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**Clinical Updates for  
Nurse Practitioners and  
Physician Assistants: 2012/2013**



**November 17, 2012  
Dallas/Addison Marriott Quorum by the Galleria  
Dallas, TX**

**Course Directors  
Deborah Paschal, CRNP  
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**Activity Director  
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**Program Evaluation  
December 13, 2012**

In November 2012, the National Association for Continuing Education (NACE) sponsored a CE activity, *Clinical Updates for Nurse Practitioners and Physician Assistants: 2012/2013*, in Dallas, TX.

This educational activity was designed to provide nurse practitioners and physician assistants the opportunity to learn about Osteoporosis, Psoriasis, Inflammatory Bowel Disease, Diabetes, and Atrial Fibrillation.

In planning this CE activity, NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

One hundred sixty one healthcare practitioners registered to attend *Clinical Updates for Nurse Practitioners and Physician Assistants: 2012/2013*, in Dallas, TX. Ninety 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. Ninety four 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 6 AMA PRA Category 1 Credits™. 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 Credit™ from organizations accredited by ACCME or a recognized state medical society.

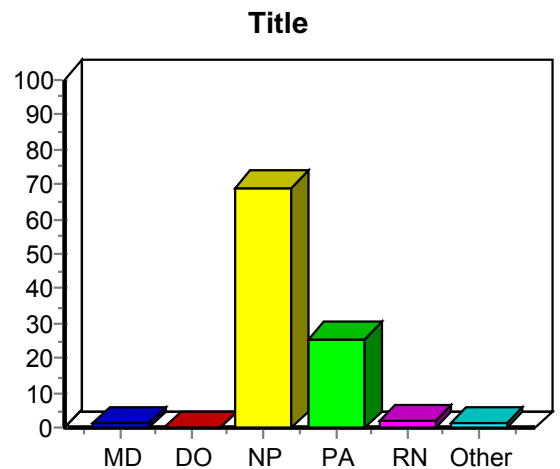
Physician assistants may receive a maximum of 6 hours of Category 1 credit for completing this program.

This program is approved for 6.0 contact hours of continuing education (which includes 4.75 hours of pharmacology) by the American Academy of Nurse Practitioners. Program ID 1209349

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

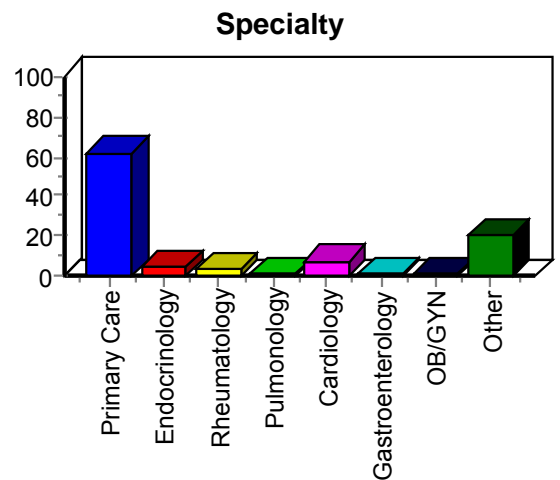
## What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	1	1.06	1.08
DO	0	0.00	0.00
NP	65	69.15	69.89
PA	24	25.53	25.81
RN	2	2.13	2.15
Other	1	1.06	1.08
Total Valid	93	98.94	100.00
Total Missing	1	1.06	
Total	94	100.00	



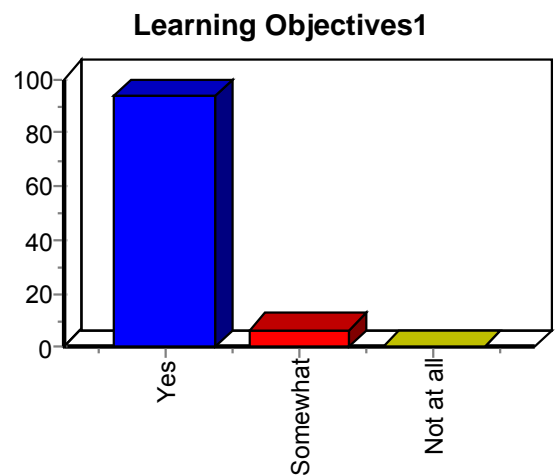
## What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	58	61.70	61.70
Endocrinology	4	4.26	4.26
Rheumatology	3	3.19	3.19
Pulmonology	1	1.06	1.06
Cardiology	7	7.45	7.45
Gastroenterology	1	1.06	1.06
OB/GYN	1	1.06	1.06
Other	19	20.21	20.21
Total Valid	94	100.00	100.00



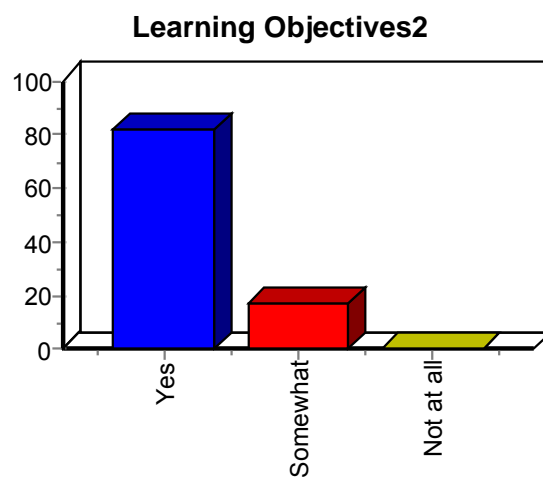
**Upon completion of this activity, I can now - Identify appropriate candidates for BMD testing incorporating the FRAX 10-year fracture risk into treatment decisions; initiate pharmacologic therapy for patients who meet NOF guideline recommendations for pharmacologic management; implement education for dietary and supplemental calcium and vitamin D and exercises to prevent osteoporosis and related fractures; and recognize and overcome barriers to adherence and effectiveness of osteoporosis therapy:**

Label	Frequency	Percent	Valid Percent
Yes	88	93.62	93.62
Somewhat	6	6.38	6.38
Not at all	0	0.00	0.00
Total Valid	94	100.00	100.00



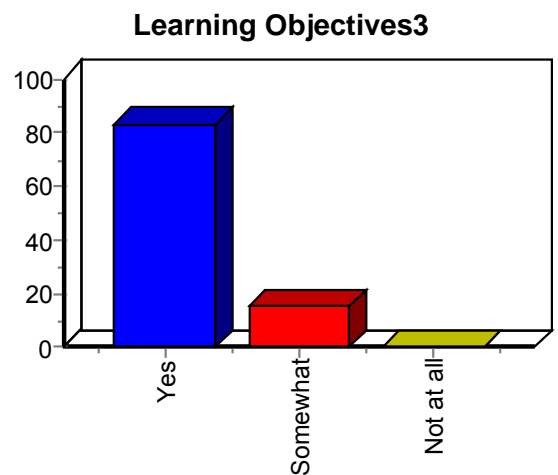
**Upon completion of this activity, I can now - Explain the current pathophysiologic mechanisms associated with the development of psoriatic disease; discuss the impact of psoriatic disease including its effects on mood, cardiovascular risk, quality of life, and other co-morbid conditions; recognize the percent of body surface area that categorizes a patient for topical or systemic therapy; and implement appropriate treatment plans for patients who are candidates for topical and/or systemic therapy:**

Label	Frequency	Percent	Valid Percent
Yes	77	81.91	82.80
Somewhat	16	17.02	17.20
Not at all	0	0.00	0.00
Total Valid	93	98.94	100.00
Total Missing	1	1.06	
Total	94	100.00	



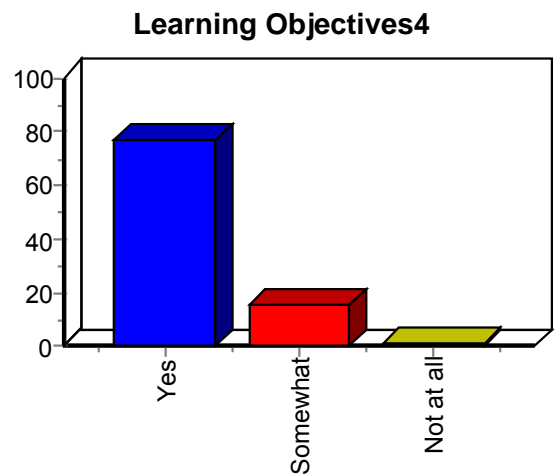
**Upon completion of this activity, I can now - Identify the conditions referred to as inflammatory bowel disease (IBD), and discuss their clinical presentations; implement appropriate pharmacologic and nonpharmacologic therapeutic strategies for managing IBD in accordance with evidence-based guidelines; tailor the available medications to the various presentations of IBD with attention to the induction and the maintenance of remission; and use currently available laboratory tests to maximize benefit while minimizing toxicity:**

Label	Frequency	Percent	Valid Percent
Yes	78	82.98	84.78
Somewhat	14	14.89	15.22
Not at all	0	0.00	0.00
Total Valid	92	97.87	100.00
Total Missing	2	2.13	
Total	94	100.00	



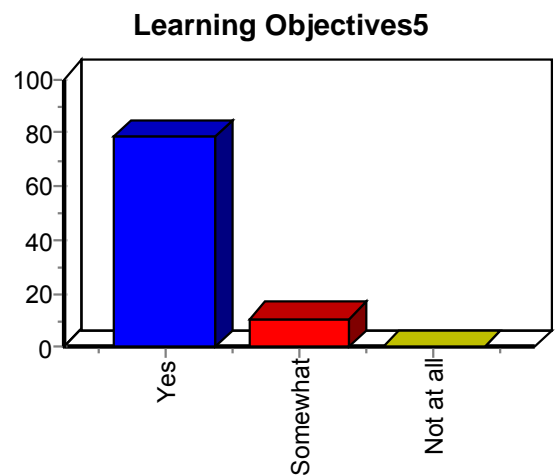
**Upon completion of this activity, I can now - Discuss the role of the incretin system in the pathophysiology of type 2 diabetes (T2DM); define the role of GLP-1 receptor agonist therapy in the treatment algorithm for T2DM; identify the features, benefits, and limitations of individual GLP-1 agonists; discuss the appropriate selection of GLP-1 receptor agonist therapy according to the glycemic disturbance most in need of correction:**

Label	Frequency	Percent	Valid Percent
Yes	72	76.60	82.76
Somewhat	14	14.89	16.09
Not at all	1	1.06	1.15
Total Valid	87	92.55	100.00
Total Missing	7	7.45	
Total	94	100.00	



**Upon completion of this activity, I can now - Use of the CHADS2 score to assess stroke risk in patients with atrial fibrillation (AF); recognize the benefits versus risks of antithrombotic therapy for stroke risk reduction in AF patients; identify safe and effective use of new and emerging antithrombotic therapy for AF patients related to the risk stratification for stroke; and identify relevant patient characteristics to guide the selection and monitoring of antithrombotic therapy in patients with atrial fibrillation:**

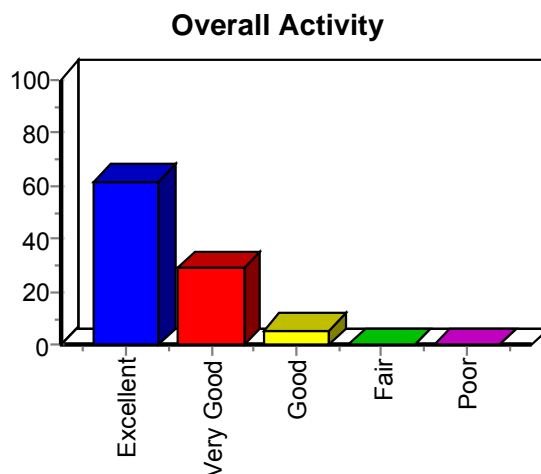
Label	Frequency	Percent	Valid Percent
Yes	74	78.72	88.10
Somewhat	10	10.64	11.90
Not at all	0	0.00	0.00
Total Valid	84	89.36	100.00
Total Missing	10	10.64	
Total	94	100.00	





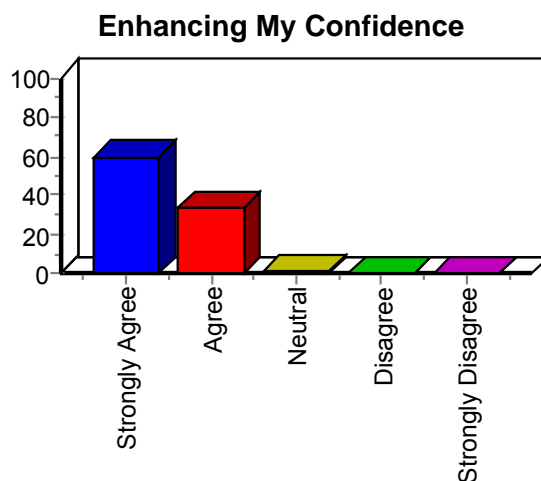
## Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	58	61.70	64.44
Very Good	27	28.72	30.00
Good	5	5.32	5.56
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	90	95.74	100.00
Total Missing	4	4.26	
Total	94	100.00	



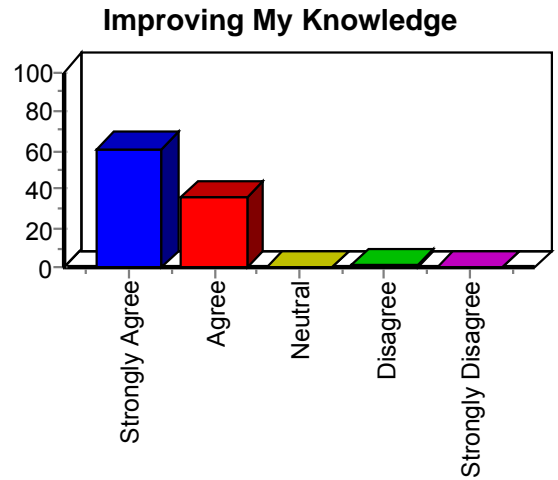
## Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	56	59.57	62.92
Agree	32	34.04	35.96
Neutral	1	1.06	1.12
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	89	94.68	100.00
Total Missing	5	5.32	
Total	94	100.00	



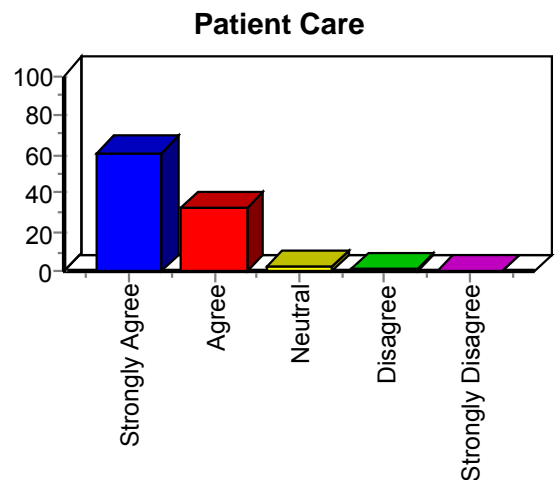
**Overall, this activity was effective in improving my knowledge in the content areas presented:**

Label	Frequency	Percent	Valid Percent
Strongly Agree	57	60.64	61.96
Agree	34	36.17	36.96
Neutral	0	0.00	0.00
Disagree	1	1.06	1.09
Strongly Disagree	0	0.00	0.00
Total Valid	92	97.87	100.00
Total Missing	2	2.13	
Total	94	100.00	



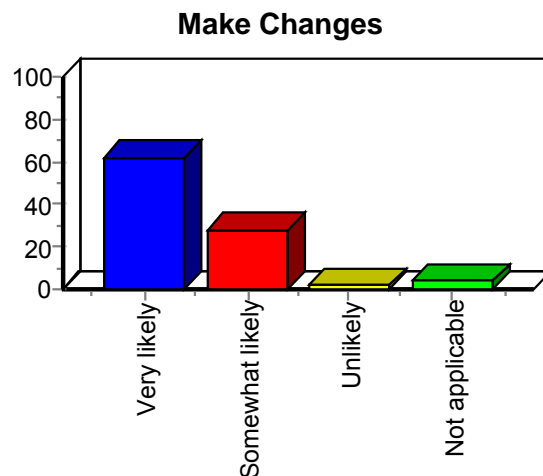
**As a result of this activity, I have learned new strategies for patient care:**

Label	Frequency	Percent	Valid Percent
Strongly Agree	57	60.64	62.64
Agree	31	32.98	34.07
Neutral	2	2.13	2.20
Disagree	1	1.06	1.10
Strongly Disagree	0	0.00	0.00
Total Valid	91	96.81	100.00
Total Missing	3	3.19	
Total	94	100.00	



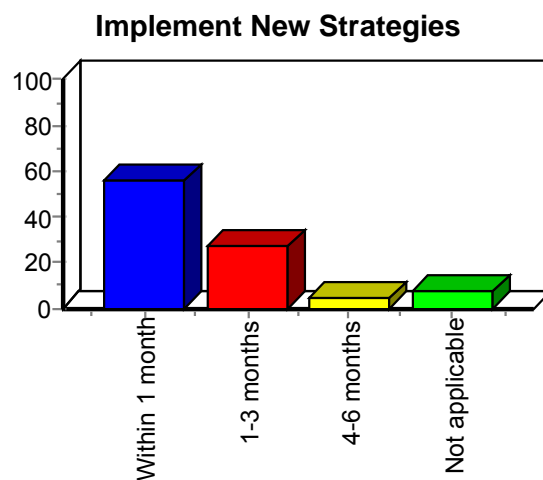
## How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	58	61.70	64.44
Somewhat likely	26	27.66	28.89
Unlikely	2	2.13	2.22
Not applicable	4	4.26	4.44
Total Valid	90	95.74	100.00
Total Missing	4	4.26	
Total	94	100.00	



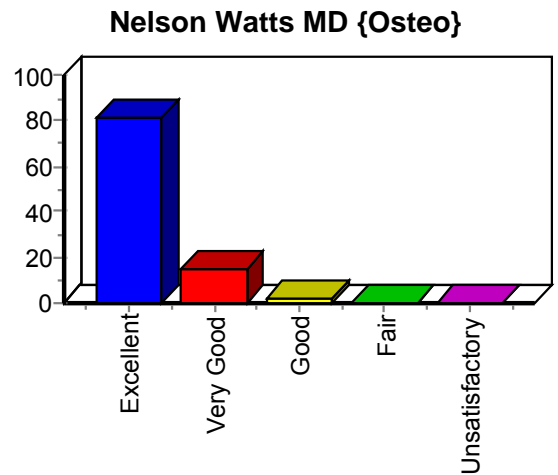
## When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	52	55.32	59.09
1-3 months	25	26.60	28.41
4-6 months	4	4.26	4.55
Not applicable	7	7.45	7.95
Total Valid	88	93.62	100.00
Total Missing	6	6.38	
Total	94	100.00	



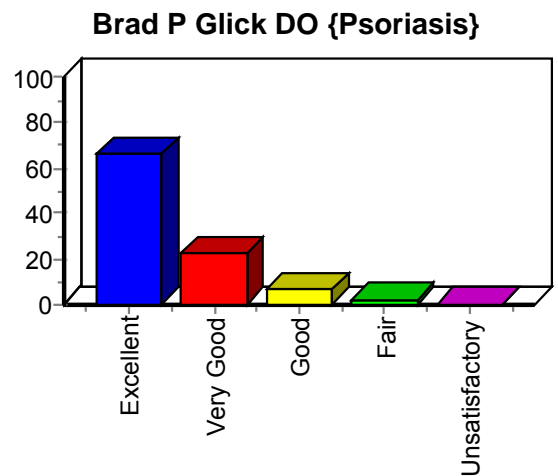
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nelson Watts, MD (Osteo):**

Label	Frequency	Percent	Valid Percent
Excellent	76	80.85	82.61
Very Good	14	14.89	15.22
Good	2	2.13	2.17
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	92	97.87	100.00
Total Missing	2	2.13	
Total	94	100.00	



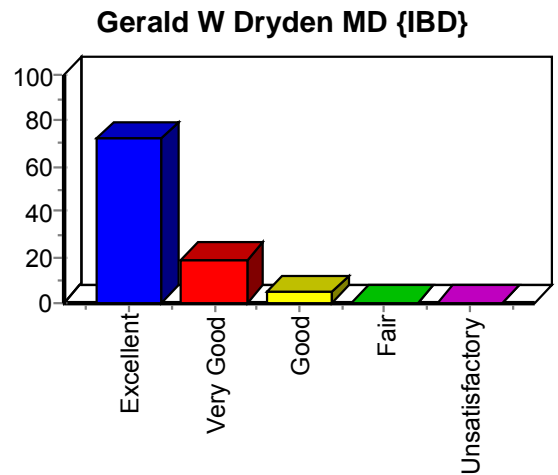
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Brad P. Glick, DO (Psoriasis):**

Label	Frequency	Percent	Valid Percent
Excellent	62	65.96	68.13
Very Good	21	22.34	23.08
Good	6	6.38	6.59
Fair	2	2.13	2.20
Unsatisfactory	0	0.00	0.00
Total Valid	91	96.81	100.00
Total Missing	3	3.19	
Total	94	100.00	



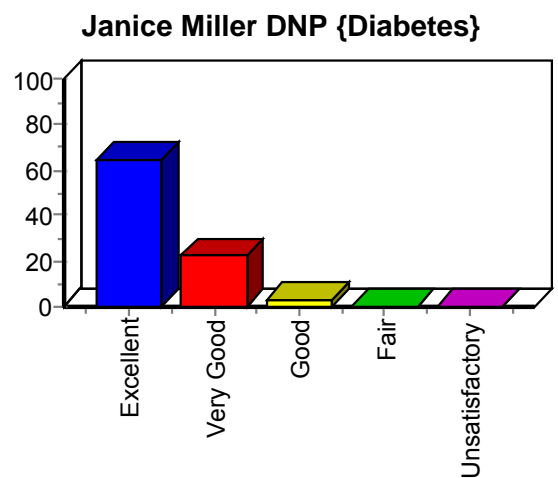
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Gerald W. Dryden, MD (IBD):**

Label	Frequency	Percent	Valid Percent
Excellent	68	72.34	75.56
Very Good	18	19.15	20.00
Good	4	4.26	4.44
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	90	95.74	100.00
Total Missing	4	4.26	
Total	94	100.00	



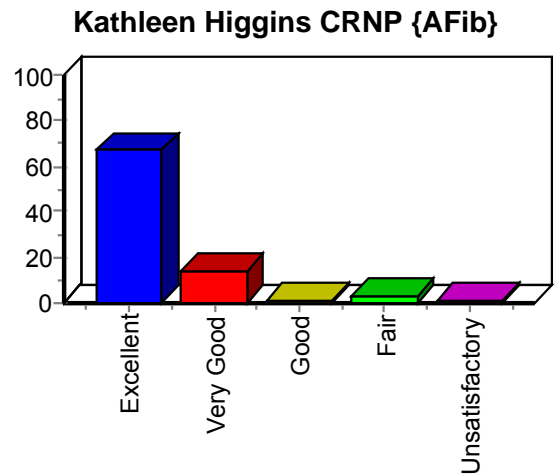
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Janice Miller, DNP, CRNP (Diabetes):**

Label	Frequency	Percent	Valid Percent
Excellent	61	64.89	71.76
Very Good	21	22.34	24.71
Good	3	3.19	3.53
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	85	90.43	100.00
Total Missing	9	9.57	
Total	94	100.00	



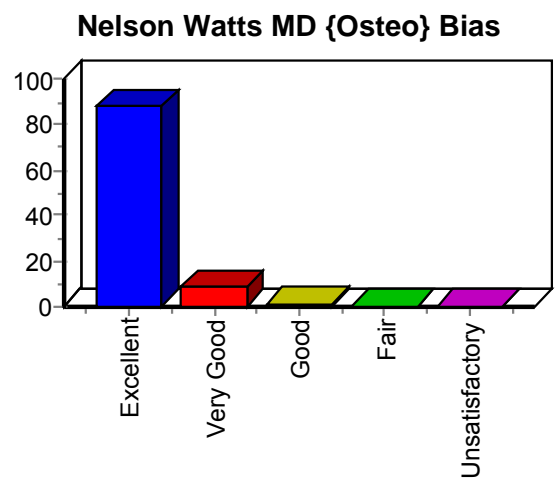
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Kathleen Higgins, CRNP (AFib):**

Label	Frequency	Percent	Valid Percent
Excellent	63	67.02	77.78
Very Good	13	13.83	16.05
Good	1	1.06	1.23
Fair	3	3.19	3.70
Unsatisfactory	1	1.06	1.23
Total Valid	81	86.17	100.00
Total Missing	13	13.83	
Total	94	100.00	



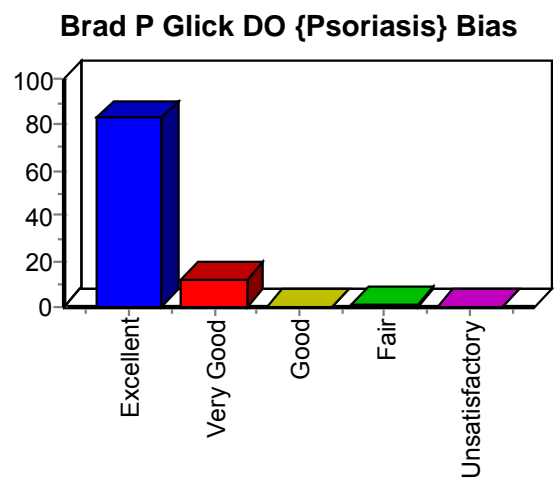
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nelson Watts, MD (Osteo):**

Label	Frequency	Percent	Valid Percent
Excellent	83	88.30	90.22
Very Good	8	8.51	8.70
Good	1	1.06	1.09
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	92	97.87	100.00
Total Missing	2	2.13	
Total	94	100.00	



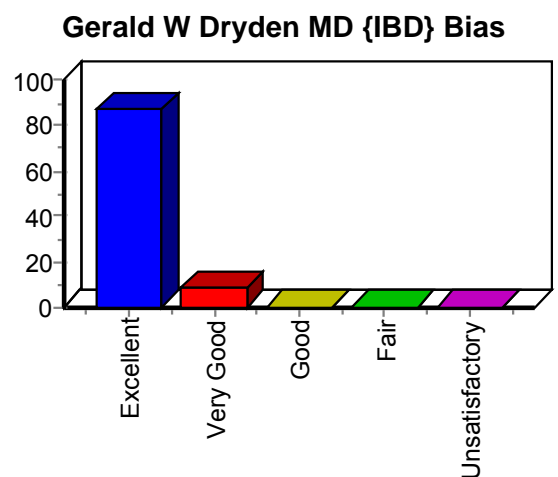
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Brad P. Glick, DO (Psoriasis):**

Label	Frequency	Percent	Valid Percent
Excellent	78	82.98	86.67
Very Good	11	11.70	12.22
Good	0	0.00	0.00
Fair	1	1.06	1.11
Unsatisfactory	0	0.00	0.00
Total Valid	90	95.74	100.00
Total Missing	4	4.26	
Total	94	100.00	



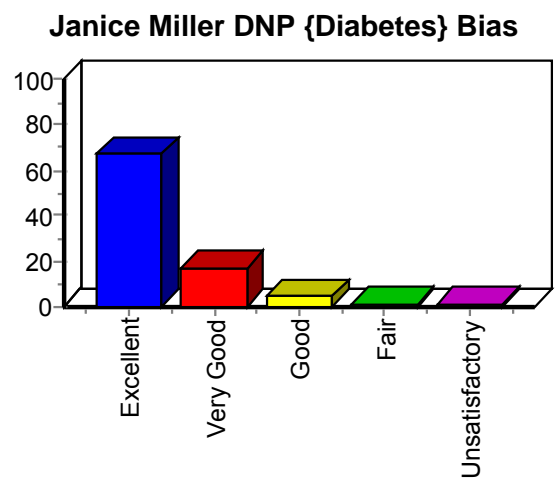
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Gerald W. Dryden, MD (IBD):**

Label	Frequency	Percent	Valid Percent
Excellent	82	87.23	91.11
Very Good	8	8.51	8.89
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	90	95.74	100.00
Total Missing	4	4.26	
Total	94	100.00	



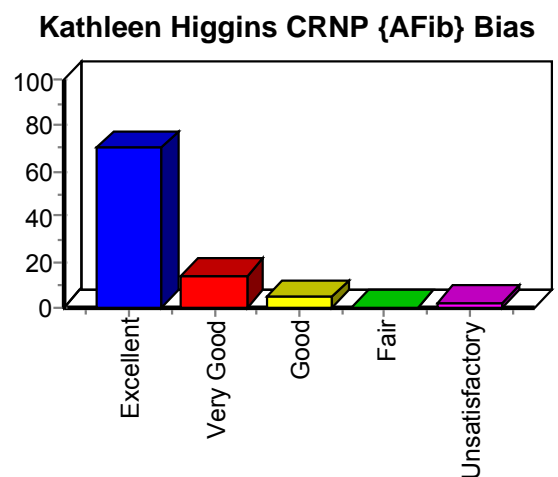
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Janice Miller, DNP, CRNP (Diabetes):**

Label	Frequency	Percent	Valid Percent
Excellent	63	67.02	74.12
Very Good	16	17.02	18.82
Good	4	4.26	4.71
Fair	1	1.06	1.18
Unsatisfactory	1	1.06	1.18
Total Valid	85	90.43	100.00
Total Missing	9	9.57	
Total	94	100.00	



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

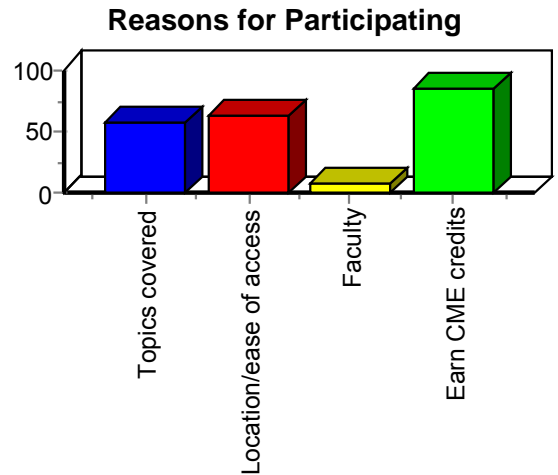
Label	Frequency	Percent	Valid Percent
Excellent	66	70.21	77.65
Very Good	13	13.83	15.29
Good	4	4.26	4.71
Fair	0	0.00	0.00
Unsatisfactory	2	2.13	2.35
Total Valid	85	90.43	100.00
Total Missing	9	9.57	
Total	94	100.00	





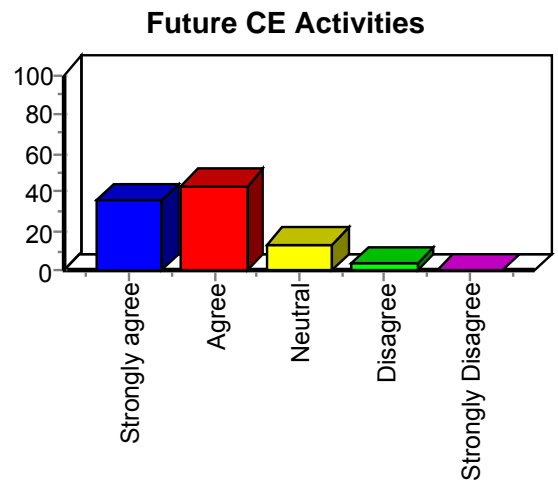
**Which statement(s) best reflects your reasons for participating in this activity:**

Label	Frequency	Percent	Valid Percent
Topics covered	54	57.45	58.70
Location/ease of access	58	61.70	63.04
Faculty	6	6.38	6.52
Earn CME credits	79	84.04	85.87
Total Valid	92	97.87	100.00
Total Missing	2	2.13	
Total	94	100.00	



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

Label	Frequency	Percent	Valid Percent
Strongly agree	34	36.17	37.78
Agree	41	43.62	45.56
Neutral	12	12.77	13.33
Disagree	3	3.19	3.33
Strongly Disagree	0	0.00	0.00
Total Valid	90	95.74	100.00
Total Missing	4	4.26	
Total	94	100.00	



## What is your professional degree?

Comment
ACNP
CNS

## What is your specialty?

Comment
Cardiac Thoracic Surgery
Neurology
Neurology
Emergency
CV Surgery
Neurology
Family Practice
Family Practice
Neurology
Neurosurgery
Neurosurgery
Wound Care
Diabetes Management
Nephrology
Critical Care
Urology
Internal Medicine
Orthopedic Surgery

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

Comment
CHADS score
Scoring the CHADS2 score on my AF patients; treatment option for treating psoriasis
Education
Will be more knowledgeable re: therapies my patients have to manage these chronic conditions. I work in cardiology-don't treat these conditions-except Afib-but see patients with all the conditions
I am more aware on how to assess these conditions and refer appropriately
Choice of osteoporosis meds; recognition of psoriatic arthritis and workup
How to differentiate between Crohn's and Ulcerative Colitis. Which labs/testing needed before starting Biologic therapy. When to initiate diabetic medications, SE of GLP-1 drugs. How long to keep pts on Biophosphates, how to use the CHADS2 score
Consider newer meds in A fib and DM
Identify osteoporosis risk pt; changing management of psoriasis pt

Comment
Osteoporosis treatment and expectation; DEXA scoring; psoriasis management-Vitamin D topicals; Afib-CHAD score-decrease in risk reduction
Treatment options, flu, referrals
Primarily education of patient- I work in ED so I don't manage patients
Screening more patients for DEXA testing while patients are on antiovlant therapy
Improved my understanding of updates
FRAX score for osteo
Increase regular screening for at risk pt for osteoporosis; will be more aggressive in using a variety of meds for psoriasis; will consider newer drugs for diabetic and stroke prevention
Medications
When to check bone density test and when to refer; how to test/diagnose IBD and assess for remission/when to refer; start incretin based therapy more often
Diabetic management with GLP-1 vs DP4; Chron's disease/IBS treatment 1st line therapies
Confidently identify patients for BMD testing, plus preferred treatment, use of current labs for toxicity levels when prescribing medications
FRAX evaluation in osteoporosis; biologicals in psoriatic arthritis treatment; GLP-1 for diabetic treatment and CHAD scoring
FRAX website for help with treating osteoporosis; the four effective meds with best efficacy in treating Psoriasis; differentiating area of bowel affected by presentation of sx
Protocols for psoriasis treatment vs psoriatic arthritis; using CHAD score
More knowledge of medication choices; ways to assess risk factors; helpful websites to consult
Be suspicious anyone over 60; how to approach pt; use of biomarker turnover
Utilize appropriate labs to help diagnose and treat; better knowledge of which med may be best
Medical management of IBD; osteoporosis diagnosis criteria; DM management
Mgt of psoriasis; frequency of when to screen for osteoporosis
Use risk stratification more often especially in determining when to start certain osteoporosis and anticoagulation treatment
Using FRAX 10 year fracture risk; 4 meds effective for hip fracture; use of biologics for psoriasis; IBD treatment recommendations and complications
As recommended and guidelines
Those suggested
BMD testing and choosing treatments; treating pt with DM with GLP-1
Time saving methods/obtain Dx quickly
Meds for treatment osteoporosis; algorithm for treatment DM; how to treat psoriasis
Implementation of GLP and type 2 DM; screen/eval patient's on dabigatran
Will start new DM treatment; consider starting Afib treatment; better screening for psoriasis patient
Treating osteoporosis-when and how; using biologic meds in psoriasis; treating IBD
New treatment options in new drugs; new guidelines
Using FRAX to evaluate treatment for bone loss; evaluating UC vs Crohn's vs IBS; warfarin vs pradaxa
Handout allows brief note taking. Auto answers encourage participation
Appropriate screening test and H&P
Use of the CHADs score

Comment
How to approach osteoporosis implement better research tools to guide pt choices for tx; psoriasis treatment important options
Evaluation of GLP-1 therapy in patient with DM; use of FRAX for osteoporosis therapy/screening
Gold standard- Quantiferon Gold; Clobetolol 1st line Psoriasis; Tcell medicated; check and replace Vitamin D for everything
I have learned better risk stratification and mgmt of medications in pts of all disease states
See book
FRAX score; psoriasis comorbidity evaluation; PASI; CHAD score
Use of FRAX, use of labs for IBD and psoriasis, Rx of GLP-1s
Available meds for conditions presented; appropriate assessment; follow up
Osteoporosis mgmt; DM mgmt; IBD mgmt
Use of FRAX and CHADS2
Even though I might not treat a patient with some of the topics, the information received will help me make better assessments, get better H&P and help to understand patients treatment plans
Using FRAX
Use FRAX criteria; psoriasis emphasize Vitamin D more in treatment. Zoster vax early in treatment after immunosuppress necessary
Utilizing FRAX to determine need for osteoporosis tx-esp in atypical patients
FRAX module-scale
Learned updated treatment strategies
Updated med recommendations

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

Comment
Seizures, asthma, lymphomas
More on general assessment for diseases ophthalmology
Gyn women's issues; geriatric issues-Alzheimer's
Sleep apnea; cardiac testing; general dermatology
Breast disorders; HRT-menopause
COPD; pediatric infections; hypothyroidism
RA
Migraine headaches, chronic pain in the elderly, chronic UTI, acute URI
I think topics on diabetes are always important since new drugs are always coming out. Screening recs for cancer, Hepatitis C, gynecology
More pharm
Cardiac-CHF, cardiac evaluation prior to surgery
Heart failure; obesity
Skin diseases; GERD; HTN
Movement disorders
Asthma, Eczema, low testosterone
Orthopedics

Comment
URI, UTI, allergic rhinitis
Seizure disorders, Alzheimer's, depression, back pain, vertigo/dizziness, women's health, HTN, Dysuterine bleeding, RA, OA, DMII
Cardiomyopathies and device placement
Orthopedics
Obesity, EKGs, HRT-DHEAs, natural progesterone, testosterone, etc
Valvuloplasty-when to refer vs correctional surgery; HTN med updates
Hypertension; COPD
Neurology topics
Acute Congestive Heart failure; volume overload with dehydration; acute MI treatment in emergency department; use anticoagulants confident with learning Chads
More dermatology topics and treatments
IBS; migraine headache
The mechanism of Afib and treatment; TAVR; antithrombelitics in the stented patient
Antidepressants
Use of non narcotic meds in chronic pain management; sleep hygiene with meds; use of NSAIDS with total joint replacement
Thyroid disease management; orthopedic
HTN, HLD, Hepatitis, hypothyroidism, lymphademopathy
Obesity management; fracture management; infertility management
Venous Thrombo Embolism; PTSD; pulmonary hypertension
Interstitial cystitis; endal disease; renal insufficiency; CKD; use of RxS
Orthopedics; infectious disease
HRT current trends, antidepressants and their side effects, insomnia-lifestyle changes vs medications
CKD, transplant, pediatrics
Cardiac testing, sleep apnea
Neurosurgery
HTN, Fibromyalgia, PCOS, endometriosis, dermat, OTC Pharm
Male health-ED, testosterone, screenings; orthopedic; dermatology
Pediatrics-any acute conditions needing ER
Hypertension; kidney disease
HTN, Hyperlipidemia, COPD/Emphasema, pain mgmt, trauma, orthopedic injuries, ID of various skin disorders
Chronic pain management
ENT
Post menopausal HRT tx options; ENT topics; dermatology tx/dx
Orthopedic, thyroid disease management
EKG interpretation; radiology
Same plus CHF and asthma
Cardiovascular topics-ie tx of arrhythmias1 etc; EKG interpretation
Ped topics
Mental health topics; various women's health topics
Infectious disease, antibiotic therapy, 12 Lead EKG, radiology-reading, best practice, other skin issues

Comment
Chronic kidney disease, arid/bare
HTN and CV dx updates; DM mgmt updates; COPD/rulm dx updates
Pediatric care
Surgical
Cardiology CMS; arthritis
Weight loss management; chronic pain management; anything R/T dermatology; depression/anxiety treatment; new recommendations for HTN treatment
GYN/GU
Thyroid disease
Current guidelines in STD treatment, other gyn topics, other dermatology topics
Nephrology; ethics; pharmacology
Topics with skill related activity such as antibiotic tx and wound care-I&D-and cardiac topic and review of ECG
PTSD, mood disorders

## Additional comments:

Comment
Increase pathophysiology regarding disease states Afib slides-always new data
Good
Very good
Excellent presentations
I would like to hear different categorical topics on all organ systems in terms of treating patients in a primary care setting. I work in neurology but would like to stay updated in several other topics
Conference far surpassed my expectations!! Thank you
Too many graphs
Thank you
Good info
Kathleen was great
Very nice course; very informative; very, very well organized and managed
Please provide lunch next time
The volume of the mic was low
Providing lunch would be desirable. Otherwise class content and objectives were relevant to practice
Excellent
Great CME experience
Thank you
Great handout for note taking. Thank you
Thank you
Very nice, informative conference
Thanks great jobs; all speakers beyond excellent
No group activities until at least after lunch
Great room, very organized format, good material
Great conference! Thank you! I appreciated the opportunity. The audience response system gave us chance to apply learned information
Excellent conference
Great speakers and topics! Please have this program at least annually
Liked the response cards

## Item Statistics:

	Title	Specialty	Learning Objectives1	Learning Objectives2	Learning Objectives3	Learning Objectives4	Learning Objectives5
Mean	3.31	2.97	1.06	1.17	1.15	1.18	1.12
Variance	0.39	8.22	0.06	0.14	0.13	0.18	0.11
Standard Deviation	0.63	2.87	0.25	0.38	0.36	0.42	0.33
Standard Error	0.06	0.30	0.03	0.04	0.04	0.04	0.04
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	6.00	8.00	2.00	2.00	2.00	3.00	2.00
Median	3.00	1.00	1.00	1.00	1.00	1.00	1.00
Range	5.00	7.00	1.00	1.00	1.00	2.00	1.00

	Overall Activity	Enhancing My Confidence	Improving My Knowledge	Patient Care	Make Changes	Implement New Strategies	Nelson Watts MD {Osteo}
Mean	1.41	1.38	1.40	1.42	1.47	1.61	4.80
Variance	0.36	0.26	0.31	0.36	0.57	0.81	0.20
Standard Deviation	0.60	0.51	0.56	0.60	0.75	0.90	0.45
Standard Error	0.06	0.05	0.06	0.06	0.08	0.10	0.05
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	3.00
Maximum	3.00	3.00	4.00	4.00	4.00	4.00	5.00
Median	1.00	1.00	1.00	1.00	1.00	1.00	5.00
Range	2.00	2.00	3.00	3.00	3.00	3.00	2.00



	Brad P Glick DO {Psoriasis}	Gerald W Dryden MD {IBD}	Janice Miller DNP {Diabetes}	Kathleen Higgins CRNP {AFib}	Nelson Watts MD {Osteo} Bias	Brad P Glick DO {Psoriasis} Bias	Gerald W Dryden MD {IBD} Bias
Mean	4.57	4.71	4.68	4.65	4.89	4.84	4.91
Variance	0.51	0.30	0.29	0.63	0.12	0.20	0.08
Standard Deviation	0.72	0.55	0.54	0.79	0.35	0.45	0.29
Standard Error	0.08	0.06	0.06	0.09	0.04	0.05	0.03
Minimum	2.00	3.00	3.00	1.00	3.00	2.00	4.00
Maximum	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Median	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Range	3.00	2.00	2.00	4.00	2.00	3.00	1.00

	Janice Miller DNP {Diabetes} Bias	Kathleen Higgins CRNP {AFib} Bias	Reasons for Participating	Future CE Activities
Mean	4.64	4.66	-	1.82
Variance	0.54	0.61	-	0.62
Standard Deviation	0.74	0.78	-	0.79
Standard Error	0.08	0.08	-	0.08
Minimum	1.00	1.00	-	1.00
Maximum	5.00	5.00	-	4.00
Median	5.00	5.00	-	2.00
Range	4.00	4.00	-	3.00