Clinical Updates for Nurse Practitioners and Physician Assistants: 2017

Activity Evaluation Summary

CME Activity: Clinical Updates for Nurse Practitioners and Physician Assistants
Saturday, September 23, 2017
Cincinnati Airport Marriott
Cincinnati, OH

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

Date of Evaluation Summary: October 2, 2017

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

300 NW 70th Avenue • Plantation, Florida 33317
(954) 723-0057 Phone • (954) 723-0353 Fax
email: info@naceonline.com

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

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, PAH, 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.

One hundred and nine healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2017 in Cincinnati, OH. Fifty-six 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. Fifty-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 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 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 6 Category 1 credits for completing this activity.

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	Mean: 1.65
NP	41	73.21	
PA	2	3.57	
RN	3	5.36	
MD	5	8.93	
DO	3	5.36	
Other	0	0.00	
No Response	2	3.57	

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

Response	Frequency	Percent	Mean: 4.77
None	3	5.36	
1-5	6	10.71	
6-10	9	16.07	
11-15	8	14.29	
16-20	5	8.93	
21-25	7	12.50	
> 25	18	32.14	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 3.71
None	6	10.71	
1-5	13	23.21	
6-10	10	17.86	
11-15	9	16.07	
16-20	6	10.71	
21-25	4	7.14	
> 25	8	14.29	

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

Response	Frequency	Percent	Mean: 2.88
None	15	26.79	
0-1	18	32.14	
2-3	5	8.93	
4-7	7	12.50	
8-10	3	5.36	
>10	4	7.14	
>15	4	7.14	

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	Mean: 4.68
None	6	10.71	
1-5	5	8.93	
6-10	7	12.50	
11-15	7	12.50	
16-20	7	12.50	
21-25	6	10.71	
>25	18	32.14	

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

Response	Frequency	Percent	Mean: 2.59
None	16	28.57	
1-5	16	28.57	
6-10	11	19.64	
11-15	6	10.71	
16-20	3	5.36	
21-25	3	5.36	
> 25	1	1.79	

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: 1.09
Yes	49	87.50	
Somewhat	5	8.93	
Not at all	0	0.00	
No Response	2	3.57	

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: 1.13
Yes	48	85.71	
Somewhat	7	12.50	
Not at all	0	0.00	
No Response	1	1.79	

Upon completion of this activity, I can now: Discuss the pathophysiology of pulmonary arterial hypertension (PAH); Recognize signs and symptoms suggestive of PAH and the appropriate diagnostic strategy; Describe how to monitor patients with PAH for disease progression; Review current and emerging treatments for patients with PAH.

Response	Frequency	Percent	Mean: 1.20
Yes	44	78.57	
Somewhat	11	19.64	
Not at all	0	0.00	
No Response	1	1.79	

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	Mean: 1.06
Yes	50	89.29	
Somewhat	3	5.36	
Not at all	0	0.00	
No Response	3	5.36	

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: 1.12
Yes	45	80.36	
Somewhat	6	10.71	
Not at all	0	0.00	
No Response	5	8.93	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.18
Strongly Agree	48	85.71	
Agree	6	10.71	
Neutral	2	3.57	
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: 1.20
Strongly Agree	46	82.14	
Agree	9	16.07	
Neutral	1	1.79	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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

Response	Frequency	Percent	Mean: 1.27
Strongly Agree	42	75.00	
Agree	13	23.21	
Neutral	1	1.79	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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

Response
Use of concentrated insulin for T2DM. Management often. Obtain Echo every 6-12 months for patient with pulmonary hypertension. Patient education. Systematic screening for ADHD using the ASRS screener
I will be able to adjust education to patients based on urgent care needs
Utilization of new medication treatment modalities, using scales
Increase use of Bidil, Entresto, and Trasbradine in practice
Patient with co-morbid conditions and treating hyperlipidemia. Recognizing signs/symptoms and implementing treatments for PAH. Knowing the differences in insulin therapies. Incorporating strategies into the workplace
Not relying on Echo for PHTN. Implementing PCSK9 use PM. Be aware of other causes of SOA
PAH-SAT monitor. Dosage insulin. No CCB - PAH. OSA with PAH - treat both
Prescribing high concentration insulin. Avoiding complications in PAH medications
Managing high cholesterol per current guidelines. Clear understanding on documentation of prescribing expensive medications for cholesterol management. Additional use of new agents in UF management and ARNI or Ivabradine. Use UYDISDN in AA
Appropriate drug therapy and escalation for HF. Diagnostic criteria for determining PAH. Initiate basal insulin sooner
How and when to appropriately use the ASRS
Diagnosing ADHD. Insulin dosing
Use of PCSK9 inhibitors, screening for PAH and ADHD
Increased use of PCSK9 when indicated. Awareness of the role of CCB in PAH
Alternatives (additions) to statins for hyperlipidemia. Benefits of concentrated/longer acting basal insulins
Insulin dosing - using concentrated insulins. Order more echocardiograms - working more with cardiology
Look at new meds available
Shooting for lower LDL in the presence of comorbidities. Ordering Echo for symptoms of dyspnea, CHF. More likely to use concentrated insulin
Looking for PAH in my patients. Using ASCVD calculator to start/adjust medical management for HLD. Don't wait too long to intensify treatment of DM - be mindful of how we present data. How to recognize ADHD
Diagnostic strategies for PAH. Diagnosis and care for heart failure and use of non-statin therapies for IthD. PAH complicated primary care of those with this. Looking for what to educate on my own. Use of concentrated insulins
Order more echocardiograms. Start insulin earlier
How to dose and use high concentrated insulin medications. How to recognize ADHD and how to best evaluate - ARS rating scale/ADHD rating scale. Corrections and common myths in practice to correct
Recognize the importance of echocardiogram in case of unexplained SOB. Recognize and advocate for patients with signs of heart failure. Maximize use of concentrated insulin in patients with uncontrolled glucose on multiple drugs including insulin
Increased monitoring and more specific treatment LDL-C. More specific risk reduction in HF patient with improved management. Increased vigilance workup of SOB. Adding insulin earlier in disease management
I will feel justified in ordering echocardiograms for SOB with DOE
Statin use in primary prevention. Being proactive when suspecting PAH. More confident using concentrated insulin. ADHD - improve diagnostic skills
Better management/recognition of disease processes

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

Response
Evaluate labs
Early conversion of oral agents to prandial insulin with basal insulin, agents to treat ADHD in adults
Retired physician
Using ADHD assessment tool. Dosing of insulin
DM and ADHD more accurate diagnosis and treatment of CHF, PAD
Echo in unexplained DOE. How to know when to use concentrated insulins. How to use ADHD screening tool
Calculating ASCVD risk to determine statin therapy. Review medication therapy in heart failure. Order Echo for unexplained SOB - progressive. Switch to concentrated insulin for patients receiving over 100 u/d
New meds for HF and when to add for HR numbers or not to add. Use rating scales with ADHD
More info on diagnosis. More info regarding meds used. Patient care learned
Heart failure management
I feel a lot more comfortable with insulin dosing. Looking out more for HF and PAH
Managing hyperlipidemia. Evaluating dyspnea thoroughly. Managing HF at primary level. Medication management with insulins. Diagnosing/recognizing ADHD and familial history
Target goals and dealing with patient resistance. Useful diagnostic protocols
Conduct CV risk assessment frequently. Conduct echo for unexplained dyspnea. Presenting info to clients in a way that they do not feel blame or failure
Follow guidelines more closely. Reduce re-admissions for HA by looking at tilopoin level. Dypnea #1 sign/symptom of pulmonary artery hypertension. U-100, U-300 same amount of insulin, but volume is different
Always consider (estimate) a patient's lifetime risk of CV effects when considering lipid targets. Echo every 6-12 months with diagnosis of PAH. Patient teaching is hugely important with insulin administration. Administer ASRS or ADHD-RS rating
For cardiac issues, will adjust current initial patient questionnaires, and create checklist to better mirror NYHM levels. I do not treat PAH or ADHD in my clinical setting. These are referred to other physicians. For DM and insulin, will restate/re-educate regarding changes in diabetes as time progresses

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

Response	Frequency	Percent	Mean: 1.53
Very likely	35	62.50	
Somewhat likely	15	26.79	
Unlikely	1	1.79	
Not applicable	4	7.14	
No Response	1	1.79	

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

Response	Frequency	Percent	Mean: 1.58
Within 1 month	38	67.86	
1-3 months	9	16.07	
4-6 months	1	1.79	
Not applicable	7	12.50	
No Response	1	1.79	

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

Response	Frequency	Percent	Mean: 4.59
Excellent	35	62.50	
Very Good	16	28.57	
Good	3	5.36	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	3.57	

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

Response	Frequency	Percent	Mean: 4.58
Excellent	35	62.50	
Very Good	17	30.36	
Good	3	5.36	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.79	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD, MHS - PAH:

Response	Frequency	Percent	Mean: 4.82
Excellent	46	82.14	
Very Good	8	14.29	
Good	1	1.79	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.79	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Lucia M. Novak, MSN, ANP-BC - Diabetes:

Response	Frequency	Percent	Mean: 4.81
Excellent	43	76.79	
Very Good	10	17.86	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	5.36	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Birgit Amann, MD, PLLC - ADHD:

Response	Frequency	Percent	Mean: 4.88
Excellent	42	75.00	
Very Good	6	10.71	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	8	14.29	

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

Response	Frequency	Percent	Mean: 4.82
Excellent	47	83.93	
Very Good	7	12.50	
Good	0	0.00	
Fair	1	1.79	
Unsatisfactory	0	0.00	
No Response	1	1.79	

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

Response	Frequency	Percent	Mean: 4.80
Excellent	48	85.71	
Very Good	6	10.71	
Good	1	1.79	
Fair	1	1.79	
Unsatisfactory	0	0.00	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD, MHS - PAH:

Response	Frequency	Percent	Mean: 4.84
Excellent	49	87.50	
Very Good	6	10.71	
Good	0	0.00	
Fair	1	1.79	
Unsatisfactory	0	0.00	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Lucia M. Novak, MSN, ANP-BC - Diabetes:

Response	Frequency	Percent	Mean: 4.87
Excellent	47	83.93	
Very Good	7	12.50	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	3.57	

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

Response	Frequency	Percent	Mean: 4.79
Excellent	45	80.36	
Very Good	6	10.71	
Good	1	1.79	
Fair	1	1.79	
Unsatisfactory	0	0.00	
No Response	3	5.36	

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

Response	Frequency	Percent	Mean: -
Topics covered	45	80.36	
Location/ease of access	34	60.71	
Faculty	6	10.71	
Earn CME credits	48	85.71	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.59
Strongly agree	29	51.79	
Agree	21	37.50	
Neutral	6	10.71	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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

Response
Hypertension management
Abdominal pain
Emergency medicine, trauma, wilderness medicine, hospitalist, HTN management, orthopedics, urology
Sleep Apnea (evaluation, treatment, and monitoring)
This is my first conference, no opinions at this time
GERD
GI, oncology, skin disorders
Inpatient hospital care for NP, PA. Neuro/neurosurgery
COPD - new treatments
Cutaneous disease/treatment
HF, SGLT2's, Depression, Bipolar
Infections/antibiotics. DM drugs other than insulin. Behavior change. Newest stent/CAD guidelines. Substance abuse
Anemia, Hepatitis
Nutritional supplements: evidence-based therapy
Orthopedic exam. Dermatology review. Always Diabetes
CKD. Behavioral health. COPD. Infections (i.e. UTI) or PNA
Dementia and associated disorders - especially medication management/behaviors. Depression and anxiety treatment in Primary Care when psychiatry not an option
Evaluation of hypercalcemia. Hypertriglyceridemia. Evaluation of hyponatremia. Health screening guidelines - pap, colon, lung cancer. Case studies - various topics
Neurological/CVA in Primary Care. Anemia. Dementia. Care of the Geriatric patient
Infectious Disease. Back pain. Migraine. Fibromyalgia. Hepatitis. Adult immunizations. Bipolar disorder, depression
End of life discussion in patients with cancer
SCD. Women's Health
Osteoporosis/Osteopenia. Hormone therapy. Parathyroid
Hepatitis C. COPD. Substance abuse treatment for alcohol, opioids, etc.
Medico-Legal issues. Office orthopedics
More on psych issues i.e. PTSD
Neuropathic pain. Asthma
IHSS/Sudden Cardiac Death. Hypothyroidism/thyroid cancer
Coronary artery disease
Critical care
How to effectively prescribe cannabis
Opioid epidemic - opioid prescribing

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

Response
Management of psychiatric disorders in Primary Care. Waiting for specialty care availability is unrealistic - 4-8 month wait. EKG/Spirometry/PFT interpretation
ADD, Bipolar, Refractory Depression, childhood obesity, what drugs to cut back and when CKD level 3 and 4 or avoid benzo NSAIDs
Interstitial cystitis. Chronic painful bladder
COPD. Interpretation of PFT's. Ortho exam
Mental illness/psychiatric disorders. Depression/anxiety. COPD/asthma. Infectious. CKD
Pain management. Occupational/sports injuries
Hepatitis C
Neurological - headache, migraine, dizziness
Neuro evaluations. Sports/occupational injuries

Additional comments:

Response
Dr. Onwuanyi excellent speaker
Presenters were awesome!
Moderator needs to speak a little louder. Survey shouldn't have attendee's name
I am very impressed with this conference. Very good content, presentation. Also, location is very convenient Thank you so much for organizing this wonderful event. It was very educational and helpful for my future practice. Thank you for all accommodations and food!
Didn't expect much since it was free. High quality speakers, location, and amenities (breakfast and lunch). Love 1 day format and proximity (Detroit to Cincinnati). Consider Detroit for future presentations
Very appreciative of such great service. Mrs. Novak is an exceptional speaker!
Thank you for inviting me to the excellent program at this excellent venue
Dr. Rahaghi - great presentation. Real world and a bit of humor. I loved it and learned a lot (after over 25 years in critical care)
I enjoyed this education, really learned a lot that I can utilize in my practice. Only thing I would change is reduce time for lunch break
Thank you for offering these opportunities. We would love to have one in Louisville, KY as well
Very nice
Very well organized activity and very helpful. Thank you
Enjoyed the day thoroughly
Great conference!
Best conference ever! Would have liked a reminder email
For medication names - could you include trade name, too
Great conference! Thank you
Very good conference. Very well managed and very informative
Lucia was awesome! Birgit microphone was funky
Anekwe sometimes too soft spoken to understand and hard to follow and when presenting material he did not always say this is right answer and explain it - we are here to learn. I would like more rationale on Q&A why this is right or wrong. Even if I picked right answer, but can't understand other responses
Great conference
I appreciated and enjoyed the information shared. I plan to use this in my current practice
Very glad I attended this conference! Great speakers
Nicely organized presentations and relevant. Good reinforcement of information presented by way of post test quizzing