Challenges in Pulmonary and Critical Care 2016

Activity Summary

CME Activity:	Challenges in Pulmonary and Critical Care 2016 Saturday, December 3, 2016 Renaissance Fort Lauderdale-Plantation Hotel Plantation, FL
Course Directors:	Deborah Paschal, CRNP and Gregg Sherman, MD
Date of Evaluation Summary:	December 14, 2016

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In December 2016, the National Association for Continuing Education (NACE) sponsored a live CME activity, **Challenges in Pulmonary and Critical Care 2016**, in Plantation, FL.

This educational activity was designed to provide an update in the prevention, diagnosis, and management of pulmonary disease to pulmonologists, hospitalists, and other health care providers who treat patients with pulmonary diseases. Current findings in pulmonary research in topics such as Pulmonary Hypertension, Sarcoidosis, Idiopathic Pulmonary Fibrosis, Alpha One Antitrypsin Deficiency, Lung Transplant, Lung Cancer, COPD, and DVT and PE will be presented. Clinicians will benefit from learning new research findings that could lead to improved patient care and safety.

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 ninety six healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2016 in Plantation, FL and three hundred forty four registered to participate in the live simulcast. Three hundred seventy one healthcare practitioners actually participated in the conference: one hundred twenty seven attended the conference in Plantation, FL and two hundred forty four participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Three hundred forty six 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 8 *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

What is your professional degree?

Label	Frequency	Percent
MD	106	34%
DO	10	3%
NP	160	51%
PA	18	6%
RN	7	2%
Other	12	4%
Total	313	100%

Upon completion of this activity, I can now: Discuss the pathophysiology and etiologies of Pulmonary Arterial Hypertension; determine when PAH should be suspected and how to determine the specific etiology including the importance of right heart catheterization and ventilation-perfusion (V/Q) scan; discuss methodology to assess severity of illness in PAH; and discuss the treatment principles and the therapeutic agents in PAH.

Label	Frequency	Percent
Yes	123	65%
Somewhat	59	31%
Not at all	7	4%
Total	189	100%

Upon completion of this activity, I can now: Describe the pathophysiology and the epidemiology of Sarcoidosis; understand the up-to-date methodology for diagnosis of Sarcoidosis; and review our current understanding of the treatments considered, including steroids, mineralocorticoid receptor agonists and other agents.

Label	Frequency	Percent
Yes	123	64%
Somewhat	64	34%
Not at all	4	2%
Total	191	100%

Upon completion of this activity, I can now: Implement an appropriate strategy for diagnosing a patient with suspected idiopathic pulmonary fibrosis (IPF); discuss and contrast the available pharmacotherapeutic options for patients with IPF; and describe the non-pharmacotherapeutic options for IPF patients.

Label	Frequency	Percent
Yes	109	58%
Somewhat	76	40%
Not at all	3	2%
Total	188	100%

Upon completion of this activity, I can now: Discuss the pathophysiology of alpha1-antitrypsin deficiency (AATD); understand the importance of screening; incorporate AATD testing into chronic obstructive pulmonary disease (COPD) management algorithms; and discuss the treatment options in AATD.

Label	Frequency	Percent
Yes	118	62%
Somewhat	67	35%
Not at all	5	3%
Total	190	100%

Upon completion of this activity, I can now: Discuss patient selection for lung transplantation; discuss timing of referral; discuss management of patients post transplant and cooperation with transplant centers.

Label	Frequency	Percent
Yes	114	60%
Somewhat	69	37%
Not at all	6	3%
Total	189	100%

Upon completion of this activity, I can now: Discuss diagnosis and workup of lung cancer, discuss current state of advanced diagnostics in interventional bronchoscopy, discuss lung cancer screening, and discuss novel technologies in diagnosis and characterization of lung cancer tumors.

Label	Frequency	Percent
Yes	120	63%
Somewhat	66	35%
Not at all	3	2%
Total	189	100%

Upon completion of this activity, I can now: Discuss current understanding of the pathophysiology and phenotypes of COPD; recognize how to assess the burden of symptoms and exacerbations in COPD patients; recognize the key role of long acting bronchodilators individually and in combination; and discuss the integration of available therapeutic approaches in a comprehensive approach to managing COPD.

Label	Frequency	Percent
Yes	143	74%
Somewhat	49	25%
Not at all	1	1%
Total	193	100%

Upon completion of this activity, I can now: Identify patients at risk for venous thromboembolism (VTE) and understand the rationale for, and benefit of thromboprophylaxis; discuss the new oral thrombin and factor Xa inhibitors; review the available data on the use of the new oral anticoagulants in prophylaxis against and treatment of venous thromboembolic disease; and apply evidence based guidelines for the prevention and treatment of venous thromboembolism in different patient populations.

Label	Frequency	Percent
Yes	146	75%
Somewhat	46	24%
Not at all	2	1%
Total	194	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	225	72%
Agree	82	26%
Neutral	4	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	311	100%

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

Label	Frequency	Percent
Strongly Agree	208	67%
Agree	94	30%
Neutral	9	3%
Disagree	0	0%
Strongly Disagree	0	0%
Total	311	100%

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

Label	Frequency	Percent
Strongly Agree	185	60%
Agree	102	33%
Neutral	22	7%
Disagree	0	0%
Strongly Disagree	0	0%
Total	309	100%

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

Label	180	58%
Very Likely	95	31%
Somewhat likely	10	3%
Unlikely	24	8%
Not applicable	309	100%
Total	180	58%

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

Label	Frequency	Percent
Within 1 month	156	51%
1-3 months	80	26%
4-6 months	24	8%
Not applicable	48	16%
Total	308	100%

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

Label	Frequency	Percent
Excellent	214	73%
Very Good	62	21%
Good	14	5%
Fair	2	1%
Unsatisfactory	1	0%
Total	293	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Robert Baughman, MD – Sarcoidosis:

Label	Frequency	Percent
Excellent	209	69%
Very Good	72	24%
Good	19	6%
Fair	2	1%
Unsatisfactory	0	0%
Total	302	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Robert J. Kaner, MD – IPF:

Label	Frequency	Percent
Excellent	196	65%
Very Good	85	28%
Good	19	6%
Fair	3	1%
Unsatisfactory	0	0%
Total	303	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Adam Wanner, MD – AATD:

Label	Frequency	Percent
Excellent	190	64%
Very Good	82	28%
Good	22	7%
Fair	3	1%
Unsatisfactory	1	0%
Total	298	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: R. Duane Davis, MD, MBA – Lung Transplant:

Label	Frequency	Percent
Excellent	212	71%
Very Good	67	23%
Good	18	6%
Fair	0	0%
Unsatisfactory	0	0%
Total	297	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Jinesh P. Mehta, MD – Lung Cancer:

Label	Frequency	Percent
Excellent	191	64%
Very Good	84	28%
Good	24	8%
Fair	0	0%
Unsatisfactory	0	0%
Total	299	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Anas Hadeh, MD, FCCP – COPD**:**

Label	Frequency	Percent
Excellent	194	67%
Very Good	77	27%
Good	19	7%
Fair	0	0%
Unsatisfactory	0	0%
Total	290	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Carmel Celestin, MD– DVT and PE**:**

Label	Frequency	Percent
Excellent	194	70%
Very Good	70	25%
Good	14	5%
Fair	1	0%
Unsatisfactory	0	0%
Total	279	100%

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

Label	Frequency	Percent
Excellent	225	77%
Very Good	56	19%
Good	11	4%
Fair	0	0%
Unsatisfactory	0	0%
Total	292	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Robert Baughman, MD – Sarcoidosis**:**

Label	Frequency	Percent
Excellent	226	76%
Very Good	61	21%
Good	10	3%
Fair	0	0%
Unsatisfactory	0	0%
Total	297	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Robert J. Kaner, MD – IPF**:**

Label	Frequency	Percent
Excellent	221	73%
Very Good	68	23%
Good	12	4%
Fair	0	0%
Unsatisfactory	0	0%
Total	301	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Adam Wanner, MD – AATD**:**

Label	Frequency	Percent
Excellent	217	73%
Very Good	66	22%
Good	14	5%
Fair	0	0%
Unsatisfactory	0	0%
Total	297	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? R. Duane Davis, MD, MBA – Lung Transplant**:**

Label	Frequency	Percent
Excellent	221	74%
Very Good	62	21%
Good	14	5%
Fair	0	0%
Unsatisfactory	0	0%
Total	297	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jinesh P. Mehta, MD – Lung Cancer**:**

Label	Frequency	Percent
Excellent	220	74%
Very Good	60	20%
Good	17	6%
Fair	0	0%
Unsatisfactory	0	0%
Total	297	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Anas Hadeh, MD, FCCP – COPD

Label	Frequency	Percent
Excellent	216	74%
Very Good	58	20%
Good	16	6%
Fair	0	0%
Unsatisfactory	0	0%
Total	290	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Carmel Celestin, MD– DVT and PE

Label	Frequency	Percent
Excellent	213	74%
Very Good	61	21%
Good	14	5%
Fair	0	0%
Unsatisfactory	0	0%
Total	288	100%

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

Label	Frequency	Percent
Topics covered	254	35%
Location/ease of access	181	25%
Faculty	68	9%
Earn CME credits	230	31%
Total	733	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	175	57%
Agree	105	34%
Neutral	23	8%
Disagree	2	1%
Strongly Disagree	0	0%
Total	305	100%

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

Comment
1 TO IMPLEMENT A COPD, LUNG CANCER AND AAT DEFICIENCY STRATEGIES TO INCREASE SCREENINGS 2 TO BETTER PREVENT THROMBOEMBOLISM IN MY PRACTICE
1) Further testing and referral 2) Educating patients 3) New treatments
1-how important to screen for AADT 2- refer clients early for transplant before they deteriorate, and encourage coworker to do the same 3- approach in recognizing and treat DVT
1. Screening strategies for pulmonary disorders. 2. Drug therapies for pulmonary disorders 3. Systematic workup for common presentations of pulmonary problems.
1. Pharmacological management of sarcoidosis 2. Implanting bronchodilators in COPD patients 3. Ability to discuss anticiagulations options with patients
1 Improved mgmt of my COPD Patients esp the Assessmrent and Mgmt of the Exacerbations and use of the Long Acting Bronchodilators 2} using Evidence-based guidelines to manage pts with VTE--esp those with recurrence. Better understanding of the NOACs 3] Importance of AATD Diagnosis and the need to screen for it in pts with COPD although that will be difficult in my small town
Able to dispense over phone best resources for consult, as well as pharm update
Able to screen for alpha 1 AT
All
Alpha 1 antitrypsin deficiency w/u in all patients with COPD
Appropriate diagnostic tests - new medications for patients with pulmonary diseases
Appropriate diagnostic tests. proper consultation proper treatment
Appropriate evaluation and management of all the conditions addressed in the symposium in an efficient cost to benefit manner
Appropriate strategy for diagnosing a patient with suspected idiopathic pulmonary fibrosis (IPF) understand the importance of screening and discuss the treatment options in AATD discuss novel technologies in diagnosis and characterization of lung cancer tumors Discuss patient selection for lung transplantation Identify patients at risk for venous thromboembolism (VTE
As a retired physician I have better understanding of what is involved in patient care
Assessing and treating dvt
Assessing DVT risks new advanced in thrombolytic therapy
Assessment Diagnostics Plans of care
Assessment

Planning Therapies
Assessments to conduct in making diagnoses;tests to conduct in narrowing down diagnoses; the order of steps to follow in helping the patient.
Behavior medicine
Better assessment and updated treatments
Better diagnostic skills
Better diagnostic workup and therapy
Better history taking review of medications and testing add new testing
Better management
Better understanding and treatment of PAH, sarcoid, IPF, AATD, lung transplant/COPD and VTE
Better understanding of diagnostics and treatment for Pulmonary Fibrosis,pulmonary hypertension, DVT's
Can now be more comfortable in managing COPD patients and able to recognize the usefulness of therapeutic approaches in managing COPD. Have more understanding of Pulmonary Arterial Hypertension and when to suspect such condition. Able to identify patients at risk for VTE and the use of available anticoagulants in the prophylaxis against and treatment of venous thromboembolic disease.
Care of COPD PATIENTS
Check alpha1 antittrypsin
Checking anti-trypsin in all COPD
Considering several COPD (recurrent AEEB, Dyspnea). Cardiology for AAT assessment
COPD assessment tests. Alpha-1 antitrypsin in all COPD. V/A seen in PAH
Current management in copd and DVT/PE.
Current recommendations
Current treatment options
Did not know Alpha 1 affects liver as well, will add to differentials better understanding diagnostics in lung cancer Better understanding of post transplant care
Difference COPD/asthma diagnosis
Different approach for patient care
Discuss need for cardiology right heart cath in patient with significant pressure above 40 on Echo
Disease management and patient education.
Do more spirometry in office setting
Drug therapy according to classifications of COPD
Dual therapy for pulmonary hypertension. Monitor arrhythmias to titrate prednisone in cardiac sarcoidosis
DVT and PE management
DVT GUIDELINES Lung transplant assessment early on disease
DVT protocols AATP testing LUNG transplant guidelines
Dx tools and tx options

Earlier and further pursu on unrecognized certain complaints for diagnosis of disease discussed through whole the day conference,I appreciate if you let such educational events on the weekends,I t really helps to concentrate well on materials. Thank you very much
EARLY CONSULTATION TO PULMONOLOGIST APPRORIATE DIAGNOSIS OF IPF, USING HIGH RESOLUTION CT SCAN. V Q SCAN FOR PULMONARY EMBOLISMSCREEING AATD. USE XA INHIBITORS
Early diagnosis of alpha1 anti trypsin dificiency,dvt ,sarcoidosis and early treatement
Educate patients about taking oral anti-thrombolytic medications after orthopedic surgery
Effective communication with patients regarding diagnosis
Employ more aggressive screening tests, refer to pulmonologists in very early disease states, more aggressive prophylaxis, etc.
Excellent overall view of several pulmonary issues I deal day to day in my practice
Greater attention to history of patient
How to better manage my patients with COPD, DVT, PE.
How to diagnose diseases and utilize most recent treatment options
How to diagnose lung cancer, COPD therapy
How to initiate workup and timely referral when suspecting pulmonary fibrosis, pulmonary hypertension etc. Incorporate testing for alpha antitrypsin when evaluating COPD.
I am more familiar with the diagnostic modalities and treatment of the topics discussed.
I have learned new assessment and diagnosis techniques.
I learned about the proper tests to diagnose pulmonary hypertension and treatment plans for pulmonary hypertension, fibrosis and sarcoidosis
I learned that everybody with COPD must be tested for alpha-1 antitrypsin deficiency
I see a fair amount of COPD patients and will definitely be able to use the recommendations of preventing and treating flare-ups.
I understand a lot more on pulmonary hypertension as to causes, investigations and treatment.
I will be able manage medications and disease process with confidence after diagnosis and evaluation with specialists. I have clearer understanding of referral in a timely fashion.
I will begin ordering labs for Alha 1-antitrypsin deficiency. I will switch the appropriate patients from Coumadin to Xarelto or Eliquis. I will make sure all new COPD patient's or those with COPD risks/symptoms are fully evaluated by a Pulmonologist. I will schedule pt's with pulmonary HTN for VQ scan and Right heart cath
I would need to repeat this information to change anything
I'm a retired Women's Healthcare NP and so, am not a practicing NP. I took this course to increase my knowledge base on conditions I never worked with. I found the information quit informative: I didn't know lung transplants were being done I didn't know COPD was such a killer I didn't know how lung cancer was diagnosed I'd never heard of alpha one anti-trypsin deficiency I'd not heard of Idiopathic Pulmonary Fibrosis
Identification and dx
Increased my knowledge in diagnosis and treatments
Increases alpha 1 deficiency testing.
Intervention

Ivc filter not used for prevention of dvts Low dose ct should be used for pt at risk for lung cancer
Know when to refer out to specialty
Know when to refer to specialists
KNOWLEDGE- PATIENT CARE- SYSTEM BASED PRACTICE
Learned new tests/labs/scans - however, will not be able to order any of these in the correctional facility where I work
Limited because of my specialty
Listen carefully Admit pt to a higher level if needed
Lung cancer.copd
Lung treatment
Make assessment and prompt referral for PH
Managing lung transplant patients
More awareness and better understanding
More confident indication and referral parameters
More focused H&P skills and understanding of testing to order to establish diagnosis
More lung cancer screening. Inclusion of pulmonary hypertension in patient with Dyspnea, test for alpha-1 antitrypsin in patients with COPD
Much needed as a new pulmonary NP.
Need to refer pulmonary fibrosis pts to transplant service as soon as diagnosis is made, before they have an exacerbation
NEUTRAL ON THIS
New & updated information improves patient care.
Offer patients VTE options- need for monitoring, less discomfort Incorporate AATD testing into chronic obstructive pulmonary disease (COPD) management algorithms. Only treat sarcoidosis to avoid danger or improve quality of life. Taper glucocorticoids to prednisone <10 mg/day or equivalent.
Ordering appropriate scan for lung cancer making diagnosis of sarcodosis making diagnosis and treating pHTN.
Outstanding presentation of lung transplant Overall excellent topics were covered
Overall knowledge slightly improved several subjects
PAH - Rx Plav
Provide medication management.
Pulmonary HTN, Sarcoidosis, IPF - diagnosis and Rx
Reaching what is superior treatment
Recognition of the condition and current stratagy for referral, as a PA of primary care recognition is key then referral for the workup to the specialist
Recognize and treat Thromboembolism
Recognize symptoms and need for referral to a specialty center for optimal outcomes in pulmonary disease
Recognize symptoms, order recommended testing and use GOLD guidelines to determine status and choose appropriate treatments for patients based on evidence based guidelines, utilize therapies to optimize functioning and achieve best outcomes for patients
Refer for right heart cath for diagnosis of PAH
Refer patient suspected of PHTN early to PA specialist. Cardiac sarcoid to cardiol - need

AICD (early alone with MTX, prednisone)
Refer patient with IPF for lung transplant. Anti-coagulate high risk surgical patient's. Avoid starting treatment of PAH before right heart cath, use all treatment options for COPD patient's with AATD.
Referrals, team support. Discussing SE prior to drug treatment. Reinforce the expectations of SE and countering
Right heart cath Use newer anticoagulants Checking for alpha trypsin
SAMA/LAMA - treatment of COPD. Duration of anticoagulants post VTC. PAH - importance of V/Q scan. Alpha-1 antitrypsin - new treatment
Sarcoid treatment and alternative therapy if steroids ineffective or contraindicated or refused
Sarcoidosis - look at diagnosis, no ACE for PAH
SCREENING FOR LUNG CANCER
Screening for lung cancer and alpha1 antitrypsin deficiency
Standard of care Ordering Appropriate labs and imaging studies Screwing for lung cancer
Standards of practice currently recommend for initiating diagnosis and early intervention
Strategies for assessing and performing the appropriate testing modalities for diagnosis and management of these conditions.
Strategies learned will take some time to implement into my practice. I am trying to determine the best way to integrate these strategies into our practice population.
Stress, lifestyle changes, be more active discussing side effects of PAH medications, partners in care
Testing all COPD, antitrypsin deficiency, recommend all patients with IPF for transplant consultation; vaccinate COPD patients
Testing for A1AT in all COPD pts
Testing for AAT patients
Treatment and evaluation
Treatment and therapeutic agents in PAH, use of steroids, mineralocorticoids and other agents in sarcoidosis, diagnosis and pharmocological therapy for IPF, management of COPD, management of patients post lung transplant, diagnosis and workup of lung cancer, comprehensive approach to managing COPD, prevention and treatment of thromboembolism.
Treatment management and patient education
Using right heart catheterization for diagnosing PAH Using Ventilation perfusion to diagnose PAH
Using the most current guidelines for VTE prophylaxis.
Utilizing focused pulmonary assessment, increased knowledge regarding disease and diagnosis and treatment
Utilizing imaging and lab reviews to assist in H/PE for differential diagnosis
V/Q scan better than CT chest angiogram for PE evaluation
Various
VTE prophylaxis and differences of each drug regimen COPD treatment regimen to prevent exacerbation Update on lung cancer screening - criteria for low dose CT More updated now on drug therapy and non-drug therapy for PF Apply best treatment regimen for pt's with sarcoidosis

What was primarily applicable to me was evaluating for PAH.
When to refer for lung transplantation

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

Comment
A full-day conference of primary care psychiatry.
Acute lung injury
Addiction medicine. Pain management. Lifestyle modifications
ADHD - adult and pediatric. Gluten sensitivity. HTN. Asthma
ADHD. Mood disorders. OCD. Vasculitis
Adult ADHD. Dizziness. Rheumatologic disease
Agitation in elderly with Alzheimer's. Antiplatelet therapy in Primary and Secondary stroke prevention. Frequent hypoglycemic episodes in young DMI patient with HSOA1C >10%
ALS-ARDS - Palliative Care
Alternative therapies
Alzheimer's Disease
ARDS/ALS/heart failure/AMI
Asthma
Asthma in children and teens, allergic asthma and airways disease.
Autoimmune Dz and treatments
Basic ID topic re antibiotic use and resistance. Future cardiac markers and how to use them.
Bleeding risk in elderly population. Causes of ARDS. Ventilator management
Brain Stroke, Pulmonary Embolism
Bronchectasis/mai spirometry thyroid disease
Bronchiectasis - diagnosis and treatment
Cardiology
Coronary artery disease, acute coronary syndrome
CV disease management
CXR and CT scan interpretations.
Dermatology
Dermatology in Primary Care. Pediatrics in Primary Care
Dermatology. Cardiology
Diabetes
Diabetes and Managemnt
Diabetes management peripheral neuropathy
Diabetes Mellitus
Diagnosis and treatment of obstructive/complex/central sleep apnea
DK
dm,dermatology
EKGs, cardiac medications
Emerging Infectious Diseases, Ethics, Pain Management
Endocrine disorders
Endocrinology, Gastroenterology

Endocrinology: thyroid illness and thyroid cancer diagnosis and management. Hematologic cancers diagnosis and management
Epilepsy
Follow up outcomes of strokes related to treatment of IPF currently in progress. Lung transplant data follow up regarding positive outcomes in all patients studied in Maryland (Johns Hopkins). Lung cancer tumor staging and treatment followup with NIBS and MABS
Fungal lung diseases
GERD, Chest Pain, Chronic cough, Pancreatitis, management of diabetes in growing population, etc.
Geriatric care
Geriatric care, End of life care
Geriatric care: DMII, CHF, HTN, etc. Women's Health: HPV detection. Hep C management with Harvoni
GI update,similar format
GI, GERD, Hep C
Headaches. Fatty liver and elevated LFT's. Colon cancer. Bariatric surgery
Heart failure CKD Lymphedema
Heart failure
HIV/AIDS. Culture sensitivity test. Infectious Disease. Diabetes Type 2 medications
Home treatment of catheter - for drainage. When to stop treatment and education patient and family
Hormone relate
Hormone replacement. Male testosterone. Thyroid disorders ranging from cancer to hyperthyroidism
Hospitalist . Icu topics . Line insertion and complications with practical. Suturing with practical. Nerve block and pain management iwith trigger injections
Htn,diabetic copmlications and treatement
Hypertension and pneumonias and treatement
Hypertension, Diabetes
Hypertension, Type 2 DM
I realize that I have been a PCP since 1995, so I was quite outdated on my acute care assessment and management skills. The information was very helpful to me as a learner.
Infectious disease
Initial workup, diagnosis and treatment of hypertension. Indications for referring patients for pancreatic transplant. New agents for treatment of Type I and II adult onset diabetes.
Integrating oral health care into the systemic examination
Kidney Disease Alopecia
Kidney function and stages of failure and management of medications along various stages of CKD; What to do when TSH and Free T4 labs don't match .. logical approach to management of thyroid patients who don't fall into typical pattern.

Liver and thyroid diseases
Liver disease
Liver diseases
Long term mechanical ventilation management
Luts, BPH complications and treatments
Management of chronic and of acute coronary artery syndromesDVT
Management of HIV patients in Primary Care. Guidelines for prescribing PrEP. Treatment of HCV in Primary Care
Men's Health. Women's Health
Menopause
Migraines
More biopsychosocial issues
More common things i.e. seizures types/physical exam/lab. Headaches types/physical exam/lab. Abnormal lab values i.e. Ca high or low (where other lab is all normal)
More critical care offerings.
More infectious topics More topics for hospitalists
More on diabetes. More on pulmonary
More on these same topics would be helpful. Also, cardiology strategies in primary care, and cardio-pulmonary interface.
More pulmonary topics
NASH, cirrhosis, IBD, pancreatic cyst/mass mgmt, Hep B & C
Nephrology and epilepsy and movement disorders.
Nephrology/hepatology
Neurology: Concussion, strokes
Neuroscience
Occupational health topics in the primary care
Office Dermatology Pain management after cancer remission
Oncologic Emergency Medicine
Ongoing diseases that a PCP should be referring to specialist and best w/u that should be done before sending.
Orthopedic Abdominal pain Diabetes
Pain Management
Pain management and use of opioids - seems to be CMS/FDA's focus now a days Converting certain opioids to another type of opioids
Palliative versus hospice. Kidney disease
Pneumonias
Post discharge management. Home care versus rehab
Prevention of CHF. Prevention of CAD
Preventive screenings and immunization
Primary Care - teleconference/technology, app conference. ICD10 conference
Primary Care-related contents.
Psoriasis. Cardiology - EKG reading; heart block. Gynecology
R.A, O.A, DJD, hematology disorders in Peds and adults

Recent updates in management of STD s Management of common symptom f fatigue and sleep problems
Related lung findings
Skill set practicum. Addiction treatment, HTN guidelines, DMII update, wound care
Sleep apnea, asthma, COPD, atypical pathogens, abnormal chest imaging.
Sleep disorders coverage
Spinal stenos, Diabetes Mellitus.
Sport related injuries. Neuro for Primary Care
Treatment of ovarian cancer
Thyroid, DM, obesity and nutrition
Topic on Diabetes Mellitus, endocrine, cardiac issues
Topics helpful for urgent care Update on screening for primary care
TX of astma, nephropathies
UPDATED GUIDELINES IN PRIMARY CARE
Upper respiratory issues , veneral diseases, and kidney failure.
Vent management
What you offer is good, perhaps more topics that apply to urgent care
Women's Health
Women's health topic's
Women's Topics - hormone therapy, menopause. Thyroid. Weight loss drugs. Diabetes - current treatment
Wound care and management

Additional comments:

Comment
A lof of abbreviations in all talks that I didn't know
Dr Wanner was very difficult to listen to and undertand. Even his voice was very monotone, He is not a good presenter. The topic was way over my head and he read his entire presentation which I do not like from any presenter. I do not like entire presentation that are a regurgitation of a research study. I like more practical information I can use in my practice.
Dr. Baughman - good lecture, however it was watered down with too much research. Less research - add more "meal" to the lectures
Dr. Rahaghi - excellent - keep discussion on point. Dr. Wanner - kept discussion lively. Dr. Davis - methodical - excellent. Dr. Celestin - excellent presentation. Reading slides after many long lectures, interactive is rather trying
DVT lecture 1 of the 2 best lectures in the past3 years
DVT topic was great
Excellent CME presentation-clear,concise and practical
Excellent CME program. Thank you NACE. Dr. Rahaghi is wonderful, he made PAH easier to understand, keeps updated information on point, great lecturers. Highly recommend attending NACE conferences. Well done!
Excellent CME. some of the faculty spoke so fast it was difficult to absorb what they were saying.
Excellent Conference Excellent Faculty

Excellent selection of topics. Outstanding faculty. Enjoyed having access to slide presentations. I would benefit from monograph support of as many of the topics as possible, for more in-depth review.
Excellent speakers and topics
Excellent! Thank you!
Excellent,excellent
Generally disappointed; felt like it was a conference for pulmonary fellows and primary care providers were reluctant invitees. presentations were full of acronyms and jargon; often nobody bothered to explain them; physiology and/or pathophysiology was either breezed through or not addressed at all; an uninvited 'guest.' Really obvious in some cases that this was a conversation between pulmonary specialists and fellows and felt very much ignored; and I do not mean the complexity or relevance of the subject -- lung transplant was interesting although nothing to do with my everyday practice. Other presentations -- either rushed through, or simply reading a list (of guidelines, for example)-- blah, blah, blah... ask myself "How is this any improvement over simply reading the guidelines?" don't know. Sarcoid was good. Lung transplant, oddly enough, was good. Also, somewhat lacking on the evidence based. You may be a good vascular surgeon/etc. but not really interested in "how I do things" without a basis - very old school.....and not in a good way. JMHO.
Good
Good discussion
Good discussions
Good topics and great speakers
Good topics, need dynamic speakers
Great topics with succinct and informative presentations. I enjoyed. The venue was convenient and I enjoyed the refreshments. Thank you
I am a hospitalist and would appreciate more offerings such as this in the future.
I enjoyed and learned new information today
I STRONGLY SUPPORT NACE ACTVITIES SPECIALLY THE SIMULCAST
I thank NACE for having this valuable conference available. I have never worked in a Critical Care and wanted learn about the contents that were provided during this conference.
I think for a medical meeting, the food should be healthy
I thought that the speakers whose tests showed poor improvement levels don't know how to design exam questions. You should advise ALL speakers on test questions that were not covered in their material (happened several times for some speakers) and for the negative questions...as in those asking "EXCEPT" or "NOT the case, etc" be sure the key words like EXCEPT and NOT are in CAPS. That is a longstanding feature of ALL standardized testing.   I thought that the speakers whose tests showed poor improvement levels don't know how to design exam questions. You should advise ALL speakers on test questions that were not covered in their material (happened several times for some speakers) and for the negative questions...as in those asking "EXCEPT" or "NOT the case, etc" be sure the key words like EXCEPT and NOT are in CAPS. That is a longstanding feature of ALL standardized testing. The COPD speaker was very nice and well intentioned, but he was the speaker

needing the most improvement. He needs to simplify the messages he is conveying. I'd say his teaching was the "least sticky" of all of them, because of the failure to make and reinforce important points. And also he needs to stick to the material actually taught for the exam. The Alpha-1 prof also strayed from the material taught in his questions.
I thought this conference was very informative, educational, and professional. Very organized like it was kept right on time. Thank you. It was very much appreciated how much hard work went into this event
It was good. I like the pre and post questions
Love CME offerings from NACE !! Thanks soooooo much!!
Lung cancer
Much of topic was out of realm of PCP, but I needed better understanding of these topics in order to co-manage patients. Thank you.
My second NACE conference. Impressive choice of speakers - all very articulate and useful information
N/A
none
Overall great presentations. Dr. Wanner was the best - new information, loved his presentation. Clear and precise, learned a lot. Thank you
Programs in Jacksonville, FL area
Terrific conference which I did online
Thank you
Thank you - Happy New Year
Thank you for organizing pulmonary NACE conference! Renaissance Hotel is a very well place and location for future NACE. Service is very good
Thank you for this lecture. I actually have a patient with IPF on Pirfenidone, was referred to SNF due to progressive weakness and inability to mobilize self. Wheelchair-bound and severe anxiety. I've learned a lot. Thank you
Thank you for ur excellent service
Thank you very much!
Thank you!
Thank you! I love that you are offering such good teleconferences.
Thank you! All the speakers were excellent, but Dr. Celestin and Dr. Kaner were the best!
Thoroughly enjoy these meetings
Topics were well presented.
Very difficult to understand accents unfortunately, especially when speaking rapidly and using acronyms that we're unfamiliar with
Very good information, learned a lot!
Very good lectures
Very informative presentation. Thank to NACE and the pharmaceutical sponsors for this event.
Very knowledgeable speakers and lecture style conducive to learning, I have a lot.
Very nice conference Thank you
Very nice hotel. Please have an educator review your test questions, use of negative sometimes double negative questions isn't recommended
Very well presented

Challenges in Pulmonary and Critical Care 2016: Tenth Annual Symposia

December 3, 2016- Plantation, FL

WE REALLY APPRECIATE THE EXCELLENCE IN THE CONTENT OF THE LECTURES & THE EXPERTISE OF THE LECTURERS THEMSELVES ALONG WITH THE EASE OF SCHEDULE (WEEKEND) AS WELL AS HAVING A VERY EASY ACCESS SIMULCAST WEBCAST FOR DISTANT PARTICIPANTS LIKE US. THANK YOU VERY MUCH!
When will it be possible to access these activities on an iPasd or iphone/ i had issues primarily with synchronisation of the Q/A Sessions--the Presentations were fine
Your conference is the best among all I have attended