



Emerging Challenges In Primary Care: *2012*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2012
Saturday, May 12, 2012
Marriott Pontiac at Centerpoint, Pontiac, MI

Course Director: Gregg Sherman, MD

**Date of Evaluation
Summary:** May 24, 2012

In May 2012, the National Association for Continuing Education (NACE) sponsored a CME program, *Emerging Challenges in Primary Care: 2012*, in Pontiac, MI.

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about Diabetes, Atrial Fibrillation, Inflammatory Bowel Disease, Pulmonary Arterial Hypertension, and Osteoporosis.

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 forty two healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2012* in Pontiac, MI. One hundred eighty one 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. One hundred eighty one completed forms were received. The data collected is displayed in this report.

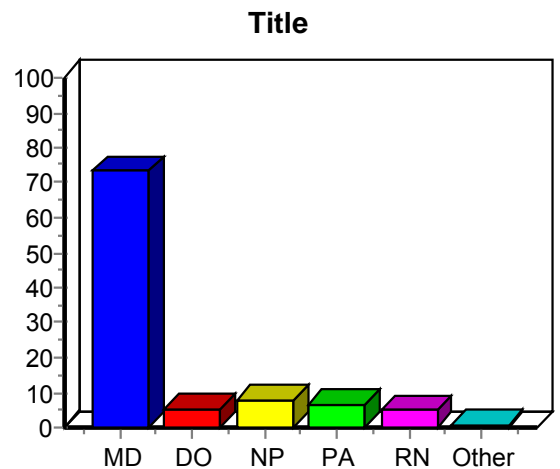
CME ACCREDITATION

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.

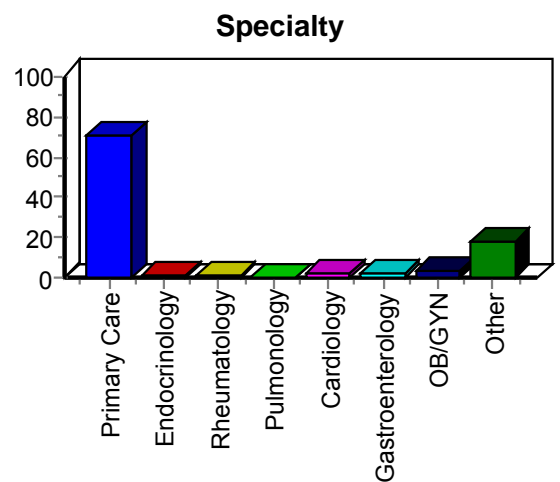
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	133	73.48	74.30
DO	10	5.52	5.59
NP	14	7.73	7.82
PA	12	6.63	6.70
RN	9	4.97	5.03
Other	1	0.55	0.56
Total Valid	179	98.90	100.00
Total Missing	2	1.10	
Total	181	100.00	



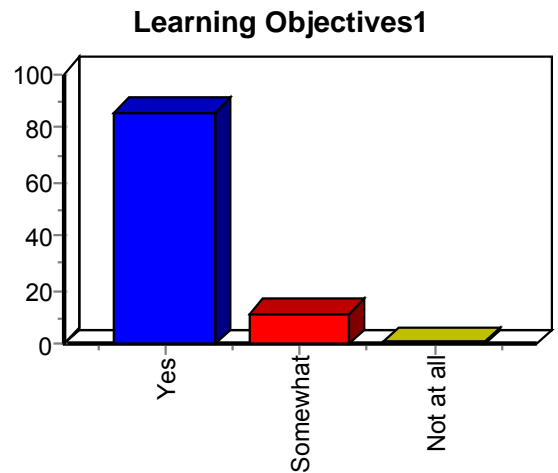
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	127	70.17	72.57
Endocrinology	2	1.10	1.14
Rheumatology	2	1.10	1.14
Pulmonology	0	0.00	0.00
Cardiology	3	1.66	1.71
Gastroenterology	4	2.21	2.29
OB/GYN	5	2.76	2.86
Other	32	17.68	18.29
Total Valid	175	96.69	100.00
Total Missing	6	3.31	
Total	181	100.00	



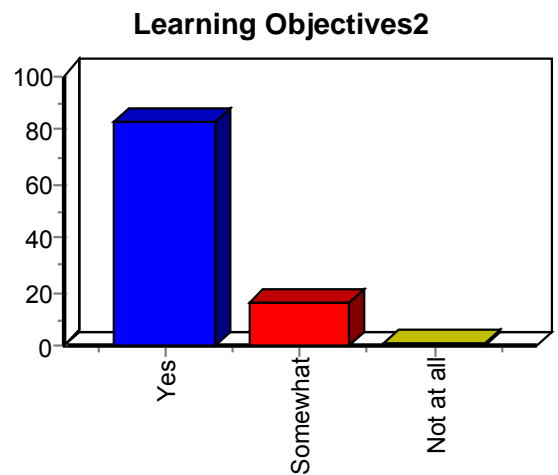
Upon completion of this activity, I can now - Address the importance of early diagnosis for enhancing outcomes in type 2 diabetes; identify evidence-based strategies for type 2 diabetes management; discuss the role of newer therapies in the pathophysiology and management of type 2 diabetes; and discuss the role of the chronic care model in optimizing diabetes care:

Label	Frequency	Percent	Valid Percent
Yes	155	85.64	88.07
Somewhat	20	11.05	11.36
Not at all	1	0.55	0.57
Total Valid	176	97.24	100.00
Total Missing	5	2.76	
Total	181	100.00	



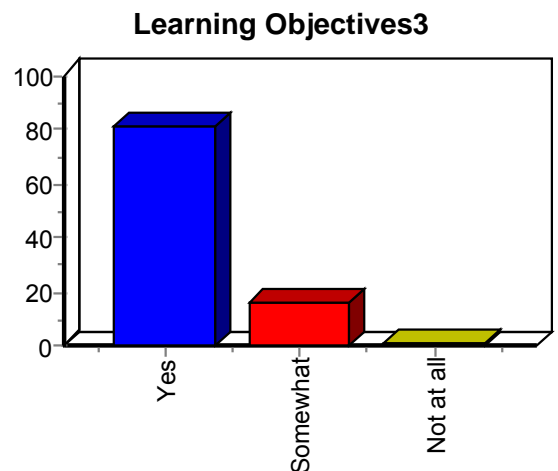
Upon completion of this activity, I can now - Use the CHADS2 score to assess stroke risk in patients with atrial fibrillation (AF); describe the benefits versus risks of antithrombotic therapy for stroke risk reduction in AF patients; identify appropriate therapeutic interventions for AF patients depending on the level of stroke risk; optimize the long-term management of AF patients receiving antithrombotic therapy:

Label	Frequency	Percent	Valid Percent
Yes	149	82.32	83.24
Somewhat	28	15.47	15.64
Not at all	2	1.10	1.12
Total Valid	179	98.90	100.00
Total Missing	2	1.10	
Total	181	100.00	



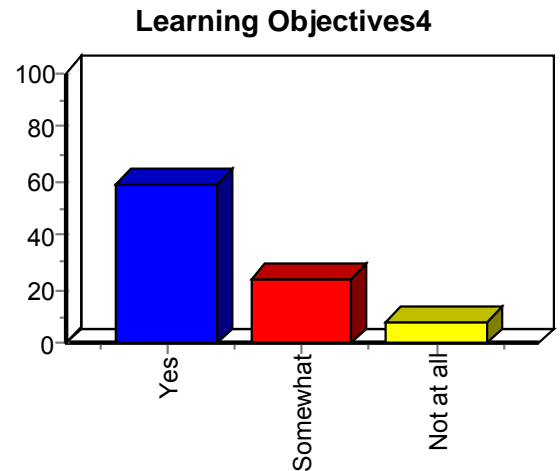
Upon completion of this activity, I can now - Identify the conditions referred to as inflammatory bowel disease (IBD), and discuss their clinical presentations; implement appropriate pharmacologic and non-pharmacologic therapeutic strategies for managing IBD in accordance with evidence-based guidelines; 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	147	81.22	83.52
Somewhat	28	15.47	15.91
Not at all	1	0.55	0.57
Total Valid	176	97.24	100.00
Total Missing	5	2.76	
Total	181	100.00	



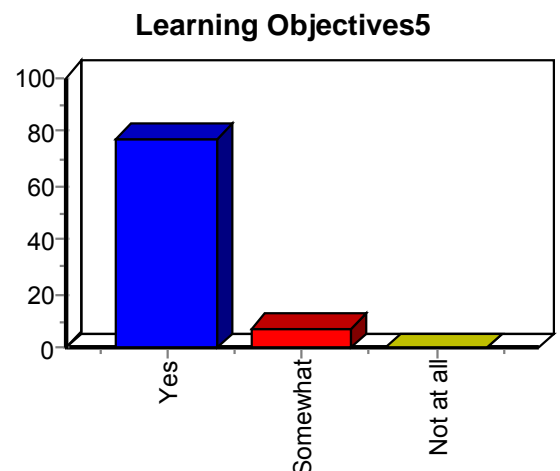
Upon completion of this activity, I can now - Address the pathophysiology of PAH; discuss when and how to screen patients for PAH; identify current therapies in the management of PAH; and discuss how to appropriately monitor patients receiving treatment for PAH:

Label	Frequency	Percent	Valid Percent
Yes	107	59.12	65.24
Somewhat	43	23.76	26.22
Not at all	14	7.73	8.54
Total Valid	164	90.61	100.00
Total Missing	17	9.39	
Total	181	100.00	



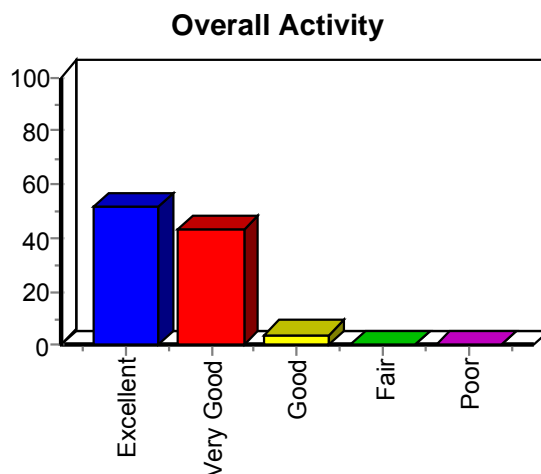
Upon completion of this activity, I can now - Discuss screening strategies for osteoporosis in postmenopausal women; identify candidates for pharmacologic treatment of postmenopausal osteoporosis; evaluate and compare available therapies for osteoporosis; and discuss barriers to adherence and effectiveness of osteoporosis therapy:

Label	Frequency	Percent	Valid Percent
Yes	139	76.80	91.45
Somewhat	13	7.18	8.55
Not at all	0	0.00	0.00
Total Valid	152	83.98	100.00
Total Missing	29	16.02	
Total	181	100.00	



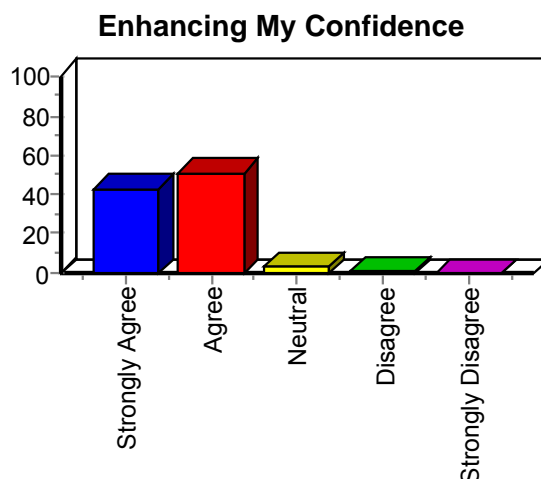
Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	93	51.38	52.25
Very Good	78	43.09	43.82
Good	7	3.87	3.93
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	178	98.34	100.00
Total Missing	3	1.66	
Total	181	100.00	



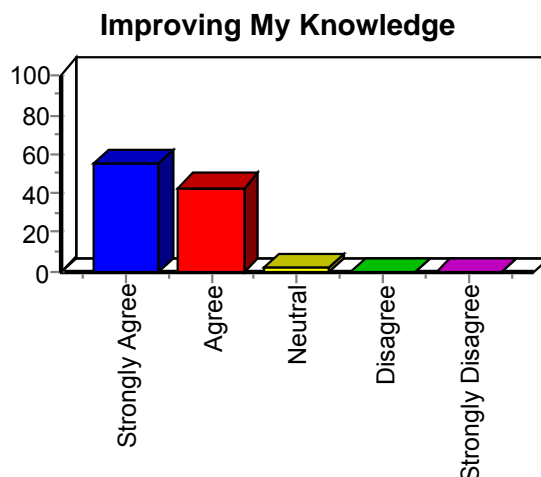
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	78	43.09	44.32
Agree	92	50.83	52.27
Neutral	5	2.76	2.84
Disagree	1	0.55	0.57
Strongly Disagree	0	0.00	0.00
Total Valid	176	97.24	100.00
Total Missing	5	2.76	
Total	181	100.00	



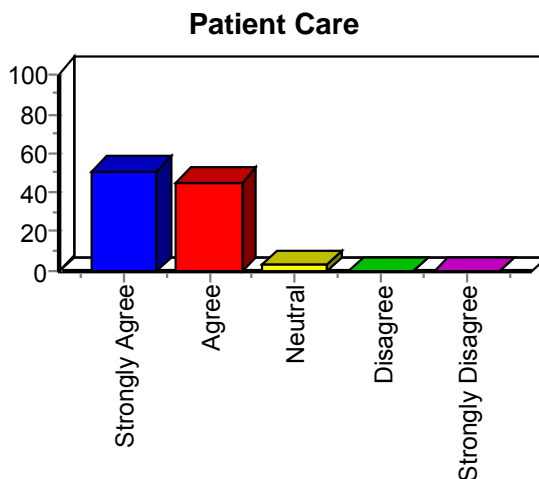
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent	Valid Percent
Strongly Agree	99	54.70	55.31
Agree	77	42.54	43.02
Neutral	3	1.66	1.68
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	179	98.90	100.00
Total Missing	2	1.10	
Total	181	100.00	



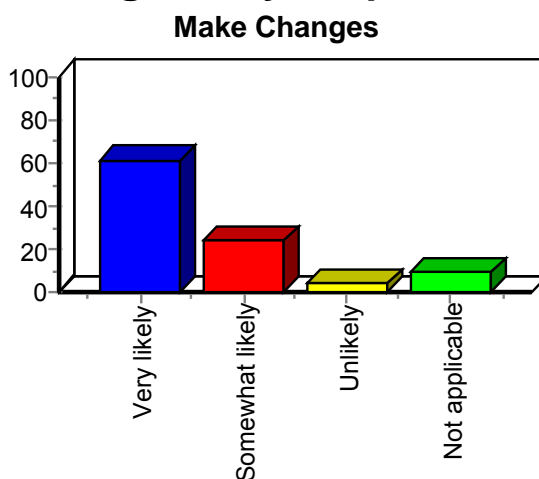
As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	92	50.83	51.11
Agree	82	45.30	45.56
Neutral	6	3.31	3.33
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	180	99.45	100.00
Total Missing	1	0.55	
Total	181	100.00	



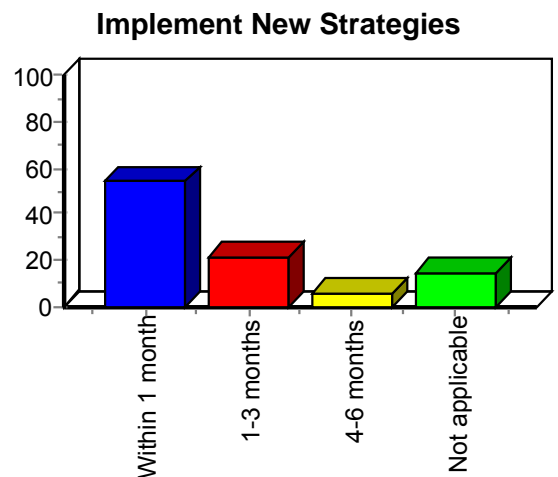
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	111	61.33	62.36
Somewhat likely	43	23.76	24.16
Unlikely	7	3.87	3.93
Not applicable	17	9.39	9.55
Total Valid	178	98.34	100.00
Total Missing	3	1.66	
Total	181	100.00	



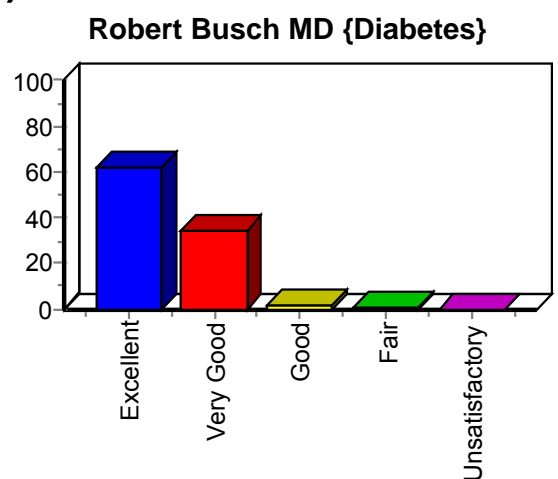
When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	98	54.14	56.65
1-3 months	38	20.99	21.97
4-6 months	10	5.52	5.78
Not applicable	27	14.92	15.61
Total Valid	173	95.58	100.00
Total Missing	8	4.42	
Total	181	100.00	



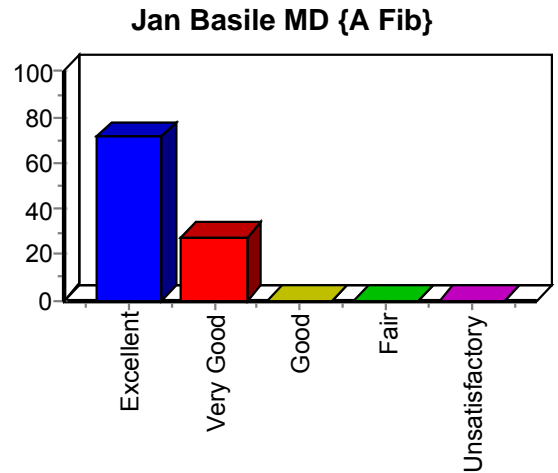
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Robert Busch, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	112	61.88	62.92
Very Good	62	34.25	34.83
Good	3	1.66	1.69
Fair	1	0.55	0.56
Unsatisfactory	0	0.00	0.00
Total Valid	178	98.34	100.00
Total Missing	3	1.66	
Total	181	100.00	



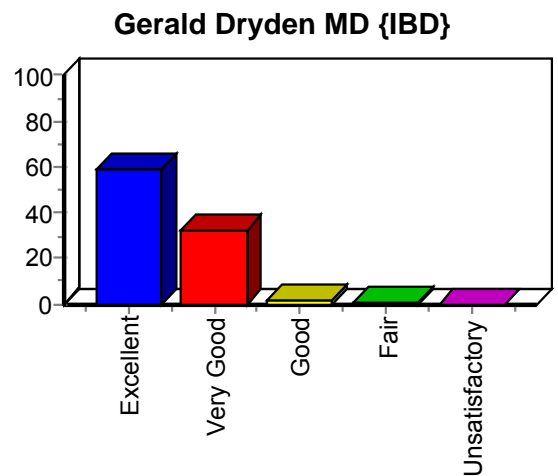
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jan Basile, MD (A Fib):

Label	Frequency	Percent	Valid Percent
Excellent	129	71.27	71.67
Very Good	51	28.18	28.33
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	180	99.45	100.00
Total Missing	1	0.55	
Total	181	100.00	



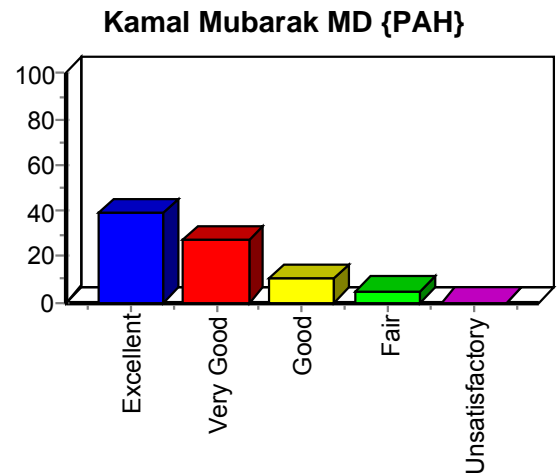
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Gerald Dryden, MD (IBD):

Label	Frequency	Percent	Valid Percent
Excellent	107	59.12	62.57
Very Good	59	32.60	34.50
Good	4	2.21	2.34
Fair	1	0.55	0.58
Unsatisfactory	0	0.00	0.00
Total Valid	171	94.48	100.00
Total Missing	10	5.52	
Total	181	100.00	



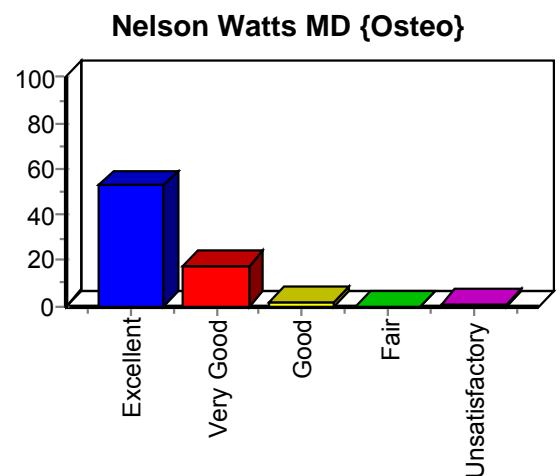
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Kamal Mubarak, MD (PAH):

Label	Frequency	Percent	Valid Percent
Excellent	70	38.67	48.61
Very Good	48	26.52	33.33
Good	18	9.94	12.50
Fair	8	4.42	5.56
Unsatisfactory	0	0.00	0.00
Total Valid	144	79.56	100.00
Total Missing	37	20.44	
Total	181	100.00	



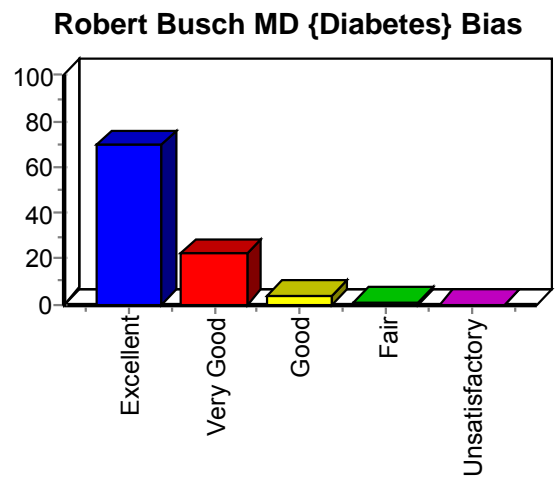
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nelson Watts, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	95	52.49	73.08
Very Good	31	17.13	23.85
Good	3	1.66	2.31
Fair	0	0.00	0.00
Unsatisfactory	1	0.55	0.77
Total Valid	130	71.82	100.00
Total Missing	51	28.18	
Total	181	100.00	



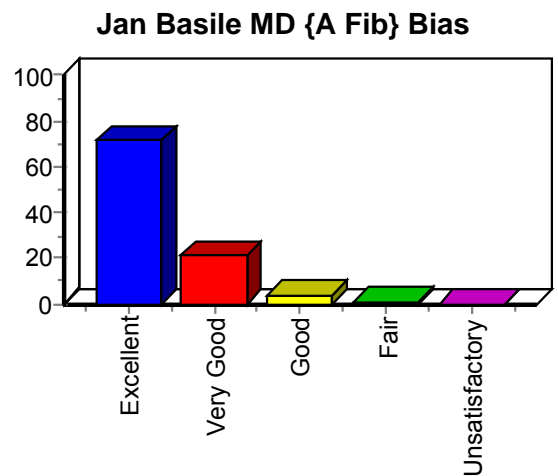
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Robert Busch, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	125	69.06	72.25
Very Good	40	22.10	23.12
Good	7	3.87	4.05
Fair	1	0.55	0.58
Unsatisfactory	0	0.00	0.00
Total Valid	173	95.58	100.00
Total Missing	8	4.42	
Total	181	100.00	



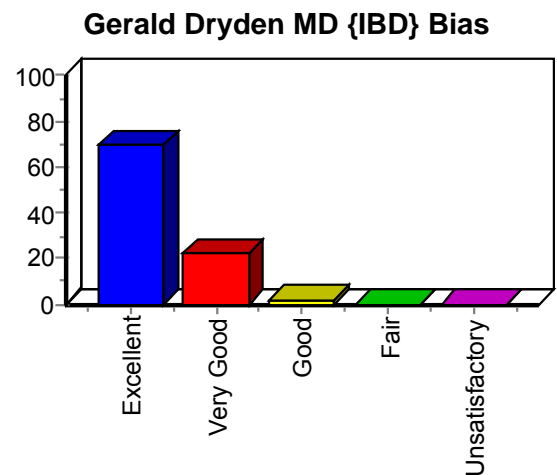
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jan Basile, MD (A Fib):

Label	Frequency	Percent	Valid Percent
Excellent	129	71.27	73.71
Very Good	39	21.55	22.29
Good	6	3.31	3.43
Fair	1	0.55	0.57
Unsatisfactory	0	0.00	0.00
Total Valid	175	96.69	100.00
Total Missing	6	3.31	
Total	181	100.00	



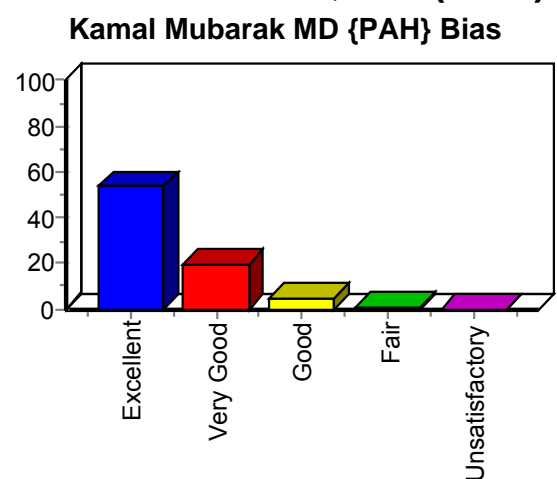
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Gerald Dryden, MD (IBD):

Label	Frequency	Percent	Valid Percent
Excellent	125	69.06	73.96
Very Good	40	22.10	23.67
Good	4	2.21	2.37
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	169	93.37	100.00
Total Missing	12	6.63	
Total	181	100.00	



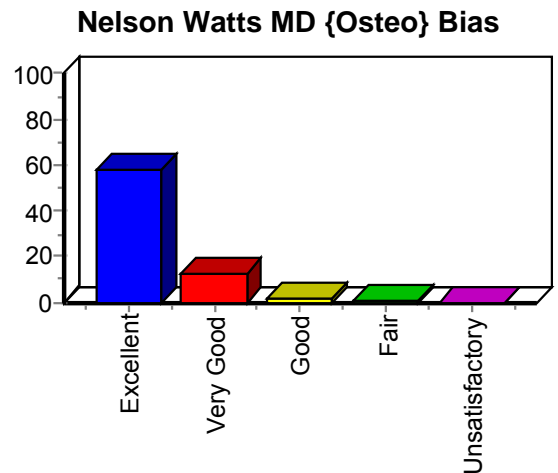
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Kamal Mubarak, MD (PAH):

Label	Frequency	Percent	Valid Percent
Excellent	98	54.14	68.06
Very Good	36	19.89	25.00
Good	9	4.97	6.25
Fair	1	0.55	0.69
Unsatisfactory	0	0.00	0.00
Total Valid	144	79.56	100.00
Total Missing	37	20.44	
Total	181	100.00	



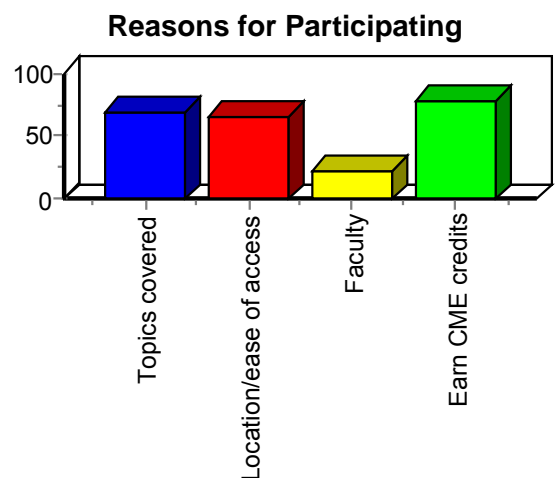
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nelson Watts, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	106	58.56	78.52
Very Good	24	13.26	17.78
Good	4	2.21	2.96
Fair	1	0.55	0.74
Unsatisfactory	0	0.00	0.00
Total Valid	135	74.59	100.00
Total Missing	46	25.41	
Total	181	100.00	



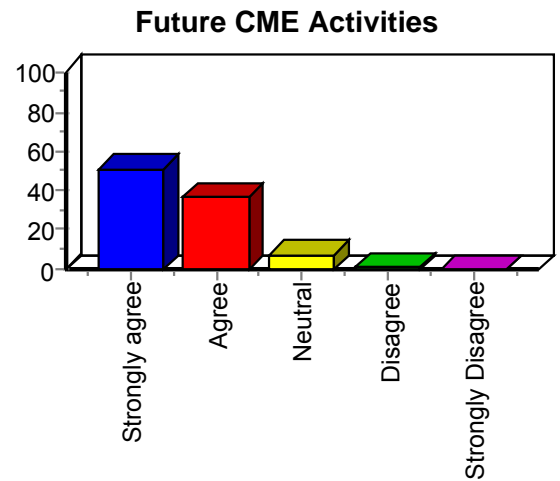
Which statement(s) best reflects your reasons for participating in this activity:

Label	Frequency	Percent	Valid Percent
Topics covered	127	70.17	72.16
Location/ease of access	119	65.75	67.61
Faculty	39	21.55	22.16
Earn CME credits	140	77.35	79.55
Total Valid	176	97.24	100.00
Total Missing	5	2.76	
Total	181	100.00	



Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent	Valid Percent
Strongly agree	92	50.83	52.87
Agree	67	37.02	38.51
Neutral	14	7.73	8.05
Disagree	1	0.55	0.57
Strongly Disagree	0	0.00	0.00
Total Valid	174	96.13	100.00
Total Missing	7	3.87	
Total	181	100.00	



What is your professional degree?

Comment
PhD
MSNA
MA

What is your specialty?

Comment
Pediatric
Internal Medicine
Internal Medicine
Internal Medicine
Internal Medicine
Internal Medicine
Emergency Medicine
Internal Medicine
Neurology
Pathology
Psychiatry
Internal Medicine
General Surgery
Client Services
ER
Internal Medicine
Peds
Psychiatry
Internal Medicine
Geriatrics
PD
Radiology
Family Practice
Hospice
Allergy
Peds
Neurology
Psychiatry
Allergy and Immunology
Neurosurgery
Nephrology
Family
Internal Medicine
Community Education

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

Comment
Regarding treatments for uncontrolled DM
Rather comprehensive presentations, but very practical use of case studies and questions and answers
Especially with OA
Treat diabetes more aggressively, using 2 drugs early on, change anticoag treatment, stop recommending ASA, I will still refer IBD to GI, PAH to cardiologist
New medicine that is available, when to refer to a specialist, new diagnostic tests to perform
Using CHADS2 score as well as CHA2DS2 VASC in treating Afib
Better management of diabetes in pregnancy and on IBS with my IVF patients and immunosuppressed patients
Use of different strategies for aggressiveness in treating diabetes, using CHADS2 strategies for anticoagulant in AF, strategies for treatment of IBD
Adjust meds, refer better
Treating A-fib via CHAD
All strategies taken are consistent with improving clinical management of medical doctor and hence benefit the patient
Screening for osteoporosis, how to evaluate for pulmonary HTN, recommending new anticoagulants management, pharmacotherapy
Use of CHADS, new guidelines presented and try to implement
Appropriate use of screening and treating diabetes, Use of CHADs score and new treatments for Afib
Management of DMII, Afib + classification
To be selective of anticoag rx in Afib, to be aggressive in Rx of DM, clearer picture of treatment of osteoporosis
Create an app for smart phone so can be downloaded on site material, evaluation can be submitted via app
Good learning experience, help to improve treatment, early diagnosis and better compliance
Early initiation of combination therapy in diabetes, use of newer anticoagulants
Add/start two oral agents sooner related to diabetes management, order more echocardiograms, bone density testing, calculate CHADS2 score, change IBD treatment
Implement diagnostic and therapeutic guidelines
Treatment of anticoagulant therapies, diabetes management, importance of immunization when treatment IBD
Treat type 2 diabetes as early as possible using combination treatment, using CHADS2 score for evaluation for rx in AF
Change my approach to diabetes, more aggressive rx of osteoporosis and use FRAX
Using CHAD scores prior to sending all afib to cardiology, beginning with dual therapy for DM with postprandial hyperglycemia
Better managed AF and DM
Osteoporosis, diagnosis of PAH, IBDx
Very informative seminar, looking forward to future seminars
Use CHADS, newer therapies for DM
My specialty is pediatrics

Comment
Duplicate pharmaceuticals e.g. metformin and insulin or glucotrol and insulin, I have improved knowledge in their actions; hence, in teaching our patients on meds regimen, SE, AR, and drug/food interactions and intervention as needed; CHADS and CHA2DS2-VASC computation
New guidelines for AF treatment and approach, all new aspects about pulm HTN and osteoporosis treatment
Applying CHADS score, management of osteoporosis
More aggressive DM treatment, identify and start up in treatment for AF
Basal insulin in uncontrolled pt, additional of oral agent, 1st concentrate on fasting BS
New insulin, consider GLP-1 intro
Use ATA guidelines, better understanding of IBD
Clear presentation of A-fib, very confident in treatment, better understanding of PAH and what test
The newer treatment in DM type II, in IBD and Afib are really informative, please continue topics on DM type II
I will reconsider combination treatment for diabetes mellitus, atrial fibrillation doesn't necessarily require antithrombotic agents
Stroke risk prevention in AF
Management of osteoporosis, applying CHADS score, management of IBS
Treating Afib with new med rx
Question, answer format during presentations
Combination rx for T2DM, Rx for AF
Risk stratification, drug therapy/tight glycemic control for new diabetes
Brought up to date on guidelines of 2012 (unaware of changes prior), feel current now
Individualize diabetic regimens, understanding IBD
Early treatment of type 2 diabetes and multiple options, use CHADS2 and FRAX to determine risk and who to tx
Consider early combined therapy for treatment of diabetes type 2, always consider CHADS2/CHADS2-VASC score in starting anticoagulant in AF
Importance of treating diabetes aggressively from the onset, Newer antithrombotics and risk assessment
More BMD test, follow CHAD score, More echos to check for PAH
New guidelines for diabetes and a-fib management, utilizing CHADS VAS score for antithrombotic therapy
New Rx for DM control, New Rx for Crohn's, UC
More confident use of new antithrombotics, New classification and treatment for PH and early referral for card cath
New therapies in diabetes, combination therapy for IBD
Review new guidelines
Use combination therapy earlier in DM, Use GLP1 with basal insulin
Be more aggressive
Use of Exenatide with basal insulin in type II DM, Use of Warfarin for stroke prevention in Afib patients
Use newer antibiotic agents in combination with old meds, Use CHADS2 score in initiating antithrombotic therapy, use steroids for mild cases of IBD
Oral therapy and medical treatment strategies
Use CHADS-VASC when CHADS2 score is 0 or 1, more aggressive screen and treatment of pre diabetes
More blood work
The newer medication and regimens for patient care

Comment
To eliminate aspirin as treatment (antithrombotic) to prevent stroke, no evidence of it being effective, Evaluate elderly closely to detect hypoglycemia and be aware that if a pt on a beta blocker it can lead to hypoglycemia, if pt has an A1c of 7.5 - treatment with 2 drugs immediately - be aggressive to increase success
Learned how to evaluate risk of stroke using CHAD, treat crown's
New medicine treatment of IBD
Start Coumadin sooner vs. ASA, liked UC vs. Crohn's disease differentiation
Excellent speaker on current knowledge of selected topics leading better care of patients. PAH - interesting but rather refer to specialist
Focus more on risk factors and start stratification for adequate treatment
Use of CHAD score, anticoagulant treatment, diabetes treatment, osteoporosis treatment
More aggressive earlier, intensive diabetes treatment - individualize, choice of multiple drugs
Strategies especially in diabetes, good information, add knowledge (current) to med problems, pertaining to the above topics
Diabetes and Afib - new updates and understanding, better in the management
How to use the CHADS score, treatment for IBD, referral for PAH
More cautions for my patients with Crohn's disease
Stop aspirin, if only reason giving is for stroke, refer pts with PAH to specialty centers
Improve DM appropriate screening of patients with suspected type 2 DM, use CHADS2 and CHA2DS-VASC risk stratification score
DM drugs, awareness of PAH
Re: osteoporosis
CHADS2-VASC, new antithrombotic agents, Insulin + Exenotide
Learned risk factors on management of DM, pulmonary HTN, osteo and IBD
Early use of therapies - help control in the majority of diabetes
To do bone mass density to all 65+
CHADS2, diabetes T2 new trends how to lower A1C level, combination therapy in IBD
Using CHADS2 score, no place for ASA in AF stroke prevention, treatment of uncontrolled DM and use of combination therapy
Increase my comfort treat DM. Will start MUH drug sooner, will cont to send cardiac patients to cardiology with basic work up, better understanding of IBD
Aggressive management of new onset in my DM patients, using risk stratification for management of stroke, better management of GU, UC with combination drugs
To use oral antidiabetic agent more effectively, to better manage IBD, better treatment for osteoporosis
Oral therapy, CCB, Coumadin
New CHADS2 scoring - application
Follow the recommendations I learned
New treatment of type 3 diabetes, updates on A1C level criteria for diabetes, differential diagnosis and treatment of IBD, Crohn's, Colitis and UC. PAH is complicated - can't apply to my practice but worthwhile to learn information
More comfortable to manage Afib/DM/IBD/etc by myself and early consult with specialists

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

future?

Comment
Kidney disease
Metabolic syndrome, cardiac syndrome
EKG - murmurs, hypothyroid or thyroid dysfunction
Diabetes, lipids, hypertension
Opioid addiction
Allergy and asthma
High risk OB and end of life care
More about atrial fibrillation, more about AODM treatment
Obesity, bipolar disorders, sports medicine, macular degeneration
Depression, asthma
ADHD, teenage pregnancies
CNS
Diagnosis and treatment of coronary heart disease
Diabetes, osteo
Obesity, HTN, asthma, heart failure, cirrhosis
Treatment of community acquired pneumonia, management of Alzheimer's disease
Endocrine pathologies clinical
Dyslipidemia, cardiac problems
Women's health, depression, HTN, kidney disease
Arthritis, Alzheimer's/Dementia
Routine cardiovascular testing, medical and surgical rx for PAD and recommendation
Metabolic syndrome, prevention CVD, nutrition and exercise
CAD
ADHD, depression/anxiety
DM, obesity, osteoporosis, women's issues
Lipid disorders, aging
COPD, ED
Allergy/asthma, autoimmune disease, infectious disease
orthopedics, RA vs. OA, skin disease, insect bites
Dementias including Alzheimer's
Asthma, HTN, Arthritis, OA, RA
Treatment of ortho
Anemia, screening for malignancy, fall prevention, testosterone, conjunctivitis
Renal pathology
Hypertension
Thyroid disease and obesity
Pediatric topics if possible
Aggressive antibiotic use for infections
More emerging challenges/updates in the management of DM II, link with other macro/micro vascular complication (consider renal functions)
Asthma, HTN
Hypertension, dyslipidemia

Comment
Asthma, epilepsy, anxiety, depression, thyroid disease
Rheumatologic disease, endocrine
ID topics, vaccines (adult)
CHF, HIV
Hypertension
Other different topics
Asthma, psoriasis, PAD
Office based dermatology, hypothyroid - under treatment or not well diagnosed
New strategies in drug and treatment of dyslipidemia
CAD intervention vs. medical treatment, update COPD
CAD, gout, arterial hypertension
I want to keep medical license, to work on "free" medical care, I have been general surgeon for 40 years at Marlette, MI, semi retired, moved to Troy, MI, I appreciate your help also. Thank you
HTN, COPD
Attending a meeting like this helps me feel up to date on current literature/trends and what's new and prominent/prevalent
Update in bacteriology, psychosomatic diseases
ASCVD, gout, RA
Drug addiction, Alzheimer's
PAH with another (better) speaker
EKG interpretation, renal/urology topics
Hyperlipidemia, obesity, statins, CAD - PTCA, Cancer of breast/prostate/colon
Prostate cancer, lung cancer
Treatment of HTN, CHF
Women's health - cervical ca, HPV, breast ca
Rheumatology, hematology
Rx of disease in children, asthma and allergies, vaccinations
Dermatology, pulm - asthma, COPD, CV - obesity, CV - smoking, kidney failure
Vascular disease, skin manifestations of certain disease
Chronic pain, migraine, drug addiction
The variety you select is quite satisfactory
Treatment of kidney disease
Pregnancy control
Pain management, seizures, coronary artery disease, CVA
Surgical cases
CKD, ESRD, Care of HTN, DM in ESRD pts, Care of dyslipidemia in ESRD pts
Autoimmune diseases
Pain management
Please keep us updated
Diabetes mellitus, hyperlipidemia,
Osteoarthritis, gout, GERD, IBS
Any
Thyroid diseases, blood disorders, renal diseases
More in Afib - managing anticoagulant therapy and diabetes, CAF, how to target therapeutic dose

Comment
Any
CKD, obesity, hyperthyroidism, IBS
Breast CA, Colorectal CA, Diverticular disease
Metabolic syndrome, obesity, management of handling patients post gastric bypass, management of headache/hypertension/depression
Menopause, RA, TIAs
Hyperlipidemia, dementias
Eye diseases, Asthma and allergy
Renal failure - pathophysiology
CKD, DM, HBP,
Physical exam component and result interpretation
Any you choose
Neuro
Pain management
HIV, pain
Hepatitis, cancer, ENT
Stroke, Pneumonia, COPD, AMI, CHF, Pain management
Updates
Treatment of HTN
Obesity in DM
Infections, CKD
Hepatitis and other blood borne pathogens, orthopedic and ophthalmological problems and management in primary care setting
Alzheimer's and multiple sclerosis
HTN, PVD, high cholesterol

Additional comments:

Comment
Thank you
Excellent
Good format, breaks were not unnecessarily long, therefore a reasonable early completion to the course. I like the printed slides as opposed to some CME courses that provide a CD or permit self printing of the program
More breaks, more snacks Good content and handouts
More conference of same topics are needed but this was a great one
Good conference
Excellent presentation
None
Well organized, good venue
Well performed and organized conference, Dr. Busch and Dr. Mubarak are outstanding. Thank you
Well presented

Comment
Too many acronyms - please spell out
Allow more time for discussion and interpretation of slides
Thank you
Good topic of particular value, nicely organized
Excellent meeting
Excellent
Abbreviations should be defined please
Do you have online CME subject for CME
Thank you
Nice conference and nice location, very convenient, thank you
Interesting subjects, good presentations, location and timing
Thank you, keep in touch
Excellent conference
Thank you
Probably one of the best update courses I have attended
Overall very good informative presentation
Good conference
Very good program, good timing, and location, good subjects
Good job, need more activities
Overall a very good meeting
Please mail credit CME to office
A Saturday well spent for my CME
Thank you
Wonderful conference, I plan to attend more in the future
Looking forward for next meeting. Thank you
Thank you
Very good lectures
Need/want more times per year
Interesting topics
It was a good seminar
Please keep it up and offer more often
Could read many of the charts in osteoporosis
No need to stop lecture while audience is having lunch
Very good
Thank you for lunch
Preventive screening
Thank you
Good topics, presentations, good organization
Excellent lecture, well done presentation and excellent location
Excellent presentations
Thanks
Excellent program

Comment
Liked keypad for answering questions pre and post. Dr. Mubarak was excellent, why not have the lecture during lunchtime - just have 15 minute break to pick up box lunch and have lecture during lunch so you can get out earlier or increase # of CMEs
Emphasis should be on prevention, even if we don't treat
More information on red flags and s/s to look for in primary care
Good seminar
Great presentation
Thanks for great symposium again
Very excellent topics
Thank you for this educational experience
Excellent course
Great speakers, especially Dr. Busch
Very informative CME
Topics and presentations - very helpful

Item Statistics:

	Title	Specialty	Learning Objectives1	Learning Objectives2	Learning Objectives3	Learning Objectives4	Learning Objectives5
Mean	1.64	2.67	1.13	1.18	1.17	1.43	1.09
Variance	1.51	8.15	0.12	0.17	0.15	0.42	0.08
Standard Deviation	1.23	2.86	0.35	0.41	0.39	0.65	0.28
Standard Error	0.09	0.22	0.03	0.03	0.03	0.05	0.02
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	6.00	8.00	3.00	3.00	3.00	3.00	2.00
Median	1.00	1.00	1.00	1.00	1.00	1.00	1.00

	Overall Activity	Enhancing My Confidence	Improving My Knowledge	Patient Care	Make Changes	Implement New Strategies	Robert Busch MD {Diabetes}
Mean	1.52	1.60	1.46	1.52	1.61	1.80	4.60
Variance	0.33	0.33	0.28	0.32	0.90	1.22	0.31
Standard Deviation	0.57	0.58	0.53	0.56	0.95	1.10	0.56
Standard Error	0.04	0.04	0.04	0.04	0.07	0.08	0.04
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	2.00
Maximum	3.00	4.00	3.00	3.00	4.00	4.00	5.00
Median	1.00	2.00	1.00	1.00	1.00	1.00	5.00

	Jan Basile MD {A Fib}	Gerald Dryden MD {IBD}	Kamal Mubarak MD {PAH}	Nelson Watts MD {Osteo}	Robert Busch MD {Diabetes} Bias	Jan Basile MD {A Fib} Bias	Gerald Dryden MD {IBD} Bias
Mean	4.72	4.59	4.25	4.68	4.67	4.69	4.72
Variance	0.20	0.33	0.78	0.36	0.34	0.32	0.25
Standard Deviation	0.45	0.57	0.88	0.60	0.58	0.56	0.50
Standard Error	0.03	0.04	0.07	0.05	0.04	0.04	0.04
Minimum	4.00	2.00	2.00	1.00	2.00	2.00	3.00
Maximum	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Median	5.00	5.00	4.00	5.00	5.00	5.00	5.00

	Kamal Mubarak MD {PAH} Bias	Nelson Watts MD {Osteo} Bias	Reasons for Participating	Future CME Activities
Mean	4.60	4.74	-	1.56
Variance	0.41	0.30	-	0.44
Standard Deviation	0.64	0.55	-	0.67
Standard Error	0.05	0.05	-	0.05
Minimum	2.00	2.00	-	1.00
Maximum	5.00	5.00	-	4.00
Median	5.00	5.00	-	1.00