Challenges in Pulmonary and Critical Care 2017

Activity Summary

CME Activity: Challenges in Pulmonary and Critical Care 2017
Saturday, December 2, 2017
Doubletree by Hilton Sunrise
Sunrise, FL

Course Director: Franck Rahaghi, MD, MHS, FCCP

Date of Evaluation Summary: February 2, 2018

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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In December 2017, the National Association for Continuing Education (NACE) sponsored a live CME activity, **Challenges in Pulmonary and Critical Care 2017**, in Sunrise, FL.

The goal of this CME activity is to provide an update in the prevention, diagnosis and management of pulmonary disease to pulmonologists, hospitalists, primary care providers and other health care providers who treat patients with pulmonary diseases. Current findings in pulmonary research in topics such as Pulmonary Hypertension, COPD, Idiopathic Pulmonary Fibrosis, Alpha One Anti-trypsin Deficiency, Sarcoidosis, Lung Cancer, Asthma, and Venous Thromboembolism will be presented.

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 thirty-eight healthcare practitioners registered to attend Challenges in Pulmonary and Critical Care 2017 in Sunrise, FL and six hundred sixty-three registered to participate in the live simulcast. Four hundred forty-eight healthcare practitioners actually participated in the conferences: ninety-nine attended the conference in Sunrise, FL and three hundred forty-nine 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 sixty-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 7.5 *AMA PRA Category 1 Credits™* . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The 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 7.5 contact hours of continuing education (which includes 3.25 hours of pharmacology).

Challenges in Pulmonary and Critical Care 2017: 11th Annual Symposia Sunrise, FL

December 2, 2017
Sunrise, FL
Live & Simulcast

What is your professional degree?

Label	Frequency	Percent
MD	104	26%
DO	5	1%
NP	240	60%
PA	35	9%
RN	6	2%
Other	8	2%
Total	398	100%

Upon completion of this activity, I can now: Discuss the diagnosis and classification of pulmonary hypertension according to the World Health Organization (WHO) clinical classification system; Outline an approach to rule out and appropriately manage chronic thromboembolic pulmonary hypertension (CTEPH), if present; Recognize the role of upfront, early combination and goal-oriented therapy for pulmonary hypertension (CTEPH), if present; Recognize the role of upfront, early combination and goal-oreiented therapy for pulmonary arterial hypertension (PAH); Describe the management of adverse events with PAH therapies and strategies to improve patient adherence.

Label	Frequency	Percent
Yes	247	63%
Somewhat	137	35%
Not at all	6	2%
Total	390	100%

Upon completion of this activity, I can now: Describe strategies of care in COPD to improve diagnosis and ongoing symptom assessment; Tailor COPD therapy to the individual patient following current therapeutic strategies accounting for unique patient needs and characteristics, including the appropriate use of inhaled therapeutic devices; Discuss the role of evolving bronchoscopic techniques for lung volume reduction; Collaborate with members of interprofessional health care team for to create an effective patient-centered, chronic disease management program.

Label	Frequency	Percent
Yes	295	75%
Somewhat	96	24%
Not at all	3	1%
Total	394	100%

Upon completion of this activity, I can now: Describe the typical clinical presentation of a patient with possible idiopathic pulmonary fibrosis (IPF); Discuss the diagnostic approach to a patient with suspected IPF; Discuss and contrast the available pharmacotherapeutic options for patients with IPF; Discuss and contrast the available nonpharmacotherapeutic options for patients with IPF.

Label	Frequency	Percent
Yes	239	61%
Somewhat	153	39%
Not at all	3	1%
Total	395	100%

Upon completion of this activity, I can now: Discuss the pathophysiology of alpha1-antitrypsin deficiency (AATD); Learn how to diagnose AATD patients; Incorporate AATD testing into chronic obstructive pulmonary disease (COPD) management algorithms; Evaluate treatment options for patients with AATD.

Label	Frequency	Percent
Yes	245	63%
Somewhat	137	35%
Not at all	10	3%
Total	392	100%

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

Label	Frequency	Percent
Yes	260	66%
Somewhat	125	32%
Not at all	10	3%
Total	395	100%

Upon completion of this activity, I can now: Discuss the screening of patients for lung cancer; Describe the current classification of lung cancer patients; Explain new treatment options and genetics for lung cancer and novel genetic screenings; Discuss future developments in the treatment of lung cancer.

Label	Frequency	Percent
Yes	265	69%
Somewhat	115	30%
Not at all	5	1%
Total	385	100%

Upon completion of this activity, I can now: Define severe/persistent asthma; discuss the different phenotypes of severe asthma; Describe the pathophysiology of severe asthma with an emphasis in type 2 inflammation; Discuss emerging data supporting the use of biologic therapies that target specific cytokines involved in type 2 inflammation, such as interleukin-4 (IL-4), IL-5, and IL-13.

Label	Frequency	Percent
Yes	270	71%
Somewhat	107	28%
Not at all	5	1%
Total	382	100%

Upon completion of this activity, I can now: Apply ethical principles to decisions surrounding Arificial Nutrition and Hydration (AHN) at the end of life; Identify the benefits, burdens, and harms of tube feeding in persons with advanced dementia; Recognize the benefits, burdens, and harms of parental hydration in persons near the end of life.

Label	Frequency	Percent
Yes	287	78%
Somewhat	76	21%
Not at all	7	2%
Total	370	100%

Upon completion of this activity, I can now: Recognize risk factors and clinical symptoms or signs suggestive of venous thromboembolism (VTE); Describe the pathophysiology of VTE and rationale for extended anticoagulation; Review the available data on the use of the new oral anticoagulants in treatment of venous thromboembolic disease; Discuss eveidence-based strategies to reduce recurrence of VTE in select patients.

Label	Frequency	Percent
Yes	295	81%
Somewhat	66	18%
Not at all	4	1%
Total	365	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	284	71%
Agree	101	25%
Neutral	11	3%
Disagree	0	0%
Strongly Disagree	2	1%
Total	398	100%

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

Label	Frequency	Percent
Strongly Agree	275	69%
Agree	108	27%
Neutral	13	3%
Disagree	0	0%
Strongly Disagree	2	1%
Total	398	100%

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

Label	Frequency	Percent
Strongly Agree	255	64%
Agree	115	29%
Neutral	25	6%
Disagree	0	0%
Strongly Disagree	2	1%
Total	397	100%

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

Label	Frequency	Percent
Very Likely	191	48%
Somewhat likely	104	26%
Unlikely	22	6%
Not applicable	80	20%
Total	397	100%

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

Label	Frequency	Percent
Within 1 month	230	58%
1-3 months	91	23%
4-6 months	21	5%
Not applicable	55	14%
Total	397	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Jinesh P. Mehta, MD - PAH

Label	Frequency	Percent
Excellent	247	64%
Very Good	106	28%
Good	29	8%
Fair	2	1%
Unsatisfactory	1	0%
Total	385	100%

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

Label	Frequency	Percent
Excellent	257	66%
Very Good	104	27%
Good	25	6%
Fair	2	1%
Unsatisfactory	0	0%
Total	388	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Joao A. de Andrade, MD - IPF

Label	Frequency	Percent
Excellent	265	68%
Very Good	97	25%
Good	24	6%
Fair	0	0%
Unsatisfactory	1	0%
Total	387	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Charlie Strange, MD - AATD

Label	Frequency	Percent
Excellent	264	69%
Very Good	95	25%
Good	22	6%
Fair	0	0%
Unsatisfactory	1	0%
Total	382	100%

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

Label	Frequency	Percent
Excellent	273	71%
Very Good	91	24%
Good	21	5%
Fair	1	0%
Unsatisfactory	1	0%
Total	387	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Sajive Aleyas, MD - Lung Cancer

Label	Frequency	Percent
Excellent	260	68%
Very Good	97	26%
Good	22	6%
Fair	1	0%
Unsatisfactory	0	0%
Total	380	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Frank Eidelman, MD – Asthma

Label	Frequency	Percent
Excellent	247	66%
Very Good	104	28%
Good	23	6%
Fair	1	0%
Unsatisfactory	0	0%
Total	375	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Ileana M. Leyva, MD, FAAHPM - End of life Care

Label	Frequency	Percent
Excellent	255	70%
Very Good	85	23%
Good	24	7%
Fair	0	0%
Unsatisfactory	0	0%
Total	364	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Carmel Celestin, MD – VTE

Label	Frequency	Percent
Excellent	254	70%
Very Good	89	25%
Good	19	5%
Fair	0	0%
Unsatisfactory	0	0%
Total	362	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jinesh P. Mehta, MD - PAH

Label	Frequency	Percent
Excellent	277	73%
Very Good	83	22%
Good	20	5%
Fair	2	1%
Unsatisfactory	0	0%
Total	382	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	283	73%
Very Good	85	22%
Good	17	4%
Fair	1	0%
Unsatisfactory	1	0%
Total	387	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Joao A. de Andrade, MD - IPF

Label	Frequency	Percent
Excellent	286	74%
Very Good	81	21%
Good	19	5%
Fair	2	1%
Unsatisfactory	0	0%
Total	388	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Charlie Strange, MD - AATD

Label	Frequency	Percent
Excellent	286	74%
Very Good	81	21%
Good	17	4%
Fair	1	0%
Unsatisfactory	0	0%
Total	385	100%

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

Label	Frequency	Percent
Excellent	289	74%
Very Good	80	21%
Good	17	4%
Fair	1	0%
Unsatisfactory	1	0%
Total	388	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Sajive Aleyas, MD - Lung Cancer

Label	Frequency	Percent
Excellent	281	74%
Very Good	79	21%
Good	17	4%
Fair	2	1%
Unsatisfactory	0	0%
Total	379	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Frank Eidelman, MD - Asthma

Label	Frequency	Percent
Excellent	276	74%
Very Good	81	22%
Good	17	5%
Fair	1	0%
Unsatisfactory	0	0%
Total	375	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Ileana M. Leyva, MD, FAAHPM - End of life Care

Label	Frequency	Percent
Excellent	274	74%
Very Good	76	21%
Good	17	5%
Fair	1	0%
Unsatisfactory	0	0%
Total	368	100%

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

Label	Frequency	Percent
Excellent	270	75%
Very Good	75	21%
Good	15	4%
Fair	2	1%
Unsatisfactory	0	0%
Total	362	100%

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

Label	Frequency	Percent
Topics covered	315	33%
Location/ease of access	240	25%
Faculty	90	9%
Earn CME credits	315	33%
Total	960	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	234	59%
Agree	137	34%
Neutral	25	6%
Disagree	1	0%
Strongly Disagree	2	1%
Total	399	100%

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

Diagnosis. treatment and management
Study, apply and practice
Use of inhaled therapeutic devices in COPD,pharmacological options for patients with IPF, Diagnose and treat AATD, diagnose and treat Sarcoidosis, new treatment options for lung cancer, pathophysiology of severe asthma,the benefits, burdens, and harms of parental hydration in persons near the end of life
Immediate & prompt evaluation and treatment of copd*** immediate & prompt evaluation and treatment of severe asthma***immediate & prompt evaluation & treatment of vte.
Apply modified NYHA/WHO functional classification for PAH*order spirometry & apply GOLD classification for appropriate treatment for COPD*order HRCT when appropriate for IPF management*follow algorhythm for pulmonary sarcoidosis diagnosis/treatment*manage patients w/DVT based on prognostic indicators
I will ask more probing questions when my COPD patients tell me they are not short of breath. - I will consider ordering a LAMA on my COPD patients who do not have an asthma component to their exacerbation - I will also consider ordering a sputum eosinophil to help distinguish asthma from COPD if I am unsure- I will ask my attending MDs to review Alpha 1 Anti-trypsin with me to ensure better understanding of when to order the test
Recurrence of vte - triad risk factors /CT imaging vs Ultrasound 2- phenotyping - asthma with IL targeted therapy
Screen for unusual diseases2-Work with specialists to provide consistent messages to patients3-Provide consistent follow up
Better in identify patients with idiopathic pulmonary fibrosis.2. More aware of the importance to screen all COPD patients one time for AATD3. More comfortable in managing patients with DVT/PTE.
Anticoagulant therapy2. COPD therapy3. PAH therapies
be more vigilant re - VTE2. be more thoughtful re - AHN
Better management of COPD2. Diagnosing AATD3. Managing VTE
Developing Sarcoidosis treatment plans other than steroids. 2. Accurately identifying and classifying severe asthma, and trying options of biologics in treatment plans. 3. Evaluation of anticoagulation duration in our office
Identification of alternate respiratory disease processes with similar presenting symptoms 2. Appropriate use of diagnostic modalities, 3. Able to discuss recent advances in disease management
Importance of early treatment and maximizing treatment options for or with PAH2. Diagnosing and treating sarcoidosis
Initiate the use of LAMA/LABA in patients of COPD group B.2. Determine the duration of anticoagulation to 3 months based on provoked vs unprovoked VTE.3. Discuss with families with patients at end of life benefits of indications for artificial nutrition vs burdens.
Keep updating my professional education.2. Learning and practicing are the best combination.3. Thank you so much for this learning experience.
Management of pulmonary HTN, 2. Principles to decisions surrounding 3. Artificial Nutrition and Hydration, Diagnostic approach and management of patients with suspected IPF
PAH is not defined by definition. Looks at vascular pressures to determine this. Refer to pulmonology.
Pharmacological management of patients with COPD.2. Diagnostic studies and pharmacological management of DVT.3. Addressing the comfort level of dying patient as it relate to nutrition while understanding the family's view on nutrition
Prioritize 2. Order tests only required3. Treat with first line meds first
Right heart cath to determine pulmonology htn
Standards for identifying and treating DVT2. To tube feed or not to tube feed AHN in pt at EOL3. Sarcoidosis dx of exclusion, (I previously knew nothing about this disease)4. New tx options that may be considered for lung cancer patients added to my knowledge of care for lung cancer patients
Testing for AATD is not expensive and a 1 time test2. upcoming changees to lung cancer screening and the increase in age
To always keep in mind a differential dx of Alpha-1 Antitrypsin Deficiency in poorly controlled asthma or COPD, 2. General guideline of starting with Prednisone in Sarcoidosis.3. Screening decisions in pts with an increase risk of lung cancer. Consider screening pts with a 30 PPY smoking hx and may have quite less than 15 years

ago, age 55-80. 4. How to tell if a pt has asthma or COPD or a combination. Newer treatments for Asthma. ie, biologics with inflammatory phenotypes for severe asthma. 5. Loved the lecture on risks and benefits of artificial nutrition/hydration at the end of life. This is something near and dear to my heart. Perspective that a person can be given a feeding tube and still have risks for aspiration pneumonia due to oral secretions. Lots of food for thought when talking with pts and families. 6. Love the lecture on Venous thromboembolic dx. How to treat with anticoagulation by the provoking factor. Duration of how long to keep a pt on anticoagulation and what pt needs life long treatment
Identify the specific patient population who are likely to have the diagnosis of AATD vs patients who have COPD. 2.Focus on educating patients on the importance of their role in the management of COPD.
AAT testing on my intractable asthma patients
Ability to stage cancer patient. Ability to look at gym patients with no cause better
able to provide education to the patient
Able to recognized symptoms for sarcoidosis
Able to use the guideline for COPD txA better understanding on handing end of life care patients
additional testing
advancing therapy in PAH
all good
All lectures are very informative.
Alpha 1a trypsin testing in appropriate candidates once in a lifetime. Unprovoked DVT duration of treatment clarifiedEnd of life care discussion strategies for families who "want everything" and how to improve compassionate communication.
alpha one screeningCT lung cancer screeningrevised COPD,asthma tx
analysis the labs and data
Anticoagulants
application of Broad based knowledge in patient care
Apply it in my clinical practice
Apply learned knowledge to practice.
Artificial nutritionVtE management/sign/risk factors
as defined in the slides
As illustrated in the presentation
as outlined
Ask questions, perform examinations, test and manage.
Assess history current treatment and collaborate with colleague to discuss treatment
Assess, evaluate, and start treatment for these challenges
Asthma exacerbated early signs, copd noninvasive strategy,
Asthma interventions Medication management in COPD, asthma, assessments in what to look for
awareness of new meds in asthma
be more vigilant re VTEreconsider decision re AHN
Better able to diagnose and refer the conditions presented. Unfortunately most of these presented are rare, could be missed diagnoese, and the cost of treatments presented are very expensive!
Better approach to diagnosis and treat - on those topics
Better awareness to include on my differential and a place to start in my research.
Better choice of medications
Better conversations with my patients regarding end of life decisions. Incorporating Alpha-1 testing in my patients with chronic cough Better Asthma medication control
Better design treatment strategies. How to screen for anti trypsin deficiency, who is at risk and how to test. How to screen high risk patients for DVT and how long to continue therapy depending on the trigger.
Better diagnosis and more confident prescribing based on pathophysiology
Better diagnosis based on novel modalities and different treatment options
Better diagnosis based on pathophysiology and treatment plan

Better diagnosis. Newer strategies for treatment. New screening tools
Better diagnostic skills & mgmt strategies.
Better EB diagnostic and treatment OPTIONS
Better screening
Better screening techniques
Better screeningMore effective patient educationmore effective treatment strategies
Better understanding and managing COPD, AATD, Asthma, VTE
Better understanding and treatment of pulmonary disorders
Better understanding of all conditions, enhancing patient assessment and prognosis during goals of care discussions as part of a palliative care program.
Better understanding of the current treatment modalities. Better knowledge of the latest treatments to apply to practice.
better understanding of the d-dimer, newer asthma meds, anticoagulation guidelines, lung cancer with low dose CT, the low cost of AATD screening. pulmonary hypertension - lost
Better understanding of the pathophysiology and epidemiology of Sarcoidosis and the current treatments.
Better utilization of available treatment options.Better recognition of presentation of these disease processes.
better ways to manage my patients especially after listening to he COPD and VTE lecture
Calcium Channel blockers first line for Pulmonary HTN.Second line Viagra
Can define sever
check AATD for all COPDLALM/LABA is more effective to treat COPD than ICS/LABA
Check all my COPD for AATD
check for Anti Tripsin
clinical applications, real life scenarios, easy to understand
collaborate with other professionalsAppropriate use of inhalers
Combination therapy is better in treating pulmonary hypertension.Treatment for Idiopathic pulmonay hypertension is oxygen and transplantatlon.
Comprehensive patient assessment, proper diagnosis & efficient application of strategies & care plan based on practice guidelines
Confirmation treatment for pulmonary hypertension; Other therapies for Alpha-1 antitrypsin Deficiency
Continue researchContinue studyingApply knowledgeExamining applied knowledgeMonitor resultsModify strategies as neededContinue monitoring results of applied knowledge and strategies
continue to use Evidenced-based practice and update as the evidence is updated.
Continue to view programs with Nace to improve my knowledge base.
COPD management.Diagnosis of IPFTreatment pulm HTN
COPD treatment and titration, end of life nutrition how to initiate the conversation and treatment
Correct diagnosis Treatment Compliance
Cost effective tests and updated guidelines
Currently not practicing
Diagnose and management of COPD/DVT
diagnose and treat COPD, identify new treatment for lung cancer, treat and identify asthma
Diagnose PH
Diagnosis and treatment for COPD, Asthma, And end of life care and treatments.
Diagnosis of Alpha-1 Antitrypsin Deficiency; Treatment and diagnosis of Pulmonary Hypertension; Treat Sarcoidosis
Diagnosis of Copd in non smoking individuals.Treatment and available medications.
Diagnostic procedures and new treatment modalities
Diagnostic tools and new or current medications available
Discussing end of life treatments with patients and families of patients
discussing end of life tx with pts and familiesasthma tx
discussion of end of life care

DVT management and COPD updates
Dx and treating Alpha1, difficult to treat asthma, long term care strategies for ethical end of life, screening tools for lung cancer and current tx trends
Early diagnosis and intervention
early diagnosis and screening and treatment to implement
Early identification of disease, effective diagnosis and treatment
Early recognition and treatment options. When to refer to specialist.
Early referral to expert in each field
Early referral; Labs
Early w/u for suspected cases of Sarcoidosis, alpha 1 antitrypsin deficiency and referral to such centers.
educate patients about VTE; educate patients and family about necessary nutrients and supplemental feeding along with other resources
EducateUtilizeUse recommended nw therapy's per lecture
Education and read daily
Ensure treatment is provided to patients diagnosed with sarcoidosis. Apply triple combo therapy for patients diagnosed with Pulmonary Hypertension.
Evaluation and treatment of VTE DVTAsthma treatment I proved treatment of COPD
Evaluation techniques
Excellent
Extended anticoagulation for VTE.benefits and problems of parenteral nutrition at end of life.strategies of care in COPD.diagnosis of aatd.diagnosis of sarcoidsis.phenotypes of asthma.
Gain great kowledge
Genetic testing for alpha-1 antitrypsin; Use the Gold and ABCD scores to decide COPD treatment.
Genetic testing for Alpha-1; Consider work up for IPF in lower lobe crackles; Feeding tube not recommended for end stage dementia.
Gold 2017 for COPD assessment would first be to first assess to exacerbation and then ask for symptoms for mMRC
great
guideline management of diseasespatient educationprevention
Health assessment; MMRC Questionnaire; Combination therapy
Honing assessment for these issues
How to diligently screen and refer for IPLEthically decisions regarding feeding tube placements How to weigh diagnosis methods for lung cancer liquid test vs biopsy
How to screen for A1AT defHow to manage patients with Sarcoidosis How to categorize COPD
How to treat VTE in cancer related disease
I am a non physician - therapist. This CME activity has given me a better understanding.
I am going to implement the use of AAT screening where appropriate; I am going to review education and treatment guidelines with my sarcoidosis patient; I plan to create guidelines for my office based on these talks. I am very motivated!
I can apply in my clinical settings
I can better manage pulmonary diseases such as asthma and sarcoidosis before sending them to a specialist and have better education to provide to patients.
I currently work in preadmission testing so my ability to treat these conditions are limited, however I am able to screen and refer.
I have a greater understanding on how to identify and treatment these pulmonary conditions
I have learned strategies for diagnosis and treatment of pulmonary hypertension, asthma, VTE.
I have learned the latest diagnostic and treatments for the problems which were discussed.
I have more information in the diagnosis and treatment of these conditions.
I need to review and clarify a lot of the information. Never, the less I see where it is very necessary to keep updated in order to provide safe medical carel presentation on the ethical principles is very useful
I need to spend more time studying the presented diseases. I'm not in a pulmonary specialty.
I practice psychiatry, so there are not many strategies I can employ.

I recognize that I need to listen to these lectures again. The new information is pertinent and I would like to listen again.
I will be able to have more goal oriented discussions with family members and patients about artificial nutrition and end of life care.
I will start doing anticoagulant therapy for short term strategy than lifelong as I was doing
I will start implementing Ct chest for patients with history of smoking
I will utilize the screening for pe and asthma vs COPD strategies most in my practice
I'm more familiar with med management more familiar with algorithms for treatment Able to identify the disease process better
I'm not in the pulmonary specialty, I realized I need to take more pulmonary courses.
Id dvt and treatmentsEOL TF palliativeTx for sarcodiosos, lung dx
Identify and implement education on the topics covered when caring for my patients more readily.
Identify and treatment COPD
Identify clinical presentations of patient who present with sarcoidosis, lung cancer, and venous thromboembolism
Identify early patients with PAH and Pulmonary Fibrosis Start the recommended treatments for these diseases
Identifyy candidate appropriate candidates go Lung cancer screening
Im retired
Implement new guidelines and updates imnediately
implementing low dose CT screening for smokers, managing PE, DVT's, blood work screening for AATD.
Implementing pharmacological treatment. Better understanding of artificial nutrition.
Implementing, screening and detecting AATD in persons of high risk.
Importance of extended anticoagulation in VTE, cytokines in asthma
Improve assessment of PAH pt's
Improve care of ICU patients
Improved assessment and more spexific testings.
improved assessment skills in diagnosing and prescribing tx
Improved awareness, Better screening techniques, implement pathways for more immediate referrals to specialist care when warranted
Improved disease management
improved dx and Rx
Improved medical & non-medical treatment of diseases
Improving care of patients on anticoagulants
Include family when speaking to patient. Be up front with the patient.
Interpretations of tests.Being able to explain to patients about their disease processes.
Keeping up to date in treatment modalities
Know when to initiate care & when to refer
Know when to test of AATD. Appropriate goals for palliative care in regards to AHN.
LATE COPD AUGMENTATION WITH ICS
LDCT scan for high risk lung cancer patient
Learned COPD / Asthma / CT Scans
learned more about the latest studies and knowledge
Learned that provoking factors determine the length of treatment for DVT/PELearned TKI is first line treatment of lung Calearned more about Lw dose CT scan for screening lung caLearn to respect the wishes of family, pt and be careful with choice of words and do not force ANHLearn to consider testing Alpha antitrypsin defas neeeded in order to promptly dx pt
learned to dx pulmonary HTN
Look for COPD in patients with normal CXR. Use teaching opportunities where possible. Refer to specialists when above my level of expertise.
lung cancer evaluationVTE prophylaxis and treatment
Lung cancer screening

Management Initiation
Management of asthma and COPD. Optimal treatment for pulmonary hypertension.
Management of COPD patients and management of VTE
Management of patients with sarcoidosisManagement of astanaManagement of COPD
med managemnt
Medication management
Medication management. Quicker Screening and Preventitive Measures
Medication use
More aware of options for screening.
more effectively screening for lung cancer and adding IPF and alpha 1 deficiency to differential diagnosis, more comfortable discussing end of life decisions with patients and families
More knowledge to help guide clinical decisions.
more proactive in assessing for Alpha 1 deficiency
My primary takeaway is dealing with my patients that have COPD and asthma. I feel more confident in using my current strategies related to timing and strength along with type of medications to use for each of these diseases according their level of impact on patient health. I am also more comfortable with identifying the levels of pulmonary htn and recommendations for each, although I will continue to refer these patients to a pulmonary specialist.
Neutral
New drugsNew assessment tests
New medications and indications. New screening tests.
New research findings are dictating the need for a change in treatment modalities also the abundance of medications is impacting the need to change.
New screenings for COPDBetter asthma control Teachings for smokers regarding lung cancer
New testingsNew standards New use of pharmacological agents
New therapies for asthma management Effective management for pulmonary hypertension Venous thrombosis management
new treatment availabities.
noninvasive mutational testing in lung Ca, nutrition can be harmful in end life
not depending solely on lab reports assessing provoking situations
Not really sure, wish i could have filled this put while watching
Obtaining detailed histories, identifying resources, early detection and diagnosis
OFFICE SPIROMETRY
Once in a lifetime test of Alpha-1 Anti-trypsin for COPD. High resolution CT for 1PF.
Ongoing eval of pHTN with PE.Increase testing for AATD.More comprehensive treatment of COPD
oral anticoagulant therapy for venous thromboembolic disease.
Ordering proper testing, referrals and understanding of patients disease progress for better prevention and stability of the diseases.
Other tax options for severe asthma, new approaches with lung cancer dx, risknstratification with VTE, conversation with pt family about artificial nutrition, consider IPF in w/u for SOB
out patient assessment and treatment strategies for DVT and PE
Outside of my area of practice; But this course will help me recognize pulmonary disease to facilitate appropriate referral for evaluation management.
Patient education. Pre-test and post-test
Patient Sharing - for education, disease process and new medications on market
pharmacological treatment, differential diagnosis
Phenotype COPD patient
Pre-symptomatic/ CompensatedSymptomatic/ DecompensatingDeclining/ Decompensated
Prone CT for HRCT will be more specific than supine
proper antcoagulation
Properly identify lung conditions

Providing more education to clients; Long term effects of up front patient education.
pulmonary hypertension classifcations and treatment protocolstrategies for severe astmasarcoidosis etiology
Pulmonary Hypertension work up. Use of LAMA/LABA over LABA/ICS; HRCT for Idiopathic Pulmonary Fibrosis diagnosis.
Pulmonary rehabilitation Smoke censsation
rarely should the iv filter and anticoagulant coexist in the same person
re educationH& Pberriers
Reasonable Hydration at end of lifeAsthma control
Recognize risk factors and clinical symptoms or signs suggestive of venous thromboembolism (VTE)
recognize VTE more quickly and intervene appropriately
RecognizeApplyDiagnosis
Recognizing symptoms and risk factors for each of the conditions as well as recommended treatment.
Recognizing the conditions, improving diagnostics and treatments related to these conditions.
Sarcoidosis is the main disease i deal with being in dermatology
screen all patient with copd for alpha 1 antitrypsin dificiency,early rx for copd pts,recognise etio,for pul,fibrosis,and pul htn.
Screen for concomitant comorbidities.Consider the different drugs learned. Further educate pts on their medical conditions based on the newly learned information.
Screen more for AntiTrypsin in all COPD patient once in life time each
screen more patients
Screening for Alpha-1 Anti-trypsin Deficiency
screening for lung cancer
screening for lung cancer and discussing the method and why with patients
screening for lung cancerDifferent treatment optinsAAT deficiency
Screening methods for lung CA; treatments for severe persistent asthma
screening methods for lung cancerapplying ethical methods for AHNCOPD stratergies
Screening strategies
severe athma care and lung cancer diagnosia and IPF diagnosis.
Share with MD in my work placeRefer to pulmonologistED NP
sharing the information with patients to improve quality of life and adherence.
Start with Steroids for sarcoidosis first and if it does not work, taper off and then consider other treatment like Cytotoxic Agents,Biologics and Repository Corticotropin
Strategics in the treatment of DVT.Screen all patients with COPD to rule out Alpha 1 AntitrypsinDeficiency.
Strategies for patient care in COPD and asthma:1. do case finding in sypmtomatic COPD patients2. use of bronchodilators and inhaled corticosteroid or combination in COPD3. Use pulmonary rehab4. In asthma, use of newer biologics in severe asthma
Suggesting adding 2nd drug to patient's regimen who has progressing Sarcoidosis. Recommending additional testing or referral to pulmonologist for pt with continued dyspnea, rales in bases, fatigue, Consider Alpha1 Antitrypsin Deficiency lab tests on pts with uncontrolled Asthma and all COPD pts once in their lifetime. Better skills in discussing tube feedings in patients at EOL.
Systematic review of symptomsReview PFTCorrelate subjective findings with physical examination and PFT, imaging, labs
Tailor COPD therapy to the individual patient following current therapeutic strategies accounting for unique patient needs and characteristics, including the appropriate use of inhaled therapeutic devices; Discuss the role of evolving bronchoscopic techniques for lung volume reduction; Collaborate with members of interprofessional health care team for to create an effective patient-centered, chronic disease management program.
Tailoring COPD therapy, including appropriate use of inhaled medications.
Take closer look at my pt population for screeningQuestion regarding their symptomsI have a cheat sheet for asthma management
Take good history.Order Appropriate Labs, Imaging.Evidence base of practice
testing and treatment for embolustesting for antitrypsin deficiencyhow to classify low and high risk for PH
Testing for AATD

The most striking thing was the AATD lecture and actually seeing that the AATD patient did not look sick. It was awesome. New oral agents have far less risk in fatal bleeding than warfarin even though there is no oral reversal agent. In otherwords new agents are safe.
The proper use of the different anticoagulants.
The use of LASA and ICS; Testing for Antitrypsin Deficiency
Therapies for COPD, asthma, as well as VTE.
TherPy
This education helpful to identify areas to review and do more reading about topic.
This was a good format. Thank you.
Treating pts with SarcoidosisTreatment plan for pts at risk for PE'sEarly recognition of pts with Alpha condition
Treating pulmonary hypertension
Treating VTETreatment options for Sarcoidosis
Treatment and Diagnosis PAH
Treatment based on changes in class and guidelines. Diagnosis and treatment.
Treatment for pulmonary hypertension; Diagnosis of Alpha-1 Antitrypsin Deficiency
Treatment options
Treatment options for severe AsthmaLength of Treatment for VTE
understand new HTN guidelinesimproved management of DMimproved management of VTE
Update current clinical setting Sharing of new knowledgeEducating patients
Use COPD group classification to plan treatment
Use CT for lung cancer screeningsUse HRCT for IPFScreen for alpha antitrypsin deficiencyCounsel patient/caretaker on End of life nutrition benefit vs risk
Use LABA/LAMA / Test for alpha 1 Anti-Trypsin
USE OF ANTICOAGULANTS.SCREENING FOR LUNG CA, SCREENING FOR ALPHA 1 ANTITRYPSIN DEFICIENCY
Use of better diagnostic tools and considering a more selective Therapeutic choice.
Use of biologics in severe asthma.Optimal anti-coagulation options.New treatments for IPF.
Use of biologics in treatment of severe asthma. Clearer understanding of which patients may benefit from low dose CT lung cancer screening. Shared decision making strategies for deciding when it is appropriate to consider artificial nutrition. Improved understanding of VTE screening tests.
Use of more academic tools
Use Spirometry in the office , DVT prevention and managementOnce in life time Blood test at PCP for Alpha-1 Antitrypsin Deficiency etc.
Use the acquired knowledge for staff education
use the right lab.early diagnosis and the awearness of the diagnosis is very important and its management
Using methods to identify and decide on appropriate tx or non tx of sarcoid; appropriately refer severe asthma for specialty tx; feel more confident about ordering screening for lung cancer; not be persuaded by response of COPD lung function tests to SABD; better able to advise on COPD EFFECTIVE tx.
Using questionnaires - setting up algorithms. Helping patient participate in care.
Utilize brief health assessment tool to capture/screen for COPD. Obtain spirometry in practice. Perform a lifetime Alpha-1 Anti-trypsin.
Utilize recommendations based on current guidelines into practice. Have a better understanding of artificial nutrition & hydration.
Utilize the Functional Class strategy for eval, triaging & rx for Pulmonary htn & copd Patients. Review w Colleagues selecting HCRT v Low Dose Lung Cancer screening. VTE sequela exists,
Utilizing resources to better treat COPD and recognize challenges facing those with different pulmonary illnesses
very informative
vte managementAsthmaCOPDlung cancerArtificial nutrition and hydration
VTE strafication improving COPD outcomes
VTE treatment and prevention
VteIpcCopdphtAatp

Well organized
When not to use the CT scan for checking for lung cancerAlthough presently not working so no strategies will be implemented at this time.
When to refer patients for further evaluation of their conditions.
When to test for Alpha-1 Antitrypsin Deficiency; Diagnosis of Sarcoidosis; Better COPD management.
Will change my practice regarding artificial nutrition and hydration.
Will collaborate with the hospital to imply these resources into the general pulmonary critical area
will impliment new strategies into the practice
Will more frequently assess for alpha-1 antitrypsin.Will more actively assess and support treatment for pulmonary fibrosis.
Will use the VTE recommendations for patients who I treat with DVT/PE.
Workup patients who presents with pulmonary symptoms.Applied new GOLD guidelines for management of COPD.Applied better understanding of IPF in patient management

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

Comment
acid base physiology
addiction medicine
ADHD
all
All were good topics
Antibiotic guidelines
antibiotic use
any
Any Primary Care topics
Arrhythmias
ARTHRITIS, PARKINSONS, STROKE
asthma complete
autoimmune disease
Biosimilars, Rheumatoid arthritis
Bipolar disorder
bronchiectasis
Cad
cancer treatment
Cardiac valvular diseases
Cardiac, gastrointestinal.
Cardiology - ekgs, screening, updates
Cardiology - screening, prevention, EKGs
cardiology and critical care
cardiology update and diabetes update
Cardiomyopathy
Cardiovascular
CBD oil for pain
CHF with associated complications. Management of diabetes
CHF, emphysema
CHF, T2DM, A. FIB.
CHF/ Renal disease and treatment
Cml AML CLL ALL INFECTIOUS DISEASE
coding

community acquired pneumonia.opioid dependence
continue CME on all cardiopulmonary issues and treatments are always helpful.
COPD
Critical care issues.
Critical care-hemodynamics management
Current tends in the screening and management patients with dementia
Dementia care
Depression
Depression meds
Depression, Mental Health
derm
Dermatolgy
Dermatology
Dermatology, EENT, antibiotics, bioterrorism, pain management, GI problems
detailed pulmonary topics , advancedheart failure
Diabetes
Diabetes and heart disease
Diabetes chf
Diabetes including newer treatments, New guidelines for hyptertension and when to treat
Diagnosis and treatment of rheumatoid arthritis
dialysis and co-mobities
Dizzines cause, dermatology
DM medications
DM, Hypertension
dvt in post-partum risks
Educating patients with diabetes
EKG, Radiology topics, ABG interpretation
Emergency Medicine related topics
Endocrine disorders
Fibromyalgia
Gastro/Ortho
GI
Goals of care and advance d directiver ICU
GYN
GYN, depression/anxiety therapy
gynecology / pediatrics
hair loss, testosterone
headaches/migraines
Heart Failure
heart failure, cardiac arrhythmia
Heart Failure, Cardiomyopathy
hematology
Hematology, cardiology, emergency med.
Herbal therapy
HIV
HTN
Htn hld rashes
HTN, CRF
Hypertension

hypertension management
Hypotension and hypertension
I am satisfied with NACE topics currently provided throughout the year.
I enjoyed the Lung CA lecture, similar lectures for other types of cancers
I If I am able to particiate, I would be glad to learn whatever you can present.
ICU and sleep topics
IHSS
immune therapy for cancer
Immunization safety
infectious disease management
Info on Pediatric ptsn
Insulin pump
insurance challanges
Integrative medicine
Internal medicine
Interpretation cardiac diagnostics
Interventional cardiology topics
irritable bowel syndrome
Kidney Issues
Lesions of the skin
lymphedema, thyroid disorders
lymphoma, fractures, syncope
Management of essential hypertension, cardiac failure
Management of Heart failure
marijuana use
Medical Marijuana
Mental health
Mental health treatment in primary care
MI, IBS vs. IBD
Microbiome directed therapies. Future of infectious diseases.
More cardiac
More critical care topics in cardiology
More on diabetes
More pulmonary topics.
more topics on end of life
More with COPD, CHF and Diabetes management
MS
na
Neurological
Neurology topics.
New HTN guidelines 2017
NIDDM
no specific ones at this time, made recommendatons on 11/2017 conference I attended in Charlotte
Obesity
obesity and diabetes
Obesity treatment, ENT conditions, therapeutic care for pts with a mental conition
obesity, ADHD, computer associated diseases
oncology
Ophthalmology

Orthopedic topics
Orthopedics
Pain management
pain management, liver disease
Palliative care
palliative care in ICU with AD/GOC gold standards addressed, if any
palliative care, including non pharm interventions for pain management
Parathyroidism, gout, lupus, RA
Pediatric disorders, hematologist disorders
Pediatric topics
peripheral vacular disease, claudication treatment options
Pharmacology
Pharmacology on heart diseases
Pneumonias and the selections of Antibiotic
pre-diabetes strategy
Probiotics and the immune system
Psychiatry
radiology
rec imaging with varied clinical presentations
Renal
Renal disease
Rheumatic diseases , joint disease, back pain
Rheumatology
rheumatology, cardiology
Same, other critical care issues
sepsis
SLE,
Sleep apnea, Narcolepsy
Sports Medicine
Std with treatment plan
Stroke
The dangers of the rampant use of opiods.The
Topics on neurology.
Treatment approach of depression in primary care.
Treatment of convicts reentering society - many have pain, uncontrolled DM, HTN, no funds, no stability, come to primary care and say help.
Tuberculosis
Uncontrolled hypertension, Thyroid issues, high cholesterol.
Uninsured and how to get care and medication
updated information on pap smears, updated infor on vaccinations
Updates is National guidelines for primary care screening
Updates on any of the presented subjects
updates, exercises / cases
Urology
Use of virtual reality in health care
Vasculitis.
Vent management, Use of vasopressors and inotropes
Women's health
Wound care

Additional comments:

Comment
A great conference.
Alzheimer's
Cannot recall a single instance when speakers discussed the COST of these treatments and/or procedures (with exception of AAT test which I found out costs $17, and one speaker responded to a question with some unbelievable response pretending he didn't know the actual cost of the tx he was discussing -- either abysmally ignosrant (I don't think so) or taking his audience for idiots... Overall, YES I did get the distinct impresion that these were either blissfully unaware of the struggles and inequities suffered by real people to pay for medications, or they just take us for fools. JMHO.
Each one of the faculty was SUPERB! It was very evident that they have a true passion for their specialties. Awesome day!
Enjoyable conference
excellent
excellent conference
excellent presentations
Excellent program. Thank you!
Excellent programme
Excellent simulcast
Excellent slides
Excellent topics
excellent.
Frustrated with frequent internet lapses in connection
Good
Good conference
Good format
Good presentations!
Good presentations.
great course, but too long drawn -out./
Great job!
Great presentation
Great presentations
Great Program. Very user friendly
i am still unable to bring up the sound on the simulcast, but i do learn a lot from watching the slides.
I enjoyed this learning collaborative. I love the case studies when the presenters used them. I also liked the pre and post test questions.
I had trouble accessing the live simulcast, I could only read the slides. It wasn't as effective in learning.
I Love being able to watch/listen to these subjects and continue to do my daily charting. This is a great way of multi tasking and learning new subjects.
it would help if a little more time is given during responding to questions
Keep it up. Use brain cells to the max
Like to attend conference focused on single system subject like today's conference.
Liver
Many thanks to NACE having this conference available.
overall great job!
Overall satisfied with this educational presentation
Really enjoyed
Some initial viewer online difficulties. Browser or video requirements upfront helpful. Tech support availability on day of event helpful.

Streaminig is very good in attending this lectures and I could concentrate more on the subjects w/o interfferance
thank you
thank you and please send me my CME proof for this event and for the 11/18/17 update fpr NP event. Thanks!
Thank you for making this activity easily accessible.
Thank you very much for the opportunity in learning.
Thank you!
Thank you! Loved this!
Thank you!!!
thank you, I appreciate this CE opportunity
Thank you.
thanks
Thanks for a good educational experience
Thanks for the simulcast opportunities to attend these conferences. Traveling to sites for education is often difficult due to scheduling conflicts.
The slides are changed over before faculty finish discussions on the slides.
These were great topics covered
This conference was very informative and well organized.
This has been a very informative, dynamic, relevant,bup to date conference. This is easily accessed via simulcast for us who can not be physically present in the actual venue. Thank you!!!
This is a duplicate survey, takes up time. I have completed it originally at end of session.
treatments to bust immune system
Very complete
Very good program thank you for increasing my knowledge
Very good seminar
Would there be a way to enlarge viewing the slides like you can the speaker in the on-line screen?