



Clinical Updates for Nurse Practitioners and Physician Assistants: 2017

Activity Evaluation Summary

CME Activity:

Clinical Updates for Nurse Practitioners and
Physician Assistants
Saturday, November 4, 2017
3315 Scott Futrell Dr
Charlotte, NC 28208

Course Directors:

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In November 2017, the National Association for Continuing Education (NACE) sponsored a live CME activity, Clinical Updates for Nurse Practitioners and Physician Assistants: 2017, in Charlotte, NC.

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 Lipids, Heart Failure, Bipolar Disorder, Diabetes on Insulin therapy 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 ninety-two healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2017 in Charlotte, NC and two hundred eighteen registered to participate in the live program. One hundred seven attended the conference in Charlotte, NC. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred and 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 2.25 *AMA PRA Category 1 Credits*[™]. 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 contact hours of continuing education (which includes 2.5 pharmacology hours).

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	
NP	72	67.92	
PA	19	17.92	
RN	2	1.89	
MD	4	3.77	
DO	1	0.94	
Other	4	3.77	
No Response	4	3.77	

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

Response	Frequency	Percent	
None	22	20.75	
1-5	31	29.25	
6-10	21	19.81	
11-15	10	9.43	
16-20	10	9.43	
21-25	4	3.77	
>25	7	6.60	
No Response	1	0.94	

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

Response	Frequency	Percent	
None	16	15.09	
1-5	18	16.98	
6-10	12	11.32	
11-15	17	16.04	
16-20	13	12.26	
21-25	13	12.26	
>25	16	15.09	
No Response	1	0.94	

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

Response	Frequency	Percent	
None	14	13.21	
1-5	12	11.32	
6-10	12	11.32	
11-15	12	11.32	
16-20	6	5.66	
21-25	19	17.92	
>25	30	28.30	
No Response	1	0.94	

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

Response	Frequency	Percent	
None	35	33.02	
1-5	34	32.08	
6-10	16	15.09	
11-15	7	6.60	
16-20	8	7.55	
21-25	0	0.00	
>25	5	4.72	
No Response	1	0.94	

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	
Yes	105	99.06	
Somewhat	1	0.94	
Not at all	0	0.00	
No Response	0	0.00	

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
Yes	100	94.34
Somewhat	5	4.72
Not at all	1	0.94

Upon completion of this activity, I can now: Recognize the high prevalence of bipolar disorder in patients who experience depression; Describe the high rate of misdiagnosis of patients with BD; Develop a knowledge of the key criteria that differentiate unipolar depression from BD; Provide information and tools for successful screening and recognition of patients with BD.

Response	Frequency	Percent
Yes	97	91.51
Somewhat	5	4.72
Not at all	0	0.00
No Response	4	3.77

Overall, this was an excellent CME activity:

Response	Frequency	Percent
Strongly Agree	97	91.51
Agree	8	7.55
Neutral	1	0.94
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
Strongly Agree	95	89.62
Agree	8	7.55
Neutral	0	0.00
Disagree	0	0.00
Strongly Disagree	1	0.94
No Response	2	1.89

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
Yes	101	95.28
Somewhat	5	4.72
Not at all	0	0.00

Upon completion of this activity, I can now: Describe the role of insulin therapy in patients 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
Yes	89	83.96
Somewhat	9	8.49
Not at all	0	0.00
No Response	8	7.55

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

Response	Frequency	Percent
Strongly Agree	95	89.62
Agree	9	8.49
Neutral	0	0.00
Disagree	0	0.00
Strongly Disagree	0	0.00
No Response	2	1.89

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

Response	Frequency	Percent
Very likely	83	78.30
Somewhat likely	10	9.43
Unlikely	0	0.00
Not applicable	10	9.43
No Response	3	2.83

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

Response
Giving screening tools and evaluating tools. Lower LDL now
Use of PCSK9's. Improved knowledge of insulin use. ADHD screening tools
Starting insulin when 2 meds not working
Use ASCUD screen more routinely
New tools to recognize bipolar. Will follow guidelines for HF
Lipid treatment
Screen for bipolar
Will more often calculate ASCVD risk for more patients. The importance of using screening questionnaires
Implement the new updates
Up to date guidelines for heart disease. How to more effectively Dx bipolar disease
Use ASCVD calculator for initiating and treatment of lipids. Use guidelines in treatment of patients with heart failure. Use diagnostic tools and history to diagnose ADHD
To use risk assessment calculator for CVD
Educate my patients
Management of HF
Statin management
Dx ADHD utilizing questionnaires
I know more about HF, lipids, ADHD, bipolar so when I see patients with these conditions, I may be able to provide more support
Calculate risk factors for ASCVD. Utilize ADHD SRS when screening patients for ADHD. Initiate insulin sooner for therapeutic goal
Screen more for bipolar disorder. Consider concentrated insulins
New understanding of Entresto and Corlanol for HF
How to appropriately prescribe new HF meds
Will add high statins
Testing and screening patients for ADHD/ADD
Step therapy recommendations for pharmacological therapies
Use of PCSK9 in LDL. Assess impact of insulin therapy within 6 weeks
Use of non-statin meds in hyperlipidemia. Screen for bipolar in patients with depression
Statin use, HF management, ADH screening and insulin use
Paying more attention to patient medications
Pharmacological treatments, additional testing modalities. Scientific data to support decision making and treatment applications
R/O bipolar disorder before treating depression. Use high intensity statin therapy. Lower LDL as much as possible
Start using the ASCVD risk estimator. Screen adults for ADHD
All providers need updates
Earlier initiation of insulin. Rule out bipolar on all depressed patients
Treatment of adult ADHD
Increase utilization of ADHD screening tools
When to add PCSK-9 inhibitor and how low to lower LDL. How to classify HF easily and not be overwhelmed about it
R/O bipolar disorder before diagnosing depression
Labs each visit
Alternative strategies for lipid management. Will more closely monitor HF patients especially those with new Dx to improve outcomes. Better screening for depressed patients. Will screen for ADHD in more patients
I have limited opportunities to use these strategies because I work primarily in occupational health
Quicker to utilize PSV-9 drugs

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

Response
Learning about appropriate strategies for appropriate diagnosis of ADHD management of abnormal lipids, heart failure and insulin management
Assessment and effective treatment of hyperlipidemia
New LDL guidelines. New heart failure meds and iron therapy
BP control and reducing hospitalization
How to treat LDL. Treatment guidelines for congestive heart failure. How to Dx and treat ADHD
PLSK-9 therapy
Screening for bipolar
Target goal of LDL and ADHD screening tool
Updated screening tools for ADHD for adults and for bipolar depression. Choosing statin meds. Determining HF type and stages
Appropriate screening tools for ADHD
Screen for depression and bipolar frequently
Assessing ADHD and bipolar
New medications, new guidelines to go by
MDQ questionnaire screening for bipolar. Utilize PSK-9 inhibitors more
Use of PCK-9 inhibitors
Lower target LDL on patient's with high risk CVD. Screen more patients for ADHD and bipolar disorders
Understanding the two new cholesterol medications. Much better understanding of bipolar
Hypothyroidism can mimic HF
New guidelines in LDL lowering and treatment considerations. More screening for ADHD in adults
New assessment skills and management
Heart failure staging and management
Better understanding of where to use newer agents for cholesterol and heart failure
Bipolar screening and ADHD screening
Screening surveys and cardiac risk evaluation
Better management of dislipidemia screening
Check for bipolar
Screening every patient for ADHD and bipolar
Use the CVD calculator on all of my patients. Implementing new LDL goals and medication changes needed

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

Response	Frequency	Percent	
Within 1 month	79	74.53	<div style="width: 74.53%;"></div>
1-3 months	9	8.49	<div style="width: 8.49%;"></div>
4-6 months	2	1.89	<div style="width: 1.89%;"></div>
Not applicable	13	12.26	<div style="width: 12.26%;"></div>
No Response	3	2.83	<div style="width: 2.83%;"></div>

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Keith Ferdinand, MD, FACC - Lipids:

Response	Frequency	Percent	
Excellent	103	97.17	<div style="width: 97.17%;"></div>
Very Good	1	0.94	<div style="width: 0.94%;"></div>
Good	1	0.94	<div style="width: 0.94%;"></div>
Fair	0	0.00	<div style="width: 0.00%;"></div>
Unsatisfactory	0	0.00	<div style="width: 0.00%;"></div>
No Response	1	0.94	<div style="width: 0.94%;"></div>

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Keith Ferdinand, MD, FACC - Heart Failure:

Response	Frequency	Percent	
Excellent	103	97.17	
Very Good	1	0.94	
Good	1	0.94	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	0.94	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Brendan Montano, MD - Bipolar Disorder:

Response	Frequency	Percent	
Excellent	77	72.64	
Very Good	16	15.09	
Good	2	1.89	
Fair	1	0.94	
Unsatisfactory	0	0.00	
No Response	10	9.43	

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

Response	Frequency	Percent	
Excellent	99	93.40	
Very Good	3	2.83	
Good	2	1.89	
Fair	0	0.00	
Unsatisfactory	1	0.94	
No Response	1	0.94	

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

Response	Frequency	Percent	
Excellent	96	90.57	
Very Good	7	6.60	
Good	0	0.00	
Fair	1	0.94	
Unsatisfactory	1	0.94	
No Response	1	0.94	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Brendan Montano, MD - ADHD:

Response	Frequency	Percent	
Excellent	79	74.53	
Very Good	20	18.87	
Good	4	3.77	
Fair	1	0.94	
Unsatisfactory	0	0.00	
No Response	2	1.89	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Mark Stolar, MD - Diabetes:

Response	Frequency	Percent	
Excellent	75	70.75	
Very Good	13	12.26	
Good	1	0.94	
Fair	0	0.00	
Unsatisfactory	1	0.94	
No Response	16	15.09	

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

Response	Frequency	Percent	
Excellent	101	95.28	
Very Good	2	1.89	
Good	1	0.94	
Fair	0	0.00	
Unsatisfactory	1	0.94	
No Response	1	0.94	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Brendan Montano, MD - Bipolar Disorder:

Response	Frequency	Percent	
Excellent	88	83.02	
Very Good	5	4.72	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	1	0.94	
No Response	12	11.32	

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

Response	Frequency	Percent	
Excellent	83	78.30	
Very Good	6	5.66	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	1	0.94	
No Response	16	15.09	

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

Response	Frequency	Percent	
Topics covered	80	75.47	
Location/ease of access	71	66.98	
Faculty	13	12.26	
Earn CME credits	84	79.25	
No Response	1	0.94	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	
Strongly agree	66	62.26	
Agree	31	29.25	
Neutral	5	4.72	
Disagree	1	0.94	
Strongly Disagree	0	0.00	
No Response	3	2.83	

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

Response
Anything Psych
Migraine treatment, IBS, joint pain treatments
Hypogonadism, obesity treatment, CKD, pain management
OB Gyn
CHF, COPD
Chronic obstructive lung disease and geriatric focus
Lifestyle changes
Dementia and schizophrenia
Dermatology, asthma
CVA, HD
Kidney disease, hepatitis C, opioid use
Hematology, treatment of chronic pain and anxiety disorders
Birth control options and HTN
Dermatology
Opioid use, chronic pain
Migraine, infectious diseases, lyme disease and depression
Mental health
Diabetes, menopause, dermatology, IBS,
Anything other than dermatology
Asthma, COPD, and obesity
Skills workshop if possible
Integrative medicine holistic
SSRI treatment
HTN, anemia, DUB, and anxiety

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

Response
Just pharmacology
Anemias
Management of HIV/HCV and dermatology
COPD and pulmonology
Lupus, OA and RA
CKD, depression, pain management, psych topics
More topics on general neurology
Sleep apnea and RLS
CHF, stroke, COPD, asthma
Pharmacological advancements, sports medicines
Insomnia
RA
Anemias
More on diabetes management contraceptive options
Obesity and metabolic syndrome
Diabetes management guidelines
Diabetes
Narcotic meds
Mental health topics
Atrial fibrillation
CKD, endocrine disorders, liver disease, IBS
Weight loss, HTN, Asthma
HTN, skin disorders, most common condition seen in primary care clinics
Women's health and OB/GYN
Gyn issues, pain management and alternative modalities
Pulmonary hypertension
Diabetes type 2
Managing HTN, DM with CKD
Renal and liver meds, COPD and asthma
Treatment options for various psychiatric disorder
Endocrine disorders, renal failure
Weight management, dementia and Alzheimer's
COPD management and work up
Anxiety/depression
Pain management, alternative medicine and oncology
Most current guidelines for ACS
Depression and anxiety
RA and lupus
HIV and hepatitis C education
Psychiatric topics
Treatment COPD
ADHD, depression and asthma
Dementia
Thyroid and urology topics
Parkinson's disease, movement disorders
Bipolar and depression

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

Response
Management of diabetes and following ACE guidelines

Additional comments:

Response
Insulin talk should come before lunch or in place of ADHD talk. Needed much more time than ADHD and bipolar disorder
Overall very well presented and excellent information presented
Wonderful CME-better than many I pay for!
Always a great conference. Good topics and speakers and well organized. Not too expensive!
Very beneficial, please continue to offer it
Thank you!
Better lunch options-could not order off menu only buffet options
Great conference! Love the location! Each year the speakers continue to be excellent
Loved it!
Very good conference-thank you!
Thanks-it was great. Looking forward to future meetings
Use brand and generic names
Great CME conference
Thank you and enjoyable. Great speakers but don't enjoy political jabs however funny they may be
Psych disease lectures were somewhat repetitive. They were still useful overall but could have included less time or more information
Great program overall
Dr. Keith Ferdinand was excellent
Great conference
Great conference as always-thanks
Thank you!
Would love to have access for hands on training
Too many racial overtones and politics injected into a lecture that I was hopeful would be focusing on medical education. Strongly encourage all future lecturers to leave personal bias, political commentary and racial biases out of lectures and just focus on the subject matter
Dr. Ferdinand was awesome! He made learning easy
Great CME experience
Wonderful and informative conference
Very well organized and fast paced which I like
Great content in presentations
I am a NP student and found this course to be extremely helpful
Thank you! Best lipid lecture ever! Wish more time for bipolar talk
Learned so much, resources were great-thank you
The location was awesome! The hotel staff were absolutely wonderful. The food was great
Well organized and informative
I so enjoy this conference each year. I so appreciate Deborah Paschals dedication to bringing this to Charlotte, NC each year. Loved the location-thanks
Dr. Stolar was monotone and hard to listen to
Enjoyed the conference. Good topics and speakers
Thanks-great information. Thoroughly enjoyed the conference
This was my first NACE conference. It was great and thank you for making this possible
Dr. Ferdinand was fantastic

Additional comments:

Response
Great job-thanks
Thank you
Good conference-thank you. Get an endocrinologist to do your insulin talk. Dr. Stolar's recommendations on when to start/dose and how it works is not accurate