



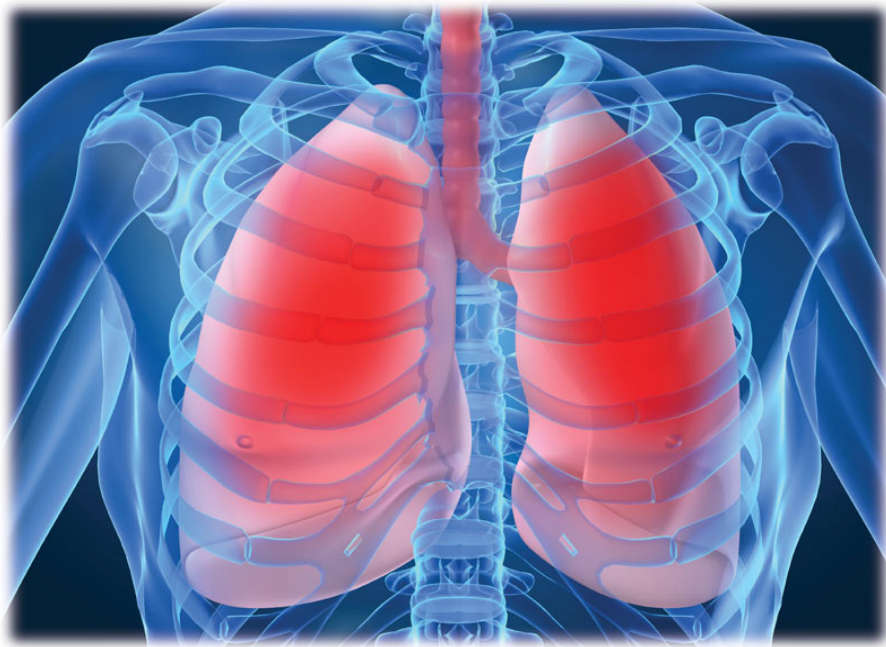
NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

Anticoagulation: What is
New?

Outcome Report

Challenges in Pulmonary and Critical Care: 2011

Report Date: 12/31/11



**Presented at:
Cleveland Clinic Florida
Weston, Florida
December 3, 2011**

Course Director

Franck Rahaghi, MD, MHS

Director, Pulmonary Hypertension Clinic
Director, Pulmonary Education and Rehabilitation
Chair of Quality
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Weston, FL

Course 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 educational activity for a maximum of 4 *AMA PRA Category 1 Credits*[™].

*The Cleveland Clinic Florida designates this educational activity for a maximum of 2 *AMA PRA Category 1 Credits*[™].

* This applies to the full day CME activity entitled Challenges in Pulmonary and Critical Care: 2011.

Commercial Support

Challenges in Pulmonary and Critical Care: 2011 CME activity was supported through educational grants or donations from the following companies:

Actellion
Boehringer Ingelheim
CSL Behring
United Therapeutics Corporation

Agenda

7:20-7:50	Continental Breakfast and Registration	12:00- 1:00	Lunch/Exhibits
7:50-8:00	Welcome Remarks Franck Rahaghi, MD,MHS, FCCP	1:00-2:00	*Pulmonary Hypertension: State of the Art Franck Rahaghi, MD, MHS, FCCP
8:00-9:00	What is New in Lung Cancer: Diagnosis and Management Eduardo Oliveira, MD, MBA	2:00-3:00	*Alpha-1 Antitrypsin Deficiency: Future of Diagnosis and Treatment Franck Rahaghi, MD, MHS, FCCP
9:00-10:00	COPD: New Developments Charlie Strange, MD	3:00-3:15	Break/Vendor Area
10:00- 10.30	Break/Vendor Area	3:15-4:15	Sleep Medicine: Latest Advances in Sleep Medicine: Diagnosis and Treatment Laurence Smolley, MD
10:30-11:00	Keynote Speaker: Representative Debbie Wasserman Schultz, Florida's 20 th District –Health Care in the United States	4:15-4:30	Closing Remarks Franck Rahaghi, MD, MHS, FCCP
11:00-12:00	Anticoagulation: What is New Victor Tapson, MD		

Levels of Evaluation

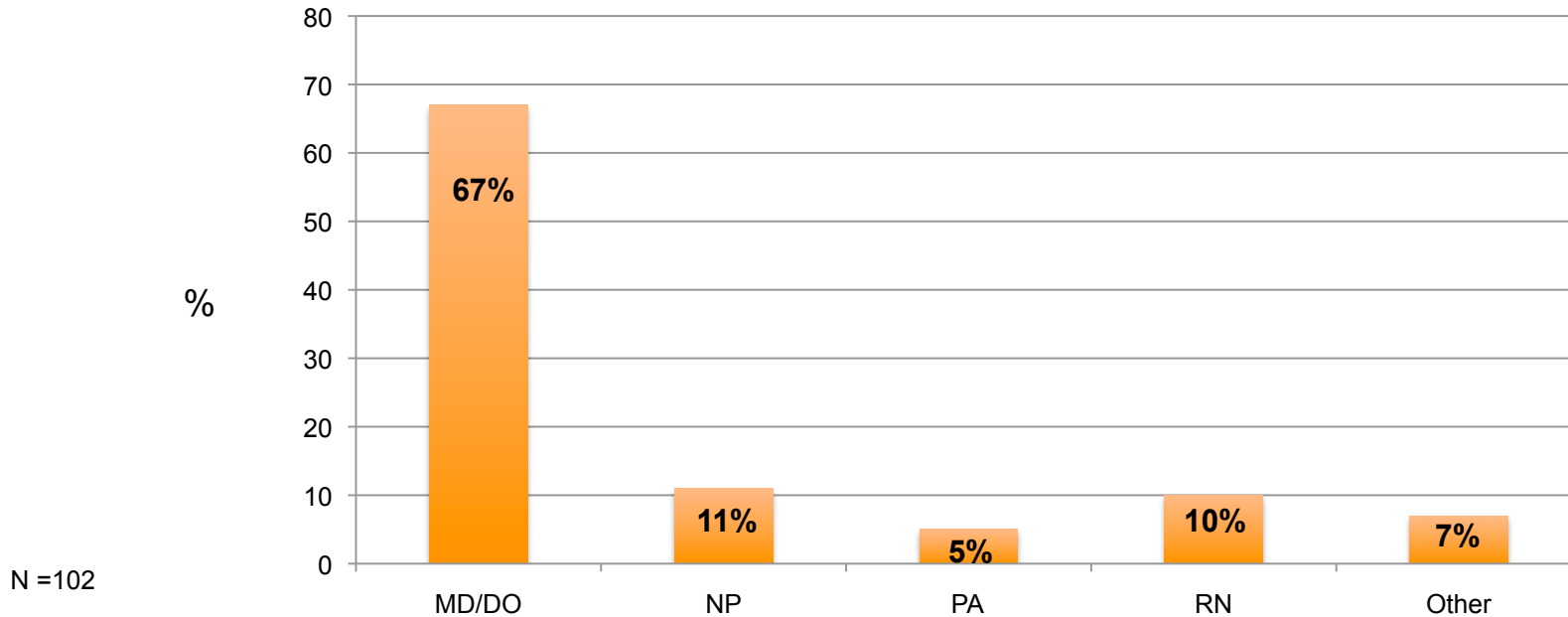
Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities using a systematic process based on the following model:

1. Participation
2. Satisfaction
3. Learning
 - A. Declarative Knowledge
 - B. Procedural Knowledge
4. Competence
5. Performance
6. Patient Health
7. Community Health

Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009 Winter;29(1):1-15.

Level 1: Participation

- 102 attendees
- 67% Physicians; 11% NPs; 5% PAs; 10% RNs; 7% Other
- Over 80% in community-based practice
- 47% PCPs, 21% Pulmonologists; 1% Endocrinologists; 1% Cardiologists; 2% Rheumatologist; 28% Other or did not respond



Did we reach the right audience? **Yes!**

Level 2: Satisfaction

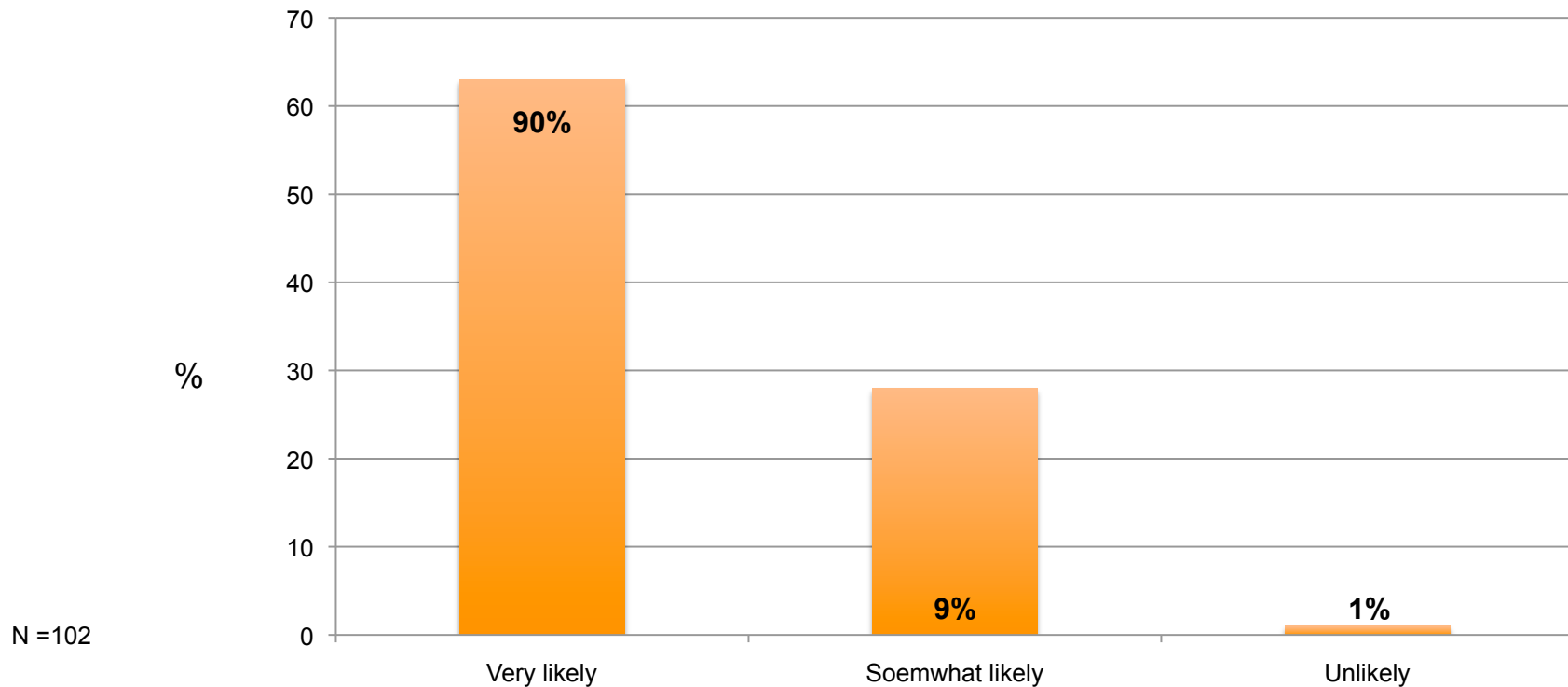
- 97% rated the activity as very good to excellent
- 99% indicated the activity improved their knowledge
- 95% stated that they learned new strategies for patient care
- 89% said they would implement new strategies that they learned in their practice
- 99% said the program was fair-balanced and unbiased

Were our learners satisfied? **Yes!**

Level 2: Satisfaction

Upon completion of this activity, I can now –

Explain criteria and treatment options for venous thrombosis prophylaxis;
Discuss novel anti-coagulant therapies; Discuss treatment of pulmonary embolism in hospital.



Did learners indicate they achieved the learning objectives?

Yes! 99% believed they did.

Outcome Study Methodology

Goal

To determine the effect this CME activity had on learners with respect to competence to apply critical knowledge, confidence in treating patients with diseases or conditions discussed, and change in practice behavior.

Dependent Variables

- **Level 3: Competence to Apply Critical Knowledge**
Case-based vignettes and pre- and post-test knowledge questions were asked with each session in the CME activity. Responses can demonstrate learning and competence in applying critical knowledge. The use of case vignettes for this purpose has considerable predictive value. Vignettes, or written case simulations, have been widely used as indicators of actual practice behavior. ¹
- **Practitioner Confidence**
Confidence with the information relates directly to the likeliness of actively using knowledge. Practitioner confidence in his/her ability to diagnose and treat a disease or condition can affect practice behavior patterns.
- **Level 4: Self-Reported Change in Practice Behavior**
Intent to change and change four weeks after CME activity.

1. Peabody, J.W., J. Luck, P. Glassman, S. Jain, J. Hansen, M. Spell and M. Lee (2004). *Measuring the quality of physician practice by using clinical vignettes: a prospective validation study*. Ann Intern Med 14(10): 771-80.

Anticoagulation: What is New
Victor Tapson, MD

Faculty
Victor Tapson, MD

Professor of Medicine

Division of Pulmonary and Critical Care Medicine

Duke University Medical Center

Durham, NC

Learning Objectives

- Explain criteria and treatment options for venous thrombosis prophylaxis
- Discuss novel anti-coagulant therapies
- Discuss treatment of pulmonary embolism in hospital

Key Findings

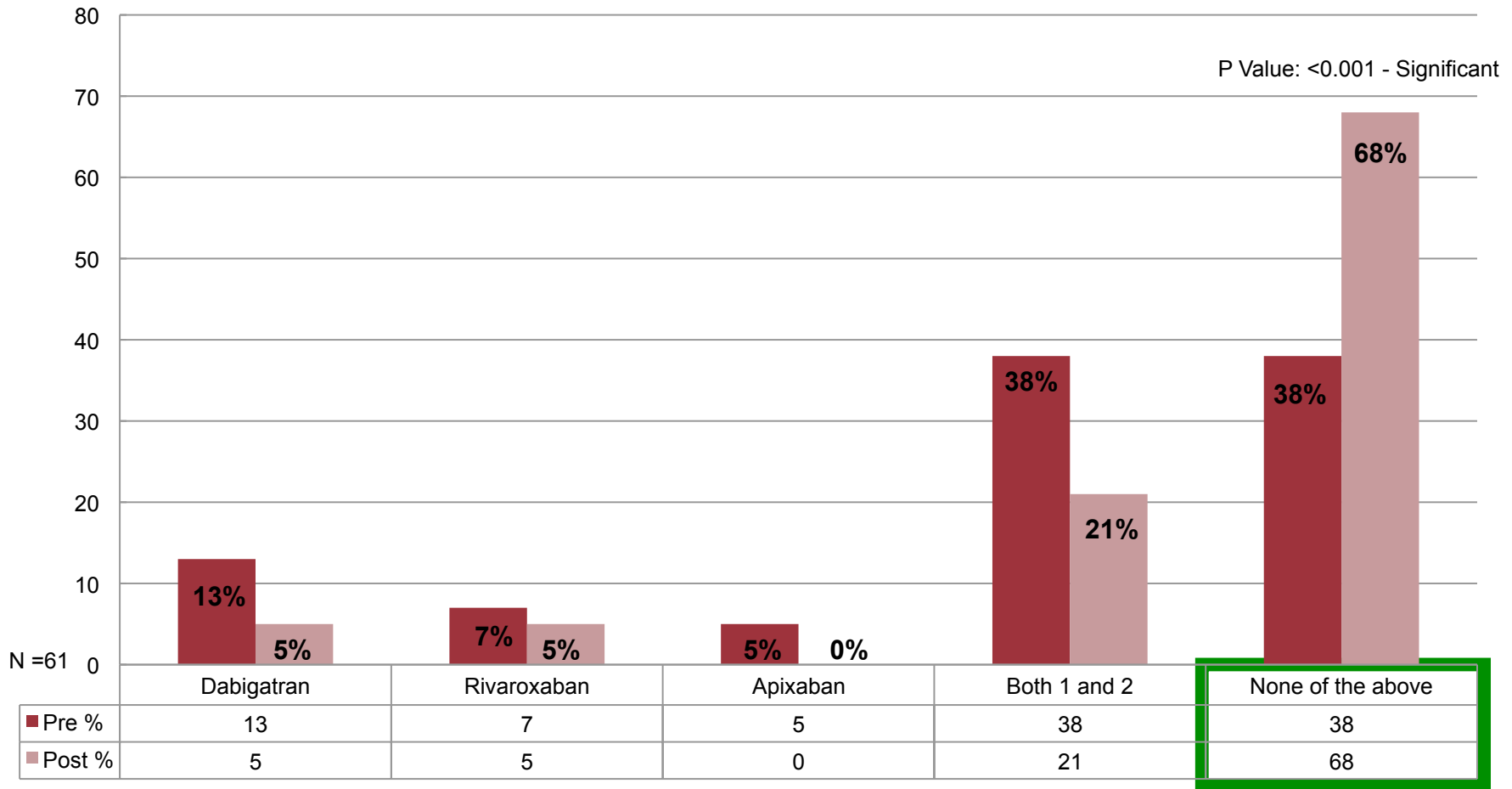
Anticoagulation: What is New

Knowledge/Competence	Learners did not demonstrate significant improvement in their answers from pre to post-testing on four of the five case-based questions regarding Anticoagulation.
Confidence	Participants reported higher confidence levels in providing care to patients with this condition following the education.
Intent to Perform	Learners stated that they were very likely (63%) to somewhat likely (28%) to implement strategies learned at this session in their practice.

Case Vignette Knowledge and Competence Assessment Questions

(Presented before and after lecture. Boxed answer is correct.)

Which drugs are currently FDA-approved for treatment of acute pulmonary embolism?

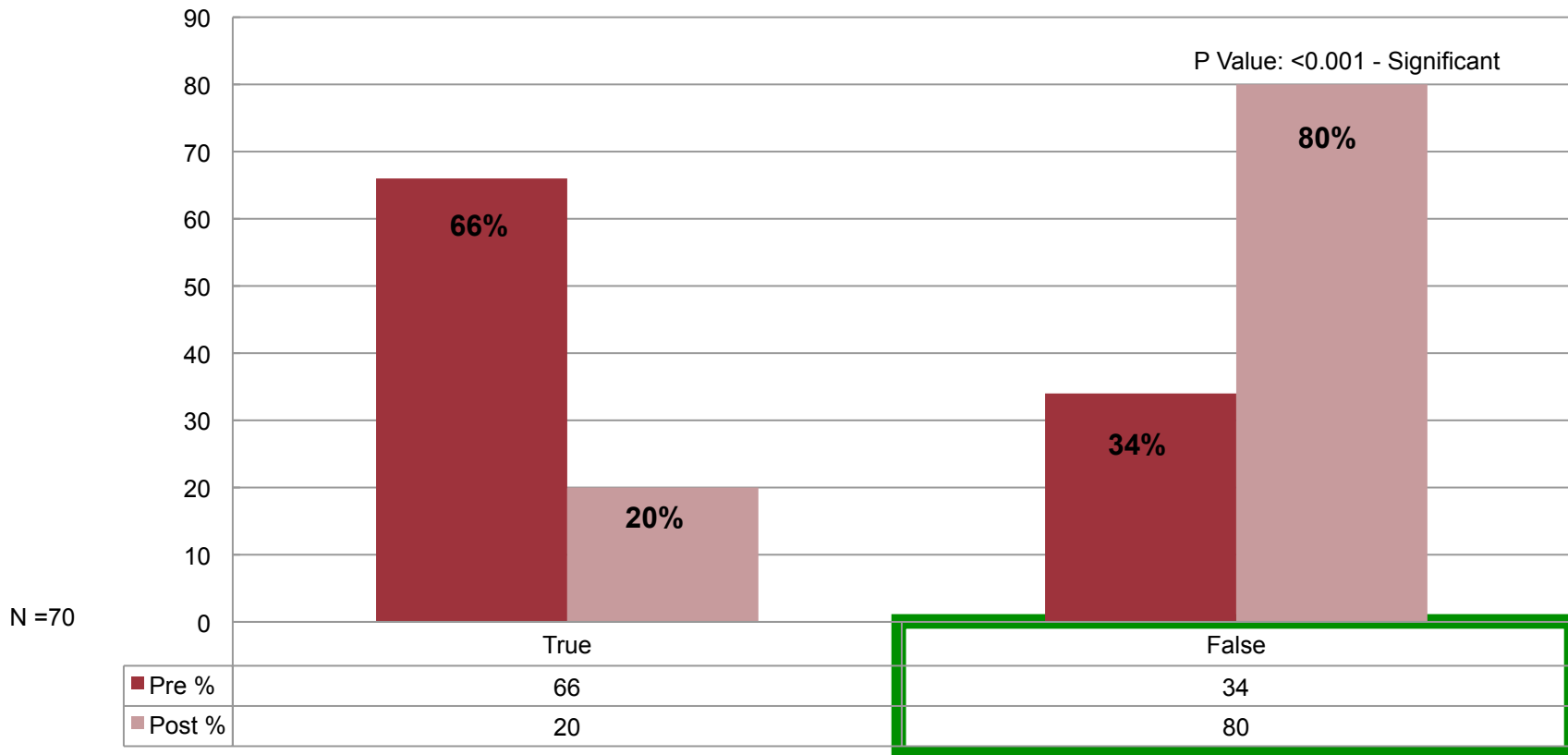


Green highlight indicates significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions

(Presented before and after lecture. Boxed answer is correct.)

The American College of Physicians November 2011 recommendations recommends VTE prophylaxis for all medically ill patients.

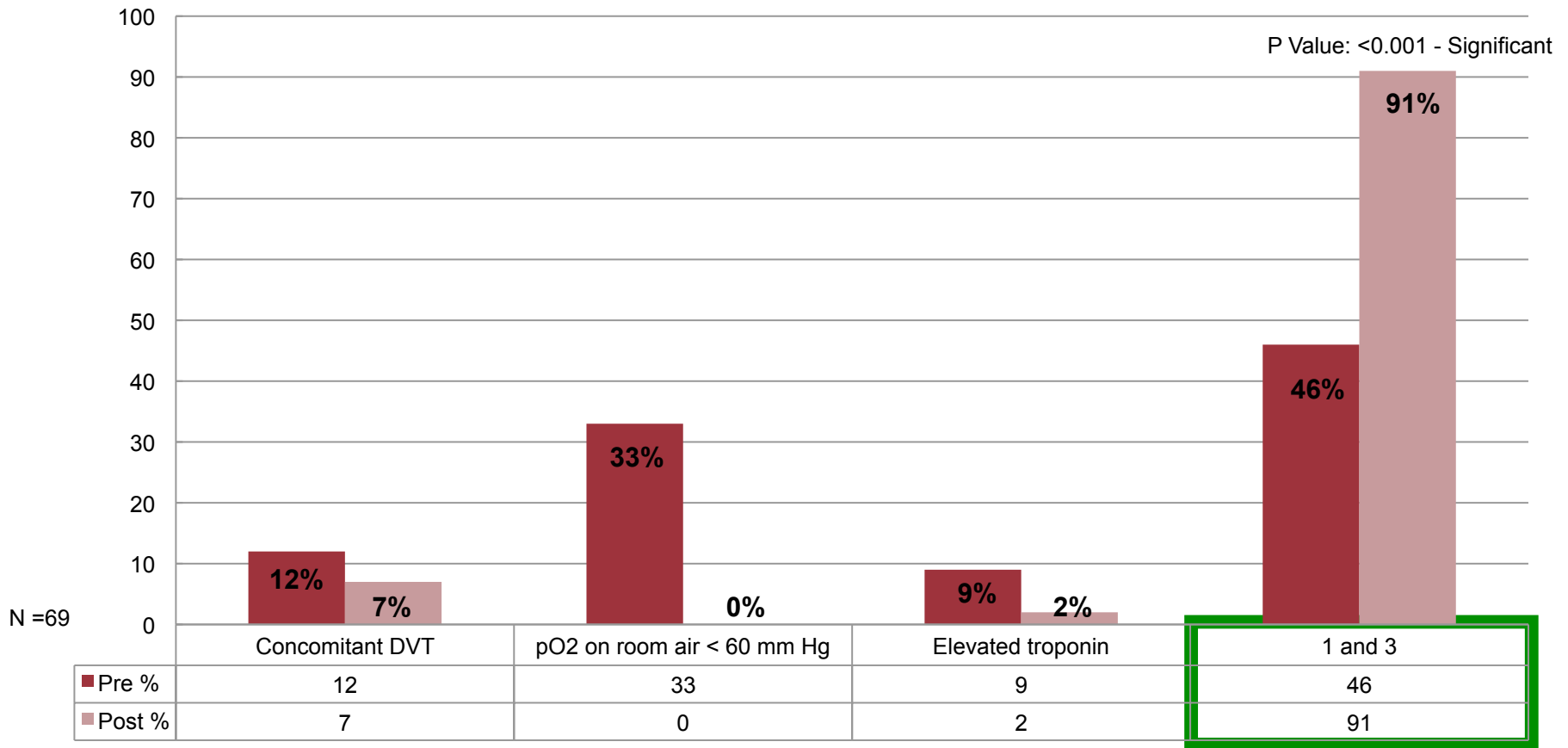


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Case Vignette Knowledge and Competence Assessment Questions

(Presented before and after lecture. Boxed answer is correct.)

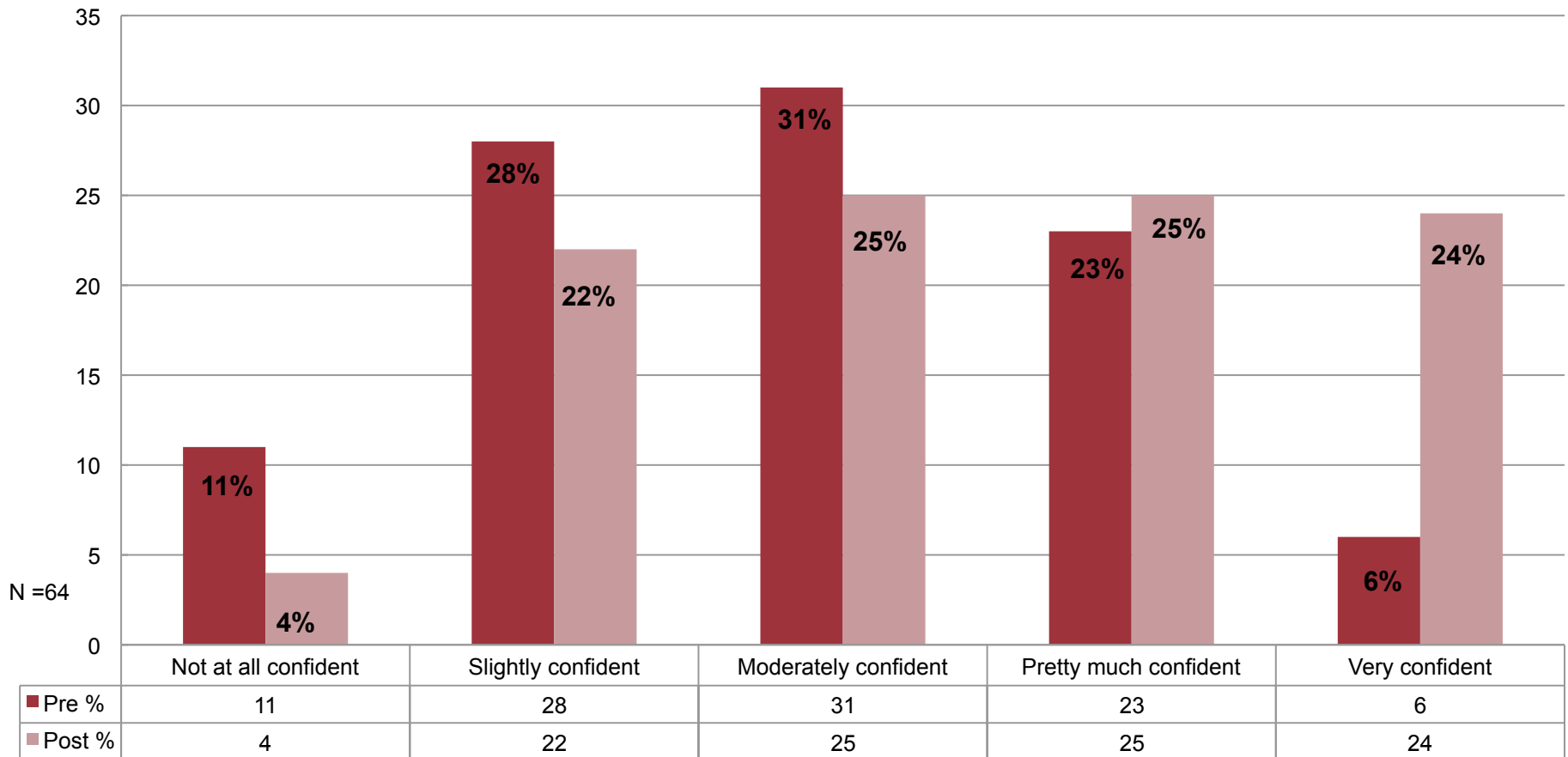
Which of the following suggest a higher risk for death in patients diagnosed with acute pulmonary embolism?



Green highlight indicates significant difference between pre and post testing.

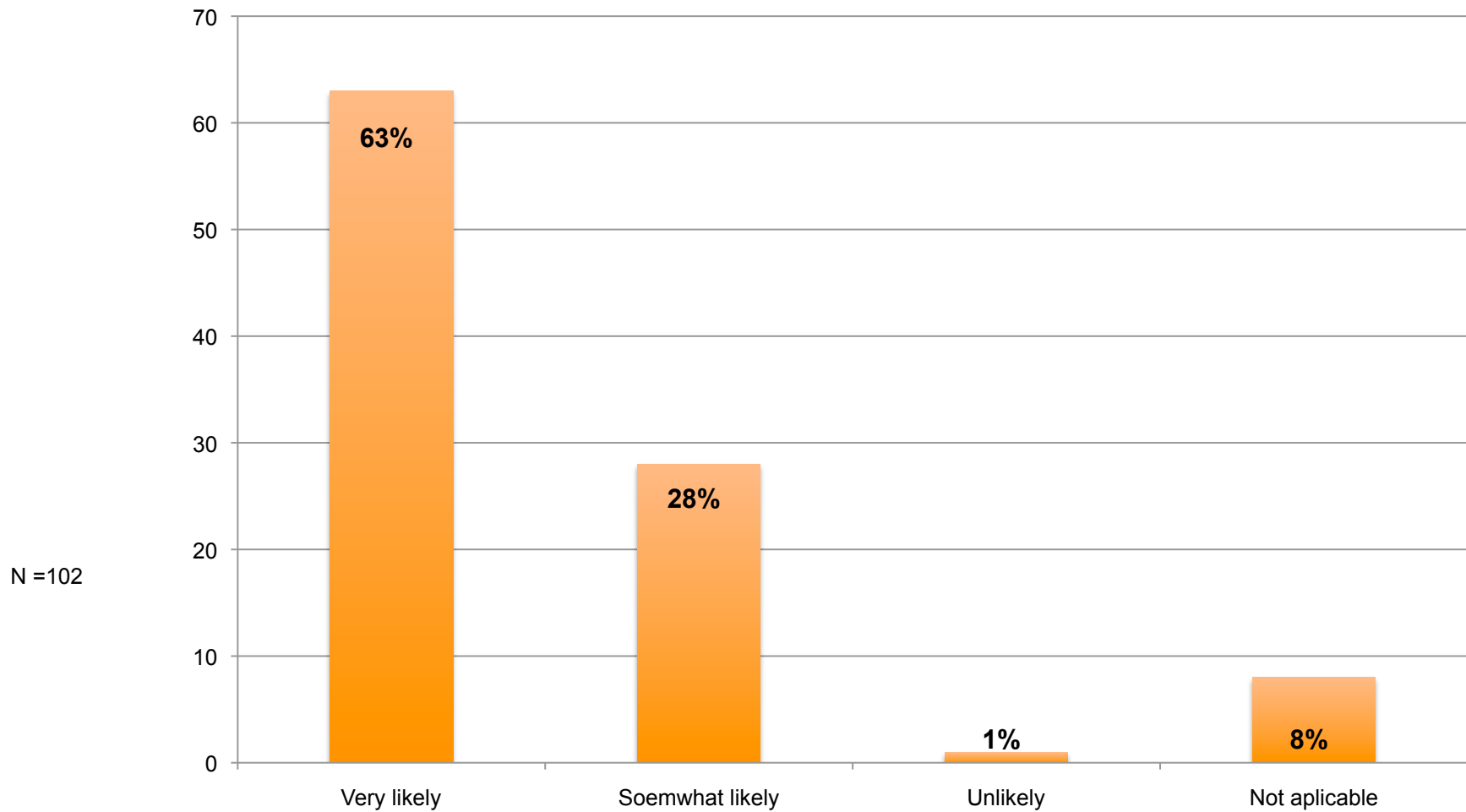
Changes in Confidence from Pre to Post-Testing Anticoagulation: What is New

On a scale of 1 to 5 please rate how confident you would be in treating patients with this condition.



Intention to Change Practice Behavior and Implement Learning Anticoagulation: What is New

How likely are you to implement strategies learned from this presentation in your practice?



Discussion and Implications

Anticoagulation: What is New?

The need for continued education in the area of anticoagulation therapy for VTE was demonstrated based on literature reviews completed prior to the conference. Learning objectives for this activity included the ability to explain criteria and treatment options for venous thrombosis prophylaxis, discussion of novel anti-coagulant therapies, and treatment of pulmonary embolism in hospital.

To assess the educational effectiveness of the activity, attendee knowledge was assessed at 2 points for this program: prior to the lecture and immediately following the lecture using the case vignettes and knowledge questions listed above. The results indicated improvement in knowledge in all of the areas tested during the program. Specifically, attendees were better able to identify which drugs are FDA approved for treating acute pulmonary embolism. They better understood that The American College of Physicians November 2011 recommendations did not VTE recommend prophylaxis for all medically ill patients. They also better understood that patients with concomitant DVT and those with elevated troponin had the highest risk of death with acute pulmonary embolism.

99% of the attendees believed the talk was successful in achieving its goals of educating physicians about anticoagulation. Learners stated that they were very likely (63%) to somewhat likely (28%) to implement strategies learned at this session in their practice.

The questions selected to illustrate assimilation of the learning objectives all achieved statistically significant improvements and there was a clear shift towards improvements in confidence on the subject.

Based on the data collected at this educational activity, there appears to be a need for further education on this topic with respect to new indications for existing medications and updated prophylaxis guidelines.