



Clinical Updates for Nurse Practitioners and Physician Assistants: 2017

Activity Evaluation Summary

CME Activity:	Clinical Updates for Nurse Practitioners and Physician Assistants Saturday, December 2, 2017 Renaissance ClubSport Aliso Viejo Laguna Beach Hotel Aliso Viejo, CA
Course Directors:	Deborah Paschal, CRNP and Gregg Sherman, MD
Date of Evaluation Summary:	July 10, 2018



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In December 2017, the National Association for Continuing Education (NACE) sponsored a live CME activity, **Clinical Updates for Nurse Practitioners and Physician Assistants: 2017**, in Costa Mesa, CA.

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 Hyperlipidemia, Heart Failure, Diabetes on Insulin therapy, Hepatitis B and ADHD.

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.

Two hundred forty healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2017 in Costa Mesa, CA. Seventy-three 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. Sixty-five 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 *2.25 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 *3.75 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 6.0 contact hours of continuing education (which includes 2.75 pharmacology hours).

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	Mean: 1.98
NP	30	45.45	
PA	16	24.24	
RN	3	4.55	
MD	13	19.70	
DO	0	0.00	
Other	0	0.00	
No Response	4	6.06	

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

Response	Frequency	Percent	Mean: 3.00
None	12	18.18	
1-5	23	34.85	
6-10	11	16.67	
11-15	6	9.09	
16-20	4	6.06	
21-25	3	4.55	
>25	6	9.09	
No Response	1	1.52	

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

Response	Frequency	Percent	Mean: 2.29
None	16	24.24	
1-5	32	48.48	
6-10	6	9.09	
11-15	5	7.58	
16-20	1	1.52	
21-25	0	0.00	
>25	3	4.55	
No Response	3	4.55	

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

Response	Frequency	Percent	Mean: 4.73
None	8	12.12	
1-5	7	10.61	
6-10	5	7.58	
11-15	9	13.64	
16-20	6	9.09	
21-25	3	4.55	
>25	26	39.39	
No Response	2	3.03	

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

Response	Frequency	Percent	Mean: 2.61
None	14	21.21	
0-1	23	34.85	
2-3	17	25.76	
4-7	2	3.03	
8-10	3	4.55	
>10	2	3.03	
>15	3	4.55	
No Response	2	3.03	

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

Response	Frequency	Percent	Mean: 4.92
None	7	10.61	
1-5	6	9.09	
6-10	6	9.09	
11-15	5	7.58	
16-20	9	13.64	
21-25	2	3.03	
>25	28	42.42	
No Response	3	4.55	

Upon completion of this activity, I can now: Review current recommendations for the use of non-statin therapies in the management of dyslipidemia; Explain the role of anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction; Describe the findings from recent trials of dyslipidemia treatments on cardiovascular outcomes; Integrate new data into treatment strategies for further improving cardiovascular outcomes in the highest risk patients.

Response	Frequency	Percent	Mean: 1.13
Yes	55	83.33	
Somewhat	6	9.09	
Not at all	1	1.52	
No Response	4	6.06	

Upon completion of this activity, I can now: Identify USPSTF-defined HBV endemic areas to more effectively identify first- and second- generation immigrant populations that should be screened for HBV; Develop effective plans to overcome culture-specific barriers to screening your patient populations; Evaluate patient cases to identify when to screen patients and how to refer to specialist care for treatment; Describe current treatment guidelines and newly available HBV therapies; Discuss the importance of early screening and treatment in specific patient populations, including pregnant and postpartum women:

Response	Frequency	Percent	Mean: 1.13
Yes	57	86.36	
Somewhat	6	9.09	
Not at all	1	1.52	
No Response	2	3.03	

Upon completion of this activity, I can now: Describe the role of insulin therapy in patents with T2DM not meeting glycemic goals; Discuss the need for concentrated insulins in T2DM management; Discuss the pharmacokinetic/pharmacodynamic profiles and other considerations for the use of concentrated insulin preparations; Recognize the need for counseling patients about concentrated insulins to minimize dosing errors:

Response	Frequency	Percent	Mean: 1.02
Yes	50	75.76	
Somewhat	1	1.52	
Not at all	0	0.00	
No Response	15	22.73	

Upon completion of this activity, I can now: Recognize the different phenotypic presentations of HF; Identify predictors of poor outcomes in HF; Discuss the role of new therapies in the management of chronic HF according to the latest ACC/AHA/HFSA/ADA guidelines; Recognize strategies to reduce hospitalization for HF.

Response	Frequency	Percent	Mean: 1.17
Yes	54	81.82	
Somewhat	11	16.67	
Not at all	0	0.00	
No Response	1	1.52	

Upon completion of this activity, I can now: Recognize the pervasive nature of ADHD symptoms throughout the day; Describe the physical and psychologic morbidity and mortality associated with ADHD; Use adult ADHD assessment and treatment tools to measure residual symptoms and optimize outcomes; Implement pharmacologic treatment to optimize symptom control throughout the day.

Response	Frequency	Percent	Mean: 1.19
Yes	48	72.73	
Somewhat	9	13.64	
Not at all	1	1.52	
No Response	8	12.12	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.22
Strongly Agree	50	75.76	
Agree	14	21.21	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	3.03	

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

Response	Frequency	Percent	Mean: 1.27
Strongly Agree	47	71.21	
Agree	17	25.76	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	3.03	

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

Response	Frequency	Percent	Mean: 1.28
Strongly Agree	46	69.70	
Agree	18	27.27	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	3.03	

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

Response
Better diagnosis risk using appropriate lipid levels. Agents managing CHF. diagnosis Hepatitis B, plus initiating treatment.
Learned new screening tools. Will implement new guidelines for lipid management. Will screen more to Hepatitis B and ADHD. Less hesitant to start insulin.
Left - on call had to go
New prescription, hepatitis B info, new info about DM and CHF.
Importance of calculating lifetime risk in AS and maybe more important in calculating the 10 year risk of CVHD
Application of PCSK9 as indicated for ASCD prevention by lowering LDL-CXO target as new guidelines
Use of PCSK9 in addition to statin therapy to decrease CV problems. If increased risk of CVD, LDL has to be less than 50. HDL is not a determinant factor in reducing CVD. HBV is a carcinogenic virus
How to correctly assess high risk CV patients and choose appropriate therapy. Using new drugs for HF patients in HF with reduced EF. How to identify ADHD patients in a primary care setting and use stimulant and Rx using ASRS. How to dose and prevent side effects with concentrated insulins
ADHD screening; LDL guidelines for cardiac risk patients
Strategies in addressing HBV screening with patients
Treatment patients to avoid/decrease rehospitalization for HTN. Screening HBV appropriately to prevent diagnosis
Use anti-PCSK9; use ADHD screening; explain DM better to patients
Screening HBV; screening/calculating risk score
Recognize appropriate patient population; choose appropriate treatment; recognize approved indications
N/A - general knowledge; I am ophthalmologist with strong interest in most patient medical
Screen patients for adult ADHD, prescribe PCSK9 inh for patients not tolerant of statins; screen for hepatitis B more often and refer to treatment
Evaluate meds people are on when history of heart failure. Start use of statins, even if there is mild degree of over dysfunction with close monitoring of LFTs at 2 week, 3 months, and 6 months. Screen more often for Hep B, especially in immigrants
Use of concentrate insulin; screening for ADHD; screening for HBV in individuals at risk or came from countries with high incidence of HBV
I don't see patients for any of these conditions but this was great review
Identifying high-risk CVD patients and heart adequate statins and PCSK9 treatment. Screen patients for HBV and overcome barriers on screening/treatment. Use ASRS screening tool for ADHD. Initiate concentrated insulin for appropriate patients
Managing patient failed on statin treatment, when to add treatment for CHF patient; screening Hep B
Use of non statin therapy. Role of PCSK9; distinguish HF with reduced EF; effective screening of HBV of patients immigrating from other country and their children; role of insulin therapy in T2DM
Evidence-based medicine/guidelines
More confident discussing these illnesses with patient
Maximizing treatment of LDL-C based on 10 year risk, screen high risk patients for Hep B, consider ADD as diagnosis when patient comes in with other psychiatric complaints, adjust insulin for better control and less variability

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

Response
Use heart risk calculator and discuss with patient. Recommend HYD and JSDN in AA patient. Recommend fibrosis vs liver bx
Check for Hep B in immigrant population
Use ASCVD calculator 10 year risk CVD/event; screen high risk SV populations; CHF - EF less than 30% = CHF needs treatment
All topics but strongly concentrate with T2DM
LDL lowering PCSK9 inhibitors; using meds in AA population, make sure to screen in high-risk immigrant/high-risk behavior groups for Hep B; being careful giving SSRIs to ADHD clients. Concentrated insulin to decrease glucose variability
Statin Rx and use of PCSQ9 possibly; HBV screening and Rx
Improved counseling; HBV screening; statin Rx and PCSQ
I will implement guideline directed care when caring for HF patients instead of referring to cardiology. I will monitor my patients for hypercholesterolemia more closely. I will screen for ADHD
New updates on new medications; new guidelines
Detailed history and physical exam; screening techniques
Learning to assess patients' cardiovascular risks sooner and more frequently for better prevention. Learning to address apnea in heart failure patients. Learning to screen for ADHD before treating
Will improve screening those with hyperlipidemia, CHF, HBV, ADHD; increased knowledge in treatment of HBV, ADHD, CHF, and DM with insulin resistant patients
Effective screening of HBV and proper patient education
Incorporating new heart failure meds and cholesterol management more thoroughly; testing patient about HBV and which diagnostic test to order; screening tools for diagnosing ADHD in practice
Utilizing self report ADHD scale to patients; using new drug when patient is resistant to statins
Hep B strategies; videos were great/funny
Use of Entresto; use of TAF
Recently approved new therapies - safety and efficacy; emerging new therapies; medicine allows patients to learn skills
Enlight knowledge of prevent treatment guidelines for HF, when to use newer meds, how to implement lipid treatment and what to choose and management ADR and des
Ensuring patients are properly screened for risk factors- i.e. HF, HBV- and compliant with treatment and follow-up. Recognizing barriers to Hep B screening and how to address them with the patient. Vaccinations=prevention! Consider concentrated insulin! ADHD and screening tools to help with diagnosis; realizing that there is a high genetic component to ADHD
Refresher cardiac guidelines

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

Response	Frequency	Percent	Mean: 1.36
Very likely	51	77.27	
Somewhat likely	8	12.12	
Unlikely	0	0.00	
Not applicable	5	7.58	
No Response	2	3.03	

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

Response	Frequency	Percent	Mean: 1.44
Within 1 month	50	75.76	
1-3 months	7	10.61	
4-6 months	0	0.00	
Not applicable	7	10.61	
No Response	2	3.03	

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

Response	Frequency	Percent	Mean: 4.89
Excellent	54	81.82	
Very Good	7	10.61	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	7.58	

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

Response	Frequency	Percent	Mean: 4.81
Excellent	51	77.27	
Very Good	12	18.18	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	4.55	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeff Unger, MD - Diabetes:

Response	Frequency	Percent	Mean: 4.90
Excellent	46	69.70	
Very Good	5	7.58	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	15	22.73	

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

Response	Frequency	Percent	Mean: 4.86
Excellent	56	84.85	
Very Good	9	13.64	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.52	

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

Response	Frequency	Percent	Mean: 4.81
Excellent	52	78.79	
Very Good	12	18.18	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	3.03	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Cara T. Hoepner, MS, RN - ADHD:

Response	Frequency	Percent	Mean: 4.63
Excellent	39	59.09	
Very Good	14	21.21	
Good	2	3.03	
Fair	1	1.52	
Unsatisfactory	0	0.00	
No Response	10	15.15	

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

Response	Frequency	Percent	Mean: 4.90
Excellent	56	84.85	
Very Good	6	9.09	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	6.06	

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: 4.90
Excellent	57	86.36	
Very Good	6	9.09	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	4.55	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Cara T. Hoepner, MS, RN - ADHD:

Response	Frequency	Percent	Mean: 4.86
Excellent	48	72.73	
Very Good	8	12.12	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	10	15.15	

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

Response	Frequency	Percent	Mean: -
Topics covered	43	65.15	
Location/ease of access	27	40.91	
Faculty	2	3.03	
Earn CME credits	49	74.24	
No Response	2	3.03	

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

Response	Frequency	Percent	Mean: 4.92
Excellent	49	74.24	
Very Good	4	6.06	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	13	19.70	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.45
Strongly agree	39	59.09	
Agree	21	31.82	
Neutral	4	6.06	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	3.03	

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

Response
Chronic cough, allergic rhinitis; hypertension
Peds; ortho
Depression; Parkinson; Alzheimers
Post childhood cancer treatment and screening in primary care; screening patients for ADHD when they come into the clinic
Asthma, COPD
CKD screening; PCOS treatment; COPD treatment; common dermatology disorders; women's health issues
Major Depression/anxiety
Any topics related to IM
Pre-operative management and optimization
PCOS; dementia
Osteoporosis treatment; S/P bariatric treatment; hyperparathyroidism
Hyperthyroidism; Rheumatoid Arthritis
GI cancers
Orthopedics
New HTN guidelines
NASH, HCV, auto-immune disease e.g. lupus and infectious diseases
Reducing hospital readmission rates; geropsych issues; management of patients with chronic pain
Obesity management; hypertension management
COPD, IBS, thyroid disorders; common orthopedics in primary care
HTN, DMII, HLD, OSA, Depression, anxiety, chronic pain
HTN and optimal treatment options for patients with decreased EGFR/creatinine levels
GI bleed, colon cancer screening

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

Response
Any
Dementia with behavioral disturbances; RA, Lupus, lab interpretations
Treating chronic conditions during pregnancy and breastfeeding
Obesity, colon cancer
Derm-common skin disease-rash
Nothing in particular
OB/GYN, endocrine, ortho
Obesity, arthritis, why so many people are needing knee replacement, how can we prevent this
Neuro and cardio eval for concussions in athletes and return to play esp teen athletes
Immunosuppression therapy, AKI on CKD diagnosis and treatment, sepsis, ICU vasopressor care, ventilator care and setting adjustments
STDs, pulmonary, more on heart failure, musculoskeletal, GI problems
Orthopedics
HTN, hyperlipidemia, thyroid
Pulmonary disease; ID; GI; renal disease
Alzheimers's disease, infectious diseases, EKG, antibiotic review, suturing, eye exams, orthopedics
Women's health
HTN management, skin disorders, psychiatric topics
Psychiatric problems - bipolar, depression, impulse control disorder
WEight loss, HTN, DM, antibiotic use ID
Breast cancer
Pulm issues
DPH, thyroid, autoimmune disorders
Continued info on cardiopulmonary d/o, current treatment, and update on research/studies to support use. Continued lectures on the newer DM meds used for treatment.
Hep C, STIs, ortho topics, women's health/gyn/Derm
Depression/anxiety treatment for PCP

Additional comments:

Response
Environment very nice
Thanks. Great job
Thank you for providing us refreshments and meals and complimentary parking! Also in the future, longer or more incorporated breaks
Excellent speakers
Thanks very much
This is not a good location
Outstanding program
Nice to have local meeting. I personally have had friends admitted to hospitals locally and then ignored with almost serious consequences, almost elder abuse and cardiac events probably rare events-perhaps some discussion about loss of primary care doctor and other specialists not being diligent
Thank you! This was very interesting, educational and the speakers were GREAT!
Providing more skills oriented CME courses in the Orange/San Diego, CA area
Very informative session!
Thank you!

Additional comments:

Response
Thank you so much for the free CEUs. It's amazing and helpful. You guys rock and I will also spread the word about this.
Great program! Thank you!
Cold room - better after 2nd lecture. Thanks. Parking was not clear. Response card handed to presenter then others, smaller better and at times hit wrong key. Put name badge in holder so we don't lose
Excellent!
Informative
Hotel very expensive and hard to get to
We need to re-design talks - where we do not just talk about 'change lifestyle' but create and demand creation of lifestyle from birth. We talk about improving from bad to good - we should start and stay good. It takes a village and we should provide a village. Corporate business must take responsibility and not promote lifestyle which is unhealthy
Thank you
Bring presenters that are passionate and knowledgeable not only knowledgeable but passionate about their area and presentation
Thank you for this wonderful and very helpful conference! Great presentations with excellent speakers. This course will help me tremendously at my new job on Monday at a Family Medicine Practice.
Very organized and thorough live conference. My first one specifically for NPs and I am impressed, will refer colleagues and attend NACE in the future. Thank you!
Good lecturers, good location, do more live conference
Re-emergence of childhood diseases especially in adults
Excellent well-presented non-biased discussions; speakers demonstrated a caring compassion for their clinical specialty area
Lipids and HF presentation was superb. Very informative, clearly educated on the topics. Easy to follow. Great lecturer. Great HBV presentation. Good job surfacing the importance of HBV monitoring by H&D
Have WIFI during the conference