



# Emerging Challenges In Primary Care: *2012*

## Activity Evaluation Summary

**CME Activity:** Emerging Challenges in Primary Care: 2012  
Saturday, April 28, 2012  
Hyatt Regency St. Louis at the Arch, St. Louis, MO

**Course Director:** Gregg Sherman, MD

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

In April 2012, the National Association for Continuing Education (NACE) sponsored a CME program, *Emerging Challenges in Primary Care: 2012*, in St. Louis, MO.

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 five healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2012* in St. Louis, MO. One hundred fifty two 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 forty seven completed forms were received. The data collected is displayed in this report.

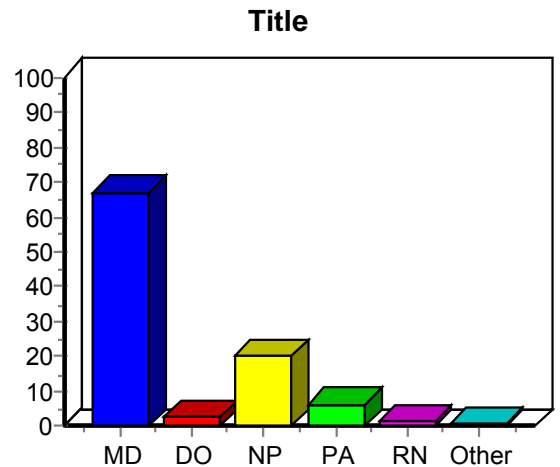
#### CME ACCREDITATION

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*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

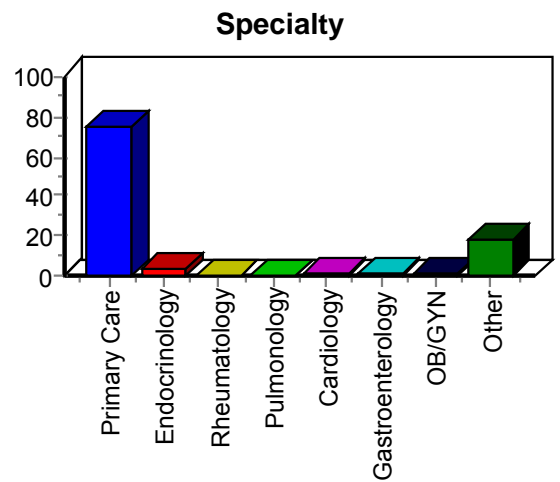
## What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	99	67.35	68.28
DO	4	2.72	2.76
NP	30	20.41	20.69
PA	9	6.12	6.21
RN	2	1.36	1.38
Other	1	0.68	0.69
Total Valid	145	98.64	100.00
Total Missing	2	1.36	
Total	147	100.00	



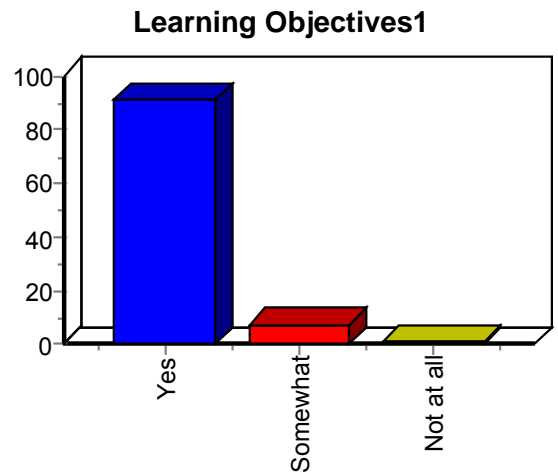
## What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	110	74.83	76.39
Endocrinology	4	2.72	2.78
Rheumatology	0	0.00	0.00
Pulmonology	0	0.00	0.00
Cardiology	2	1.36	1.39
Gastroenterology	1	0.68	0.69
OB/GYN	1	0.68	0.69
Other	26	17.69	18.06
Total Valid	144	97.96	100.00
Total Missing	3	2.04	
Total	147	100.00	



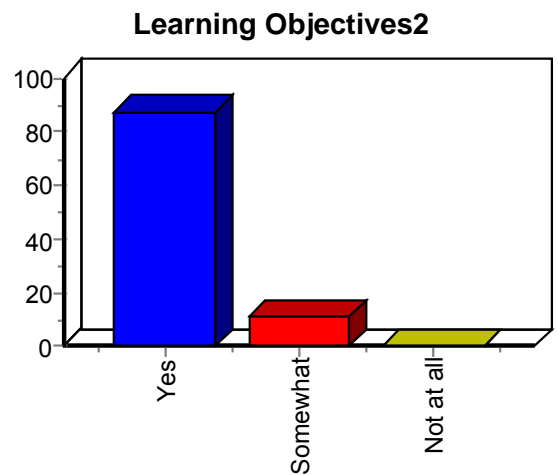
**Upon completion of this activity, I can now - Address the importance of early diagnosis for enhancing outcomes in type 2 diabetes; identify evidence-based strategies for type 2 diabetes management; discuss the role of newer therapies in the pathophysiology and management of type 2 diabetes; and discuss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

Label	Frequency	Percent	Valid Percent
Yes	134	91.16	92.41
Somewhat	10	6.80	6.90
Not at all	1	0.68	0.69
Total Valid	145	98.64	100.00
Total Missing	2	1.36	
Total	147	100.00	



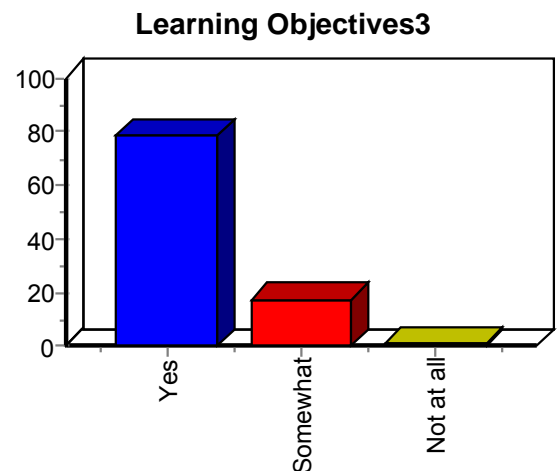
**Upon completion of this activity, I can now - Use the CHADS2 score to assess stroke risk in patients with atrial fibrillation (AF); describe the benefits versus risks of antithrombotic therapy for stroke risk reduction in AF patients; identify appropriate therapeutic interventions for AF patients depending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

Label	Frequency	Percent	Valid Percent
Yes	128	87.07	88.89
Somewhat	16	10.88	11.11
Not at all	0	0.00	0.00
Total Valid	144	97.96	100.00
Total Missing	3	2.04	
Total	147	100.00	



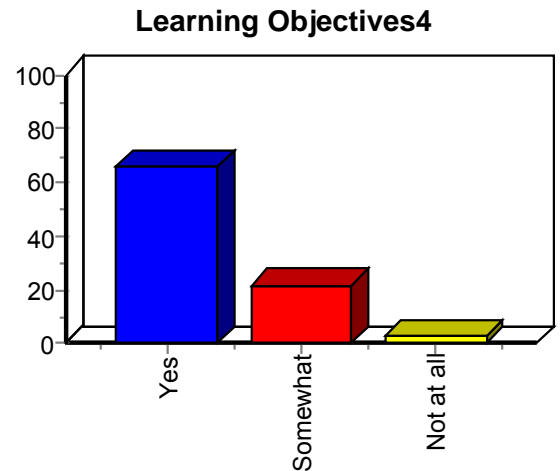
**Upon completion of this activity, I can now - Identify the conditions referred to as inflammatory bowel disease (IBD), and discuss their clinical presentations; implement appropriate pharmacologic and non-pharmacologic therapeutic strategies for managing IBD in accordance with evidence-based guidelines; 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	115	78.23	80.99
Somewhat	26	17.69	18.31
Not at all	1	0.68	0.70
Total Valid	142	96.60	100.00
Total Missing	5	3.40	
Total	147	100.00	



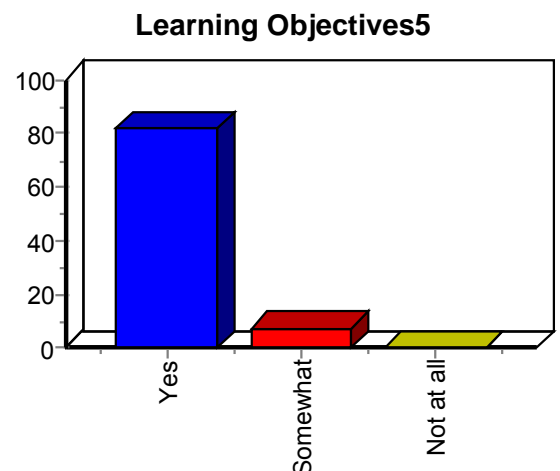
**Upon completion of this activity, I can now - Address the pathophysiology of PAH; discuss when and how to screen patients for PAH; identify current therapies in the management of PAH; and discuss how to appropriately monitor patients receiving treatment for PAH:**

Label	Frequency	Percent	Valid Percent
Yes	97	65.99	72.93
Somewhat	32	21.77	24.06
Not at all	4	2.72	3.01
Total Valid	133	90.48	100.00
Total Missing	14	9.52	
Total	147	100.00	



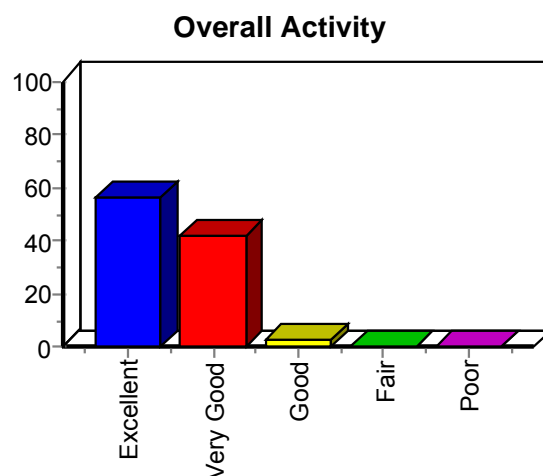
**Upon completion of this activity, I can now - Discuss screening strategies for osteoporosis in postmenopausal women; identify candidates for pharmacologic treatment of postmenopausal osteoporosis; evaluate and compare available therapies for osteoporosis; and discuss barriers to adherence and effectiveness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

Label	Frequency	Percent	Valid Percent
Yes	120	81.63	92.31
Somewhat	10	6.80	7.69
Not at all	0	0.00	0.00
Total Valid	130	88.44	100.00
Total Missing	17	11.56	
Total	147	100.00	



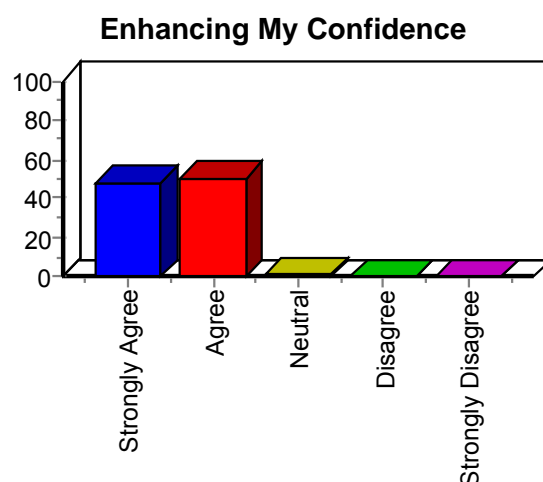
## Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	82	55.78	56.16
Very Good	61	41.50	41.78
Good	3	2.04	2.05
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	146	99.32	100.00
Total Missing	1	0.68	
Total	147	100.00	



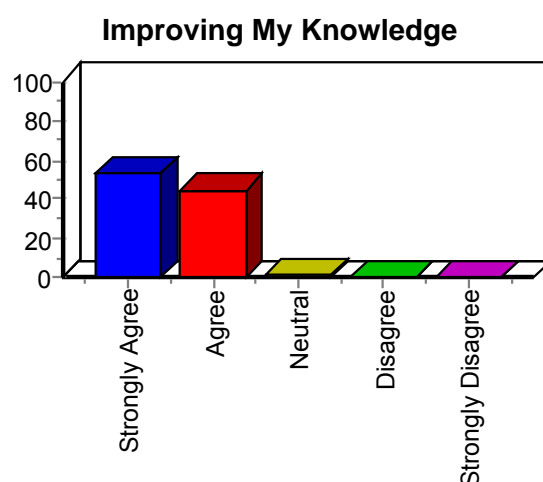
## Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	71	48.30	48.97
Agree	73	49.66	50.34
Neutral	1	0.68	0.69
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	145	98.64	100.00
Total Missing	2	1.36	
Total	147	100.00	



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

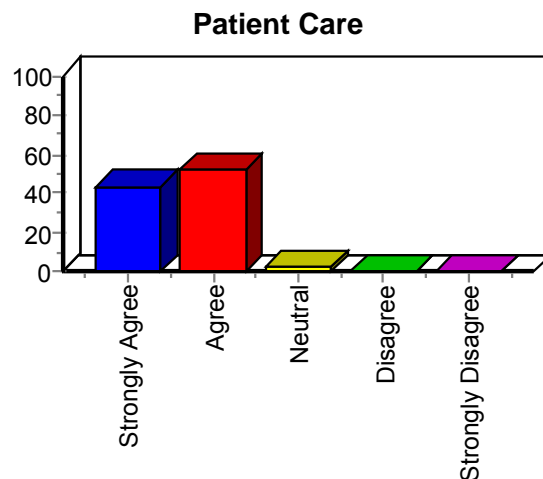
Label	Frequency	Percent	Valid Percent
Strongly Agree	78	53.06	54.17
Agree	65	44.22	45.14
Neutral	1	0.68	0.69
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	144	97.96	100.00
Total Missing	3	2.04	
Total	147	100.00	





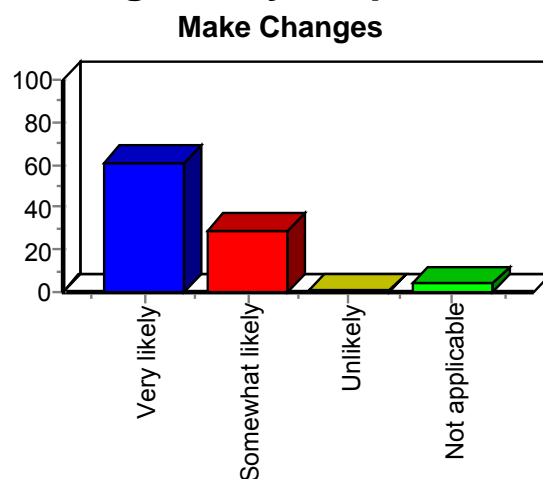
## As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	64	43.54	44.44
Agree	77	52.38	53.47
Neutral	3	2.04	2.08
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	144	97.96	100.00
Total Missing	3	2.04	
Total	147	100.00	



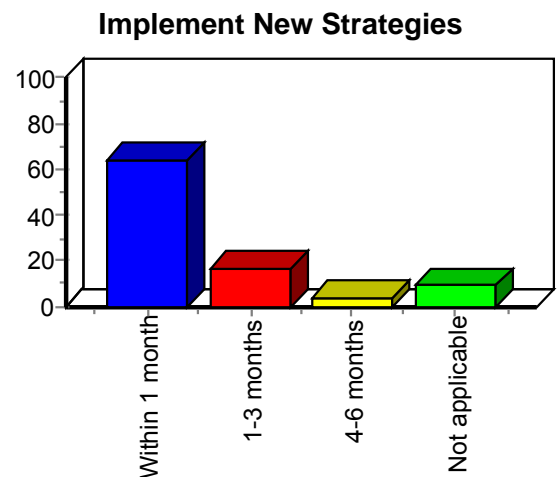
## How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	90	61.22	64.75
Somewhat likely	42	28.57	30.22
Unlikely	1	0.68	0.72
Not applicable	6	4.08	4.32
Total Valid	139	94.56	100.00
Total Missing	8	5.44	
Total	147	100.00	



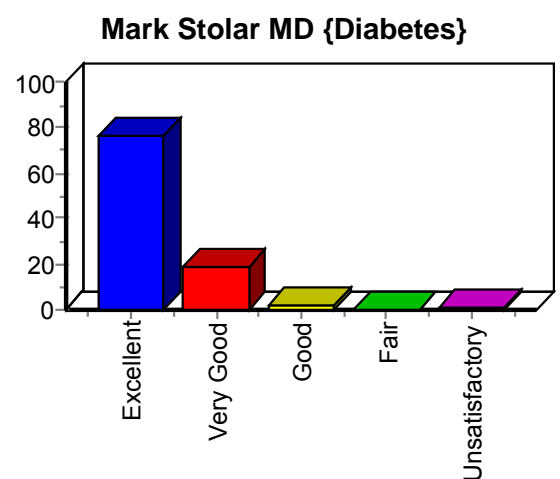
## When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	94	63.95	68.61
1-3 months	24	16.33	17.52
4-6 months	6	4.08	4.38
Not applicable	13	8.84	9.49
Total Valid	137	93.20	100.00
Total Missing	10	6.80	
Total	147	100.00	



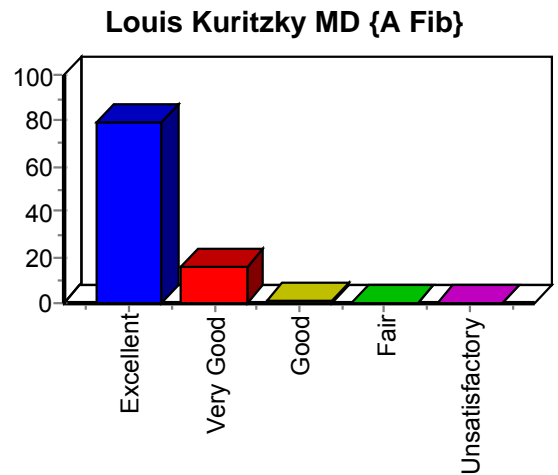
## In terms of delivery of the presentation, please rate the effectiveness of the speaker: Mark Stolar, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	112	76.19	77.78
Very Good	28	19.05	19.44
Good	3	2.04	2.08
Fair	0	0.00	0.00
Unsatisfactory	1	0.68	0.69
Total Valid	144	97.96	100.00
Total Missing	3	2.04	
Total	147	100.00	



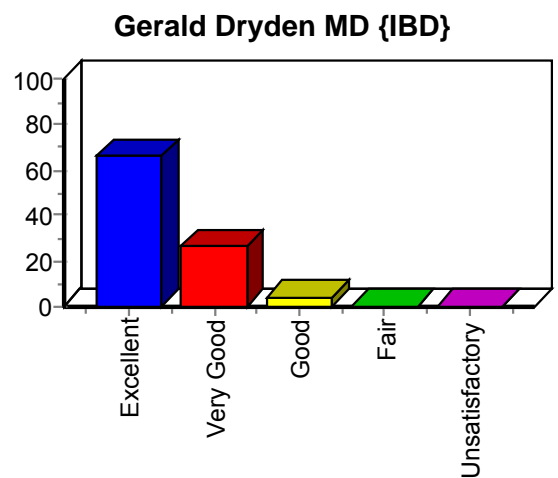
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Louis Kuritzky, MD (A Fib):**

Label	Frequency	Percent	Valid Percent
Excellent	117	79.59	82.39
Very Good	24	16.33	16.90
Good	1	0.68	0.70
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	142	96.60	100.00
Total Missing	5	3.40	
Total	147	100.00	



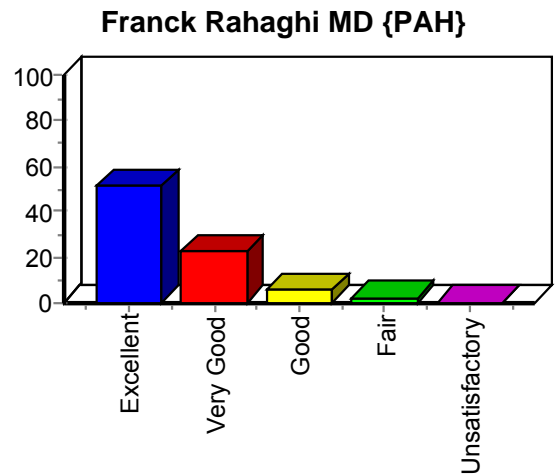
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Gerald Dryden, MD (IBD):**

Label	Frequency	Percent	Valid Percent
Excellent	98	66.67	69.01
Very Good	38	25.85	26.76
Good	6	4.08	4.23
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	142	96.60	100.00
Total Missing	5	3.40	
Total	147	100.00	



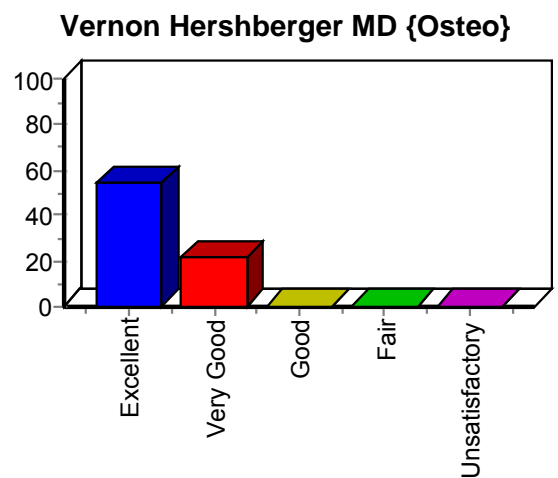
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD (PAH):**

Label	Frequency	Percent	Valid Percent
Excellent	75	51.02	63.03
Very Good	33	22.45	27.73
Good	8	5.44	6.72
Fair	3	2.04	2.52
Unsatisfactory	0	0.00	0.00
Total Valid	119	80.95	100.00
Total Missing	28	19.05	
Total	147	100.00	



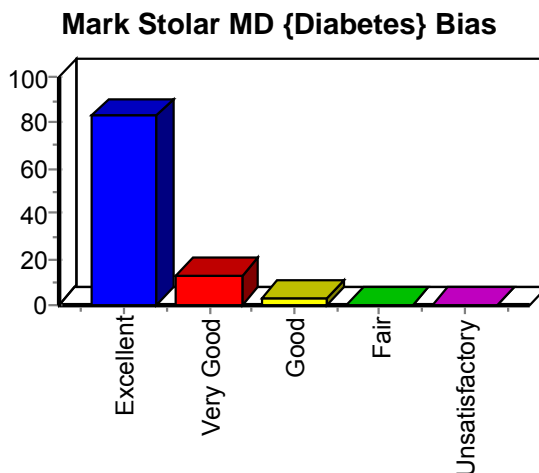
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Vernon Hershberger, MD (Osteo):**

Label	Frequency	Percent	Valid Percent
Excellent	79	53.74	71.17
Very Good	32	21.77	28.83
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	111	75.51	100.00
Total Missing	36	24.49	
Total	147	100.00	



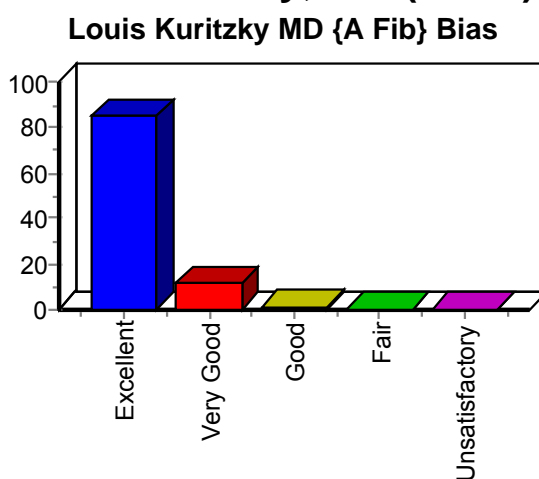
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Mark Stolar, MD (Diabetes):**

Label	Frequency	Percent	Valid Percent
Excellent	122	82.99	84.14
Very Good	19	12.93	13.10
Good	4	2.72	2.76
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	145	98.64	100.00
Total Missing	2	1.36	
Total	147	100.00	



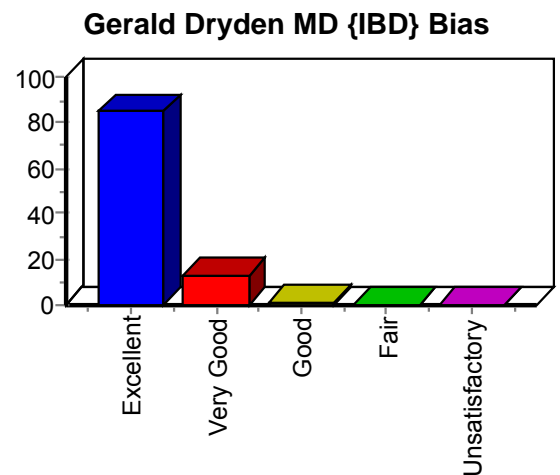
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Louis Kuritzky, MD (A Fib):**

Label	Frequency	Percent	Valid Percent
Excellent	125	85.03	86.81
Very Good	17	11.56	11.81
Good	2	1.36	1.39
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	144	97.96	100.00
Total Missing	3	2.04	
Total	147	100.00	



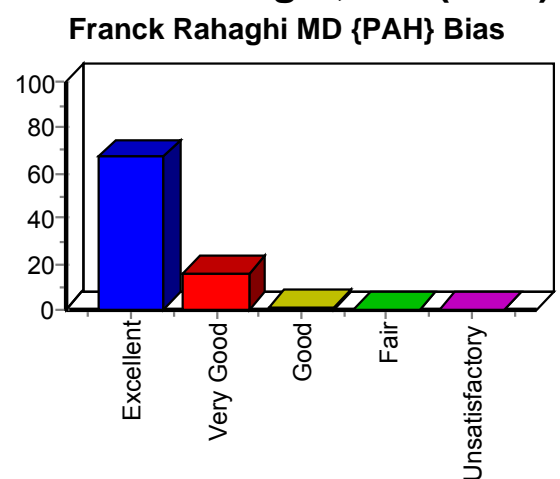
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Gerald Dryden, MD (IBD):**

Label	Frequency	Percent	Valid Percent
Excellent	125	85.03	85.62
Very Good	19	12.93	13.01
Good	2	1.36	1.37
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	146	99.32	100.00
Total Missing	1	0.68	
Total	147	100.00	



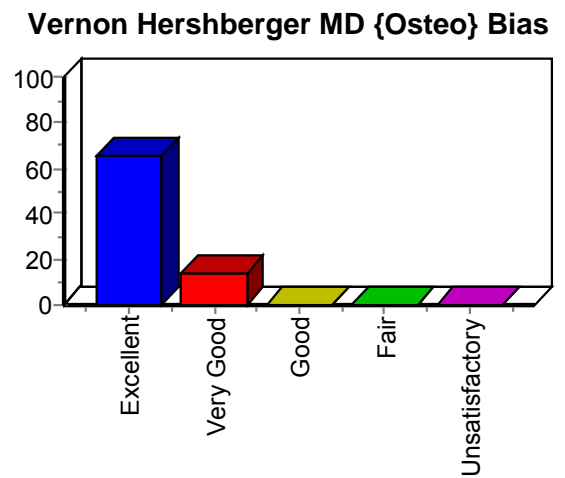
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD (PAH):**

Label	Frequency	Percent	Valid Percent
Excellent	99	67.35	80.49
Very Good	23	15.65	18.70
Good	1	0.68	0.81
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	123	83.67	100.00
Total Missing	24	16.33	
Total	147	100.00	



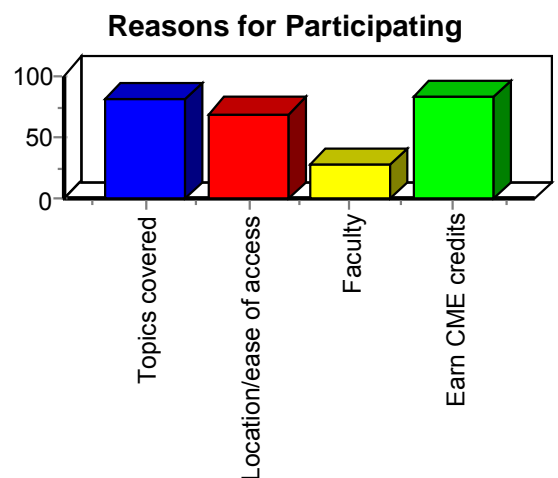
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Vernon Hershberger, MD (Osteo):**

Label	Frequency	Percent	Valid Percent
Excellent	96	65.31	82.05
Very Good	21	14.29	17.95
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	117	79.59	100.00
Total Missing	30	20.41	
Total	147	100.00	



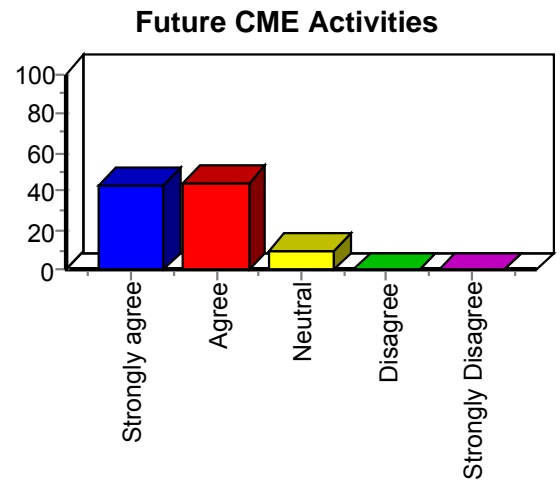
**Which statement(s) best reflects your reasons for participating in this activity:**

Label	Frequency	Percent	Valid Percent
Topics covered	118	80.27	80.82
Location/ease of access	102	69.39	69.86
Faculty	41	27.89	28.08
Earn CME credits	122	82.99	83.56
Total Valid	146	99.32	100.00
Total Missing	1	0.68	
Total	147	100.00	



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

Label	Frequency	Percent	Valid Percent
Strongly agree	64	43.54	44.44
Agree	66	44.90	45.83
Neutral	14	9.52	9.72
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	144	97.96	100.00
Total Missing	3	2.04	
Total	147	100.00	





## What is your professional degree?

Comment
MSN

## What is your specialty?

Comment
Hospitalist
Emergency Medicine
Internal Medicine
Physical Medicine
Internal Medicine
PM&R
ER
Neurology
Physical Medicine
Psychiatry
Neurosurgery
Orthopedics
Urgent Care
Pediatrics
EM
Hematology
Pain Management
Emergency Med
Internal Medicine
Oncology
Psychiatry
Addiction Medicine

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

Comment
Adrenal treatment for osteoporosis
Use of GLP-1, New developments on risk stratification and antithrombotic to prevent stroke
Use of new hypoglycemia agent, use of CHADS2 score
The importance of combined therapy for glycemic control and to prevent complications
Specialty for IBD
Implement all recommendations as presented in the slides. They were all very informative
Improve diagnosis/management in diabetes, atrial fibrillation, stroke, inflammatory bowel disease, pulmonary arterial hypertension, menopausal syndrome
Refer to specialist with advanced disease status
Anticoagulant choices

Comment
How to identify CHADS patients, identify types of pulmonary hypertension, proper treatment of osteoporosis
Implementing guidelines and patient education
Use multimed for Rx DM and treat early aggressively, use protocol to chose Rx for AF, Dx IBD and CD Correctly
Patients on Coumadin who are stable - will see them every three months, more firm with PE's about compliance, follow up
CHADS score for imitating warfarin, IBD, Budenoside Rx rt sided colitis
More intentional screening in osteoporosis, order more echocardiograms in patients with explained dyspnea
Differentiation UC and Crohn's - appropriate medications
DM combinations, IBD alternatives
Risk stratifying patients especially with regards to rx of afib and IBD
Begin combination therapy for DM earlier, being more aggressive especially in younger patients. Begin using CHADSx and CHADS - VASC score when evaluating and treating a.fib. Differentiate between ulcerative colitis and Crohn's disease and treat per current info. Try to diagnosis pulm HTN and determine which type PH.
Strategies to apply early diagnosis of DM, clinical presentation and strategic diagnosis IBD, strategies in diagnosis pulmonary artery htn
Implement all recommendations as presented in the slides (very informative)
(1) Use of GLP1 Analogues (2) Use of newer anticoagulants (3) refer to gastroenterologists early if IBD (4) Use of FRAX
Combination therapy in DM, use of CHAD, New meds for IBD, Work-up of PAH, New tests for osteoporosis
Current treatment recommendations re: A-fib, treatment approaches to diabetes
Using EMR to evaluate when to order dexa scan
Better and more aggressive treatment of DM, better choice of antithrombotic agent
IBD strategies, A-fib medication treatment
I do not take care of patients with diabetes, AF, IBD, PAH or osteoporosis
Esp. early treatment of diabetes
Sooner initiation of dual therapy for diabetes. Less single use of metformin vs. other
Appreciated the presentations of up to date information of discussed topics
To read syllabus off and on to refresh memory and use them properly
Use CHADS score more often
Initiating byetta/victoza earlier and more aggressive early DM2 control, risk stratification for use of anticoagulants in patients with Afib
Screen and treat more aggressively for diabetes, Proper treatment of IBD, New therapies for/identify pts with Afib
Will be able to alter current algorithms for diagnosis and management
incretin + insulin
On the UC and IBD talk - new medicines
Will be more aware what cardiologists do with PAH
(1)CHADS shows risk factors and more widely used (2) prednisone first line IBD (3) Low body weight increase risk with osteoporosis
CHAD2 score
Using CHADS2 score for Afib, learning more about meds used in type 2 DM. Using EBM to help treat patients

Comment
Combination therapy early on for Type 2 Diabetes long term effect on metabolic syndrome. Use of CHADS2 score to assess stroke risk. Baseline DEXA for osteoporosis
CHADS score 2012
All strategies presented
Learned new approach in case management, enhanced my knowledge and confidence, will improve patient care
CHADS score - using to determine if a pt should be on antiplatelet/AKA therapy, Looking at diabetes management like CHF/HTN model - for efficiency
Make me more confident in managing DM, AF, GI, IBD, et
Good evaluation and recommendation for treatment of DM
Increase patient screening, more cardiac cath/echo - increase frequency
Risk stratification for treating AF, aggressive/early treatment or use of combination Rx for DM
Very good
Every speaker was excellent, I learned 1-2 points from each speaker
Early multi med for diabetes, implement CHADS2, etc
More aggressive treatment of DM for new onset, Better treatment of Afib with use of CHADS2 score - update on changing therapies, Improved treatment and recognition of IBD
Serial height measurements using electronic records to trigger reminder, to enhance male compliance when treating IBD
Using CHADS2 score in Afib, identify conditions referred to IBD, Pathophysiology of PAH
Aggressive treatment of DM2, better understanding of meaning of elevated PAP on TTE, update on use of anticoagulants on Afib
Increasing use of combo therapy as initial therapy
Pretreat prior to Humira orders, More detail lecture on GLP1 medication uses and contraindications
Aggressive approach to diabetic pts treatment
Aggressive early treatment with DM, CHAD score
Good topics, excellent speakers; good strategies to follow up for pt care
Be observant and use what I have learned in my private practice
Application of CHADS stratification, Diagnosing of IBD
Check for PAH, more aggressive treatment of DM2 with multi drug treatment, better evaluation for early IBD, use CHADS score, use T-scores and FRAX scores
New modality for treating AF, new Rx for IBD, Dx and Rx for osteoporosis
Aggressively treat patients with AF to prevent stroke, combination (multiple) medications and control of diabetes
When to add exenatide to medication regimen for DM patients
More knowledge regarding improving standards and when to refer to specialist
Presenting evidence for support practice recommendation (AF), update knowledge in areas that is not frequently encountered in every day practice (IBD)
CHADS score
Early treatment of T2DM and combination drug therapy, target goal not only to decrease HbA1C but individualize anticoagulation rx for AF patients. Use CHADS risk strategy
Address DM2 with combination therapy at onset, Use CHADS2 for stroke risk assessment, Consider PAH in dif for dyspnea, Assess men for osteoporosis at 70

Comment
Better approach to diagnosing IBD, PH had non-specific symptoms and consider in patient with fatigue, SOB, DOE
(1) A step by step process for evaluation of treatment anticoagulation in pts with Afib (CHADS) (2) Better method of differentiating IBS/IBD
(1) Earlier, intensive therapy of T2DM, (2) Risk stratification for anti-thrombotic rx of a-fib
Assess stroke risk associated with A/F, Identify IBD S&S, Use chronic can model for TP2DM
Strategies on CHADS my first time to be acquainted well
Early use of insulin and GLP1 in T2DM

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

Comment
Advances in coronary artery disease
CKD
Chronic kidney disease, transplantation of kidney and other organs
Emergency patients management
Geriatrics, office based dermatology
More on AF (CAD/Stents/PE), DVT and drugs
Pain
Basic Science
CHI/COPD
Vitamin D deficiency, DM
Obesity
Rheumatology
Diabetes, ACS, stroke
Pharmacology CME credit topics - any
Pain management
Open to any
Kidney disease
Adrenal work ups, lung diseases
Dementia (all types) COPD, HTN
HTN update, hyperlipidemia update, chronic renal failure evaluation and treatment, chronic liver disease with Hepatitis C update
neurology (seizure d/o, ms), pediatrics
Rx of menopause, new meds for rheum arthritis, common dermatology disorders
Dermatology
Falls, depression
Peds primary care
Chronic pain management
Head injuries
Pain management and orthopedic related assessments
Treatment and diagnosis of Type 1 diabetics because have received patients being treated as Type 2 but are Type 1

Comment
Work up and treatment of concussion in sports
A-Fibrillation, PAH
Prostate cancer, Viral hepatitis and hepatoma update, Thyroid disease
Update on COPD care
BPH
Overweight
Post menopause management HRT
Pain management strategies
Office Rx of depression
Childhood anxiety, vaccine update - adults
Hypogonadism, fatigue/weakness
Asthma/allergies/derm/new pap testing guidelines
Gastric bypass complications as well as benefits, obesity - other options available
Pain management, rehabilitation, ortho subjects for primary care
Lipid, HTN
Neurology, more on cardiovascular disorder, dermatology, pediatric care
Obstructive sleep apnea, osteoarthritis
Women's health, breast cancer
Women's healthcare
Stroke, OEA
Endocrinology in thyroid disease, cardiology/CAD, GI cancer
HTN updates
Any relevant topic to current disease management
Women's healthcare
Obesity
Coagulation disorders
Thyroid disorders
Diabetes, heart disease
Pulmonary diseases (COPD), asthma, geriatric
Women's health, peds
(1) CHR pain syndrome (2) Bipolar (3) ADD/ADHD (4) Diabetic neuropathy
New HTN treatment, vaccine update
HTN
Depression
(1) INR only every 3 months if pt stable (2) Venc for pt with IBD (3) Diabetes treatment more aggressively early
Hypertension
Women's health - STD, menopausal sx, menstrual dysfunction
CVD
CHF, COPD
Dermatology
Opiate addiction (emphasis on prescription opiate abuse) and treatment, obesity with emphasis on "better" medical management
Dermatology, Ortho

## Additional comments:

Comment
Thank you
Excellent activities
Very good program
Thank you so much for a readable slide syllabus for lectures, later review and patient care. Thank you. Excellent. Syllabus notes mandatory
Thank you for bringing this to me in St. Louis
Thank you for the handouts. I will refer back to these often to review the material presented. Would be helpful to have a list of brand names of drugs to refer to. I am not s familiar with all of the generic names
Please identify drugs in more familiar terms
Thank you
Would like to see another category under description of disease state that more accurately describes our practice such as do not normally treat but feel more confident to identify, treatment, etc
First time at conference, great
This is one of the best conferences I've attended. These meetings are so much more enjoyable and beneficial now that they are more interactive using the electronic response card, etc
Thank you, very good conference
I like individual answers, not table answers
Thank you for this exceptional conference. Content, speakers, organization were all excellent. Great location
Excellent topics and new information
Thank you
Very good
Excellent CME presentation
I appreciate your company to write me to attend these good conferences. Thank you very much again
Excellent speakers and program
Not familiar with which meds belong to which class - slide listing names of meds under each class of drugs would help
Great conference
Good CME
Good program
Excellent topic, presentation, good faculty
Excellent program
Excellent program, I will attend every year
Excellent program
Great conference
Excellent speakers and presentations. Location is great, too. Would be nice if the room was a little warmer. It's cold in here
Good conference
Excellent meeting
Compare chest guidelines to acc for afib talk - are they the same recs
Excellent program

Comment
Excellent course
Very informative CME activity. Handouts will be useful to review important concepts. Enjoyed the interactive format of the conference. The table discussions were very helpful in reinforcing the content presented and helping me to apply the information to my own patients. Thank you
I enjoyed the conference. The conference is well organized and a good mix of speakers
Excellent CME program
Nice program, would come again
Thank you
Excellent CME

## Item Statistics:

	Title	Specialty	Learning Objectives1	Learning Objectives2	Learning Objectives3	Learning Objectives4	Learning Objectives5
Mean	1.72	2.42	1.08	1.11	1.20	1.30	1.08
Variance	1.30	7.55	0.09	0.10	0.17	0.27	0.07
Standard Deviation	1.14	2.75	0.30	0.32	0.42	0.52	0.27
Standard Error	0.09	0.23	0.02	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	2.00	3.00	3.00	2.00
Median	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Range	5.00	7.00	2.00	1.00	2.00	2.00	1.00

	Overall Activity	Enhancing My Confidence	Improving My Knowledge	Patient Care	Make Changes	Implement New Strategies	Mark Stolar MD {Diabetes}
Mean	1.46	1.52	1.47	1.58	1.45	1.55	4.74
Variance	0.29	0.27	0.26	0.29	0.52	0.91	0.32
Standard Deviation	0.54	0.52	0.51	0.54	0.72	0.95	0.57
Standard Error	0.04	0.04	0.04	0.04	0.06	0.08	0.05
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	3.00	3.00	3.00	3.00	4.00	4.00	5.00
Median	1.00	2.00	1.00	2.00	1.00	1.00	5.00
Range	2.00	2.00	2.00	2.00	3.00	3.00	4.00



	Louis Kuritzky MD {A Fib}	Gerald Dryden MD {IBD}	Franck Rahaghi MD {PAH}	Vernon Hershberger MD {Osteo}	Mark Stolar MD {Diabetes} Bias	Louis Kuritzky MD {A Fib} Bias	Gerald Dryden MD {IBD} Bias
Mean	4.82	4.65	4.51	4.71	4.81	4.85	4.84
Variance	0.16	0.31	0.54	0.21	0.21	0.15	0.16
Standard Deviation	0.41	0.56	0.73	0.46	0.46	0.39	0.40
Standard Error	0.03	0.05	0.07	0.04	0.04	0.03	0.03
Minimum	3.00	3.00	2.00	4.00	3.00	3.00	3.00
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	2.00	2.00	3.00	1.00	2.00	2.00	2.00

	Franck Rahaghi MD {PAH} Bias	Vernon Hershberger MD {Osteo} Bias	Reasons for Participating	Future CME Activities
Mean	4.80	4.82	-	1.65
Variance	0.18	0.15	-	0.42
Standard Deviation	0.42	0.39	-	0.65
Standard Error	0.04	0.04	-	0.05
Minimum	3.00	4.00	-	1.00
Maximum	5.00	5.00	-	3.00
Median	5.00	5.00	-	2.00
Range	2.00	1.00	-	2.00