Clinical Updates for Nurse Practitioners and Physician Assistants: 2016

Activity Evaluation Summary

CME Activity: Clinical Updates for Nurse Practitioners and Physician Assistants
Saturday, November 19, 2016
Seattle Airport Marriott
Seattle, WA

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

Date of Evaluation Summary: December 5, 2016

In November 2016, the National Association for Continuing Education (NACE) sponsored a live CME activity, **Clinical Updates for Nurse Practitioners and Physician Assistants: 2016**, in Seattle, WA.

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, diabetes, disorder of thyroid function, idiopathic pulmonary fibrosis, and COPD and alpha-1 antitrypsin deficiency.

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 ninety two healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2016 in Seattle, WA. Ninety seven 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. Ninety seven 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 2.75 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: 3.25
MD	2	2.06	
DO	0	0.00	
NP	69	71.13	
PA	16	16.49	
RN	1	1.03	
Other	3	3.09	
No Response	6	6.19	

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

Response	Frequency	Percent	Mean: 2.68
None	13	13.40	
1-5	36	37.11	
6-10	26	26.80	
11-15	12	12.37	
16-20	6	6.19	
21-25	0	0.00	
> 25	2	2.06	
No Response	2	2.06	

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

Response	Frequency	Percent	Mean: 2.80
None	12	12.37	
1-5	31	31.96	
6-10	29	29.90	
11-15	16	16.49	
16-20	4	4.12	
21-25	0	0.00	
> 25	3	3.09	
No Response	2	2.06	

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

Response	Frequency	Percent	Mean: 4.14
None	3	3.09	
1-5	16	16.49	
6-10	21	21.65	
11-15	18	18.56	
16-20	14	14.43	
21-25	8	8.25	
> 25	15	15.46	
No Response	2	2.06	

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

Response	Frequency	Percent	Mean: 3.39
None	4	4.12	
1-5	25	25.77	
6-10	27	27.84	
11-15	21	21.65	
16-20	9	9.28	
21-25	5	5.15	
> 25	4	4.12	
No Response	2	2.06	

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

Response	Frequency	Percent	Mean: 1.54
None	46	47.42	
1-5	45	46.39	
6-10	3	3.09	
11-15	0	0.00	
16-20	0	0.00	
21-25	0	0.00	
> 25	0	0.00	
No Response	3	3.09	

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

Response	Frequency	Percent	Mean: 3.29
None	4	4.12	
1-5	34	35.05	
6-10	22	22.68	
11-15	16	16.49	
16-20	7	7.22	
21-25	5	5.15	
> 25	6	6.19	
No Response	3	3.09	

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: 1.18
Yes	78	80.41	
Somewhat	17	17.53	
Not at all	0	0.00	
No Response	2	2.06	

Upon completion of this activity, I can now: Discuss thyroid gland pathophysiology; Describe changes to thyroid hormone and TSH levels during hypo and hyperthyroidism; Evaluate and treat hypothyroidism; Evaluate and treat hyperthyroidism:

Response	Frequency	Percent	Mean: 1.09
Yes	86	88.66	
Somewhat	8	8.25	
Not at all	0	0.00	
No Response	3	3.09	

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: 1.21
Yes	75	77.32	
Somewhat	20	20.62	
Not at all	0	0.00	
No Response	2	2.06	

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: 1.15
Yes	82	84.54	
Somewhat	14	14.43	
Not at all	0	0.00	
No Response	1	1.03	

Upon completion of this activity, I can now: Implement an appropriate strategy for diagnosing a patient with suspected idiopathic pulmonary fibrosis (IPF); Discuss and contrast the available pharmacotherapeutic options for patients with IPF; Describe the non-pharmacotherapeutic options for IPF patients; Establish the clear role for the primary care clinician in diagnosing and managing disease in IPF patients:

Response	Frequency	Percent	Mean: 1.20
Yes	67	69.07	
Somewhat	17	17.53	
Not at all	0	0.00	
No Response	13	13.40	

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

Response	Frequency	Percent	Mean: 1.13
Yes	66	68.04	
Somewhat	10	10.31	
Not at all	0	0.00	
No Response	21	21.65	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.34
Strongly Agree	68	70.10	
Agree	25	25.77	
Neutral	4	4.12	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 1.34
Strongly Agree	67	69.07	
Agree	27	27.84	
Neutral	3	3.09	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 1.35
Strongly Agree	67	69.07	
Agree	24	24.74	
Neutral	5	5.15	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	1.03	

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

Response
Guidelines, CHAD VAS score, notes taken to create "cheat sheets"
Reviewed disease state process, new agents out there, recommended guidelines, etc.
Will implement new HF treatments into my practice
Diabetes education. History taking. Med management for heart failure, AFib
Management of hyperthyroid in pregnant women. Use of PTU for first trimester. Management of HF and new meds available
Try DOACs on Warfarin patients with labile INRs
Use CHA2VAC2 too. Consider post prandial glucose. Monitor sub TSH. Look for IPF. Look for AATD
Refer to pulm/specific CT requirements dyspnea/crackles. Interventions for HF/A-Fib in Primary Care
Increase use of spirometry. Intentionally risk stratify patient using scoring structures CHA2DS-VASC
Differentiate between HF class in NYHA and ACC/AHA, patient selection for GLP-1RA therapy
Increase use of brand name drugs due to efficacy
Implement to my own practice and patient care
GOLD criteria. AATD testing
Use CHAD VAS scores
Test TSH Q 5 years in 35+. Recommend thyroid med 4 hours after last meal if forgotten to be taken 1 hour before food in DM
Increase PFTs in patients, learn more about diabetes treatment - I don't do much treatment of diabetes
Assessing for HF risks associated with adverse outcomes. Thyroid function diagnosis, treatment and management
CT request with specific protocols GLP-1 with basal insulin or as a second choice instead of Glipuride
Add or change meds for CHF, more teaching of patients R/T AF/anticoag; add meds in T2DM
Treatment for AFib, use GLP-1 more
Use of oral anticoagulants, increase use of GLP-1

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

Response
Knowing that HR CT best diagnostic testing for IPF and treatment is available
DM management excellent lecture, thyroid management
For AA HFrEF on BBkers/ACEI with symptoms add Isosorbide/Dinitrate
Thyroid labs to order and follow
Consider post-prandial glucose in diagnosis and management
Continue baseline EKG's, monitor for drug interactions
Share with staff. Better understanding of thyroid disorders, COPD treatment
Try new meds for control of T2DM. Diagnose/treat hypo and hyperthyroidism (to help control T2DM and HTN)
Ask patients more questions. Go over patient med lists and discuss myths about their meds/drugs. Be more assertive about my concerns for their condition
Test for AATD. Use Gold Care
Managing IPF and HF
Increase usage of DOAC's
Screening, med management
Treatment recommendations for HF, AF, Type II Diabetes, thyroid, IPF, COPD, Alpha-1
Better able to treat Diabetes and CHF
Patient's race with HF, AFib and Dementia, strokes, CHADS2 score, postprandial blood glucose, TSH Q 5 years, genetic testing AAT
Use of GLP-1 RA; call Dr. Raghan for pulmonology consult
Monitor postprandial glucose for med management. Evaluation and treatment of subclinical hypo and hyperthyroid, diagnosis process for IPF
New guidelines for CHF with better understanding of indications for meds, checking post prandial sugars more often
Ordering appropriate imaging and prompt diagnosis how to initiate treatment
GLP-1 with post prandial coverage rather than just treating fasting
Understand lung issues better and thyroid abnormalities - do test some TSH and refer out
More aggressive HF, AF, DM, IPF, hyperthyroid treatment/evaluations
Increase consideration of difference in treatment of CHF in black patients, individualize therapy decisions with AF (CHADS2 VASC), IPF: refer early
Use CHADVAS tool to determine risk, use DOAC more often
Utilize GLP-1 products
Oxygen therapy, test for alpha 1 and it's free, Idiopathic PF - affects primarily European - testing
DOAC, Chadsvads score

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

Response	Frequency	Percent	Mean: 1.44
Very likely	66	68.04	
Somewhat likely	22	22.68	
Unlikely	1	1.03	
Not applicable	6	6.19	
No Response	2	2.06	

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

Response	Frequency	Percent	Mean: 1.48
Within 1 month	69	71.13	
1-3 months	14	14.43	
4-6 months	2	2.06	
Not applicable	9	9.28	
No Response	3	3.09	

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

Response	Frequency	Percent	Mean: 4.56
Excellent	64	65.98	
Very Good	21	21.65	
Good	7	7.22	
Fair	2	2.06	
Unsatisfactory	0	0.00	
No Response	3	3.09	

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

Response	Frequency	Percent	Mean: 4.58
Excellent	62	63.92	
Very Good	23	23.71	
Good	8	8.25	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	4.12	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Sam Grossman, PharmD - Diabetes:

Response	Frequency	Percent	Mean: 4.72
Excellent	70	72.16	
Very Good	22	22.68	
Good	2	2.06	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	3.09	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Sam Grossman, PharmD - Disorders of Thyroid Function:

Response	Frequency	Percent	Mean: 4.77
Excellent	76	78.35	
Very Good	12	12.37	
Good	3	3.09	
Fair	1	1.03	
Unsatisfactory	0	0.00	
No Response	5	5.15	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Ganesh Raghu, MD - Idiopathic Pulmonary Fibrosis:

Response	Frequency	Percent	Mean: 4.77
Excellent	70	72.16	
Very Good	13	13.40	
Good	2	2.06	
Fair	1	1.03	
Unsatisfactory	0	0.00	
No Response	11	11.34	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Bill P. Davies, PA-C - COPD and Alpha-1:

Response	Frequency	Percent	Mean: 4.80
Excellent	66	68.04	
Very Good	6	6.19	
Good	3	3.09	
Fair	1	1.03	
Unsatisfactory	0	0.00	
No Response	21	21.65	

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: 4.79
Excellent	78	80.41	
Very Good	14	14.43	
Good	3	3.09	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	2.06	

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

Response	Frequency	Percent	Mean: 4.79
Excellent	78	80.41	
Very Good	14	14.43	
Good	3	3.09	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	2.06	

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

Response	Frequency	Percent	Mean: 4.78
Excellent	76	78.35	
Very Good	17	17.53	
Good	2	2.06	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	2.06	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Sam Grossman, PharmD - Disorders of Thyroid Function:

Response	Frequency	Percent	Mean: 4.85
Excellent	81	83.51	
Very Good	8	8.25	
Good	3	3.09	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	5.15	

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

Response	Frequency	Percent	Mean: 4.92
Excellent	80	82.47	
Very Good	7	7.22	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	10	10.31	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Bill P. Davies, PA-C - COPD and Alpha-1:

Response	Frequency	Percent	Mean: 4.87
Excellent	70	72.16	
Very Good	8	8.25	
Good	1	1.03	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	18	18.56	

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

Response	Frequency	Percent	Mean: -
Topics covered	72	74.23	
Location/ease of access	62	63.92	
Faculty	16	16.49	
Earn CME credits	83	85.57	
No Response	3	3.09	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.59
Strongly agree	51	52.58	
Agree	31	31.96	
Neutral	12	12.37	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	3	3.09	

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

Response
Interactive therapies in management of cardiometabolic disorder
Natural strategies for thyroid disease
Men's Health, Mental Health, Pediatric topics
Mental Health - Bipolar, Depression, anxiety. More diabetes; stroke; Dementia; Anemia; Uro disorders; Hep C
ADD versus ADHD, gyn - abnormal vaginal bleeding
OB/Gyn
Psychiatric issues, treatment of depression, refractory depression, anxiety, Bipolar, ADHD (adult and child)
Psych, Derm, Hypogonadism
OSA, HepC updates
Pain management, Psych
Pain management

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

Response
Medications for substance abuse treatment/suboxone, vivitrol
Delerium
Renal failure
Treatment of obesity. Obstructive sleep apnea. Review of Fad diets and long term effects on health
Anemia, stroke, renal failure
Skin disorder
Obesity treatment
Obesity, Hep C, chronic pain syndrome, chronic pain management
Hyperlipidemia
New meds
Pain management, COT versus Alternative
Orthopedic, Dermatology
Neurologic diseases, rehab principles in Primary Care
More details on Pulmonary Fibrosis, autoimmune disease
HTN, Depression, Bipolar, Orthopedics
ESLD, ESRD, or CKD. Depression, HTN, peripheral vascular disease
Obesity, HTN - difficult to treat and deal with drug withdrawals. Heartburn - GERD, H. pylori, persistent vaginitis
Bone health, sleep disorders
Pain management. Psych medications
Pain management, opioid crisis
Detailed unusual diagnosis
Marijuana, medical and recreational
Arthritis; Rheum, Ortho, Anemia
Substance use harm reduction
I'm open!
In-depth anticoagulation management
Depression; how to get obese patients motivated to lose weight
Insulin management, imaging interpretation, lab results interpretation
Leukemias - blood disorders
Antibiotic management
Hepatitis C treatment, Alzheimer's
Polypharmacy, managing renal insufficiency
Emergency management in Primary Care setting
Weight loss, Depression
Always T2DM, HTN, thyroid
Chronic pain management with and without opioid/Fentaryl prescribing
General neurology, general endocrinology, general cardiovascular
Obesity medical management. Depression management, anxiety management, Hepatitis C treatment
Chronic pain management such as digmatone (noncancerous) in light of current narcotic epidemic
Neuropathic pain/pain, insomnia, Osteoporosis, CKD, cirrhosis/ESLD
Endocrinology, muscular skeletal disease
Endocrine (non-diabetes)
Aesthetics, dermatology
Dermatology - rashes. Pain management
Skin rash

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

Response
HTN; ABO therapy in common illness; UTIs, URI; Derm
Hypertension management. Pharmacology updates
Chronic pain management in aging population
Opioid use guidelines. Benzodiazepine use guidelines. Antibiotic prescription update for Primary Care
Dermatology (most common that Primary Care treats)
Addictions, Women's Health

Additional comments:

Response
Would have liked endocrinology expertise for DM/thyroid issues
Selenome thionine 200 mcg PO gd helps conversion of treatment to T3; Iodine supplementations very helpful. Have more PA or NP speakers - please include women!
Thank you for having this CME. Really helpful - hope to see you in Colorado!
Always excellent venue, speakers, location, etc.
Great presenters!
Great speakers and subjects! Thanks!
Thanks for excellent conference, great venue
Well-organized program. I appreciated that this program stayed on schedule well. I like the location because SeaTac is easy to get to and parking is affordable. Please dont' move this program to Seattle as it would be difficult to travel to and parking is expensive
Wonderful meeting. Very informative!
Very informative CME, enjoyed overall
Very good topics and well-presented
Need a place to hang up coats
Thank you
IPF lecture seemed less appropriate for Primary Care
Very informative, well-presented, needed snacks
Need a little more break at lunch time, shorter product theater. Great speakers, but strong accents can make difficult to understand
Thank you
can you give us the PowerPoint?
Diagram slides should be included since trying to copy/paste in class isn't possible. Or make them available to print out prior to attending the session
Raghu best speaker, can tell because from NW and knows NP Primary Care
Have free class on a Friday. Thank you for having tables set up in rows and not having us sit at round tables
Great presentations!
HF and stroke slides: bar graphs were difficult to read d/t color choices (didn't show against white screen or didn't vary enough)
Up-to-date. Thank you
Thank you - great!
Thank you for providing this continuing education for free!
Room was too cold. Needed hot drinks in AM and PM. Please provide hot drinks all day
Those with stronger accents need to speak slower. Sam was way too fast
Thank you!
Bill Davids talked for too long
Like that everything taught was not "drug related" interventions. Also, not all big pharma topics

Additional comments:

Response
Very informative CEU - thank you
Bill Davies - strange pronunciations! Need afternoon break and snack
Fewer abbreviations, less specific topics/more common conditions
Need, cannabinoids for medical purposes, MS Dx and sleep disorders treatment other than OSA
Having participants select M/F at beginning could be offensive to non-gender conforming/transindividuals. Grossman - did not really address the actual questions, at least 2 people asked in second presentation. Davies - most engaging, down to earth, key items clear for applying to practice. Video and anecdotal stories helpful
Exceptional IPF presenter! Also PA Davies was super
Great conference. Enjoyed very much
Grossman too biased toward R T4, natural thyroid RA helps many people - did not define pituitary hypothyroidism or treatment when asked
CKD