
Saturday, October 15, 2016
Renaissance Dallas Richardson Hotel
Dallas, TX

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

Date of Evaluation Summary: October 25, 2016



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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 Dallas, TX.

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, atrial fibrillation, hepatitis B, inflammatory bowel disease, IBS and chronic constipation, 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 forty three healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2016 in Dallas, TX and two hundred nineteen registered to participate in the live simulcast. Three hundred forty six healthcare practitioners actually participated in the conference: two hundred fourteen attended the conference in Dallas, TX and one hundred thirty two participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Three hundred forty six 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 3.0 pharmacology hours).

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit™* from organizations accredited by ACCME or a recognized state medical society. PAs may receive a maximum of 7 Category 1 credits for completing this activity.

Clinical Updates for Nurse Practitioners and Physician Assistants: Update 2016

October 15, 2016
Dallas, TX
Live & Simulcast

What is your professional degree?

Label	Frequency	Percent
MD	21	6%
DO	1	0%
NP	241	69%
PA	43	12%
RN	35	10%
Other	7	2%
Total	348	100%

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

Label	Frequency	Percent
None	87	25%
1-5	179	52%
6-10	48	14%
11-15	16	5%
16-20	10	3%
21-25	2	1%
> 25	5	1%
Total	347	100%

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

Label	Frequency	Percent
None	62	18%
1-5	130	38%
6-10	68	20%
11-15	32	9%
16-20	18	5%
21-25	14	4%
> 25	21	6%
Total	345	100%

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

Label	Frequency	Percent
None	128	38%
1-5	149	44%
6-10	36	11%
11-15	13	4%
16-20	9	3%
21-25	2	1%

> 25	3	1%
Total	340	100%

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

Label	Frequency	Percent
None	52	15%
1-5	103	30%
6-10	69	20%
11-15	42	12%
16-20	24	7%
21-25	29	8%
> 25	25	7%
Total	344	100%

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: IBS and Chronic Constipation:

Label	Frequency	Percent
None	50	15%
1-5	127	37%
6-10	79	23%
11-15	36	11%
16-20	22	6%
21-25	14	4%
> 25	14	4%
Total	342	100%

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

Label	Frequency	Percent
None	88	26%
1-5	187	56%
6-10	39	12%
11-15	11	3%
16-20	3	1%
21-25	5	1%
> 25	1	0%
Total	334	100%

Upon completion of this activity, I can now: Describe the impact of delayed diagnosis of inflammatory bowel disease (IBD) on outcomes; Determine when and why a therapeutic regimen is failing; Choose effective treatment strategies for IBD; Identify patients requiring specialist referral for diagnosis and/or treatment of IBD

Label	Frequency	Percent
Yes	268	78%
Somewhat	75	22%
Not at all	1	0%
Total	344	100%

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

Label	Frequency	Percent
Yes	295	86%
Somewhat	48	14%
Not at all	0	0%
Total	343	100%

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

Label	Frequency	Percent
Yes	289	85%
Somewhat	53	15%
Not at all	0	0%
Total	342	100%

Upon completion of this activity, I can now: Recognize risk factors and use of biomarkers in the diagnosis, prognosis and risk stratification of heart failure; Understand the pathophysiologic and cultural differences between racial groups in determining management strategies for heart failure; Demonstrate ability to recognize patients at risk for early heart failure based on physical exam and other clinical factors; Implement evidence based strategies to decrease symptoms and improve quality of life for patients with heart failure.

Label	Frequency	Percent
Yes	279	84%
Somewhat	52	16%
Not at all	1	0%
Total	332	100%

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

Label	Frequency	Percent
Yes	279	85%
Somewhat	46	14%
Not at all	2	1%
Total	327	100%

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

Label	Frequency	Percent
Yes	255	81%
Somewhat	59	19%
Not at all	1	0%
Total	315	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	273	78%
Agree	75	21%
Neutral	2	1%
Disagree	1	0%
Strongly Disagree	0	0%
Total	351	100%

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

Label	Frequency	Percent
Strongly Agree	267	76%
Agree	82	23%
Neutral	1	0%
Disagree	1	0%
Strongly Disagree	0	0%
Total	351	100%

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

Label	Frequency	Percent
Strongly Agree	247	71%
Agree	94	27%
Neutral	7	2%
Disagree	1	0%
Strongly Disagree	0	0%
Total	349	100%

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

Label	Frequency	Percent
Very Likely	248	71%
Somewhat likely	68	19%
Unlikely	4	1%
Not applicable	29	8%
Total	349	100%
	248	71%

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

Label	Frequency	Percent
Within 1 month	233	67%
1-3 months	62	18%
4-6 months	10	3%
Not applicable	43	12%
Total	348	100%

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

Gerald Dryden, MD – Inflammatory Bowel Disease:

Label	Frequency	Percent
Excellent	239	70%
Very Good	84	25%
Good	16	5%
Fair	0	0%
Unsatisfactory	3	1%
Total	342	100%

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

Marcus Wharton, MD – Atrial Fibrillation:

Label	Frequency	Percent
Excellent	274	80%
Very Good	58	17%
Good	9	3%
Fair	0	0%
Unsatisfactory	1	0%
Total	342	100%

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

Kalyan Ram Bhamidimarri, MD – Hepatitis B:

Label	Frequency	Percent
Excellent	265	78%
Very Good	64	19%
Good	7	2%
Fair	1	0%
Unsatisfactory	1	0%
Total	338	100%

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

Robert L. Gillespie, MD – Heart Failure Part:

Label	Frequency	Percent
Excellent	275	82%
Very Good	50	15%
Good	9	3%
Fair	0	0%
Unsatisfactory	1	0%
Total	335	100%

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

Nimish Vakil, MD – IBS and Chronic Constipation:

Label	Frequency	Percent
Excellent	264	80%
Very Good	54	16%
Good	9	3%
Fair	0	0%
Unsatisfactory	1	0%
Total	328	100%

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

Kristine Kucera, PA-C – Psoriasis:

Label	Frequency	Percent
Excellent	237	78%
Very Good	54	18%
Good	12	4%
Fair	1	0%
Unsatisfactory	1	0%
Total	305	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Gerald Dryden, MD – Inflammatory Bowel Disease:

Label	Frequency	Percent
Excellent	304	77%
Very Good	73	19%
Good	15	4%
Fair	0	0%
Unsatisfactory	1	0%
Total	393	100%

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

Label	Frequency	Percent
Excellent	304	77%
Very Good	73	19%
Good	15	4%
Fair	0	0%
Unsatisfactory	1	0%
Total	393	100%

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:

Label	Frequency	Percent
Excellent	273	80%
Very Good	54	16%
Good	12	4%
Fair	0	0%
Unsatisfactory	1	0%
Total	340	100%

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:

Label	Frequency	Percent
Excellent	272	83%
Very Good	46	14%
Good	9	3%
Fair	0	0%
Unsatisfactory	1	0%
Total	328	100%

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:

Label	Frequency	Percent
Excellent	263	81%
Very Good	50	15%
Good	10	3%
Fair	0	0%
Unsatisfactory	1	0%
Total	324	100%

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

Label	Frequency	Percent
Excellent	254	81%
Very Good	44	14%
Good	13	4%
Fair	0	0%
Unsatisfactory	1	0%
Total	312	100%

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

Label	Frequency	Percent
Topics covered	243	30%
Location/ease of access	235	29%
Faculty	58	7%
Earn CME credits	283	35%
Total	819	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	215	62%
Agree	101	29%
Neutral	30	9%
Disagree	0	0%
Strongly Disagree	0	0%
Total	346	100%

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

List these strategies:

Comment
1. List better strategies for medical mgmt of my patients with psoriasis. 2. Able to educate patients on the dangers of untreated psoriasis. 3. Effectively educate patients on the difference in mgmt of IBS-C and IBS-D
1. Screening individuals for hepatitis B. 2. Ability to utilize the CHA2DS2-VASc score to determine anti-coagulation methods. 3. Ability to utilize the Rome III criteria for assessing GI disorders.
Able to quickly identify risk factors, signs and symptoms Implement evidence based practice treatment.
Able to recognize symptoms and treatment
Accurately identifying patients who need screening for Hepatitis B and not delaying treatment in those patients
Assessment, diagnosis, treatment
Assessment, treatment, and treatment options
Based on increased knowledge base I am better able to assess and treat patients with these conditions.
Be mindful of patients with anticoagulation and risk factors. Better understanding of IBS treatment options
Be somewhat confident in treating IBS-constipation. Remain strongly confident in treating Heart Failure and Atrial Fibrillation based on evidence. Be somewhat confident in treating Psoriasis.
Become more aware of new drug options. Treatment variations with race and ethnicity
Behavior medicine strategies
Being aware of newer Pharmacological therapy and how they effect diagnostic values
Better awareness of these conditions, better awareness of treatment options, and better awareness of referral guidelines.
Better details to discuss during patient education.
Better diagnosis and treatment of the topics presented.
BNP >500 & PRO-BNP >1800 have very high predictive value for heart failure Don't use topical steroids for more than 2 weeks
CHA2DS2-VASC. How to treat HF and IBS-C
CHAD- VASC score which help to decide on anticoagulation in Afib patients. How to use newer anticoagulants safely and preventing stroke with anticoagulation. CHF - monitoring and adding up meds to stabilize patients. Constipation- managemen

Identify IBD and early treatment and referrals as needed
Chad2Vasc scoring system, ROME criteria, and Hepatitis serology interpretation were all helpful.
CHADS scoring
CHADS-VASC score, evaluating IBD, Hep B serology, jugular vein monitoring, addressing constipation/treatment, assessing comorbidities with psoriasis
Chads2vasc score Early treatment of ibs
CHF management will improve.
CHOICE OF DRUGS; EARLY INTERVENTION; AGGRESIVE MANAGEMENT
Discuss knowledge source with people I work with & encourage them to use those strategies.
Disease management, diagnosis criteria and usefulness of tests
Doing a thorough evaluation, appropriate testing; follow/know guidelines
Dx and Tx IBS, AF, Screening HBV, HF, Psoraisis
Earlier referral to GI
Early detection Aggressiveness early referral
Early diagnosis and treatment of the disorders
Early diagnosis, treatment, appropriate referral
Early diagnosis, better management
Early Identification and intervention therapies
Effective treatment of IBD; AFib scores, share with my practice
Evaluate patient at risk for Hep B more often, take into consideration more when treating patient with HF, treat patients with AFib even if at risk for bleeding, ask patient
Evaluation and treatment options
EVIDENCE BASED TREATMENT OPTIONS FOR PSORIASIS AND HEART FAILURE RECENT TREATMENT GUIDELINES TO MANAGE HPV MANAGING PATIENTS ON ANTICOAGULANTS DIAGNOSIS AND TREATMENT OF IBD
Execute early intervention to prevent/reduce disease progression
Getting a good history medication management
Good
Good HLP, educating patient about risk factors and disease process, know disease process and treatment guideline
HBV labs/therapy
Heart failure diagnosis
History/document CHADsVASC score for all AFib patients and shared decision therapeutic discussion
How TDM effects treatment - refer to specialist. CHADs2-VAS, better understanding of testing HBV-antigens; better understanding of constipation
How to approach and talk about problems such as constipation, hepatitis
How to approach diagnosis of the diseases discussed, advanced treatment strategies using latest pharmacologic therapies
How to inquire about history for screening for Hep B
How to recognize and treat IBD

How to diagnose and treat heart failure
How to use guidelines, and new agents and assessment
How to use Hep B, serologies, stage heart failure, use of anticoagulation in stroke prevention
I am retired. But I learned The use of Isosorbide-Hydralazine for CHF in Blacks is the standard. Learn the CHAD Scores. Differentiate IBS from Ulcerative Colitis. Anticoagulation in A. Fib. Psoriasis. Etc.
I currently work in a pain management facility - I can make patients more knowledgeable about their health
History/document CHADsVASC score for all AFib patients and shared decision therapeutic discussion
Improved my knowledge of who to screen for hep b and will increase screen Feel more comfortable about who should be anticoagulant for afi
Improved strategies for H&P for discussed conditions
Incorporate alpha-1 antitrypsin deficiency (AATD) testing into COPD treatment algorithm Implement evidence based strategies to decrease heart failure symptoms
Incorporate alpha-1 antitrypsin deficiency (AATD); testing into COPD treatment algorithm Implement evidence based strategies to decrease symptoms and improve quality of life for patients with heart failure improve communication and patient anticoagulation adherence
Increase hep b screening use of rome criteria as info to help in ibs treatment implement biomarker use in treatment decisions in chf
Initial treatment and then when to refer
Institute anticoagulation per CHADS-VASC and HASBLED scoring. Discuss and document CHADS-VASC scoring with patient. Discuss safety of DOAS
k
Listen and research and teaching
Make sure heart failure patients have the following meds: ACEI or ARBS, Carvedilol or Metoprolol, Spinorolactone (Isosorbide/Hydralazine in Afro Americans). Attempt to do the JVD measurement and listen for the 3rd heart sound Screen for Hep B those who came from areas with high prevalence for Hep B (Asia, Africa, S America). Educate that Hep B can progress to liver cancer even without cirrhosis and that there's no treatment as of yet.
Medication management of CHF in African American patients, risks/benefits of anticoagulation in patients with atrial fibrillation
Medications
Meducation
Multiple
N/a
New agent for psoriasis
New medications that are currently being used in treatment Treatment protocols to try when caring for patients with these varying health challenges; The complications of Hep B and that patients need to be encouraged to seek further workup and treatment
New screening tools

New treatment options for patients with new screening tools, increase education to share with patients
New treatments, updated guideline
Ordering labs and know when to refer out
Pain is associated with IBS, not CIC
Patient education, regular check-in with patient for progress, closer investigation of patient history
Patient with AFib, it takes 6 minutes to develop blood clot that can lead to CVA
Patient-specific screening and history taking
Point factor for AF (how to screen and give them points); screening for HBV, medication management for HF
Pre/post testing
Primarily symptom management and when to refer patients to specialists while initiating appropriate care. How to explain disease processes and recognize signs and symptoms of specific disease states. How to navigate afib anticoagulation scoring. Very useful info.
Proper labs/diagnostic tools & medication management.
PVD, celluli treatment
Recognize and treat IBS, psoriasis and biomarkers of chf
Recognize pt. who need to be screened for HBV-Also have better understanding of current therapies for HBV. Able to better management pt. w/IBS and psoriasis as well as been updated on current therapies.
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.
Recognizing, assessing patients who have IBD UC vs. Crohns
ROC/refer for bowel symptoms earlier. Rec. of modifiable risk factors for patient with Rec followup with cardio based on symptoms, when to refer immediately
Safety, standards of Care
SCALE app, CHA2SA2-VASC app
Score afib patients earlier in diagnosis
Screen for HBV, use of ASA/plavix versus Warfarin, recognizing signs of heart failure
Screen more patients for conditions
Screen patient for HBV if from high risk countries/areas. Use CHA2DS2-VASC
Screening
Screening for HepB, understanding Hep B serology, utilizing CHA2DS2-Vasc and documenting scores
sCREENING FOR STROKE IN SUBJECT OVER 60
TDM is helpful in management of IBD, particularly in ulcerative colitis Oral anticoagulants have a greater benefit in higher risk stroke pts Only coumadin and pradaxa have reversal agents.
Teaching patients
testing use of biomarkers patient monitoring
Testing Hep B, heart failure, algorithm
That hepatitis B has more possibilities of causing liver cancer as compared to hepatitis C

and can be caused without cirrhosis
The lectures were very applicable to clinical practice.
Therapeutic drug monitoring, CHADS2-VASC and HAS-BLED use and documentation in Chard - follow up on treatment with IBO and refer sooner. Use anticoagulant treatment more often. Screen for HBV more regularly
Therapeutic protocols on Psoriasis and psoriatic arthritis Recognize risk factors and bio markers HF
Therapy with HF and anticoagulation therapy with AFib
Things to ask to increase screening for Hep B. Counsel with patients the treatment for anticoagulation if any present risks
TDM is helpful in management of IBD, particularly in ulcerative colitis Oral anticoagulants have a greater benefit in higher risk stroke pts Only coumadin and pradaxa have reversal agents.
Treatment of IBD and using CHAD2 to determine prescribing OAC therapy
Treatment, diagnosing, screening
Try to screen more patients for HBV, early DOAC therapy in AF-lifestyle changes, PE G - then GI referral or medications in IBS
Understanding medication management and when to change therapy or initiate therapy
Use CHADS and HASBLED score to assess patient's risk for HF with anticoagulant treatment, use FAD MAPS diet to treat
Use more DOAC's; use isosorbide with AA population
Use of anticoagulants with AFib, screening conversation for HBV, overall better knowledge for patient teaching and better patient care
Use of CHA2DS2 Vasc Scoring System to consider anticoagulation treatment We should use warfarin as anticoagulant in patients with valvular disease Psoriasis is not just a skin disease, it is accompanied by several comorbidities that we should keep in mind when we evaluate these patients. There are new oral systemics agents to treat psoriasis. As HCP we should be able to recognize the symptoms associated with IBD and consider referral when it is necessary A good clinical history and physical examination with a minimum of testing should guide us to a positive diagnosis of chronic constipation Be aware of screenings recommendations for HBV infection. The high impact that represents immigration.
Use of CHADs scoring tool understand psoriasis is more systemic disorder - autoimmune dysfunction screening tools for IBS
Use of DOAC. DC use of Warfarin
Utilize Chad vasc/2 score
Utilize information obtained to diagnose and treat patients in practice including screening Hep B, etc.
Utilizing protocols and Meds based off of presentation slides.
Utilizing tests and recommended guidelines
Varied based on all the topics provided.
Very informational
Weighing the risks and benefits of oral anticoagulation in patient with AF; HBV education, clinical management of IBS-CI
What to prescribe, when, how to properly manage care, what is change treatment cause

When to implement new treatment
When to refer
Tx options for psoriasis
Will ask about bowel movements & screen for HBV
Will be more aware of who to screen for Hep B, anticoagulate some patients with AFib
Will do more screening for Hepatitis B, will be more aware of race in treatment of HF
Will screen patients for HBV, further assess heart patient for anticoagulation needs - better treat HF patient
Will utilize the algorithms

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

Comment
Anemia profile interpretation.
Anemia, chest pain and stress testing, pancreatitis, syncope
Anemias, thyroid disease, joint/back pain
Antibiotic management. Wound care
Antimicrobials, HIV/AIDS, pregnancy issues
any family practice topic
Any update information
Anything urology-related
Asthma
vaccines
Asthma
Asthma, COPD, hormone replacement
Autoimmunity problem, CRF
Autoimmune diseases
Autoimmunity disease
Blood work interpretation
Skin diseases
Rheumatology topics
Primary care disorders like URI, UTI, cold, cough, etc,
Cardiac
Chronic pain management with opioids
Marijuana and opioid use for chronic pain management
CKD
Asthma
Obesity
Antibiotic therapy for common infections.
Bronchiolitis
Hypothyroidism
DMT2 oral treatment
Colon cancer. Incontinence - fecal/urinary and pelvic floor dysfunction
Complementary medicine
Continue Psoriasis education re new treatments and effectiveness.
Heart failure is a very broad subject. Many aspects would be good.
COPD, lung cancer, renal failure
COPD, pulmonary disease. PVD. Blood dipcrasia and labs
COPD, skin (rash), HF

COPD< Depression, SI
Dementia
Dementia, Antibiotic Therapy, Osteoporosis, Sleep Apnea
Depression
Schizophrenia
Leukemia
Diabetes/pre-diabetes
Diabetes; Hypertension; antibiotics use and misuse
Diagnostic studies state of the art now, details and which to choose when
Diet with IBS
Diverticulitis
Lumbar Radiculopathy
UTI
DM
DM, HTN, Asthma, Ortho
DM. Depression
DM2, abdominal pain, musculoskeletal disorders and pain, autoimmune disorders
DM; Migraine
Dyslipidemia, oral diabetes agents, TIA/CVA
Emergency medicine and hospitalist
Emerging medicine topics
Endo (thyroid, DM)
Endocrinology, Rheumatology.
ESRD
Eye disorders
Other heart conditions
Fatty liver disease, RA, SLE, PCOS, female hormones, male hormones, COPD, joint injections, Osteoporosis
Further CME on HBV. Insulin Rx in Diabetes Type II
Gastritis Dermatology, Diverticulosis/Diverticulitis; GB disease; CKD; IBS-D; depression therapy and titration of meds
good, informative program
Gout, Obesity
Gout.
Rheumatoid arthritis
Gynecology/Women's Health
HCV update
Headache in adults, children, dizziness
Headaches/migraines
Hematology
Hep C
Hepatitis C
HTN, thyroid disorder, ED, insomnia, stroke, MI
Hypertension
Hypertension, CAD
Hypertension, Diabetes, COPD, HIV
I can't think of anything
IBS-D; HepC; GERD

Clinical Updates for Nurse Practitioners and Physician Assistants: Update 2016
October 15, 2016- Dallas, TX

Intectious Disease and antibiotic stewardship and other dermatologic diseases
Infertility treatment options and causes
Inflammatory bowel diseases.
Insulin initiation. 70/30 NPH, basal
Liver disease, cirrhosis, NASH
Lupus, R.A., pain
LVAD care
Management of HTN, DM
Management of hypertension
Thyroid disease
Management of hypertension
Managing different kinds of skin infection. Fungal - especially post partum patients, Women's Health topics beside the screening guideline. Arthritis
Menopausal Women, Pulmonary (COPD, Asthma)
Mental disorders, STDs
Mental health topics
Mental Health, chronic pain
Metabolic syndrome
MI. Ischemic heart disease
MI/COPD
Migraines
More skin condition
More skin disorders
More topics of diabetes, cancer screenings, constipation in the elderly,
Muscular skeletal assessment' using exams results with radiological results - how to better interpret radiological results and recommend therapy, when to push for synurse
Musculoskeletal, migraine (headache)
N/a
Nephrology and neurology
Neuro
Neurology, Dermatology, other than psoriasis, HCV
New hypoglycemia meds on the marker
New medications
New pancreatitis/Ca teatments
New oral anticoagulants
transgender
thyroid/parathyroid disorders
OA, HTN
OB/GYN information
Obesity and treatment options
Obesity Medicine
Diabetes
Obesity/weight management
Obstructive Sleep Apnea. Diabetes Management
Occupational setting, orthopedic
Oncology
Orthopedics/urgent care issues
Osteomyelitis treatment, epidural abscess treatment, infectious diseases, COPD

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Osteoporosis, Women's health topics, menopause, hyperlipidemia, acne
Other infectious diseases, multiple chronic diseases
Ovarian Cancer, HPV, Fertility
Pain
Pain management and obesity
pain management, substance abuse, cardiology topics-ivads, transplant patient population considerations for primary care providers.
Pancreatitis, vaccinations
Pediatric topics, DM, Women's Health, COPD, sleep apnea
Pediatrics
Pharmacology reviews for disease states
Phlebology - vein disease
Pre-anesthesia testing; chronic illness and the effects on anesthesia
Preoperative clearance
Chronic kidney disease
Management of cancer pt by primary care
HIV omanagement
Primary Care Orthopedic cases, eyes cases, Endocrinology cases, spine and joint problems
Procedure skills
Prostate Cancer/Breast Cancer/Colon Cancer
Psych
Psych and Dermatology
Psych disorders. Geriatrics
RA. Elevated LFTs
Radiology, Pulmonary Disease, Nephrology
Renal failure
Renal failure and CHF exacerbation management; sepsis; hyponatremia ID etiology and management, Infectious Disease and antibiotic course incurring dose and length, hospitalist/internal medicine bootcamp!
Renal failure, Depression, Alzheimer's, Arrhythmias
Resistant hypertension and emerging treatments
Respiratory disorders
Rheumatoid Arthritis, Diabetes, PreP treatment for high risk HIV
Schizophrenia, resistant HTN, EKG reading, sleep apnea treatment
Seizure management
Sepsis, Infectious Diseases, Neuro disorders, Hospitalist
Skin disease, Hypertension, AFib, CHF, MI
Skin diseases, CVA
Sleep apnea, Hematology
Statin therapy, new meds AFib, UTF, Women's Health, peds abdominal pain
STDs, nutrition, weight loss, complimentary alternative meds, hemorrhoids, interpretation of labs/results
STEMI,NSTEMI
STIs, antibiotic resistance, skin conditions and testing - derm stuff
Strategies to encourage vaccination in your practice
Syncope, EKG refresher, COPD and Asthma updates
T2DM, STDs, CAD management
Thyroid disease

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Rheumatoid Arthritis
Treatment and management of Type I and II diabetes mellitus.
Treatment and management of endocrine disorders.
Recognizing and treating dermatological disorders.
Type 2 Diabetes, COPD
Urgent care topics
Use and choice of antibiotics
Variety
Vascular, chronic
Weight loss clinics
Weight management for obesity
When to withdraw statins, HRT in elderly patients.
Women's Health
Zika - update

Additional comments:

Comment
Avoid questions pre-lectures. Avoid questions structured "which is the wrong answer". don't just mention drug classes, need drug names. Couldn't find agenda on website. These questions slow down the instruction
Awesome CME activity, well-organized
Better than last year!
Chairs very uncomfortable!
Content and speakers were great. Thank you
Dr. Gillespie stands out as the best presenter in the NACE webinars/conferences I've attended. He's a very effective teacher. I hope that he returns to do another webinar/conference.
enjoyed learning
Enjoyed today's presentations, presenters, and food
Excellent
Excellent activities
Excellent presenters. Dr. Gillespie - please include more presentations by Dr. Gillespie
Excellent program and thank you for breakfast and lunch
Excellent program! Psoriasis presentation, maybe make it 2 hours, lots of great information. Please remind people to stop talking, can hear the speaker d/t personal conversations
Excellent speakers! Thank you!
Excellent!
First time attending - very impressed with the event as a whole. Great job!
Good job!
Great CME activity! Thank you!
Great CME seminar!
Great conference
Great speakers, good topics
Great way to learn and earn CME
Great Webinar!
Great work!

Great! Informative
Had trouble understanding Dr. Gillespie (too fast)
I am gluten allergic. I do not go to the lunch because I cannot eat the box lunches. The hotel staff saw me stay behind and I told them why. They insisted on bringing me a salad - I greatly appreciated their intervention and have never encountered such thoughtfulness when attending a conference. Thank you for your choice of location!
I am retired but need CME to keep my license.
I enjoyed the programs and presenters
I have attended this conference offering for several years and this overall was one of the best in all categories. Thank you. Dr. Vakil IBS-C very effective way to do pre/post questions section by section
I really appreciate this conference
I really do learn a lot form these presentations.I viewed the presentations on October 8th so, when I viewed this presentation I was amazed about how much I learned about heart failure from the October 8th presentation.
I wish the presentations were shorter, so I could grasp the gist of the presentation more topics & speakers could be used In short more speakers & shorter presentations
IBD topic too in depth for Primary Care
It would be more useful and accurate to answer the questions regarding the lecturers after each presentation rather than 2-10 days later.
Lectures should be under 1 hour
My computer would not allow me to answer the questions, even though it was a live broadcast.
NACE - excellent education. Dr. Fontaine for HF is wonderful
None
Outstanding conference! I thoroughly enjoyed the topics and speakers. Very informative
Overall enjoyed presentations. I would come again
Overall managed/coordinated well. Schedule 2-3 in Dallas
Presenters were very good. Kept the interest and very informative
Remote audio was very sporadic I enjoyed the program but the audio cut out frequently Hope it can be improved in future
Response time shortened
Rooms were too cold
Simulcast was very good.
Some slides too small to read from back of room. Great speakers. Excellent lunch! Thanks for feeding us!
Speakers are excellent
Thank you
Thank you - very good topics and presentations
Thank you for presenting these activities. Good learning experience
Thank you for presenting these important topics. Hope for more in the future
Thank you for providing this excellent opportunity
thank you for the free online CME that is convenient
Thank you for the sponsors of this event and the organizers, moderators, and everybody in making this event a success
Thank you for this educational opportunity!

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I THANK YOU!!!
thank you.
Thanks for organizing this event. Very rewarding
Thanks for the simulcast.
The conference was excellent, I will be returning
The IBD lecture with Gerald Dryden I felt went into the science a bit too much with Pathophysiology that I felt the audience not being MD Specialists would have been better served with looking at diagnosis and treatment more. My husband actually has Ulcerative Colitis and I scored better pre test than post test leading me to believe that the lecture confused my core knowledge.
The presentations are very well presented, informative, and the location/venue is very accessible and excellent! Thank you!
The Slides were NOT coordinated with the speakers' presentations for the participants at home. It has always been that way. It needs improvement.
This class is very informative
Traveling from New York for this conference was definitely worth it. Thank you
Very good presentations. Having an opportunity to attend online is very helpful. It avoids travel and stress of going to a live conference. However you do not have the opportunity of colleague interchanges. Thank You for great CE opportunities of this quality.
Very good symposium
Very good topics, keep me on the list for future simulcast!
Very informative session. Thanks
Very nice presentation, awesome speakers, and well-organized
Very well organized and informative
Was registered in Nashville for on site but d/t illness of my Father was unable to attend onsite; however, I was able to sign of catch the webcast. The only problem was frequent loss of the transmission which caused me to have to reload frequently. Not sure if this was d/t my computer or an issue with the webcast.
Why don't you add CNS in the professional degree?
Why have 2 talks about Inflammatory Bowel?
Wonderful conference! Thank you so much for this opportunity!
Wonderful course. I have paid for courses that were not good, but this was excellent
Wonderful, educational lectures. Please dont stop coming to Dallas! Thank you
Wonderfulo access to CME/ Cost and travel/ time efficient.