Clinical Updates for Nurse Practitioners and Physician Assistants: 2017

Activity Evaluation Summary

CME Activity: Clinical Updates for Nurse Practitioners and Physician Assistants
Saturday, October 7, 2017
Seattle Airport Marriott
Seattle, WA

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

Date of Evaluation Summary: November 3, 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 Seattle, WA.

This educational activity was designed to provide nurse practitioners and physician assistants the opportunity to learn about diagnosis and management of patients with varied conditions such as 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 thirty seven healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2017 in Seattle, WA. Seventy-four 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. Seventy-four 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 4.75 *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 7 contact hours of continuing education (which includes 3 pharmacology hours).

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit*™ from organizations accredited by ACCME or a recognized state medical society. PAs may receive a maximum of 7 Category 1 credits for completing this activity.

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	Mean: 1.20
NP	61	83.56	
PA	6	8.22	
RN	4	5.48	
MD	0	0.00	
DO	0	0.00	
Other	0	0.00	
No Response	2	2.74	

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: 3.32
None	10	13.70	
1-5	20	27.40	
6-10	13	17.81	
11-15	14	19.18	
16-20	6	8.22	
21-25	3	4.11	
>25	7	9.59	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 4.05
None	9	12.33	
1-5	9	12.33	
6-10	11	15.07	
11-15	14	19.18	
16-20	12	16.44	
21-25	6	8.22	
>25	12	16.44	

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

Response	Frequency	Percent	Mean: 2.93
None	13	17.81	
1-5	22	30.14	
6-10	15	20.55	
11-15	10	13.70	
16-20	8	10.96	
21-25	3	4.11	
>25	2	2.74	

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

Response	Frequency	Percent	Mean: 2.14
None	20	27.40	
0-1	31	42.47	
2-3	16	21.92	
4-7	4	5.48	
8-10	2	2.74	
>10	0	0.00	
>15	0	0.00	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 2.24
None	19	26.03	
0-1	32	43.84	
2-3	11	15.07	
4-7	5	6.85	
8-10	5	6.85	
>10	0	0.00	
>15	0	0.00	
No Response	1	1.37	

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

Response	Frequency	Percent	Mean: 2.34
None	15	20.55	
1-5	38	52.05	
6-10	10	13.70	
11-15	4	5.48	
16-20	3	4.11	
21-25	2	2.74	
>25	1	1.37	

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	64	87.67	
Somewhat	9	12.33	
Not at all	0	0.00	

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	68	93.15	
Somewhat	5	6.85	
Not at all	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	Mean: 1.15
Yes	62	84.93	
Somewhat	11	15.07	
Not at all	0	0.00	

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: 1.06
Yes	66	90.41	
Somewhat	4	5.48	
Not at all	0	0.00	
No Response	3	4.11	

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: 1.15
Yes	59	80.82	
Somewhat	8	10.96	
Not at all	1	1.37	
No Response	5	6.85	

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: 1.11
Yes	48	65.75	
Somewhat	6	8.22	
Not at all	0	0.00	
No Response	19	26.03	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.32
Strongly Agree	49	67.12	
Agree	21	28.77	
Neutral	1	1.37	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	2.74	

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

Response	Frequency	Percent	Mean: 1.25
Strongly Agree	53	72.60	
Agree	18	24.66	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	2.74	

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

Response	Frequency	Percent	Mean: 1.31
Strongly Agree	50	68.49	
Agree	20	27.40	
Neutral	1	1.37	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	2.74	

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

Response
Ways to approach HBV discussion with patients at risk. Use of QRisk calculator. Overall better understanding of PAH - S/S preferred echo
Assess patients for basal concentrated insulins use. Use ASCVD risk estimator in patient visits
Will be using ASCVD scoring more regularly. Encourage starting insulin sooner. Better Hep B screening strategies
Screening tools. EB guidelines review
Treatment of Type 2 DM. Treatment of high cholesterol besides statin use. HBV screening is needed for patients from high risk countries. PAH and OSA
Start insulin earlier in patients with DM2 with A1c over 8.0. Using ASCVD calculator in front of patients
Treatment for CHF most relevant to my practice
ADHD screen. Refer to HBV. HF management
Improve screening. Introduce new meds for treatment of HTN
I will be using the ASCVD calculator in clinic and reviewing results with my patients as a way to help them further understand why I am recommending statin therapy
I am now aware of more concentrated insulin options for DM patients
Include fervitin screening/iron supplementation in HF patients. Consider use of ultra concentrated insulins in insulin-resistant patients
Manage heart failure and follow up with guidelines. Calculate risk factors and manage lipid abnormality as recommended. Initiate insulin therapy in patient needing concentrated insulin therapy
Have patients use the ASCVD calculator for themselves at home. Screen appropriate patients for Hep B
More use of PCSK9 inhibitors. More use of concentrated insulins. More screening for HBV. More use ASCVD risk calculation

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

Response
Consider insulin therapy earlier. Consider that normal LFT's does not mean you don't have to screen for Hep B. Refer to new guidelines for lipids based on patient category. Consider PAH with unexplained SOB
Addition of PCSK9 if necessary. How to use guidelines properly
Use new heart failure meds. Be careful with changing insulins. You can't get LDL too low. Think about Hep B more in immigrant
Better use of long acting insulins. PCSK9 inhibitors use
Indications for ultra insulin uses. Knowledge of new HF treatment guidelines
Medication management
Use of PSCK9. High concentrated insulins and use of all insulins. Treatment of CHF. Screening for Hep B - interview techniques. PAH - identification, workup, treatment
Expand H&P to include neuro and MSK possibilities. Include genetic testing
Use of risk factor calculator, able to download specific one. Use of newer longer acting insulins, when, who
Better understanding of high-dose insulin and uses. Optimum treatment of lipids. Better clarify on HF. Who to test for HBV. Broader understanding of PAH. ADHD questionnaire use
Information about concentrated insulin. Reviewing AACE guidelines QRISK ASCVD risk. I had been using different risk calculator. Hepatitis B screening. Making sure patient is on appropriate Beta Blocker
When to switch to concentrated insulins. Using screen for ADHD. Way to discuss Hep B testing in resistant patients
Hep B screening guideline. Use basal insulin more and pay attention to B/S fluctuation. Use Echocardiogram
Choose meds most effective for DM, HF, managing cholesterol, etc.
Ability to counsel patients about concentrated insulins. Making sure HF patients adhere to best treatments to avoid hospitalization. Early screening and treatment of HBV in specific populations
Evaluate and review meds for DM, refer back to PCP/Endocrine to consider concentrated insulin. Further investigation
Have DM patient self-monitor BG at different times of day x 4 days prior to visit not for 3 months (unless patient is scientist). Always assess or equip patient to assess ASCVD, assess for immigrant and country status r/t HBV, do ECHO for SOB, use adult ASRS to assess
Addressing high A1c with changes in insulin dosing and newer ultrabasal or concentrated insulins. Consistently identify people in need of HBV screening. Consistently identify people with signs of HF. Identify optimal management options for T2DM and HF
Strengthened ways I can give data to patients to help them understand their risk
Greater vigilance in screening for Hep B for family history of immigration; concern for PAH on SOB unexplained. Adjusting insulin practices and recommendations
Calculate ASCVD risk. Lipid management. Will be more aggressive with treatment as compared to before. Lower high volume for insulin use if possible
Guidelines. Screening. Diagnostics. Treatments
How to use the ASRS screening. Transition of basal insulin to concentrated insulin
Use of concentrated insulins. Meds for HF and some rationale
Learned about scale HBV app. Have patients d/L ASCVD risk and go over risks together
Use the CVD risk calculator to show patients their risk. DM difference between basalin and concentrated insulin
Consider starting insulin therapy earlier in T2DM patients
HBV screening strategies. Risk stratification for CVD. Management of CHF
Initiate insulin early. Look at ASCVD risk. Assess for completeness of GDMT in heart failure. HBV screening and communication. Echo screening for PAH
Usage of concentrated, addition of PCSK9 inhibitors
HBV screenings/transmission; stigmas with disease. Use of Ivabradine in CHF patients. PCSK9 inhibitors as reducing LDLS, decrease CV events

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

Response
Do phase follow-up post-discharge for heart failure; team-based collaborative approach. Include estimation of lifetime risk in assessment, when treating hyperlipidemia. Utilize insulin early in treatment of Type 2 diabetes, to improve outcomes and decrease risk of adverse events. Importance of treating hypertension - use this to reduce cardiovascular events - treat to less than 130. Screen pregnant women for HBV. Remember the echocardiogram for shortness of breath
I will test for HF based on symptoms. I will consider concentrated basal insulin in patients on high doses of basal insulin. I will screen my patients from high-prevalence regions for HBV on a regular basis. I will screen patients for ADHD if c/o symptoms
More aware of how to diagnose PAH. When to screen for Hep B. Better management of CHF. More knowledge of newer insulins
Explain risk factors, prevention using calculated probability
Review HF patients. Make sure on current recommended meds. Lobby to have ultra-insulins added to our formulary
ASCVD evaluation is useful
Consider PSKD9 meds for reducing LDL in high risk ASCVD patients. Consider more high concentrated long acting insulin when already using high dose long acting U-100. More use of ASCVD calculator
Understand more about diagnosis of ADHD and understand PAH much better
Use of new medications. Approach to medical condition
Exercise current treatment guidelines and new therapies available. Integrate this info/clinical trials data into treatment plan. Better screening and monitoring of treatment

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

Response	Frequency	Percent	Mean: 1.46
Very likely	46	63.01	
Somewhat likely	18	24.66	
Unlikely	1	1.37	
Not applicable	4	5.48	
No Response	4	5.48	

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

Response	Frequency	Percent	Mean: 1.51
Within 1 month	47	64.38	
1-3 months	15	20.55	
4-6 months	1	1.37	
Not applicable	6	8.22	
No Response	4	5.48	

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

Response	Frequency	Percent	Mean: 4.71
Excellent	56	76.71	
Very Good	13	17.81	
Good	4	5.48	
Fair	0	0.00	
Unsatisfactory	0	0.00	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Eldrin Foster Lewis, MD, MPH - Lipids:

Response	Frequency	Percent	Mean: 4.88
Excellent	65	89.04	
Very Good	7	9.59	
Good	1	1.37	
Fair	0	0.00	
Unsatisfactory	0	0.00	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Eldrin Foster Lewis, MD, MPH - Heart Failure:

Response	Frequency	Percent	Mean: 4.77
Excellent	57	78.08	
Very Good	10	13.70	
Good	3	4.11	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	4.11	

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

Response	Frequency	Percent	Mean: 4.70
Excellent	52	71.23	
Very Good	13	17.81	
Good	4	5.48	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	5.48	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Alexander Duarte, MD - PAH:

Response	Frequency	Percent	Mean: 4.56
Excellent	44	60.27	
Very Good	12	16.44	
Good	5	6.85	
Fair	2	2.74	
Unsatisfactory	0	0.00	
No Response	10	13.70	

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

Response	Frequency	Percent	Mean: 4.36
Excellent	31	42.47	
Very Good	17	23.29	
Good	5	6.85	
Fair	3	4.11	
Unsatisfactory	0	0.00	
No Response	17	23.29	

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	Mean: 4.64
Excellent	52	71.23	
Very Good	15	20.55	
Good	4	5.48	
Fair	1	1.37	
Unsatisfactory	0	0.00	
No Response	1	1.37	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Eldrin Foster Lewis, MD, MPH - Lipids:

Response	Frequency	Percent	Mean: 4.83
Excellent	62	84.93	
Very Good	8	10.96	
Good	2	2.74	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.37	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Eldrin Foster Lewis, MD, MPH - Heart Failure:

Response	Frequency	Percent	Mean: 4.81
Excellent	61	83.56	
Very Good	8	10.96	
Good	3	4.11	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	1.37	

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: 4.81
Excellent	56	76.71	
Very Good	9	12.33	
Good	2	2.74	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	8.22	

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

Response	Frequency	Percent	Mean: 4.86
Excellent	57	78.08	
Very Good	7	9.59	
Good	1	1.37	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	8	10.96	

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

Response	Frequency	Percent	Mean: 4.59
Excellent	41	56.16	
Very Good	12	16.44	
Good	3	4.11	
Fair	2	2.74	
Unsatisfactory	0	0.00	
No Response	15	20.55	

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

Response	Frequency	Percent	Mean: -
Topics covered	53	72.60	
Location/ease of access	51	69.86	
Faculty	14	19.18	
Earn CME credits	61	83.56	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.79
Strongly agree	26	35.62	
Agree	36	49.32	
Neutral	11	15.07	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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

Response
GI Focus
Use of genetic testing in primary care. Genotyping
Orthopedics
Chronic kidney disease, herbal supplements, depression
Cardio renal syndrome. Geriatric medicine
Sleep disorders
Kidney disease
Osteoporosis
Ones related to Urology (both men and women)
Chronic pain management. COPD/asthma. Depression/anxiety
New legislation/policy. Hepatitis, Vascular topics
Asthma, weight management/nutrition facts, COPD
COPD. Good screening tools. Top 10 psych diagnoses in Primary Care
Thyroid issues
Opioid crisis
Non-opioid pain management. Integrated health care
Palliative Care
Psychiatry
Women's Health. Mental Health
Preventive care topics. The annual exam. HCV
Hep C, Gastroparesis or cyclic vomiting
Wound management. Dermatology
CKD/renal
Orthopedics. Endocrinology. Pain management. Asthma/COPD
Nephrology, Renal Failure
Chronic pain
HTN, immune compromised patients
Primary Care topics
Oncology in Primary Care
CHF
More DM education. Evaluating and assessing for mental health conditions in immigrants
Sleep disorders. Thyroid. Diabetes. Hormone replacement
More strategies to help patients get insurance approval for new agents without taking so much of MY time
Anxiety/depression. COPD/asthma. Interstitial lung disease. Demential Alzheimers

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

Response
HTN management. Anxiety and depression in Primary Care. Womens' health in primary care
Thyroid disease
Neurologic
More mental health topics. New technology/apps pertinent of practice in healthcare
Preventive care: cancer screenings
COPD, CAD
Women's Health. Pediatrics
Depression
More endocrinology and Women's Health topics
Concussion assessment and treatment in youth. Depression in adolescents. Hep C. Dementia. Thyroid diseases
Updates in basic primary care. Immunization updates. Screening guidelines, etc. Also common MSK conditions
Dermatology/skin rash. Outpatient procedures
Evaluation and treatment of common primary care presentations: low back pain, knee pain, shoulder pain, fatigue, unintentional weight loss
Hyper/hypothyroidism. Bipolar/insomnia
ED, BPH, PTSD
More heart failure live material
Chemical dependence - opioids, MJ, obesity, suicide prevention, infertility, Dermatology, upper respiratory diseases
Approach to chronic pain syndrome without the use of narcotics
Endocrine disorders, neuro/brain health

Additional comments:

Response
Excellent conference
Thank you
Thank you
Reading each slide results in temporal lobe fatigue
Your speakers were phenomenal. I appreciate integrating research-base into clinical guidelines and applications for practice. Consider ARNPs of WA and NPG Spokane to advertise as well as NP schools WSU/UW/Gonzaga student opportunities (jobs, EU's)
Excellent conference. I appreciate and look forward to your conferences each year. Thanks!
I don't feel the Hepatitis B lecture was necessary, informative, but not critical
If you were to post your courses with local NP organization sites (i.e. Nurse Practitioner Group of Spokane) you may get more NP's aware of regional meetings
Dr. Stolar - like the "best practice" tips versus "real world" actuality. Thanks. Dr. Foster - good info on PCSK9 and HF was very helpful to me. Thanks! Dr. Bhamid Murri - learned a lot. Dr. Duarte - grew, learned a lot. Ms. Heopner - great - confirmed practice
Had a hard time with Cara's presentation. She couldn't find things, words to stay on track. I'd love to hear her when she is on!
Thank you
Very good! Thank you!
Great update! Thank you for such terrific speakers. I was really impressed
Negotiate reasonable rate/free WiFi, most conferences have. Facility should be happy to have your business. Need to update slides on Hep B (2006, 2009?). Question slides missing
Don't appreciate Dr. Stolar insulting us "physicians". If using abbreviations, need to be defined once. Puget Sound Nursing Practitioners Group, ARNP United of WA

Additional comments:

Response
The Hepatitis B screening and reviewing interpretations of tests very helpful on identifying or workup for shortness of breath
Dr. Stolar should have presented stronger trial/evidence based results, to support treatment options
Stop using word "physician". Prescriber instead. Especially in Washington. NB: Eldrin was great teachers, presenters, and knowledge experts
Would like to see more on pro versus con of vitamins, supplemental and alternative therapies as they are often under reported and overused. Would like to see more oncology and palliative care in primary care
Great speakers
Thank you!
It would be good for speakers to be aware of scope of practice of audience. Dr. Stolar mentioned working in adjunctive situation. ARNPs in WA are independent providers - no collaborative agreements, etc. ADHD lecture: would have liked more specific info regarding etiology, rather than incidence, etc. Would have liked stepwise presentation regarding what is it, how to diagnose, how to treat - hard to understand info on "beads", etc. Provides a lot of side stories that pull away from primary points of talk
Kaylan shows unintent, and BIAS regarding sexuality when he discusses MSM as only homosexual men. Excluded bisexuals of both genders having sex with men who have sex with men. Also excludes/discriminates against polyamorous relationships. Consider more personal exposure to non-heterogeneous M-F diads for better politically, non-biased language when speaking from an "unconscious" bias. Felt like the ADHD speaker was representative of ADHD! Talk was all over the place. Difficult to follow and figure out take home message
My practice is specialized and most of these are not treatments I order, but I do see patients with these problems that affect what treatments I can do
This was my first time attending a NACE event. I was very impressed. I learned so much from the speakers. I liked the videos in Dr. Bhamidimarri's presentation, very helpful/educational. I will definitely incorporate those techniques into my practice
This was an excellent course! I will definitely attend future conferences
More detail in explaining acronyms
Well done! Great learning experience
Very good program. Enjoyed the interactive component. Truly appreciate the course being free
Really useful and interesting content and presenters! Thank you!
I wish the ADHD presentation would have included more about the meds - listing the different types, speaking about each one in more detail and individually (i.e. when you use the one med versus another)
ADHD speaker spoke too fast and difficult to tollow. Excellent presentations
Great lectures. Thanks
I provide care in a walk-in clinic setting. I do provide care for patients who suffer with HTN, DM, HD, behavior issues - however, I am not their PCP so would not change their treatment regimen. Thank you, enjoyed the conference
This program is well appreciated, hope this can be done on a regular basis