



7860 Peters Road, F111 • Plantation, Florida 33324  
(954) 723-0057 Phone • (954) 723-0353 Fax  
email: [info@naceonline.com](mailto:info@naceonline.com)

## **Clinical Updates for Nurse Practitioners and Physician Assistants: 2011**



**November 19, 2011  
Charlotte Marriott City Center  
Charlotte, NC**

**Course Directors**  
Deborah Paschal, CRNP  
Gregg Sherman, MD

**Activity Director**  
Michelle Frisch, MPH, CCMEP

**Program Evaluation  
December 12, 2011**

In November 2011, the National Association for Continuing Education (NACE) sponsored a CE activity, *Clinical Updates for Nurse Practitioners and Physician Assistants: 2011*, in Charlotte, NC.

This educational activity was designed to provide nurse practitioners and physician assistants the opportunity to learn about Pulmonary Arterial Hypertension, Rheumatoid Arthritis, Chronic Pain in the Elderly, Hypogonadism, and Inflammatory Bowel Disease.

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.

Seventy two healthcare practitioners registered to attend *Clinical Updates for Nurse Practitioners and Physician Assistants: 2011*, in Charlotte, NC. Forty 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. Forty five 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 4.25 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

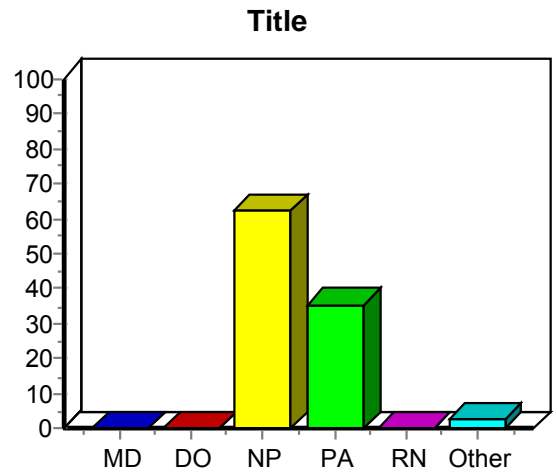
AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credits*<sup>™</sup> from organizations accredited by ACCME or a recognized state medical society. Physician assistants may receive a maximum of 4.25 hours of Category I credit for completing this program.

This program is approved for 4.25 contact hours of continuing education (which includes 2.75 hours of pharmacology) by the American Academy of Nurse Practitioners. Program ID 1110315.

This program was planned in accordance with AANP CE Standards and Policies and AANP Commercial Support Standards.

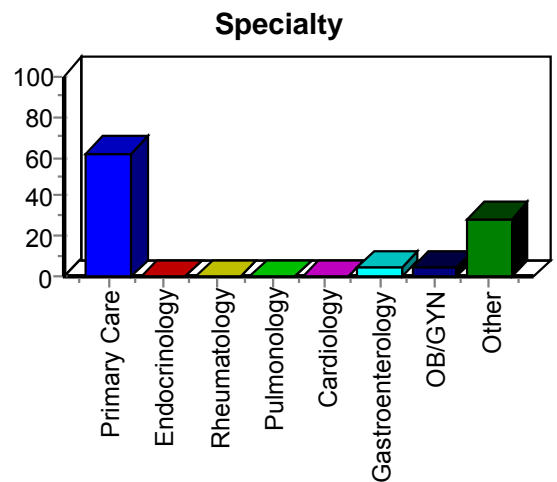
## What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	0	0.00	0.00
DO	0	0.00	0.00
NP	28	62.22	62.22
PA	16	35.56	35.56
RN	0	0.00	0.00
Other	1	2.22	2.22
Total Valid	45	100.00	100.00



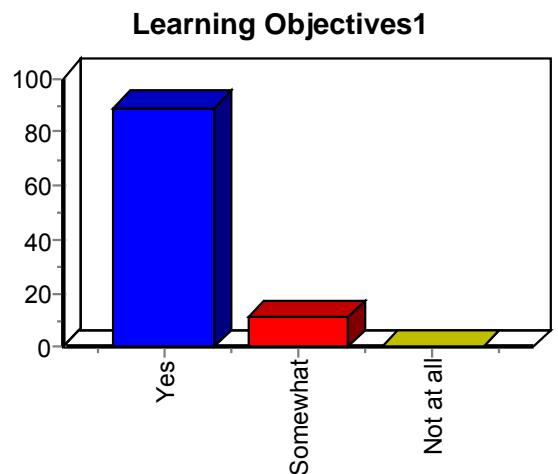
## What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	28	62.22	62.22
Endocrinology	0	0.00	0.00
Rheumatology	0	0.00	0.00
Pulmonology	0	0.00	0.00
Cardiology	0	0.00	0.00
Gastroenterology	2	4.44	4.44
OB/GYN	2	4.44	4.44
Other	13	28.89	28.89
Total Valid	45	100.00	100.00



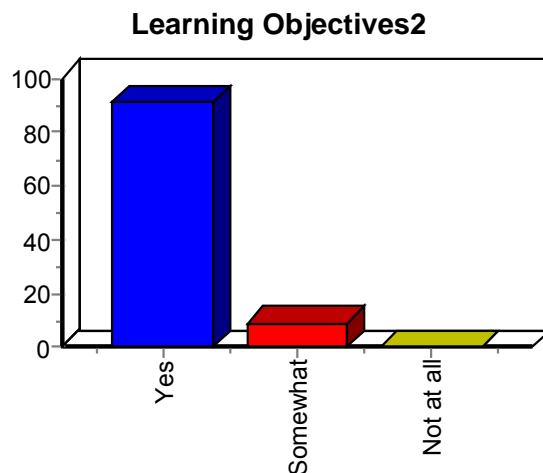
**Upon completion of this activity, I can now - Identify the prevalence, risk factors and co-morbid conditions associated with low testosterone; develop a focused history and physical evaluation for diagnosing primary and secondary hypogandism; recognize the importance of testing testosterone levels before prescribing PDE-5 inhibitors; assess the safety, efficacy, benefits, and risks associated with the utilization of treatment options for low testosterone including interactions with other drugs and safe use of testosterone creams and gels; outline the challenges to short- and longterm management and monitoring of testosterone therapy:**

Label	Frequency	Percent	Valid Percent
Yes	40	88.89	88.89
Somewhat	5	11.11	11.11
Not at all	0	0.00	0.00
Total Valid	45	100.00	100.00



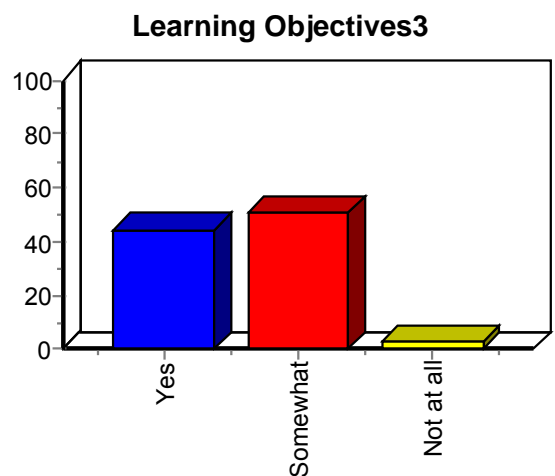
**Upon completion of this activity, I can now - Define most recent criteria for the diagnosis of RA; outline potential benefits of early RA diagnosis and aggressive management; employ current approaches to RA management; discuss the use and monitoring of biologic therapies in RA; utilize referrals to arthritis specialists, physical therapists, and occupational therapists when necessary; implement strategies for improving patient education and medication adherence in RA:**

Label	Frequency	Percent	Valid Percent
Yes	41	91.11	91.11
Somewhat	4	8.89	8.89
Not at all	0	0.00	0.00
Total Valid	45	100.00	100.00



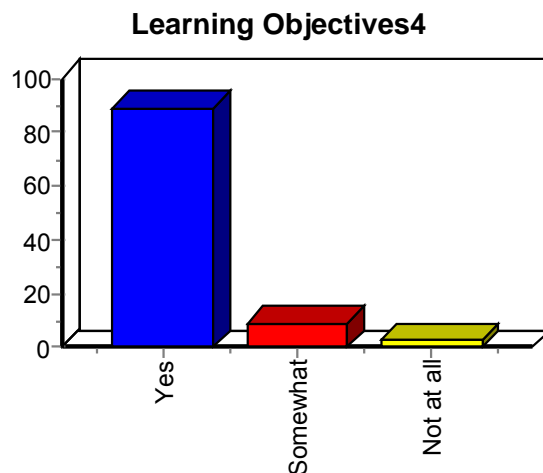
**Upon completion of this activity, I can now - Identify the conditions referred to as inflammatory bowel disease (IBD), and discuss their clinical presentations; Implement appropriate pharmacologic and nonpharmacologic therapeutic strategies for managing IBD in accordance with evidence-based guidelines; Tailor the available medications to the various presentations of IBD with attention to the induction and the maintenance of remission; Use currently available laboratory tests to maximize benefit while minimizing toxicity; Employ approaches for effectively communicating the risks and benefits of IBD treatment options and facilitating adherence:**

Label	Frequency	Percent	Valid Percent
Yes	20	44.44	45.45
Somewhat	23	51.11	52.27
Not at all	1	2.22	2.27
Total Valid	44	97.78	100.00
Total Missing	1	2.22	
Total	45	100.00	



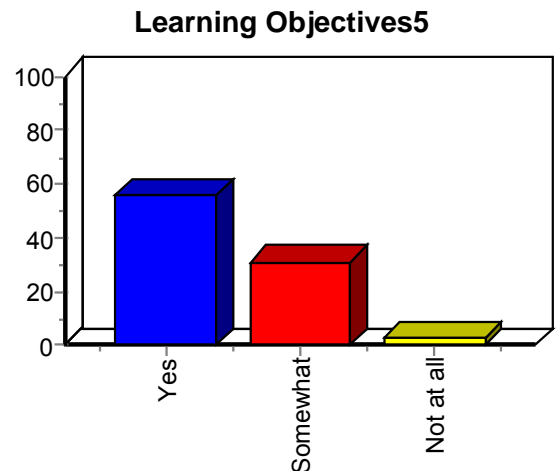
**Upon completion of this activity, I can now - Identify age-related differences between younger and older adults that influence treatment decisions for persistent pain; make guidelines-directed decisions about which older adults with persistent pain may be candidates for opioid therapy related to drug safety, efficacy, and tolerability; explain how pharmacologic and nonpharmacologic treatment strategies can be combined to achieve a synergistic effect in pain management:**

Label	Frequency	Percent	Valid Percent
Yes	40	88.89	88.89
Somewhat	4	8.89	8.89
Not at all	1	2.22	2.22
Total Valid	45	100.00	100.00



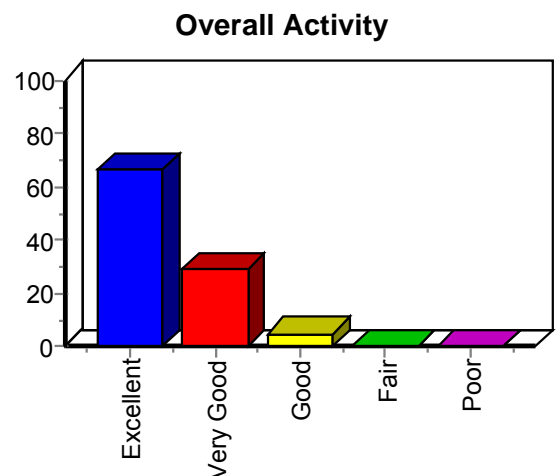
**Upon completion of this activity, I can now - Discuss the pathophysiology of PAH; determine when and how to screen patients for PAH; describe current therapies targeting the prostacyclin, nitric oxide-and endothelin-mediated pathways in the management of PAH; discuss the impact of the use of pharmacologic treatment option such as calcium channel blockers in patients diagnosed with PAH; appropriately monitor patients receiving treatment for PAH:**

Label	Frequency	Percent	Valid Percent
Yes	25	55.56	62.50
Somewhat	14	31.11	35.00
Not at all	1	2.22	2.50
Total Valid	40	88.89	100.00
Total Missing	5	11.11	
Total	45	100.00	



**Overall, I would rate this activity as:**

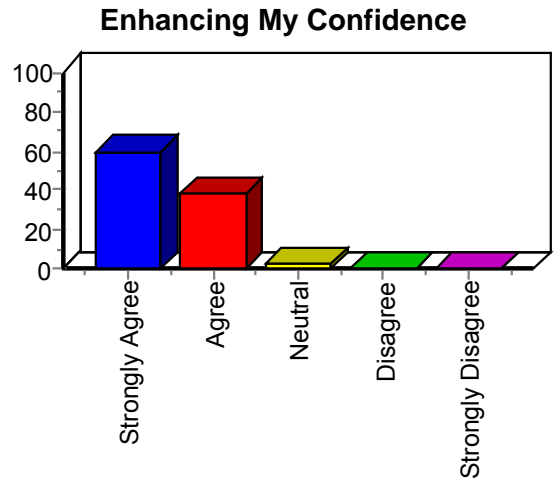
Label	Frequency	Percent	Valid Percent
Excellent	30	66.67	66.67
Very Good	13	28.89	28.89
Good	2	4.44	4.44
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	45	100.00	100.00





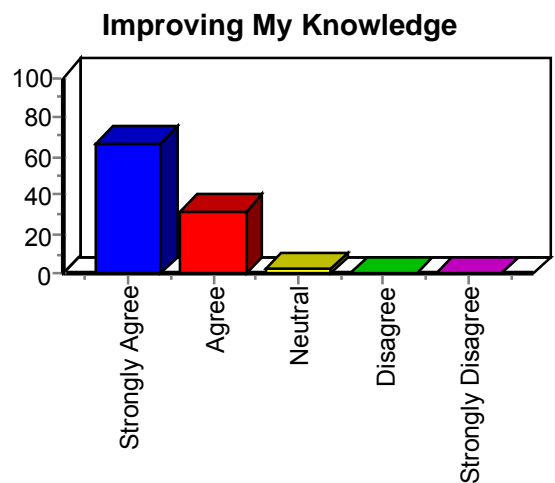
**Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?**

Label	Frequency	Percent	Valid Percent
Strongly Agree	27	60.00	60.00
Agree	17	37.78	37.78
Neutral	1	2.22	2.22
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	45	100.00	100.00



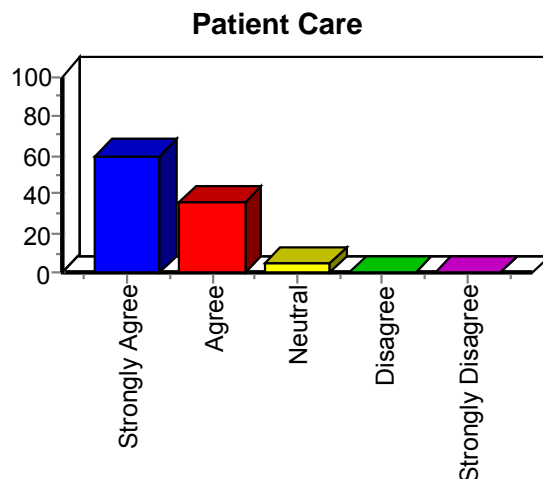
**Overall, this activity was effective in improving my knowledge in the content areas presented:**

Label	Frequency	Percent	Valid Percent
Strongly Agree	30	66.67	66.67
Agree	14	31.11	31.11
Neutral	1	2.22	2.22
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	45	100.00	100.00



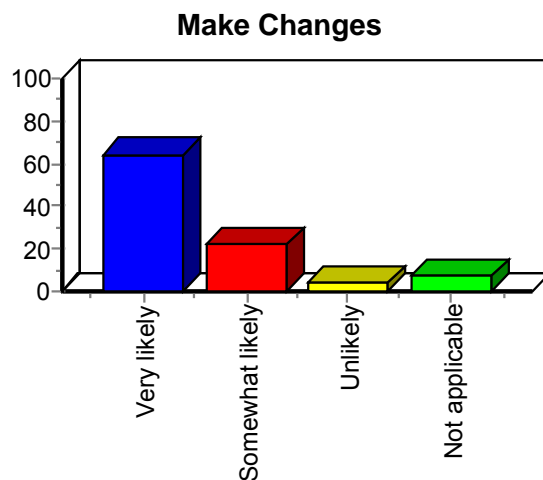
## As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	27	60.00	60.00
Agree	16	35.56	35.56
Neutral	2	4.44	4.44
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	45	100.00	100.00



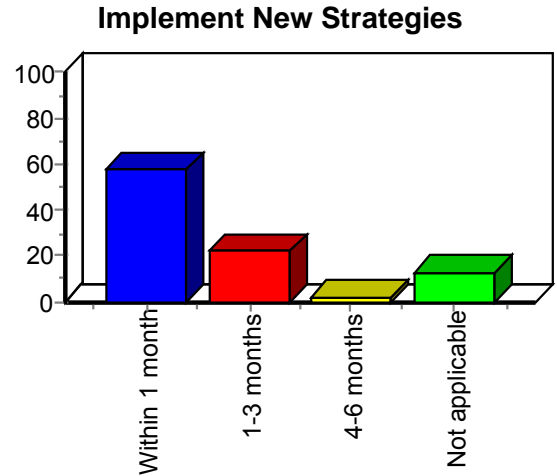
## How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	29	64.44	65.91
Somewhat likely	10	22.22	22.73
Unlikely	2	4.44	4.55
Not applicable	3	6.67	6.82
Total Valid	44	97.78	100.00
Total Missing	1	2.22	
Total	45	100.00	



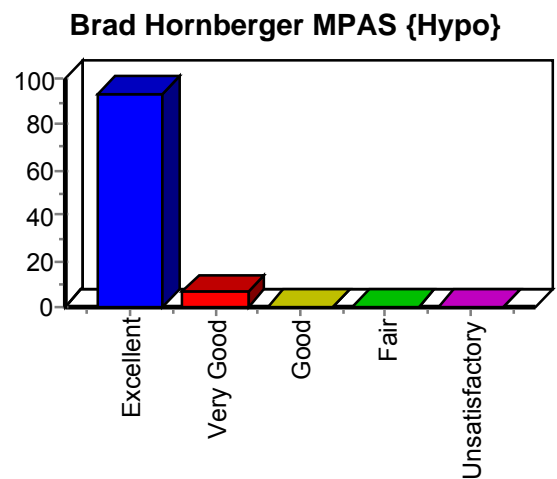
## When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	26	57.78	60.47
1-3 months	10	22.22	23.26
4-6 months	1	2.22	2.33
Not applicable	6	13.33	13.95
Total Valid	43	95.56	100.00
Total Missing	2	4.44	
Total	45	100.00	



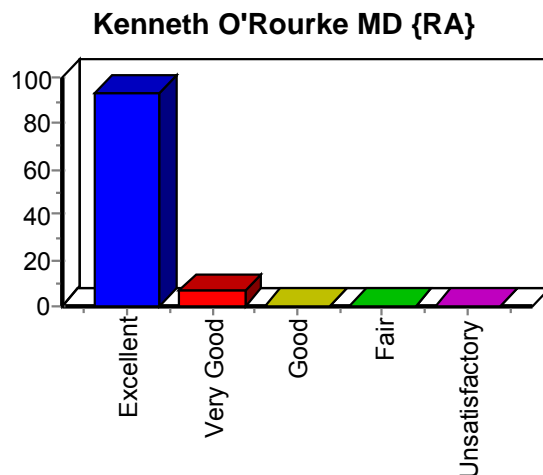
## In terms of delivery of the presentation, please rate the effectiveness of the speaker: Brad Hornberger, MPAS, PA-C (Hypo):

Label	Frequency	Percent	Valid Percent
Excellent	42	93.33	93.33
Very Good	3	6.67	6.67
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	45	100.00	100.00



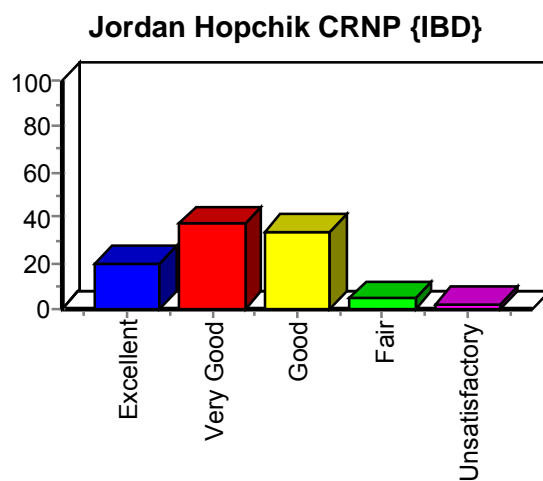
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Kenneth O'Rourke, MD (RA):**

Label	Frequency	Percent	Valid Percent
Excellent	42	93.33	93.33
Very Good	3	6.67	6.67
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	45	100.00	100.00



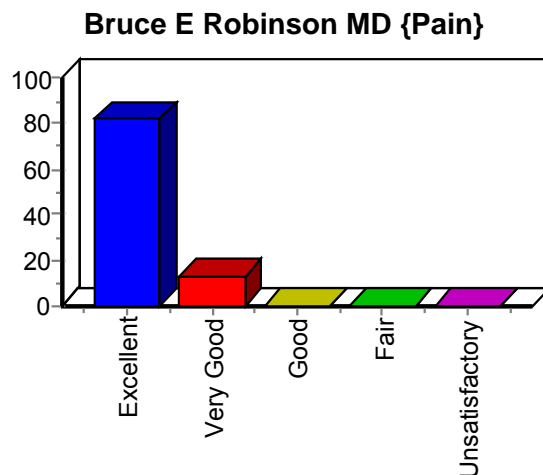
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jordan Hopchik, CRNP (IBD):**

Label	Frequency	Percent	Valid Percent
Excellent	9	20.00	20.45
Very Good	17	37.78	38.64
Good	15	33.33	34.09
Fair	2	4.44	4.55
Unsatisfactory	1	2.22	2.27
Total Valid	44	97.78	100.00
Total Missing	1	2.22	
Total	45	100.00	



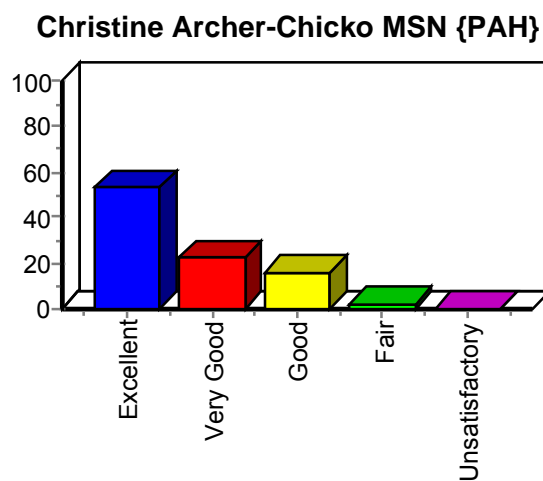
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Bruce E. Robinson, MD, MPH (Pain):**

Label	Frequency	Percent	Valid Percent
Excellent	37	82.22	86.05
Very Good	6	13.33	13.95
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	43	95.56	100.00
Total Missing	2	4.44	
Total	45	100.00	



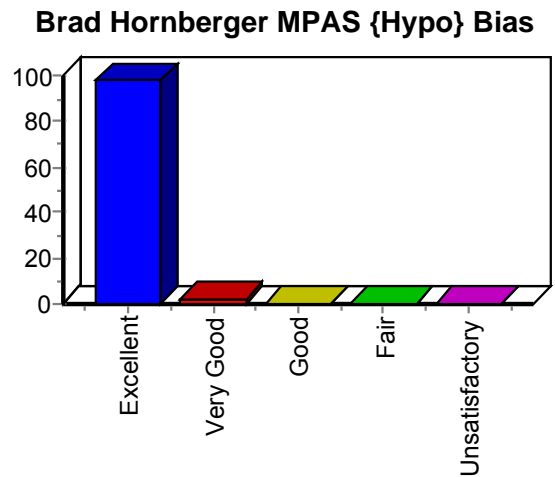
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Christine Archer-Chicko, MSN, CRNP (PAH):**

Label	Frequency	Percent	Valid Percent
Excellent	24	53.33	57.14
Very Good	10	22.22	23.81
Good	7	15.56	16.67
Fair	1	2.22	2.38
Unsatisfactory	0	0.00	0.00
Total Valid	42	93.33	100.00
Total Missing	3	6.67	
Total	45	100.00	



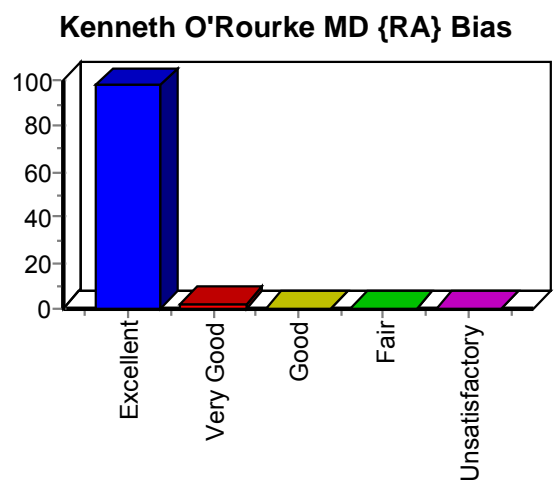
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Brad Hornberger, MPAS, PA-C (Hypo):**

Label	Frequency	Percent	Valid Percent
Excellent	44	97.78	97.78
Very Good	1	2.22	2.22
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	45	100.00	100.00



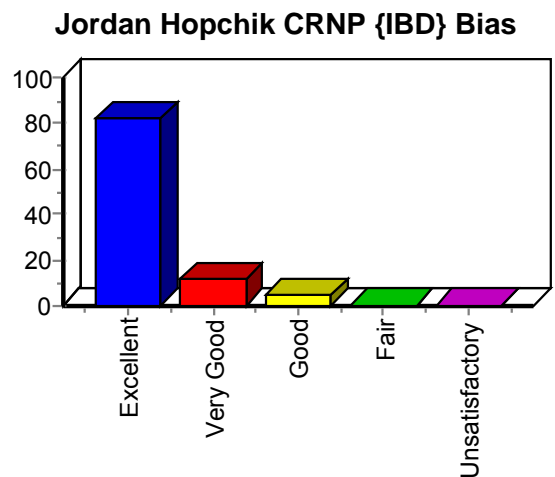
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Kenneth O'Rourke, MD (RA):**

Label	Frequency	Percent	Valid Percent
Excellent	44	97.78	97.78
Very Good	1	2.22	2.22
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	45	100.00	100.00



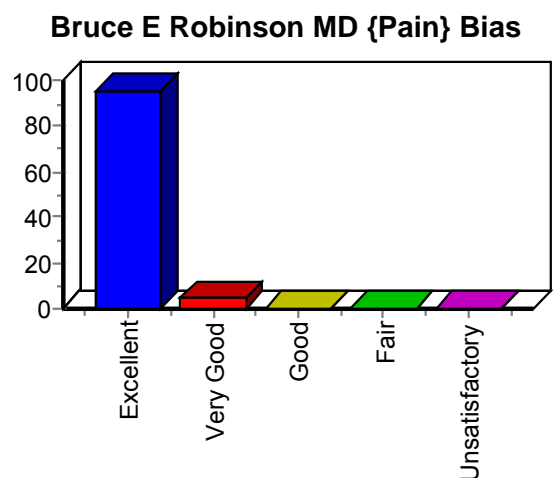
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jordan Hopchik, CRNP (IBD):**

Label	Frequency	Percent	Valid Percent
Excellent	37	82.22	84.09
Very Good	5	11.11	11.36
Good	2	4.44	4.55
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	44	97.78	100.00
Total Missing	1	2.22	
Total	45	100.00	



**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Bruce E. Robinson, MD, MPH (Pain):**

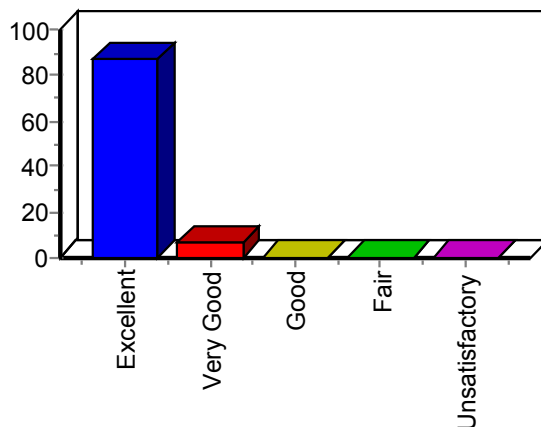
Label	Frequency	Percent	Valid Percent
Excellent	43	95.56	95.56
Very Good	2	4.44	4.44
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	45	100.00	100.00



**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Christine Archer-Chicko, MSN, CRNP (PAH):**

Label	Frequency	Percent	Valid Percent
Excellent	39	86.67	92.86
Very Good	3	6.67	7.14
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	42	93.33	100.00
Total Missing	3	6.67	
Total	45	100.00	

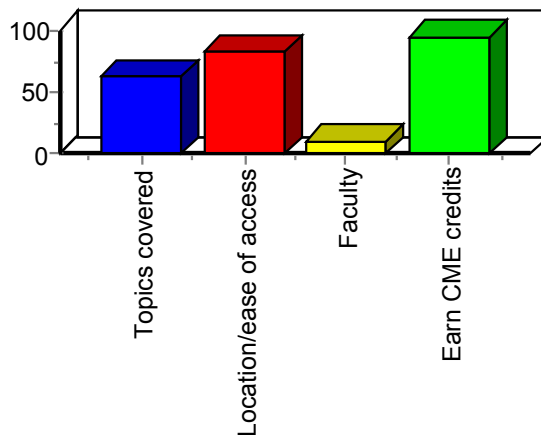
**Christine Archer-Chicko MSN {PAH} Bias**



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

Label	Frequency	Percent	Valid Percent
Topics covered	28	62.22	62.22
Location/ease of access	37	82.22	82.22
Faculty	5	11.11	11.11
Earn CME credits	43	95.56	95.56
Total Valid	45	100.00	100.00

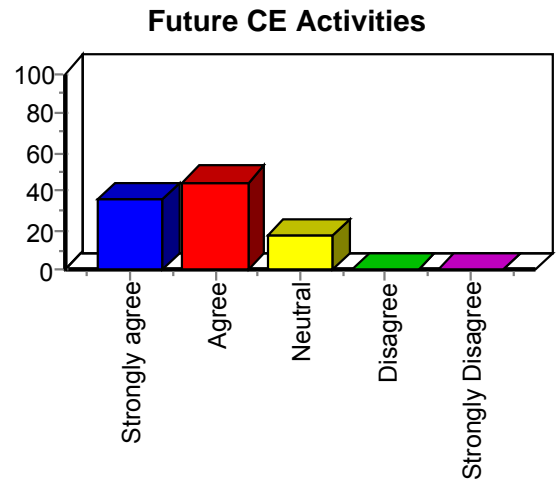
**Reasons for Participating**





## Future CE activities concerning this subject matter are necessary:

Label	Frequency	Percent	Valid Percent
Strongly agree	16	35.56	36.36
Agree	20	44.44	45.45
Neutral	8	17.78	18.18
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	44	97.78	100.00
Total Missing	1	2.22	
Total	45	100.00	



## What is your professional degree?

Comment
Nurse midwife
Social Worker

## What is your specialty?

Comment
Dermatology
Dermatology
Psychiatry
Pain Management
Pain Management
Orthopedics
Cardiac Surgery
Surgery
Psychiatry
ENT
Wound Care
Oncology

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

Comment
Much better able to teach/guide clients with ED, RA, elders w/pain, IBD & CD. I am in psych so these things come up but I don't directly treat, however, now I now have guidance re: where to send and how to correct misinformation
VLH with TT. Order appropriate labs for diagnosis
Assessment of RA and treatment, assessment of hypogonadal levels
More thorough evaluation of patients with suspected low testosterone. Feel much more comfortable with RA
More effectively distinguish RA/OA - look at hands
Identify of RA vs. OA. More aggressive screen and treat of ED. Increase comfort opiod use
Follow up changes for patients with hypogonadism, increased use of opiods in my elderly patients, increased screening for pulmonary hypertension
Management of hypogonadism - testosterone replacement
I choose not to respond o these questions. Responding positively in the past has led to numerous annoying emails in follow-up.
Improved communication regarding pain management
Check hct with testosterone, check for hepatitis before treating RA, naproxen safest
Identify patients with low testosterone and treat appropriately. Identify older patient who would benefit with opiod treatment of pain
Screening for low testosterone, dealing in chronic pain in geriatric population, awareness of PAH
I learned new info
Aggressive intervention, accurate clinical presentations (for more accurate diagnosis), Appropriate labs
Start methotrexate ASAP in RA
Improved assessment of RA patients and patients with risk for hypogonadism
Improved understanding of diagnostic work up
Better knowledge regarding screening/referrals
Recognizing RA patients more readily, Better pain management in older patients
Using new diagnostic procedures/labs for proper identification of accurate diagnosis, early referral

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

Comment
Addiction, Depression treatment, Anxiety treatment
Oncology
Dermatology
GYN topics/Reproductive health
Metabolic syndrome, Geriatrics, Psychology of smoking, Managing anxiety/depression/insomnia
New treatments Diabetes/chronic renal failure/cost effective medications
COPD Treatment, Psoriasis
Appropriate use of Benzodiazepines
Urology related - urinary incontinence
GYN - any
Preventative guidelines; changes for Medicare well visits; ACO's
Ortho topic (sports injury), fibromyalgia, diabetes, headaches, dermatology topic (psoriasis), hepatitis, dementia
Diabetes, HRT, Coding seminars
Dermatology, Ortho
Coding seminars, DM, HRT
GYN issues
Orthopedics - all specialties
Chronic kidney disease
Pain management, opioids, nutrition, mental health issues
Psychiatry, Asthma, Diabetes, Hypertension
Hepatitis C
Early dementia tests, HIV, MS, CAD, EKG (basics/intermediate)
Diabetes
Chronic kidney disease; anticoagulants
My biased answer - GI Topics. But also hematology - work up of anemia. Also, metabolic syndrome, obesity, etc
HIV management, Allergy
Dermatology topics, preventative care updates (schedule for routine medical screenings like mammograms, colonoscopies, PSA levels, etc.), HTN, hyperlipidemia, CHE, CAD, influenza
Autoimmune diseases, Neurology, psychiatric/mental diseases, Nutrition(?)
COPD, Asthma, Adult ADD, Gout, SLE, CKD
Thyroid disease, office procedures (biopsies, joint injections, laceration repair)
Dermatology: Peds vs. Adults; Mononucleosis; Thyroid Disorders

## Additional comments:

Comment
This was one of the BEST conferences I've ever been to - it was fast moving, on time, great info, etc!! Thanks
It would be good to spell out abbreviations in the pulmonary arterial hypertension. Thank you.
Excellent
Thank you
Immediate feedback on question is better than later. It would be interesting for results of group in answering questions to be posted after each question and again at end. Good speakers
Thank you All presentations fantastic - very helpful
Thanks
It was a great conference
Thank you for offering this free conference Excellent topics and faculty Well organized
Great topics and speakers.Thanks
Bruce Robinson- excellent speaker
Enjoyed. Well worth the drive
The use of the question/answer devices was outstanding. It encouraged active participation
C. Archer-Chico was a good speaker
Enjoyed presentations, good speakers, good facility. Good time/day of conference
Great conference.
Fantastic CME Thank you
Pulmonary hypertension topic was good Enjoyed the active participation
Talks that help attain controlled substance. CME hours area always good
Had a wealth of well organized information presented to me
The IBD speaker Jordan Hopchick was great!, however, I think an even "basic" discussion on UC and Crohn's Disease is too difficult to cover in 50 minutes. It's too complex and I'd recommend 50 minutes for UC and 50 minutes for Crohn's.
Chronic pain is one of the most serious problems throughout all specialties and medical settings. Thanks for offering the topic on pain management
Great morning