



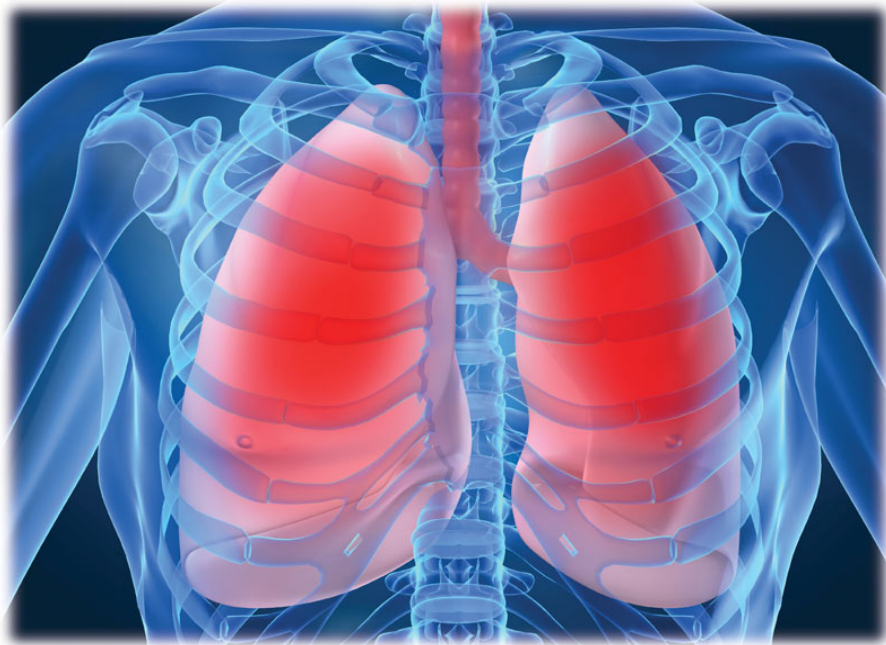
NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

**COPD: New
Developments**

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

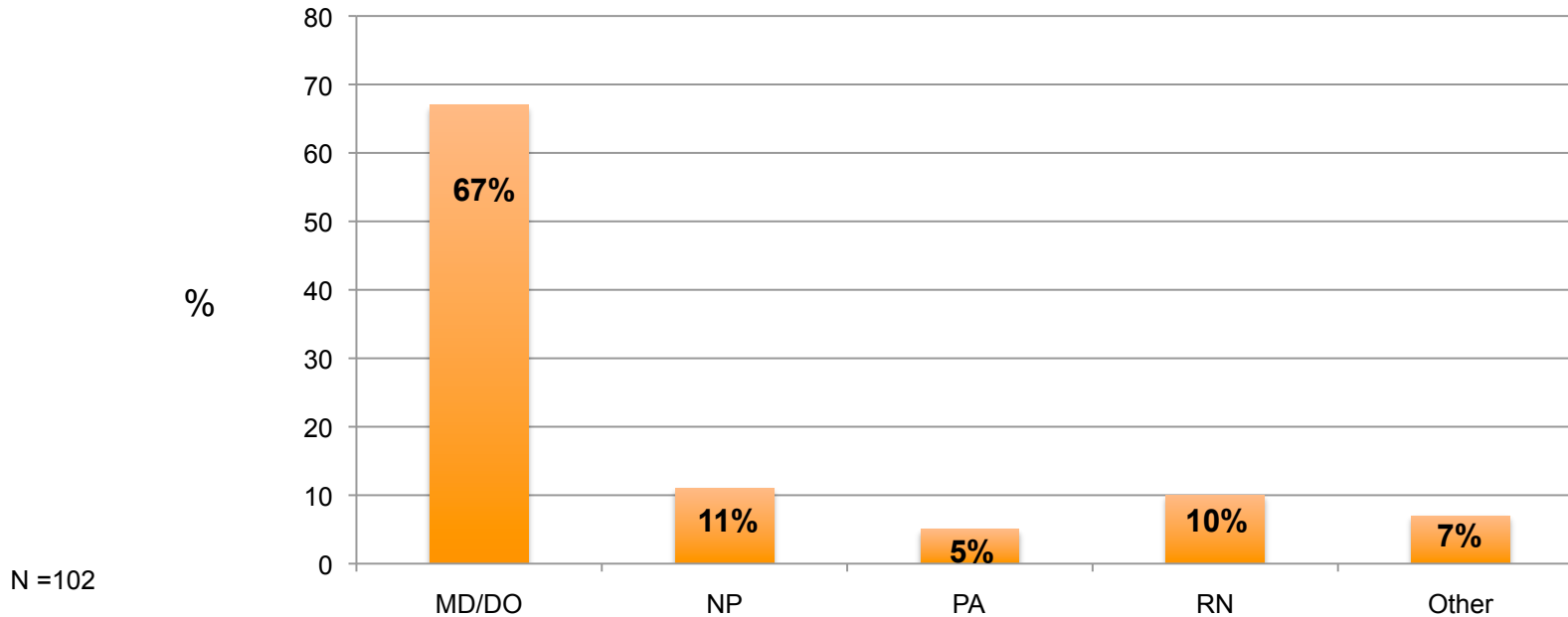
Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities using a systematic process based on the following model:

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

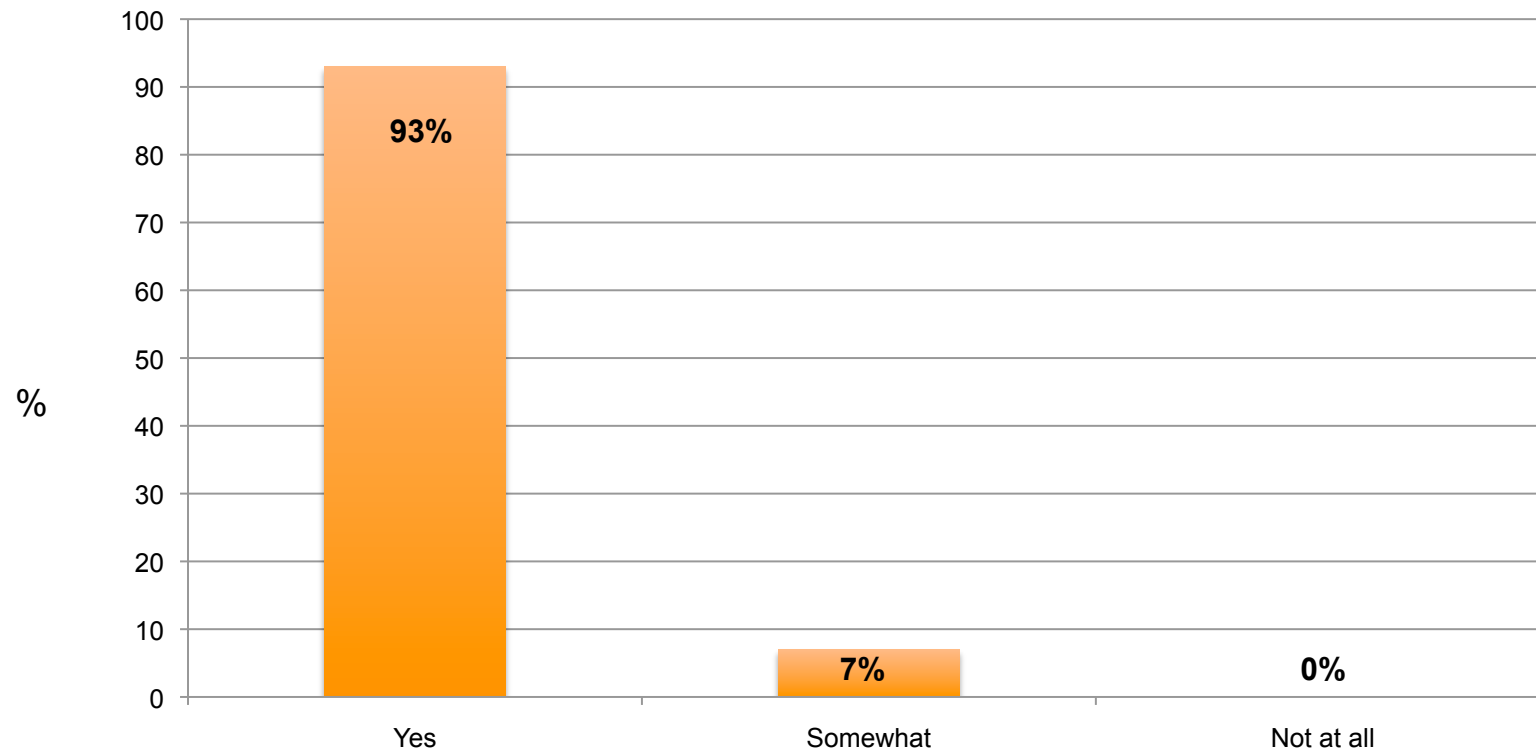
- 97% rated the activity as very good to excellent
- 99% indicated the activity improved their knowledge
- 95% stated that they learned new strategies for patient care
- 89% said they would implement new strategies that they learned in their practice
- 99% said the program was fair-balanced and unbiased

Were our learners satisfied? **Yes!**

Level 2: Satisfaction

Upon completion of this activity, I can now –

Explain the pathogenesis and diagnosis of COPD; Discuss findings of recent trials and evidence based treatment options for COPD; Explore new and evolving treatments including PDE-4 inhibitors for COPD.



Did learners indicate they achieved the learning objectives?

Yes! 100% 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.

COPD: New Developments

Faculty

Charlie Strange, MD
Professor of Pulmonary and Critical Care Medicine
Medical University of South Carolina
Charleston, SC

Learning Objectives

- Explain the pathogenesis and diagnosis of COPD
- Discuss findings of recent trials and evidence based treatment options for COPD
- Explore new and evolving treatments including PDE-4 inhibitors for COPD

Key Findings

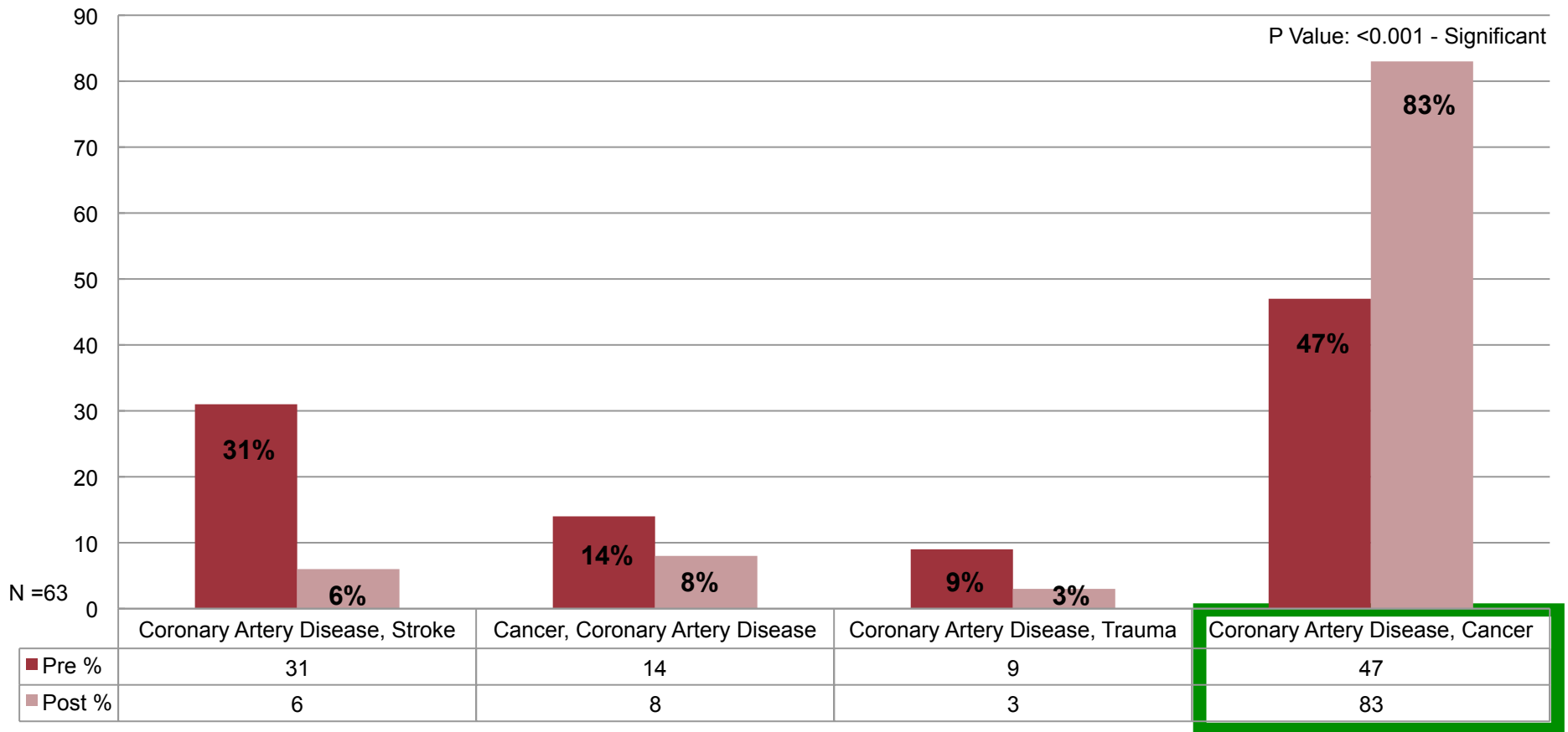
COPD: New Developments

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 COPD.
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.
Change of Practice Behavior	Over 95% of learners indicated that they had changed their practice behavior to implement the learning objectives of this program within four weeks after they attended the activity.

Case Vignette Knowledge and Competence Assessment Questions

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

COPD is the number 3 cause of death in the US. What are numbers 1 and 2?

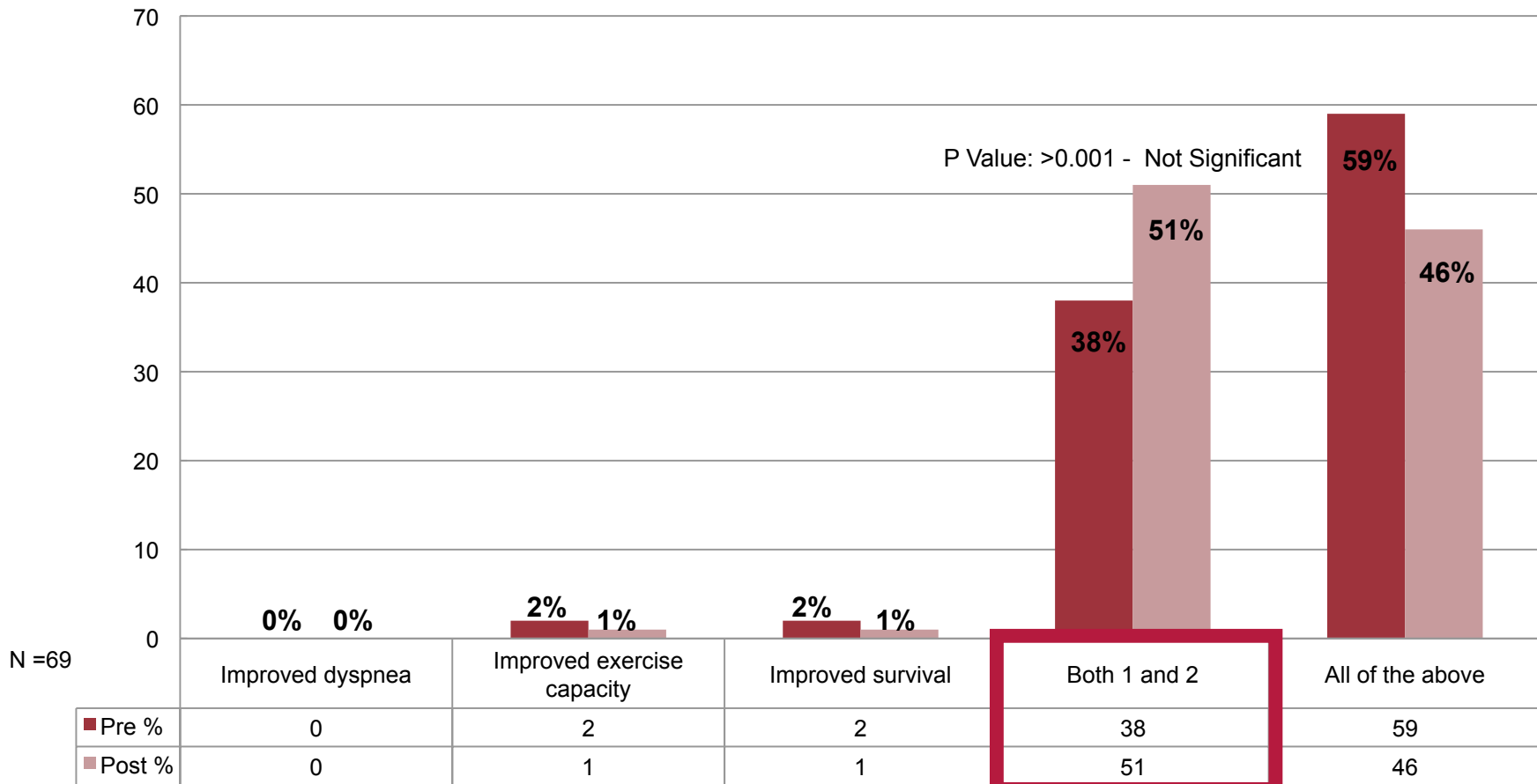


Green highlight indicates significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions

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

Pulmonary rehabilitation is expected to have which of the following benefits:

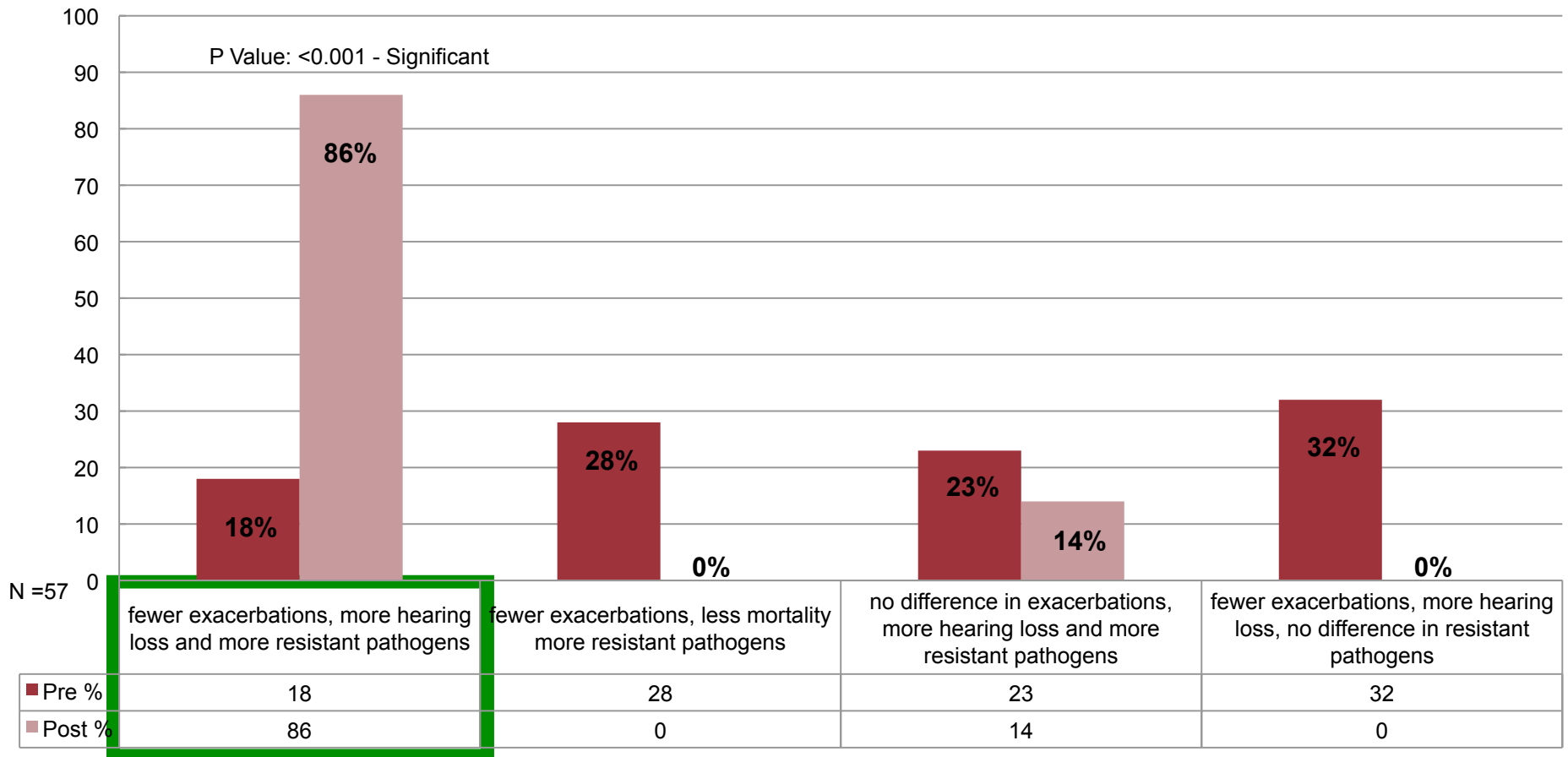


Red highlight indicates no significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions

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

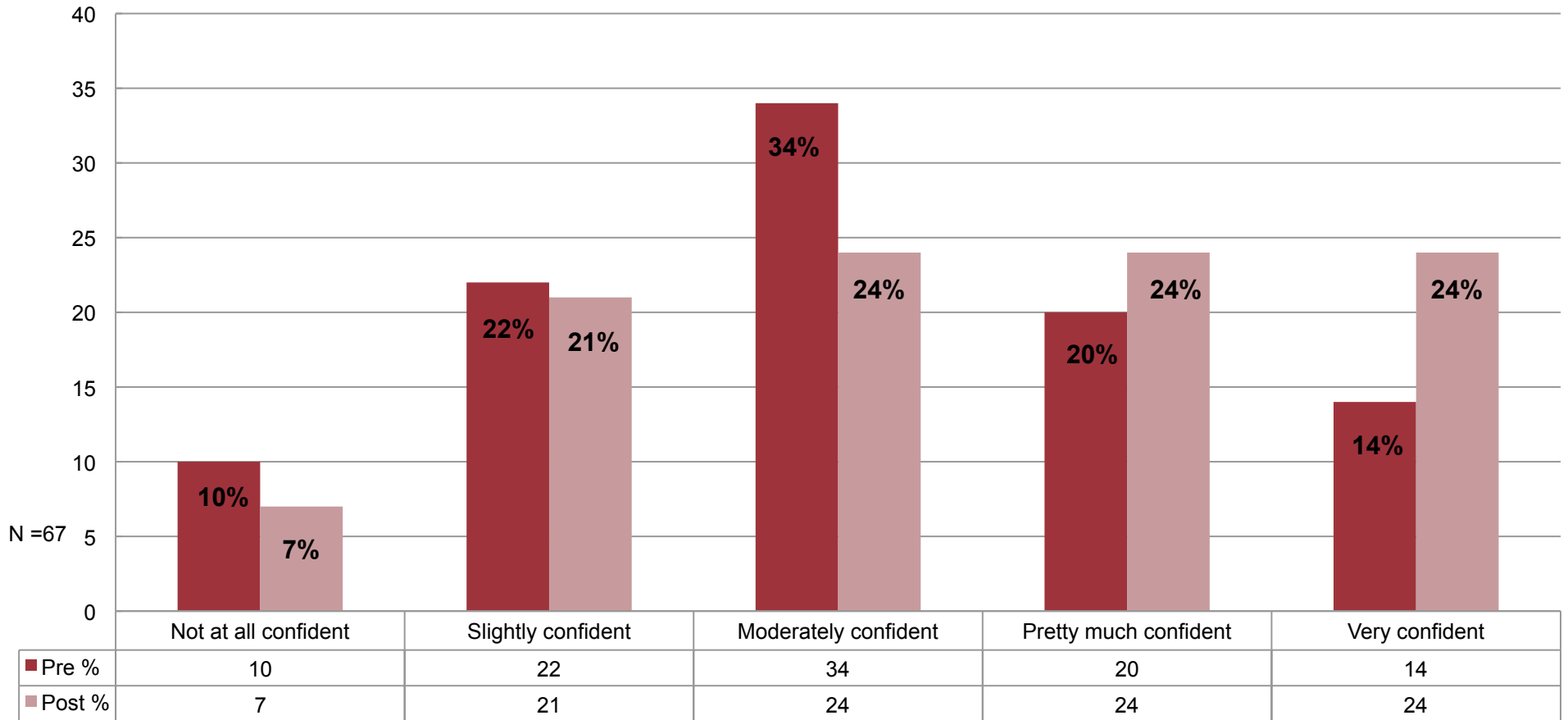
In a recent trial of daily Azithromycin for 1 year in COPD the outcome was:



Green highlight indicates significant difference between pre and post testing.

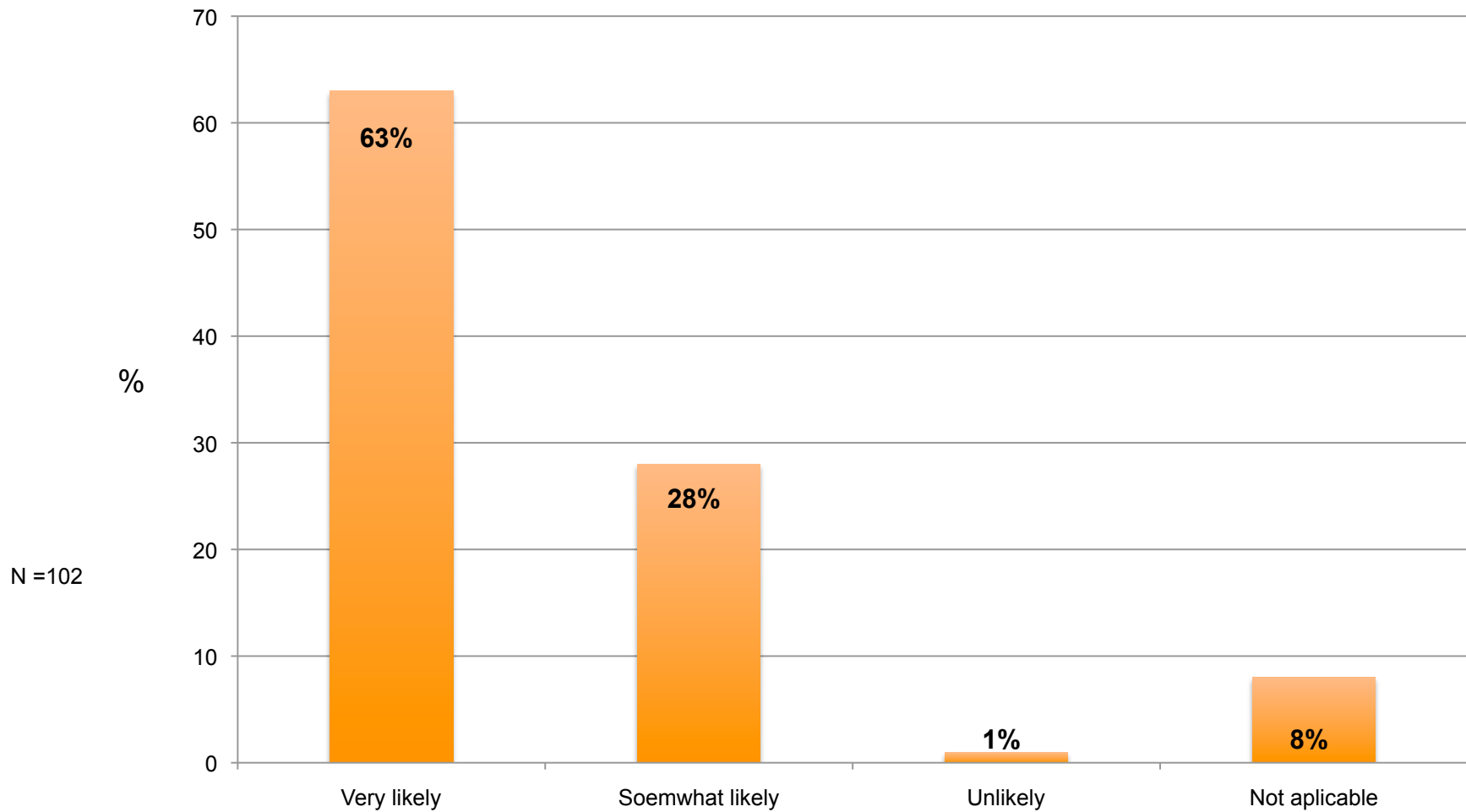
Changes in Confidence from Pre to Post-Testing COPD: New Developments

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 COPD: New Developments

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



Discussion and Implications

COPD: New Developments

COPD is increasingly a focus of attention for the health care professional. The need for continued education in the management of COPD was demonstrated based on literature reviews and surveys completed prior to the conference. Learning objectives for this activity included the ability to explain the pathogenesis and diagnosis of COPD, discuss findings of recent trials and evidence based treatment options for COPD, and explore new and evolving treatments including PDE-4 inhibitors for COPD.

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. Attendees better understood that COPD is the third leading cause of death in the US, only topped by coronary artery disease and cancer. They slightly better understood the benefits of pulmonary rehabilitation as improving dyspnea and capacity to exercise. And they significantly better understood the benefits of azithromycin therapy for patients with COPD.

After the presentation, attendees felt much more confident about their knowledge of the disease.

Ninety three percent considered that the goals of the presentation were completely achieved. Overall this was very successful activity and one that would probably be worth reconsidering in a similar form for future audiences.

Based on the data collected at this educational activity, there appears to be a need for further education on this topic with respect to novel treatment approaches and new classifications of COPD.