



Clinical Updates for Nurse Practitioners and Physician Assistants: 2017

Activity Evaluation Summary

CME Activity:	Clinical Updates for Nurse Practitioners and Physician Assistants Saturday, October 28, 2017 Sheraton Miami Airport and Executive Meeting Center Miami, FL
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Date of Evaluation Summary:	December 7, 2017



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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 Miami, FL.

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, Hepatitis B, 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.

Three hundred and five healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2017 in Miami, FL. One hundred and thirty one 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. One hundred and thirty one 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: 1.87
NP	74	58.73	
PA	14	11.11	
RN	5	3.97	
MD	25	19.84	
DO	0	0.00	
Other	1	0.79	
No Response	7	5.56	

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

Response	Frequency	Percent	Mean: 3.04
None	25	19.84	
1-5	40	31.75	
6-10	16	12.70	
11-15	15	11.90	
16-20	8	6.35	
21-25	8	6.35	
>25	10	7.94	
No Response	4	3.17	

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

Response	Frequency	Percent	Mean: 2.31
None	33	26.19	
0-1	52	41.27	
2-3	21	16.67	
4-7	8	6.35	
8-10	5	3.97	
>10	1	0.79	
>15	3	2.38	
No Response	3	2.38	

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

Response	Frequency	Percent	Mean: 4.43
None	15	11.90	
1-5	16	12.70	
6-10	13	10.32	
11-15	14	11.11	
16-20	19	15.08	
21-25	11	8.73	
>25	34	26.98	
No Response	4	3.17	

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

Response	Frequency	Percent	Mean: 2.37
None	36	28.57	
1-5	49	38.89	
6-10	13	10.32	
11-15	14	11.11	
16-20	3	2.38	
21-25	4	3.17	
>25	3	2.38	
No Response	4	3.17	

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: 4.07
None	17	13.49	
1-5	18	14.29	
6-10	18	14.29	
11-15	21	16.67	
16-20	10	7.94	
21-25	10	7.94	
>25	28	22.22	
No Response	4	3.17	

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: 1.07
Yes	114	90.48	
Somewhat	8	6.35	
Not at all	0	0.00	
No Response	4	3.17	

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: 1.10
Yes	114	90.48	
Somewhat	12	9.52	
Not at all	0	0.00	
No Response	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	Mean: 1.12
Yes	81	64.29	
Somewhat	11	8.73	
Not at all	0	0.00	
No Response	34	26.98	

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: 1.10
Yes	113	89.68	
Somewhat	11	8.73	
Not at all	1	0.79	
No Response	1	0.79	

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: 1.08
Yes	115	91.27	
Somewhat	10	7.94	
Not at all	0	0.00	
No Response	1	0.79	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.14
Strongly Agree	108	85.71	
Agree	17	13.49	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	0.79	

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

Response	Frequency	Percent	Mean: 1.14
Strongly Agree	108	85.71	
Agree	18	14.29	
Neutral	0	0.00	
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: 1.17
Strongly Agree	104	82.54	
Agree	22	17.46	
Neutral	0	0.00	
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
In patients with high risk CV, look for LCL under 55. Add Zetia if with statin therapy is not well controlled. If Zetia and statin is not enough therapy for LDL goal add Repatha
Screening adults for ADHD. Screening strategies for HBV
Identify risk percentage for CVD to titrate lipid medications - target, dose. Identify patient population that would benefit from Aldaqlanet Rx in HF. Identify physical and psychological morbidity associated with ADHD in adults. Identify when to screen and refer to specialist for Hep B care
LDL use for Dyslipidemia
When to add PSCK9 inhibitor
Diagnostic med better and early approach to treatment and intervention
Screen for ADHD. Screen for Hep B in endemic population. Treat HF
Screening for HBV especially from high risk origins. ADHD screening guide
Insulin in resistant patients - U500. Hep B treatment and patient education! HF - medication regimen/treatment options
To adjust statins more appropriately to LDL. Implement self reporting scale for adult ADHD. Hep B very interesting, well-presented
Assessing CVD risk. MDQ questionnaire for ADHD; behavioral; psych screening. How to properly bring up HBV screening
Hep B prevention. Treatment in CAD. Treatment in CHF
Intensify treatment on patient with high risk for CVD. Implement the use of anti PCSK9 to check the CVA risk more often (actually the modify at VA risk)
Use the scales learned to assess adult ASRS-1 for ADHD. Aware of new options for treatments for complicated patient with CHF. Screening for Hep B per USPSTF
In 53 years of doing these classes I learn something new all the time. You are never too old to learn even at 75 years old I am learning
Increase statin therapy compliance, HF improved management
Per hospital guidelines and policies
Use of getimibe versus PCSK9
Newest guidelines on ADHD management. Newest guidelines on HF treatment. Newest guidelines/treatment effectiveness of hyperlipidemia
I will use the ADHD screening on my patients that I perceive meet the criteria for ADHD
New models to assess for ADHD and to not just prescribe a short acting agent. Communication strategies to properly discuss HBV
Start therapy, insulin sooner - tighter lipid control. More patient teaching - screen for Hep B
Use of scales to better diagnose and treat ADHD. Management of hyperlipidemia - when to prescribe certain medications. Serology for Hep B and medication to treat Hep B. Insulin - how to prescribe and when
Live conference is great
Rule of threes. MDQ bipolar screener. Heart failure - phenotypes
Use of evolocumab and others for patients with dyslipidemia resistant to treatment. Use BMI (low) as a predictor of bad outcomes in CHF. Use evaluation instruments (scales) to diagnose ADHD in adults

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

Response
Apply new guidelines treatment for HF, CV diseases. Use of evolocumab when it's required. Screening test for ADHD, depression, bipolar
Early intervention, patient education regarding need on screening test
Use evidence based guidelines. Better screening tools
ASCVD risk estimator. Adult ADHD self report scale. Hepatitis B screening for high endemic area born immigrants
Use of Rx for lipids, DM care insulins, HR and ADHD
Use the adult ADHD self report scale (ASRS-V1) to better approach patients with suspected ADHD symptoms
New treatment HBV
Management of hyperlipidemia and reduce CV risk. Management of heart failure. Screening ADHD. Hepatitis B and management of diabetes in insulin resistant
Counseling techniques for HBV screening. Heart failure management guidelines
Increase screening for Hepatitis and ADHD
Using overall life risk to manage LDL. Recognize types of CHF and determining best treatment plans. Recognize the relationship between IQ and ADHD
Managing lipids. Screening ADHD tools will be implemented in office. Screening appropriate population for HepB
Screen for HBV
Patient with high risk CV, the LDL goal <55. After statin, is better add Zetia that double the dose of statin. Repatha is good option in patient with cardiac disease and hyperlipidemia that not get LDL goal
The use of nonstatin therapies in management of dyslipidemia. Managing HF with the latest HFSA guidelines. Identify signs and symptoms of ADHD in adults. Children pharmacologic management
Apply current recommendations of non statin therapies. Recognize phenotype presentations of heart failure. Use adult ADHD assessment
Screening and prevention. Treatments. Management of disease processes. Long term care
Willing to use new med for Dyslipidemia. Willing to use screening tools for diagnosis of ADHD. Willing to use ACCF/NYHP classification of CHF. Willing to add insulin therapy earlier in management of T2DM
Add nonstatin therapy for dyslipidemia management
Better screening for HBV approaches. Incorporating HBV in physical. Better understanding ADHD
I appreciate the videos during the presentations of Hep B, I like the real-life scenarios given during the multiple presentations
Use the current treatment ASAP. Give more (education), information to patient
Guidelines for med adjustments for lipids. Risk factors for lipids. Screening form for ADHD - very outstanding lecture
History, early treatment
Patient specific medium/high dose statin therapy. ADHD screen rating scale. Hep B virus screening barrier - interpreting markers. Adding insulin for glycemic control
Utilizing ADHD scales (that are free) to determine ADHD diagnosis. Maintaining moderate to high BMI is a protective cushion for HF. Prescribing long acting stimulant to smooth out peaks in ADHD patient will have better tolerability and decrease incidence of addiction/overdose
ADHD screenings incorporated into my daily practice. Hep B: more aggressive screening. Heart failures more aggressive treatment
Use of concentrated insulin, identification of the CHF patient
Screening, preventative and treatment of the conditions presented
Integrating family member in patient's treatments
Identify ways to encourage my patients to adhere to medications and report problems obtaining medications if they occur. Use screening scales and risk calculators more often
Constant reminding
Apply entresto therapy earlier in patients with CHF. Screening test for ADHD
Treatment and screening for adult ADHD
What medications to give for CHF and ADHD. Recommend guidelines

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

Response
Increase screening for diagnostic and management of ADHD - learn about new medications for hyperlipidemia. Recognizing phenotypes and treatment of heart failure - increasing screening for Hepatitis B
Integrate new data into treatment strategies. Implement pharmacologic treatment to optimize symptom control. Early screening
New treatment in CAD. New treatment in CHF. Prevention of HBV
Implement the learned
Knowing how to manage hyperlipidemia with meds other than statins (in addition to statins). Knowing how to screen for ADHD
Recognize strategies to reduce hospitalization. Non statin strategies in Dyslipidemia. HBV treatment in pregnant and post partum strategies
Managing dyslipidemias with medications to reduce CV risk. Utilizing the ADHD self-report scale. Recognizing phenotypes of HF and using appropriate medications. I need to learn more about high concentrated insulins
Education. Optimal assessment and treatment. Multidisciplinary care - teamwork
I will use the knowledge in my practice
When to add a second agent to lower LDC to target. Identify potential patients with ADHD vs. MDD. Implement more HBV screening for high risk populations. Conversion of long acting to a concentrated insulin
Use of ADHD screening tools. Utilize guidelines in lipid management. Evidence based treatment of HF patients. Hep B screening and new therapies
Use of newer agents for CHF. Use of PCSK9 inhibitors. Use of long acting stimulants for ADHD adults
Identify ADHD. Some characteristic signs and symptoms never thought of. Different cardiac treatment for AA's
Lipid management. CHF management guidelines. Hep B screening
Best management to help lower LDL levels. Appropriate ways to manage stable/unstable CHF. Proper screening for ADHD in adults. When to refer patients with HBV to a specialist. When to initiate insulin
Screening. Utilization of drug therapy. Diabetes management
The use of approved tools in order to effectively screen patients and administer effective treatment. Develop plans to effectively meet culture barrier. Follow new/current guidelines in treating patients
Better management of various diseases like hyperlipidemia, CHF, ADHD, HBV and Diabetes
Effective counseling. Apply validated screening tools. Perform afalnoiate referrals of patients
Utilization of the guidelines in regards to LDL reduction/PCbIL9 drugs. HFREF v. HFPEF, use of Ivabradine, increase Topomins is indication of poor profromins. Managing behavioral problems, ADHD, assessment tools. Screening strategies in HBV
Who to screen forr HBV. Screen for ASCVD risk. Identify risks of symptoms of HF
Earlier implementation/initiation of statin. Adding another statin for HDL lowering instead of raising of statin #1 to max. Target goal of LDH - lower - lower - lower
Use screening forms
Lowering LDL to below 55 mg/sa. Use of Ivabridine for patients with heart disease/36 hour washout before using ARNi. More aggressive diagnosis of ADHD. More frequent testing of foreign born patients for Hep B
Update screening and supportive care

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

Response	Frequency	Percent	Mean: 1.45
Very likely	92	73.02	
Somewhat likely	20	15.87	
Unlikely	0	0.00	
Not applicable	12	9.52	
No Response	2	1.59	

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

Response	Frequency	Percent	Mean: 1.62
Within 1 month	81	64.29	
1-3 months	20	15.87	
4-6 months	3	2.38	
Not applicable	16	12.70	
No Response	6	4.76	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Karol E. Watson, MD, PhD - Lipids:

Response	Frequency	Percent	Mean: 4.84
Excellent	105	83.33	
Very Good	16	12.70	
Good	2	1.59	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	2.38	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Greg Mattingly, MD - ADHD:

Response	Frequency	Percent	Mean: 4.94
Excellent	116	92.06	
Very Good	8	6.35	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.59	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Barbara Greenling, PhD, DNP - Diabetes:

Response	Frequency	Percent	Mean: 4.83
Excellent	99	78.57	
Very Good	16	12.70	
Good	2	1.59	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	9	7.14	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Karol E. Watson, MD, PhD - Heart Failure:

Response	Frequency	Percent	Mean: 4.90
Excellent	112	88.89	
Very Good	12	9.52	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.59	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Karol E. Watson, MD, PhD - Heart Failure:

Response	Frequency	Percent	Mean: 4.85
Excellent	108	85.71	
Very Good	14	11.11	
Good	2	1.59	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.59	

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

Response	Frequency	Percent	Mean: 4.88
Excellent	106	84.13	
Very Good	13	10.32	
Good	1	0.79	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	4.76	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Karol E. Watson, MD, PhD - Lipids:

Response	Frequency	Percent	Mean: 4.88
Excellent	107	84.92	
Very Good	14	11.11	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	3.97	

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

Response	Frequency	Percent	Mean: 4.92
Excellent	114	90.48	
Very Good	10	7.94	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.59	

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: 4.88
Excellent	108	85.71	
Very Good	11	8.73	
Good	2	1.59	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	3.97	

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

Response	Frequency	Percent	Mean: -
Topics covered	109	86.51	
Location/ease of access	69	54.76	
Faculty	41	32.54	
Earn CME credits	97	76.98	
No Response	0	0.00	

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

Response
Hypertension
Low back pain management, anxiety disorder, depression, insomnia
Colorectal cancer screening, Hep C, use of homeopathic medications or natural supplements
PCOS/Asthma/Depression/Anxiety. Headache/migraine. Fatty Liver. Osteoporosis management
Use of ACTumor DNA in clinical practice "the liquid biopsy" present and future
TAVR. DM. Stroke. HTN
Abdominal pain/GI. EENT
Any
Xray interpretation. EKG interpretation. Suturing
Dermatology, managing PAD
GI ie IBD. RAAS pathway with nephropathy. Asthma/respiratory
Breakdown of new antidiabetic medications
Evaluating xrays, both with pneumonia/bronchitis as well as fractures, EKGs
Thyroid nodule management. Hyponatremia
All chronic medical conditions
MRSA, C. Dif. ESBL. E Coli, infections
Pacemakers
Medical use of THC derivatives
Heart valve disease
STD/Women's Health/Pediatrics
Chronic kidney disease
Treatment of HIV/Aids from initial screening to counseling in preactive to treatment and overall management of this population of patients

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Barbara Greenling, PhD, DNP - Diabetes:

Response	Frequency	Percent	Mean: 4.88
Excellent	105	83.33	
Very Good	14	11.11	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	7	5.56	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.40
Strongly agree	81	64.29	
Agree	37	29.37	
Neutral	5	3.97	
Disagree	1	0.79	
Strongly Disagree	0	0.00	
No Response	2	1.59	

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

Response
Obesity, anxiety, depression
Respiratory diseases
Anything dealing with Primary Care
Pharmacotherapy - EKG
Dermatology pearls in Primary Care, musculo-skeletal orthopedic review
Same topics, maybe some Women's Health
Myalgias, headaches, Vertigo, IBS, muscle weakness, depression, abdominal pain
Critical care and ER
Additional use of screening tools - MDQ
Combination therapy in diabetic Type 2 patients
Arthritis, rheumatic disease, lupus
Women's Health, hypertension, health promotion, depression and anxiety
Asthma treatment
T2DM drugs and choices related to blood sugar control
HF prevention. Pharmacology of Ivabradine, Sacubitril, Naprelisin, and use of these in clinical practice
Pharmacological topics
Minor emergencies in family practice like drug tests, EKG, wound care
Mood disorders
Nephrology problems, ARF/ESRD, Hemo and Peritoneal Dialysis, CRF - acute and chronic renal failure
Wound care, infectious disease
Female/Women's Health. Should serve lunch
HTN treatment, T2DM
Osteoporosis. Rheumatic arthritis
Women's Health
Pediatric diseases treatment
Not sure
HCV, HIV
HIV/AIDS, Hep C, Derm topics for Primary Care, diagnostic test interpretations
CAD, CHF, DM
Multiple Sclerosis screening and cancer. Bipolar Disorder. Hyperparathyroidism. Immunizations
GI
More time spent on practical use of insulins. DM was too quick for all info
Respiratory and Women's Health
Depression, Osteoporosis, pain management/opioids
Management of patient in critical care
Women's Health, thyroid disorders, GI disorders
CKD, HTN
Sleep apnea in more details
Open
Liver disease, renal disease, dermatology topics, psychiatric disorders
Kidney failure. Thyroid problems
Gynecological/women's health. Neurological
Vaccines indications, new treatment modalities for DM
Update guidelines
Genetics

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

Response
Stroke, Rheumatology, Radiation/Oncology
Prostate and breast cancer, PVD
Urology - BPH, incontinence
Any in medicine
COPD, asthma, CKD
Dermatology topics
Renal failure
Renal failure
Infection control. Tropical diseases - after major storms
Bipolar disorder. Dealing with difficult patients. Neuropathies
Kidney transplant - drugs, rejection, ID
Cancer
CKD; COPD
Osteoporosis
Weight management. Pain management
Mental health
Oncology in pregnancy
Preventive care. Pain management
Updates in Women's Health. Advances in HIV/Aids management
Hepatitis C add the current treatment and care
Coumadin therapy. PT/DNR management
GI topics/new topics/primary care topics in general/psych topics, etc.
Update on pneumonia. Update on asthma
Alternative therapies, diet (Vegan), geriatric care - resistant HTN, Womens' Health, understanding guidelines, ACOG, USPTF AHA etc.
DM, Derm
HCV treatment advancements
Hep C, update DM Rx

Additional comments:

Response
Excellent lectures
Thank you
Room set up very ineffectively. Difficult seeing the screens and hearing speaker
Too fast, too much information. Need to slow down
OK
I enjoyed CME activity today. Great learning tool for education and staying current with current treatment and guidelines
Not being able to see all answers created real answer problems. Excellent presented. Dr. Greenling very good - excellent
A little difficult to hear and see slides. I would rather everyone pay \$10 to provide a lunch and help prevent so many no-shows. Would like some kind of networking event
Thanks
Thank you for an excellent conference!
Thank you! Excellent speakers and topics
An excellent meeting as usual

Additional comments:

Response
Wonderful program, knowledgeable presenters and great location
Thank you
Thank you
Everything was well organized
Excellent conference!
Great program. Very informative
Please improve the display features for media devices, was terribly difficult to see the screens at bottom throughout the whole conference
I need more intensive CE on treatment strategies for T2DM. How to use the drugs and when to add on or adjust Rx
Dr. Watson was/is an amazing speaker and the love/passion she has for her specialty is clearly evidence. Dr. Mattingly another great speaker. Dr. Ram was also another great speaker - could definitely tell he enjoys what he does
Good presentations
Thank you all staff for making this conferences a success/feasible to Dr. Sherman. Please consider having a conference on EHR/ICD update or any legal update ref PCP/practice in the region. Strategies to max insurance usage/pharmacy/meds usage to improve CHF, hyperlipidemia patient, etc. Any new drug introduced i.e. new trigagent reducer i.e. Vascepa (Flosapent?) if we can get sponsorship? Lecture for Dr. Greg is a breath of fresh air. Thumbs up! Need more psy lectures like this
Thank you
Excellent conference
Thank you for this opportunity to be a part of this conference, very useful
I came all the way from GA, I don't regret it at all. Love it
Very educational
More seating spaces needed, to avoid crowded sitting. Lower half of screens could not be seen from mid to back of room
Excellent venue, excellent speakers, very professional and courteous staff - excellent
Very knowledgeable info
Excellent program
Would help if slide screens were higher. If you sit further back than the first row, you can't see over the people in the first row. Otherwise great presentations. Would be helpful for insulin presentation to have more time
Excellent speakers and topics
Poor visualization of screen
Great conference
Very good conference
Thank you
Thank you so much for this conference. Excellent topics, excellent contain, very practical for PCP. All the objectives were covered very well and timely. Excellent speakers
Highly grateful
Lunch should be served, even if it's not a big fancy one
Thank you
Excellent course, very interesting with new evidence-based practice guidelines to use in our practice
The speakers were excellent. Well qualified. Important topics
Thank you
Overall the program is excellent as well as the place of conference but there is only this to look at - the screen - is not high enough that people at the back are unable to see completely what's on the screen
Excellent presentation. Continue the excellent job
Great conference

Additional comments:

Response

I thoroughly enjoy coming to the live conferences. The information presented has been extremely helpful in my clinical practice and has helped my transition from a novice nurse practitioner to a more informed provider. I have been attending since 2013. Thank you

Speakers were excellent!