



Emerging Challenges In Primary Care: 2017

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2017
Saturday, September 23, 2017
Marriott Plaza San Antonio
San Antonio, TX

Course Director: Gregg Sherman, MD

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In September 2017, the National Association for Continuing Education (NACE) sponsored a CME program, *Emerging Challenges in Primary Care: 2017*, in San Antonio, TX.

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about varied conditions such as Diabetes and COPD.

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 twenty three healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2017* in San Antonio, TX. One hundred and five healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred and two completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

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 7.0 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 3.0 pharmacology hours).

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	Mean: 2.27
MD	45	44.12	
DO	3	2.94	
NP	39	38.24	
PA	11	10.78	
RN	4	3.92	
Other	0	0.00	

What is your specialty?

Response	Frequency	Percent	Mean: -
Primary Care	79	77.45	
Endocrinology	1	0.98	
Rheumatology	0	0.00	
Pulmonology	0	0.00	
Cardiology	1	0.98	
Gastroenterolog y	2	1.96	
ER	2	1.96	
Hospitalist	4	3.92	
Psychiatry/Neur ology	4	3.92	
Other	22	21.57	

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

Response	Frequency	Percent	Mean: 4.97
None	7	6.86	
1-5	6	5.88	
6-10	14	13.73	
11-15	10	9.80	
16-20	14	13.73	
21-25	17	16.67	
> 25	32	31.37	
No Response	2	1.96	

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

Response	Frequency	Percent	Mean: 3.14
None	13	12.75	
1-5	25	24.51	
6-10	24	23.53	
11-15	21	20.59	
16-20	11	10.78	
21-25	2	1.96	
> 25	4	3.92	
No Response	2	1.96	

Upon completion of this activity, I can now: Describe the role of the kidney in glucose metabolism in health and disease; Review the physiologic effects and clinical efficacy of SGLT-2 therapy in various patient populations; Review emerging data on possible renal and macrovascular effects of evidence-based diabetes treatment options; Integrate the impact of treatment decisions on postprandial hyperglycemia and risk of hypoglycemia.

Response	Frequency	Percent	Mean: 1.18
Yes	84	82.35	
Somewhat	16	15.69	
Not at all	1	0.98	
No Response	1	0.98	

Upon completion of this activity, I can now: Describe strategies of care in COPD to improve diagnosis and ongoing symptom assessment; Tailor COPD pharmacotherapy according to current guidelines while incorporating unique patient needs and characteristics; Discuss the appropriate use of inhaled therapies for COPD, including the importance of proper inhaler technique; Collaborate with members of interprofessional health care team for effective chronic disease management.

Response	Frequency	Percent	Mean: 1.06
Yes	95	93.14	
Somewhat	6	5.88	
Not at all	0	0.00	
No Response	1	0.98	

Upon completion of this activity, I can now: Describe the role of persistent oncogenic HPV in the development of pre-cancer and cancer of the cervix; Describe the use of HPV testing as co-testing along with the Pap in cervical cancer screening for women 30 and older; Describe the use of HPV primary screening in women 25 and older; Describe 3 important messages that clinicians will teach women regarding HPV infection.

Response	Frequency	Percent	Mean: 1.06
Yes	96	94.12	
Somewhat	6	5.88	
Not at all	0	0.00	
No Response	0	0.00	

Upon completion of this activity, I can now: Understand the importance of obtaining history from both patient and collateral informant, in differentiating dementia syndromes; Recognize the value of the physical exam, especially the neurological, in the differential diagnosis of dementia; Review existing pharmacological and non-pharmacological treatment options for the four common dementia syndromes.

Response	Frequency	Percent	Mean: 1.06
Yes	88	86.27	
Somewhat	4	3.92	
Not at all	1	0.98	
No Response	9	8.82	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.15
Strongly Agree	87	85.29	
Agree	15	14.71	
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: 1.25
Strongly Agree	79	77.45	
Agree	20	19.61	
Neutral	3	2.94	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	0	0.00	

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

Response
Use of spirometry. Screening and follow up for HPV

Upon completion of this activity, I can now: Discuss the diagnosis of osteoporosis and low bone mass; Discuss the role of non-pharmacologic agents in the prevention of bone fracture; Discuss the pharmacologic treatment of low bone mass and osteoporosis; Discuss the current controversies in management of osteoporosis.

Response	Frequency	Percent	Mean: 1.10
Yes	92	90.20	
Somewhat	6	5.88	
Not at all	2	1.96	
No Response	2	1.96	

Upon completion of this activity, I can now: Understand the changes in sleep physiology as people age; Describe sleep assessment in an elderly population; Choose appropriate non-pharmacological and pharmacological treatments for sleep problems in the elderly.

Response	Frequency	Percent	Mean: 1.05
Yes	84	82.35	
Somewhat	2	1.96	
Not at all	1	0.98	
No Response	15	14.71	

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

Response	Frequency	Percent	Mean: 1.23
Strongly Agree	79	77.45	
Agree	23	22.55	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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

Response	Frequency	Percent	Mean: 1.30
Very likely	78	76.47	
Somewhat likely	18	17.65	
Unlikely	0	0.00	
Not applicable	4	3.92	
No Response	2	1.96	

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

Response
Will look at DM meds differently. Look better at inhaler compliance
mMRC CAT Gold
Diabetes treatment options and discussions. Bone density management/FRAX website upr current. HPV testing guidelines/PAP recommendations and strategies to use in practices
Proper medication initiation/optimization of medications for COPD. Algorithms for updated cervical cancer screening. More patients for which SGLT2 inhibitors would be good adjunctive therapy for DM2
Concerned about negative aspect of drugs for these many illnesses
Review all meds. Research treatment methods. Monitor RXN of treatment
Be able to manage diabetes more effectively, know the importance of evaluating use of inhalers at each visit. Be able to educate on when specific exam is necessary, know importance of Frax scoring for patient risk. Be able to differentiate various Dementias. May better advise patients on sleep hygiene
Detailed/good assessment, correct diagnosis and appropriate management
SGLT2 avoid LU5GFR. FEV-1 for COPD. HPV screens and immunization
Use more nonpharmacologic means
Testing more frequently, better care for my patients and better outcomes
More frequent use of spirometry in COPD progression. Consider using HPV screening for cervical cancer presents
Approach to COPD, improved cervical screening, better understanding of sleep disorders in elderly
Patient education and include this in my assessment. Being more knowledgeable I'm able to discuss and promote with confidence. Use these tools to create a more individualized patient care and get a better outcome. Patient will be satisfied with my service and I will be more content being more effective in my practice
Use frax tool more. Use more spirometry. Inahler use
Use Cobas HPV testing in practice. Consider and be mindful of when to use SGLT and GLPs in practice. Better discuss sleep habits in adults and especially in the elderly
Doing spirometry more frequently. Treating COPD patients more effectively
Updates in diabetes, COPD management
Spirometry with COPD. New ACOG cervical screening guidelines and algorithms, FRAX calculation module
COPD - LAMA and LABA - see slides. Papsmeaer and HPV - new USPTF guidelines - see slides
Utilize spirometry more frequently in COPD patients. Revise Pap smear and HPV screening
Discuss risk and benefits of treatment options, changes in guidelines with patients
Using spirometry in clinic for COPD
Implement spirometry for evaluation of COPD and LABA treatment. HPV +/- PAP screening to appropriate populations - consider cotesting or only HPV. Implement exercise in sleep hygiene and COPD
I do not work in Family Practice at this time
Using SGLT2 in DM patients for better glycemic control. Implantive COPD pharmacotherapy. Sleep assessment and pharmacological Rx's in elderly
FRAX tool! Code for inhaler education, more inhaler education!
Treatment and management of Diabetes. Spirometry test. COPD management. HPV testing, FDA approved stand alone HPV test
Order spirometry when indicated. Test (serially) for HPV in older women. Recognize that not all outbursts and due to psychiatric backgrounds
I gained knowledge of cervical cancer screenings and the changes in this and why. This will better help me explain the changes to patients. I also gained strategies of risk factors of Osteoporosis - and that men over 70 are also at risk
More effective GOLD intensive/COPD fronterral assessment for better therapy; use spirometry earlier. More effective screening of men/women Osteoporosis
Utilize spirometry, utilize SGLT2 therapy more effectively. Check Dexa on men over age 70. Use FRAX
Change the practice to more individualized care
Clinical cases. Prescription questions. Primary Care topics. Evidence based medicine
Treatment of COPD. Treatment of Osteoporosis
Better management/assessment of Dementia. Guide patients with sleep promotion. COPD management

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

Response
Will make sure to implement positive outtakes from this lecture. Will be using SGLT2 with more ease now
Comfort with SGLT inhibitor use. Better inhaler strategy and PFT use in COPD. More comfortable with Osteoporosis therapy
Adding SGLT2 inhibitors to patient medication regimen
Offer spirometry more often
Diabetes med management. COPD management. Cervical cancer screening and HPV testing. Osteoporosis and fracture prevention and management. Four most common Dementias - differential diagnosis. Sleep problems in the elderly
Encourage patient to review medications with primary care since I am in a specialty area where I don't change meds
LABA/LAMA versus LABA/Steroid. Using Frax and Dexa together. Non-pharm treatment for insomnia
Change frequency of Pap smears. Increase use of spirometry
Encourage appropriate cervical cancer screening per recent guideline. Promote importance of sleep
Follow Gold, use of Frax
SGLT2's, LAMA/LABA, Cobo - 14 genotype HCV testing
No longer practicing
Pulmonary rehab referrals, inhaler techniques, re-evaluating use of oxygen therapy for certain patients, more tailoring COPD treatment to guidelines paired with unique patient needs, widediseases.org/dev3/inhalers use, primary HPV screening, get more comfortable using TRX for various patients
The importance of a balanced approach to diabetes care is effectively and strongly reinforced. The importance of aggressively screening for COPD. The importance of screening for Osteoporosis is reinforced
Better understand role of SGLT medication in type II DM and when to utilize them
Better evaluation of patients with mental issues. Better approach of Osteoporosis
Increase use of SGLT2; watch out for hypoglycemia. Never use only steroid for COPD long-term. Check inhaler technique very frequently. Do not overpopulate
Consider DM therapies with new info. Use new insights regarding COPD; sleep interventions
Use of SGLT2 inhibitors in appropriate patients. Assess sleep habits
Can better explain to patients mechanisms of SGLT2 and I believe we can get better patient compliance/reiterate the proper use of inhalers and maximize therapy
Follow evidence-based guidelines with care of COPD and cervical cancer screening. Educate on 10 commandments of sleep
Pap and HPV cotesting at age 30-65 every 5 years - HPV stand alone every 3 years
How to use SGLT2s more efficiently. How to evaluate COPD patients and treat
Test for assessment. Pharmacological use and intervention. Case studies. New trend of testing and treatment
Importance of LAMA/LABA use in COPD patient symptom improvement
FRAX tool to help guide preventive treatment
Before surveillance for Pap, stand alone HPV testing. Proper use of antidiabetic meds in light of diabetic nephropathy. Better understanding of use of oral steroids in COPD patients
Utilize FRAX for osteoporosis treatment
Apply the concepts to my practice. Presentations were excellent. Good advice and practical teaching
No paps after 65. HPV testing as per protocols. Bone density testing for men after age 70
More information about SGLT2 and GLP1's. Treatment options for varying forms of Dementia. Therapy options for COPD in stepwise approach
Specific diabetic management strategies. Considering broader differentials in diagnoses. Reinforce sleep hygiene
Clinic spirometry benefits treatment of COPD in practice, improved PF2 for evaluation of Dementias. Improved understanding of dexa results and treatment options. Recognizing sleep issues and non-pharm options for treatment
Recommend HPV testing at appropriate times. Follow new recommendations on PAP testing. Treat osteoporosis more effectively. Treat diabetes more effectively. Treat COPD more effectively. Follow current recommendations for insomnia. Use FRAX
Pre and post questions. Salient take home strategy

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

Response
Checking Fev, for COPD and treatment modalities. Check bone density in menoapusal men and women at age 50 and above. When to use stand alone Pap and HPV testing. Differentiating dementia and Alzheimer's
Improved decision making in COPD treatment. Better fracture management/prevention. Improved recognition of different types of Dementia
PAP testing and HPV only testing. Pharmacological management of COPD
PFT testing. HPV stand along testing. FRAX index usage. DMS-V psychiatry bonk
How to implement SGLT2 inhibitors. Strategically implementing accurate treatment in COPD patients. Current approach to cervical cancer. Osteoporosis management - sleep
Trying nonpharmacologic before pharmacologic treatment for insomnias. Monitoring inhaler use during office visits. Improve screening for osteoporosis
New guidelines
I may not treat these above diseases because it is not my specialty, but with this conference presented by these excellent speakers I will at least recognize the symptoms and understand the treatment of each

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

Response	Frequency	Percent	Mean: 1.37
Within 1 month	77	75.49	
1-3 months	14	13.73	
4-6 months	4	3.92	
Not applicable	5	4.90	
No Response	2	1.96	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Sandra G. Adams, MD, MS - COPD:

Response	Frequency	Percent	Mean: 4.93
Excellent	93	91.18	
Very Good	7	6.86	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.96	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Osteoporosis:

Response	Frequency	Percent	Mean: 4.80
Excellent	81	79.41	
Very Good	16	15.69	
Good	2	1.96	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	2.94	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Richard Pratley, MD - Diabetes and Vascular Disease:

Response	Frequency	Percent	Mean: 4.65
Excellent	71	69.61	
Very Good	23	22.55	
Good	6	5.88	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.96	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Cervical Cancer:

Response	Frequency	Percent	Mean: 4.85
Excellent	84	82.35	
Very Good	11	10.78	
Good	2	1.96	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	4.90	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Thomas Weiss, MD - Four Common Dementias:

Response	Frequency	Percent	Mean: 4.89
Excellent	85	83.33	
Very Good	10	9.80	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	7	6.86	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Thomas Weiss, MD - Sleep Problems:

Response	Frequency	Percent	Mean: 4.90
Excellent	79	77.45	
Very Good	9	8.82	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	14	13.73	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Sandra G. Adams, MD, MS - COPD:

Response	Frequency	Percent	Mean: 4.95
Excellent	94	92.16	
Very Good	5	4.90	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	2.94	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Osteoporosis:

Response	Frequency	Percent	Mean: 4.89
Excellent	88	86.27	
Very Good	11	10.78	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	2.94	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Thomas Weiss, MD - Sleep Problems:

Response	Frequency	Percent	Mean: 4.93
Excellent	86	84.31	
Very Good	4	3.92	
Good	1	0.98	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	11	10.78	

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

Response	Frequency	Percent	Mean: 4.78
Excellent	80	78.43	
Very Good	17	16.67	
Good	1	0.98	
Fair	1	0.98	
Unsatisfactory	0	0.00	
No Response	3	2.94	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Cervical Cancer:

Response	Frequency	Percent	Mean: 4.86
Excellent	86	84.31	
Very Good	12	11.76	
Good	1	0.98	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	2.94	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Thomas Weiss, MD - Four Common Dementias:

Response	Frequency	Percent	Mean: 4.93
Excellent	88	86.27	
Very Good	7	6.86	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	7	6.86	

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

Response	Frequency	Percent	Mean: -
Topics covered	82	80.39	
Location/ease of access	69	67.65	
Faculty	14	13.73	
Earn CME credits	74	72.55	
No Response	2	1.96	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.51
Strongly agree	60	58.82	
Agree	31	30.39	
Neutral	8	7.84	
Disagree	0	0.00	
Strongly Disagree	1	0.98	
No Response	2	1.96	

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

Response
Hospice, pain management, wound care, urinary tract infection in the elderly
Anything
Hypertension, kidney disease, dermatologic diseases, infectious disease
Congestive heart failure
CHF, CKD, IBS, Skin
Urinary incontinence and ethical issues
EKG interpretation
Depression
Skin disorders, Diabetes, headaches, orthopedics, strain, fractures, sprains
Holistic medication - what works/what doesn't. Reducing medicine cost for patients
Clinical guidelines
Opiate dependency epidemic
Organ transplantation. CKD/ESRD
UTI. Diet. Sleep
More female health, depression and anxiety
New developments in treatment of CHF, CAD
Topics in cardiology, CHF, HTN
Bipolar disease. Primary care, Dermatology. Sexual dysfunction
Infectious Disease
How small group practices can gather and repeat data for MIP, etc.
Women's Health, contraception, Dermatology, EKG, insulin in Diabetes Mellitus
Update in Dyslipidemia, derm manifestations of system disease
Hypertension management, fatty liver/NASH
Cardiovascular management, asthma management, HIV management, renal management, psychiatric management, neurology topics (seizures)
CHF
MI, seizure/epilepsy, HTN
Orthopedics matters
Depression and others first line treatment for common psychiatric illnesses
More educator CMEs for faculty
Neuropathy evaluation; HIV review/update
Treating medical comorbidities in mental health illness
Cardiology. Chronic pain management. Psychiatry
ENT for Primary Care
Mental health for primary care including addiction and psychiatry
Narcotic use and alternative/pain management skills. Obesity weight loss medicine

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

Response
More topics in Diabetes. Prevention medicine - all cancer screening guidelines. More with endocrinology - thyroid, adrenal
Yes - definitely
Management of back pain, headaches, abdominal pain, differential diagnosis
Neuropathy
COPD. CHF. HTN
Obesity, Dermatology
How to interpret sleep study result. PFT. ABI at primary care level
Sleep Apnea, Dermatology
The cardio that was on webinar today
Hep C - evaluations and treatment options
Same types of topics as had here - nice variety/primary care topics; maybe more cardiac; obesity medicine
Genetics
Metabolic syndrome
Would like to see a program dedicated to aspects of men's health and a day program dedicated to women's health
Care for traumatic brain injuries. Pain management for chronic pain seekers. Birth control methods. Substance abuse management
Urology (bladder cancer, persistent hematosiis). Alternatives to pain management other than opioids (acupuncture...?)
More on new diabetes emerging treatments
Diabetes Type II and complication treatment - updates. Update on hypertension and resistant hypertension with diabetes. Updates in stem cell therapy in Diabetes, cancer, etc.
Dermatology. ECG interpretation refresher course
Continue diabetic education on meds; HTN management with onset new meds for arrhythmias
Asthma, stemi
CTE, PTSD, head trauma, chronic traumatic encephalopathy. Evaluation of sport injury in pediatric patients. New forms of birth control. New immunology - inflammation - Autism
Managing oncology patients. Post treatment/therapy
Vaccinations
Asthma/allergies, heart failure
Cardiology. Arrhythmias i.e. Afib, SUT. Neurology - CVA, movement disorders
Uncontrolled Diabetes. ESRD/CKDs. Pain management
HTN. HF. CKD. Arthritis
Drug interactions, adults immunization
GI related because it is affecting over 60% of our populations now. Topics: IBS, IBD
Discussing approach to end of life/hospice care

Additional comments:

Response
Dr. Adams - excellent presentation!
Thank you for providing this service and valuable CME in San Antonio!
Excellent course
Excellent!
Thanks for a great day!
Enjoyed it all. Good job
Great presenters, great topics
Vaccinations

Additional comments:

Response
Nice job(s)
Shorter lunch (45 min) and ending 15 minutes earlier would be nice
Pratley's talk - was comprehensive and he is fast speaker and sometimes difficult to follow. Adams - fantastic. Berman - very good lecturer. Weiss on Dementia - would have appreciated more clarity in the slides on comparing Alzheimer's, Dementia, and vascular dementia for example
Very informative!
Great overall review of covered topics and coverage of related studies. Very engaging speakers overall
Informative CME
Well done. Excellent learning material
Thyroid treatment, STD testing - new age
I really like the selection of topics and the presenters were very informative and engaging
It was great!
Consider Osteoporosis screening of high risk men and offer at age 70 - cost is not prohibitive. Cover office/urgent care musculoskeletal trauma
Thanks! Great speakers - up to date information
Enjoyed it! Dr. Weiss is super!
Ketamine for chronic pain, PTSD
Afternoon snack would be nice
Too cold! Thanks for warming it up!
Thank you very much! All excellent speakers, especially Dr. Weiss
Good course. Thanks
Great lectures! Very evidence-based and 'user friendly', clinically applicable information. Very impressive slate of presenters. Loved this conference!
The program was too long. The program should end no later than 3pm on a Saturday. Thank you
Excellent subjects/speakers
Really like the smaller venue/very good faculty!
This was an excellent offering! Very relevant to Primary Care practitioners and vendors appreciated. Didn't recognize faculty at sign up, but all were excellent! Dr. Pratley too fast and too much info
Dr. Adams amazing and clinically relevant. Ms. Berman excellent and passionate presenter. Love the music. Dr. Weiss is a great educator and storyteller. Great choice to play at the end. He held my interest intensely. Good job
Very interesting topics! Excellent and knowledgeable speakers
Keep it interactive. It really helps
Dr. Pratley didn't speak loud enough
Great program!
Thomas Weiss is great!
Consider adding PREP discussion. I would be glad to discuss or teach