



In October 2014, the National Association for Continuing Education (NACE) sponsored a live CME activity, *Clinical Updates for Nurse Practitioners and Physician Assistants: 2014*, in Columbia, SC.

This educational activity was designed to provide nurse practitioners and physician assistants the opportunity to learn about diagnosis and management of patients with varied conditions such as Diabetes, Alpha-1 Antitrypsin Deficiency, Psoriasis, and Inflammatory Bowel Disease.

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.

Sixty five healthcare practitioners registered to attend *Clinical Updates for Nurse Practitioners and Physician Assistants: 2014* in Columbia, SC and seventy three registered to participate in the live simulcast. Sixty five healthcare practitioners actually participated in the conference: thirty two attended the conference in Columbia, SC and thirty three participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Fifty four completed forms were received. The data collected is displayed in this report.

#### CME ACCREDITATION

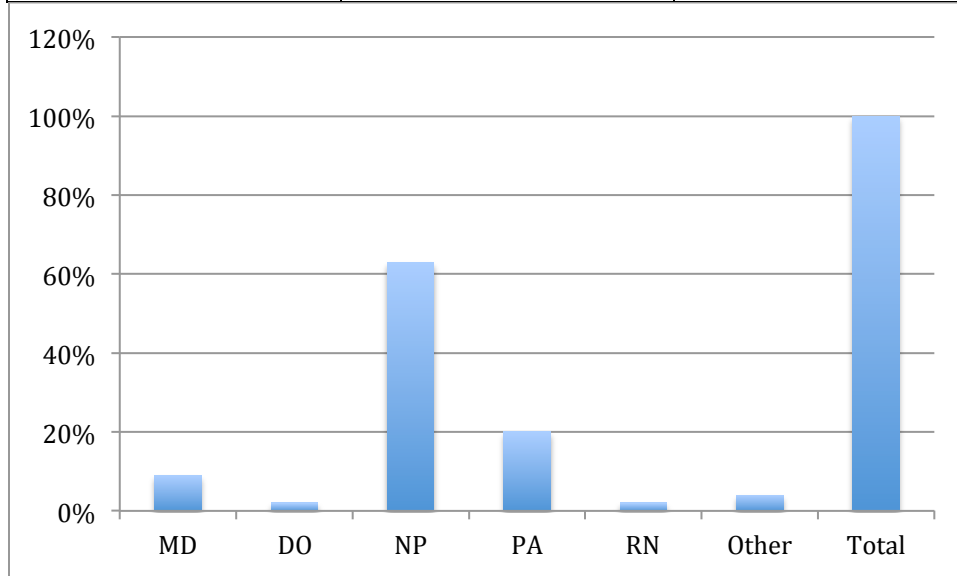
The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of 6.0 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 6.0 contact hours of continuing education (which includes 3.5 pharmacology hours).

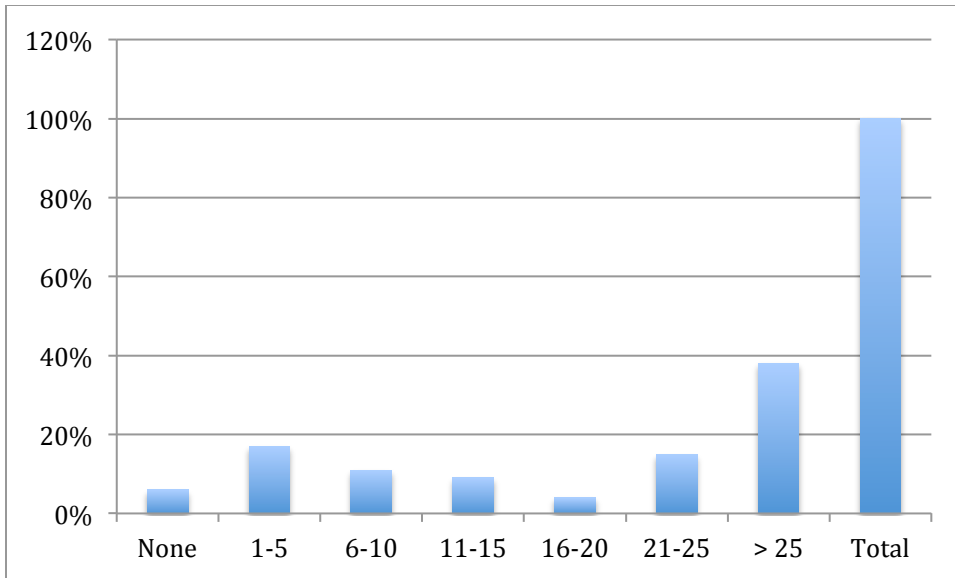
What is your professional degree?

Label	Frequency	Percent
MD	5	9%
DO	1	2%
NP	34	63%
PA	11	20%
RN	1	2%
Other	2	4%
Total	54	100%



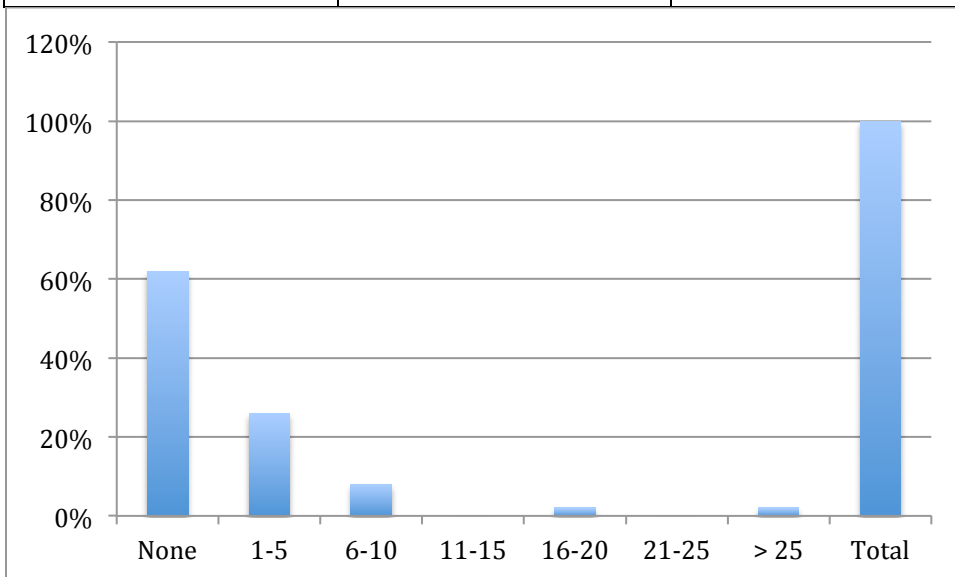
What is your specialty?

Label	Frequency	Percent
Primary Care	31	58%
Endocrinology	2	4%
Rheumatology	3	6%
Pulmonology	0	0%
Cardiology	2	4%
Gastroenterology	1	2%
Other	14	26%
Total	53	100%



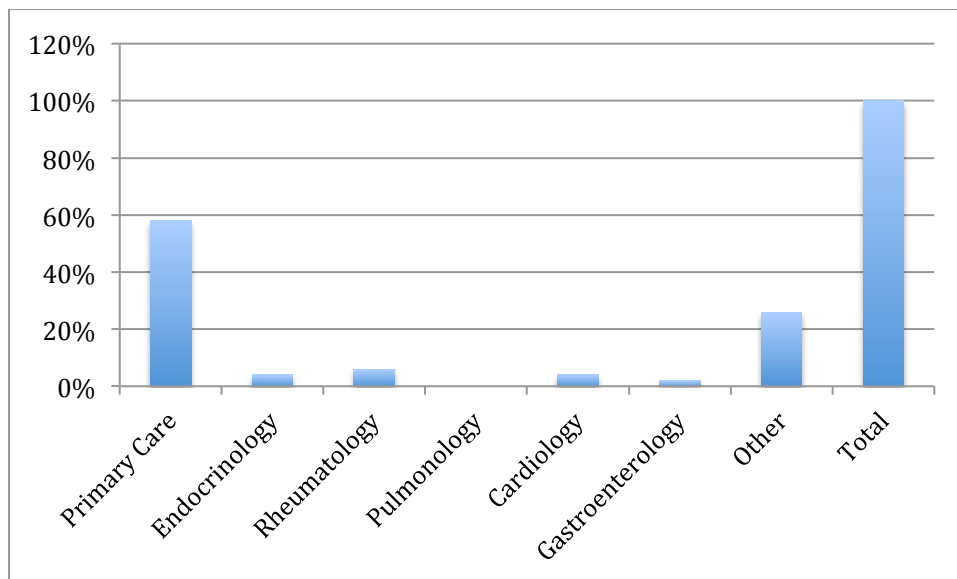
Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed. (Alpha-1)

Label	Frequency	Percent
None	33	62%
1-5	14	26%
6-10	4	8%
11-15	0	0%
16-20	1	2%
21-25	0	0%
> 25	1	2%
Total	53	100%



Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed. (Diabetes)

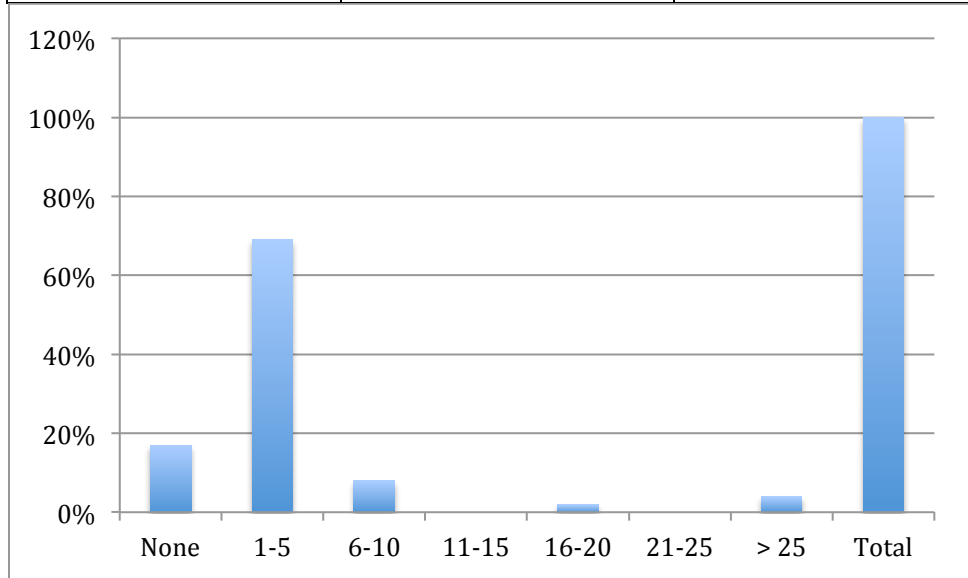
Label	Frequency	Percent
None	3	6%
1-5	9	17%
6-10	6	11%
11-15	5	9%
16-20	2	4%
21-25	8	15%
> 25	20	38%
Total	53	100%



Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed. (Psoriasis)

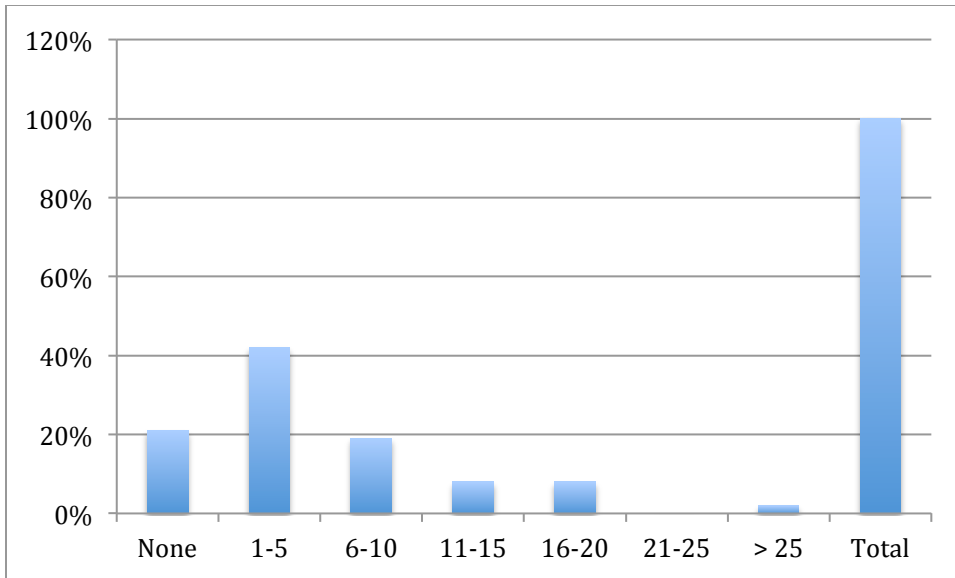
Clinical Updates for Nurse Practitioners and Physician Assistants - Live & Simulcast  
 October 18,2014 – Columbia, SC

Label	Frequency	Percent
None	9	17%
1-5	36	69%
6-10	4	8%
11-15	0	0%
16-20	1	2%
21-25	0	0%
> 25	2	4%
Total	52	100%



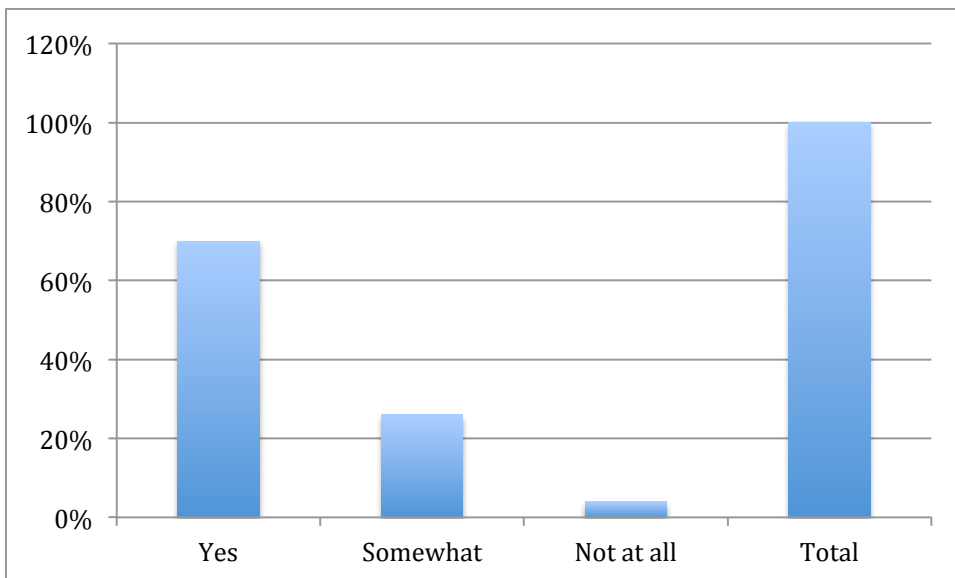
Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed. (IBD)

Label	Frequency	Percent
None	11	21%
1-5	22	42%
6-10	10	19%
11-15	4	8%
16-20	4	8%
21-25	0	0%
> 25	1	2%
Total	52	100%



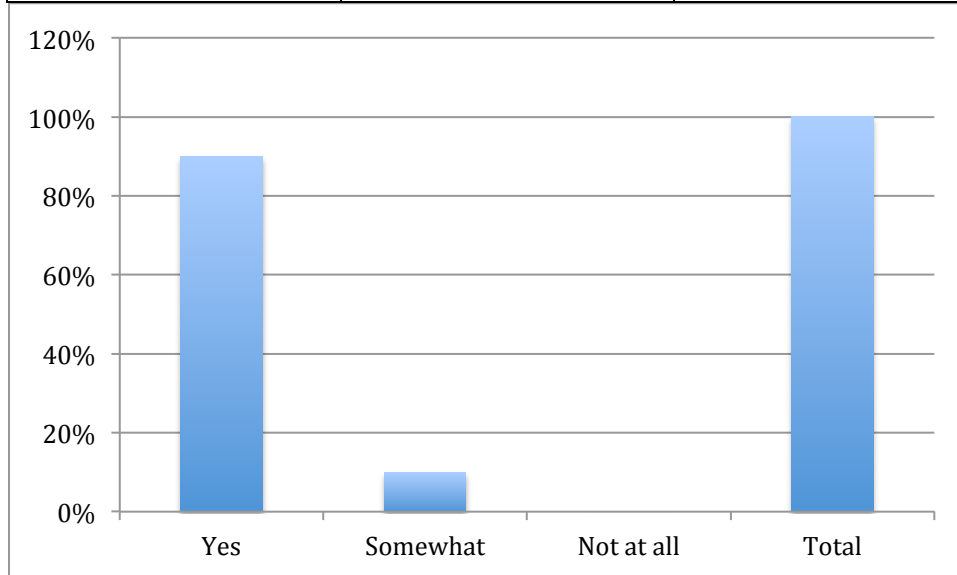
Upon completion of this activity, I can now: Identify who and when to test for AAT deficiency; Describe the 50-year history of alpha1-antitrypsin (AAT) deficiency; Discuss how to incorporate testing for AAT deficiency into everyday practice; Describe the new insights into the efficacy of treatment for AAT deficiency.

Label	Frequency	Percent
Yes	37	70%
Somewhat	14	26%
Not at all	2	4%
Total	53	100%



Upon completion of this activity, I can now: Identify the barriers between physicians and patients to discussing and initiating injectable treatments for diabetes; Recognize the importance of glucotoxicity in the development of beta cell failure and diabetic complications; Describe how best to initiate, utilize and intensify insulin therapy in patients with diabetes, and to recognize the role of combining GLP-1 analogues and SGLT-2 inhibitors with insulin to individualize care, achieve targets and minimize hypoglycemia.

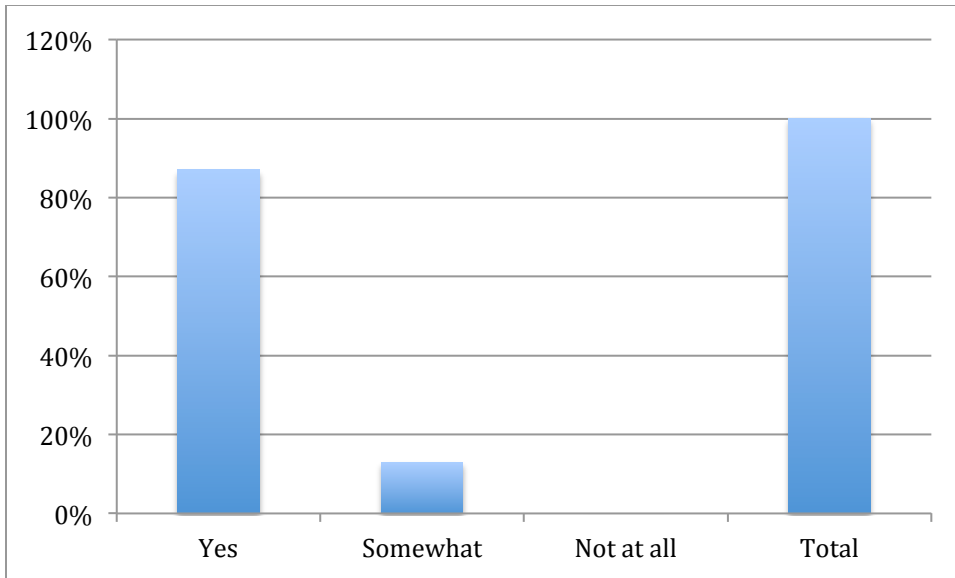
Label	Frequency	Percent
Yes	47	90%
Somewhat	5	10%
Not at all	0	0%
Total	52	100%



Upon completion of this activity, I can now: Discuss the most up-to-date treatment protocols based on the current understanding of psoriasis and its related disorders as T-cell mediated immune diseases; Define psoriatic disease and outline the clinical presentation and pathophysiology of psoriasis; Identify and discuss the ever-expanding numbers of co-morbid conditions associated with psoriatic disease; Interpret and apply evidence-based approaches for the treatment of patients with psoriatic conditions.

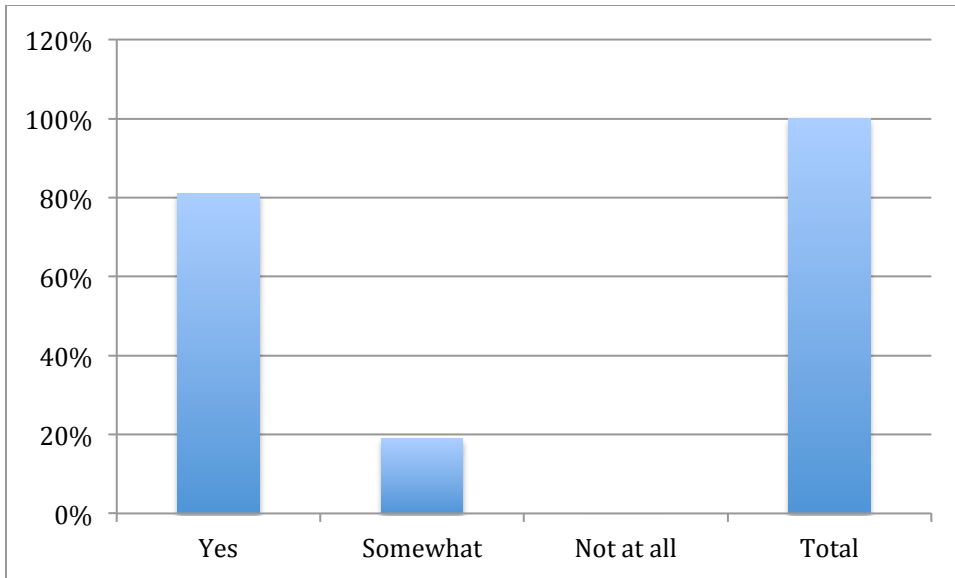
Label	Frequency	Percent
Yes	46	87%
Somewhat	7	13%
Not at all	0	0%
Total	53	100%





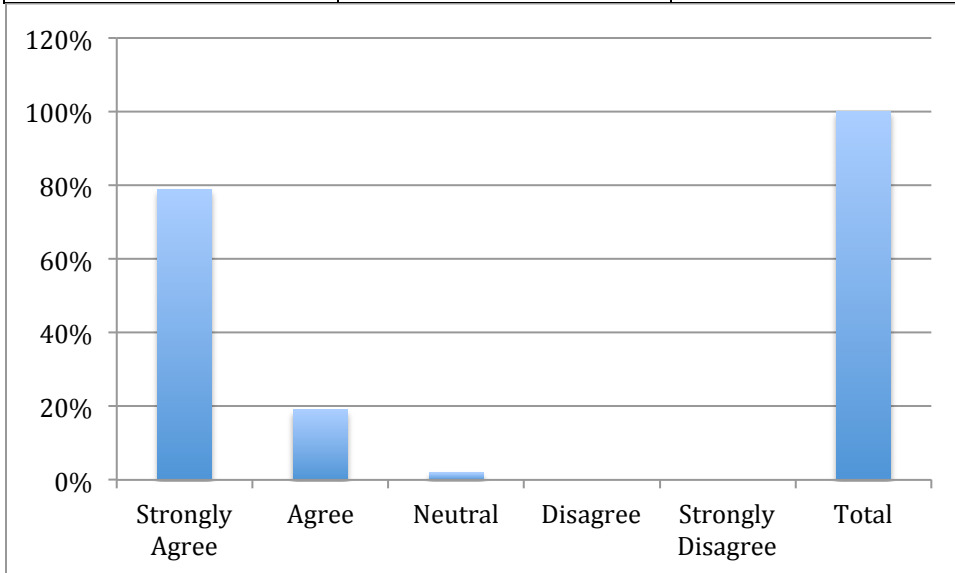
Upon completion of this activity, I can now: Identify the conditions referred to as inflammatory bowel disease (IBD), and recognize their clinical presentations and degree of severity, implement appropriate pharmacologic and nonpharmacologic therapeutic strategies for managing IBD in accordance with evidence-based guidelines; Identify patients who are at high risk of complications from IBD and who may benefit from new mechanisms of action in IBD therapy; Employ approaches for effectively communicating the risks and benefits of IBD treatment options and facilitating adherence.

Label	Frequency	Percent
Yes	39	81%
Somewhat	9	19%
Not at all	0	0%
Total	48	100%



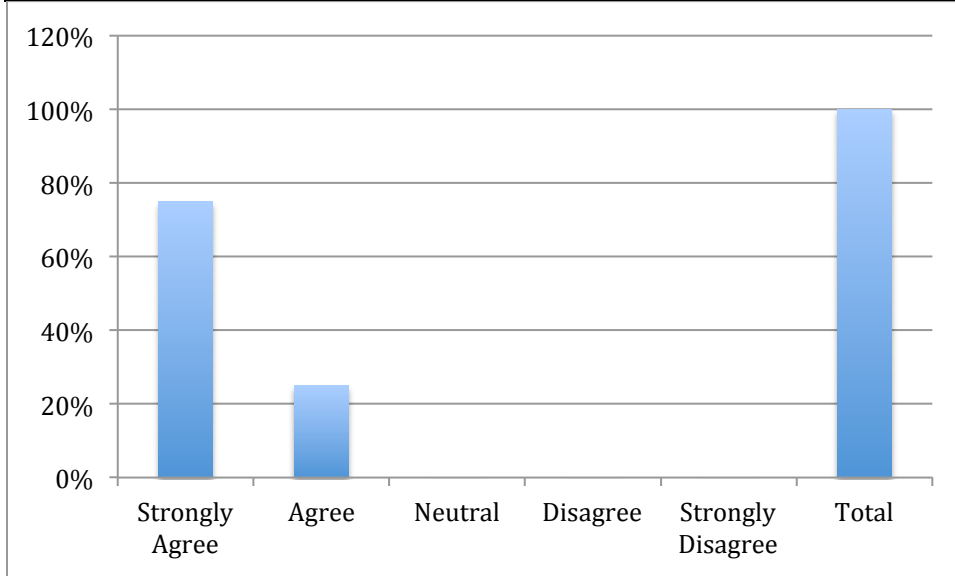
Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	41	79%
Agree	10	19%
Neutral	1	2%
Disagree	0	0%
Strongly Disagree	0	0%
Total	52	100%



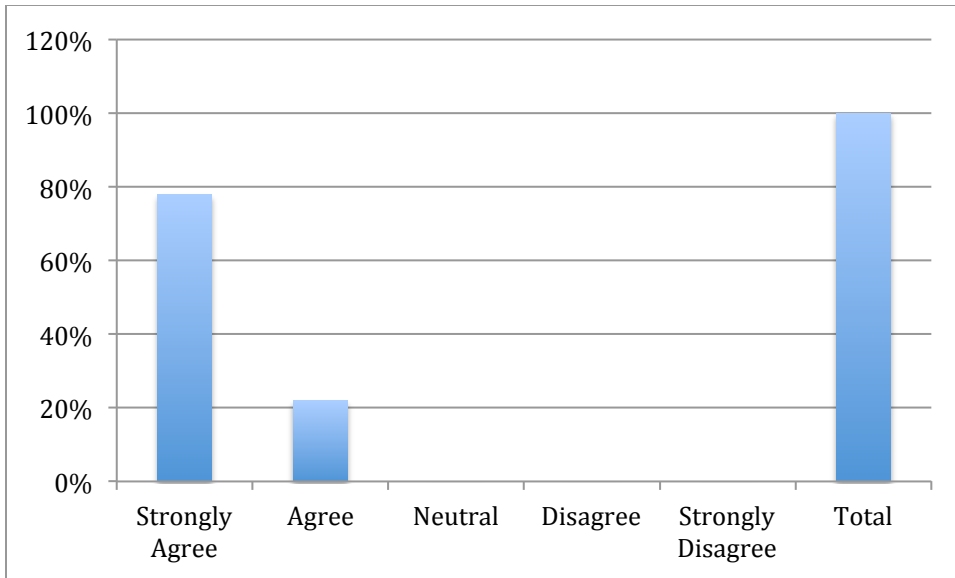
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent
Strongly Agree	39	75%
Agree	13	25%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	0	0%
Total	52	100%



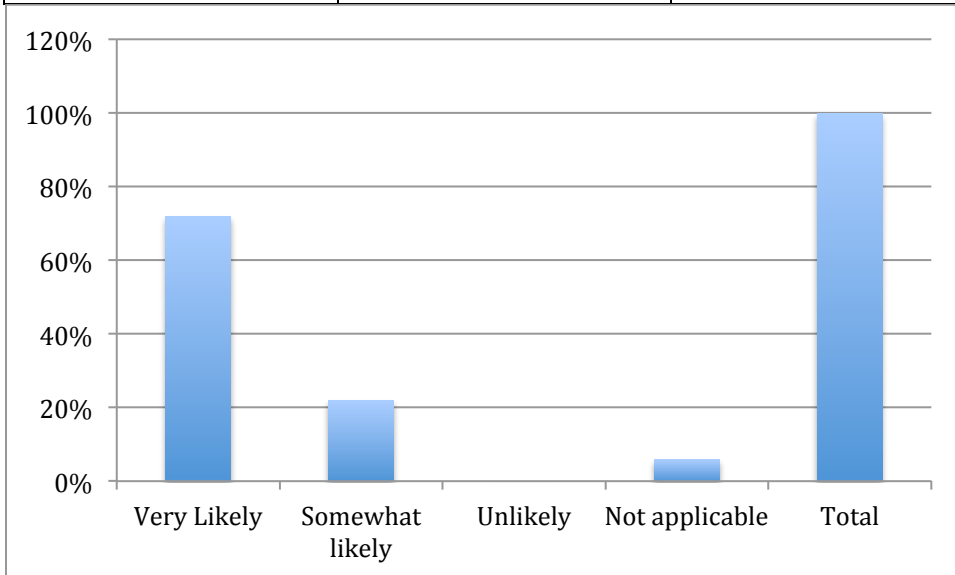
As a result of this activity, I have learned new and useful strategies for patient care:

Label	Frequency	Percent
Strongly Agree	40	78%
Agree	11	22%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	0	0%
Total	51	100%



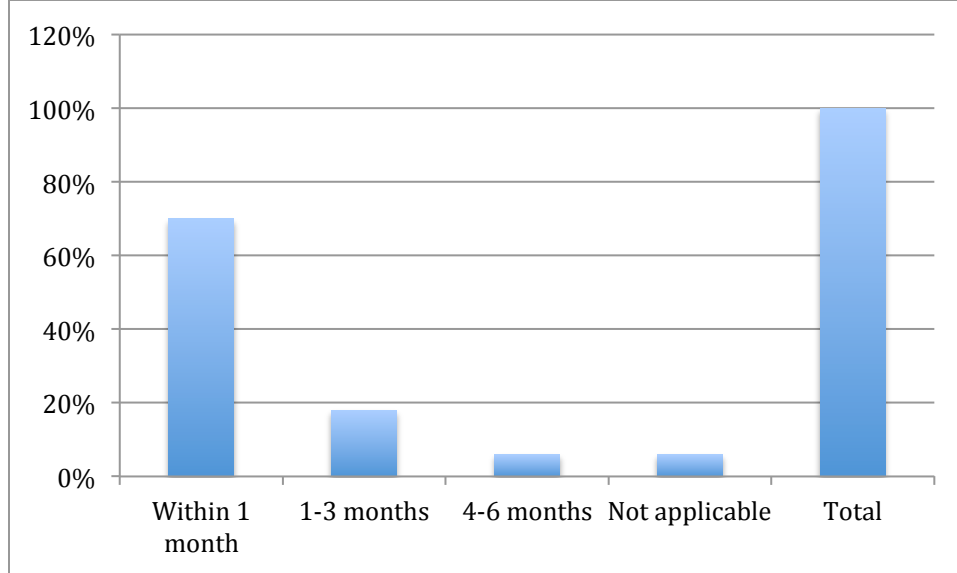
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent
Very Likely	36	72%
Somewhat likely	11	22%
Unlikely	0	0%
Not applicable	3	6%
Total	50	100%



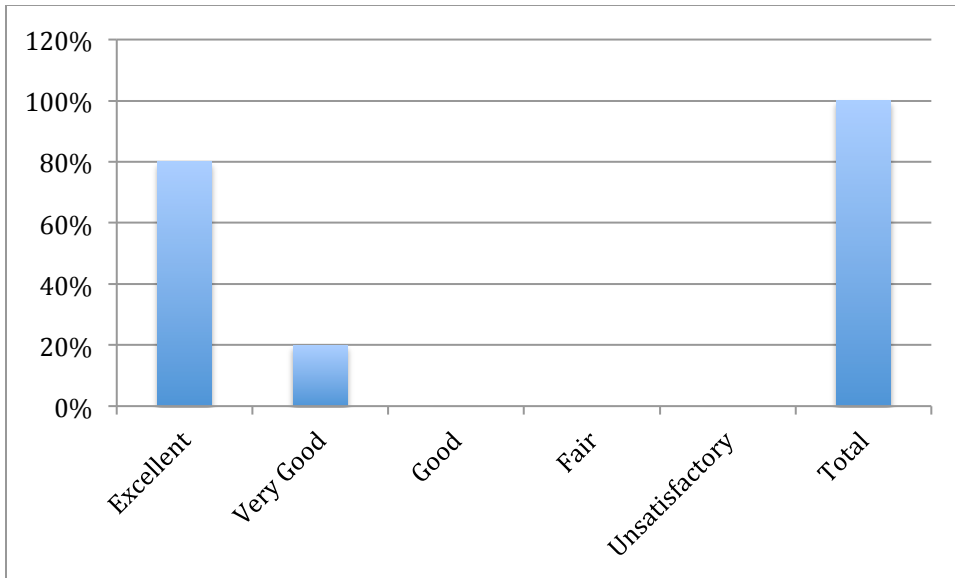
When do you intend to implement these new strategies in your practice?

Label	Frequency	Percent
Within 1 month	35	70%
1-3 months	9	18%
4-6 months	3	6%
Not applicable	3	6%
Total	50	100%



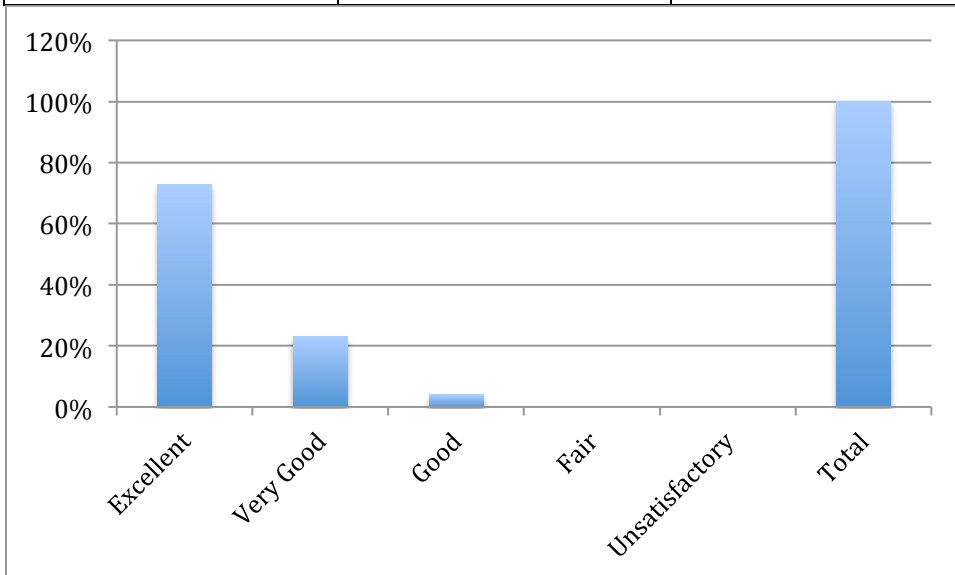
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Frank Rahaghi, MD (Alpha-1)

Label	Frequency	Percent
Excellent	16	80%
Very Good	4	20%
Good	0	0%
Fair	0	0%
Unsatisfactory	0	0%
Total	20	100%



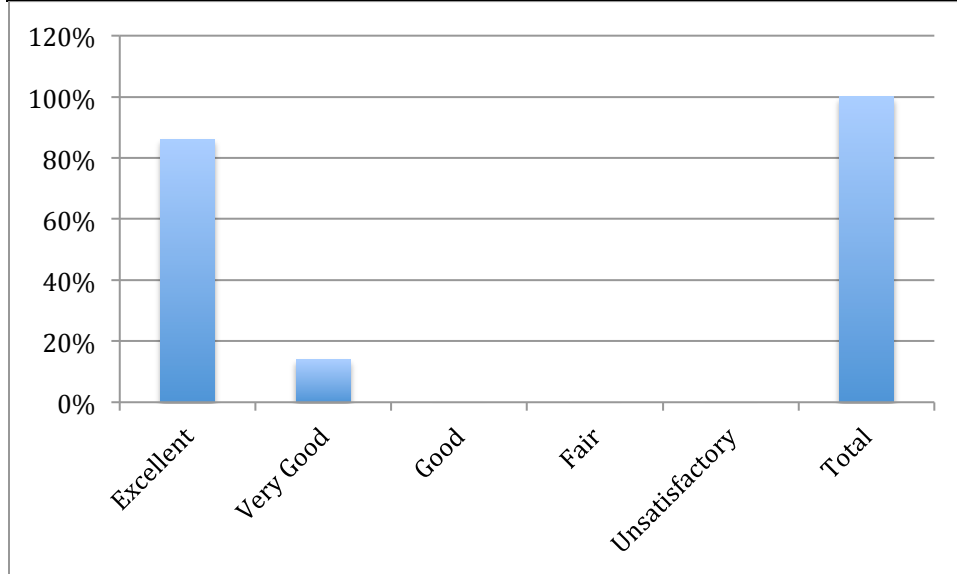
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Gary Scheiner, MS, CDE (Diabetes)

Label	Frequency	Percent
Excellent	38	73%
Very Good	12	23%
Good	2	4%
Fair	0	0%
Unsatisfactory	0	0%
Total	52	100%



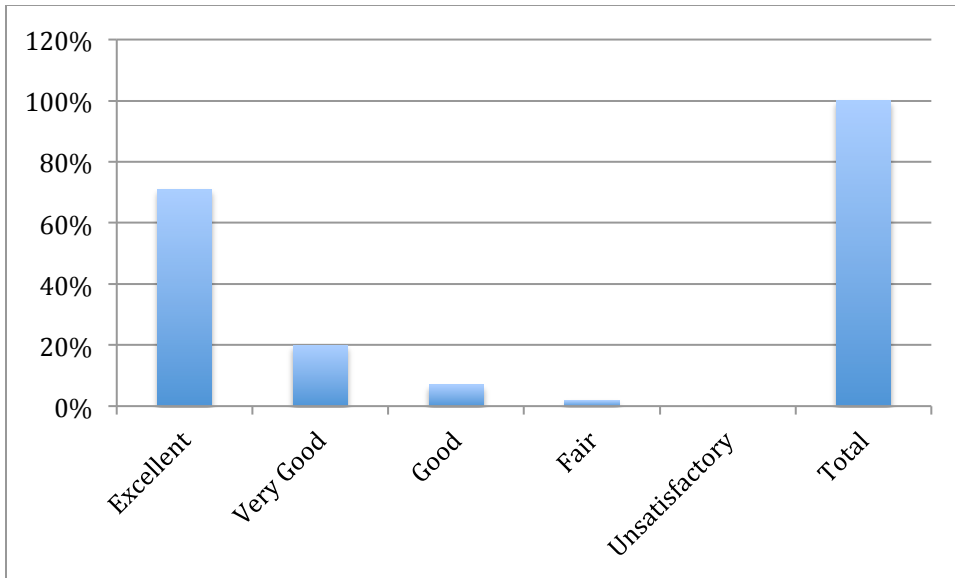
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Paul Yamauchi, MD, PhD. (Psoriasis)

Label	Frequency	Percent
Excellent	43	86%
Very Good	7	14%
Good	0	0%
Fair	0	0%
Unsatisfactory	0	0%
Total	50	100%



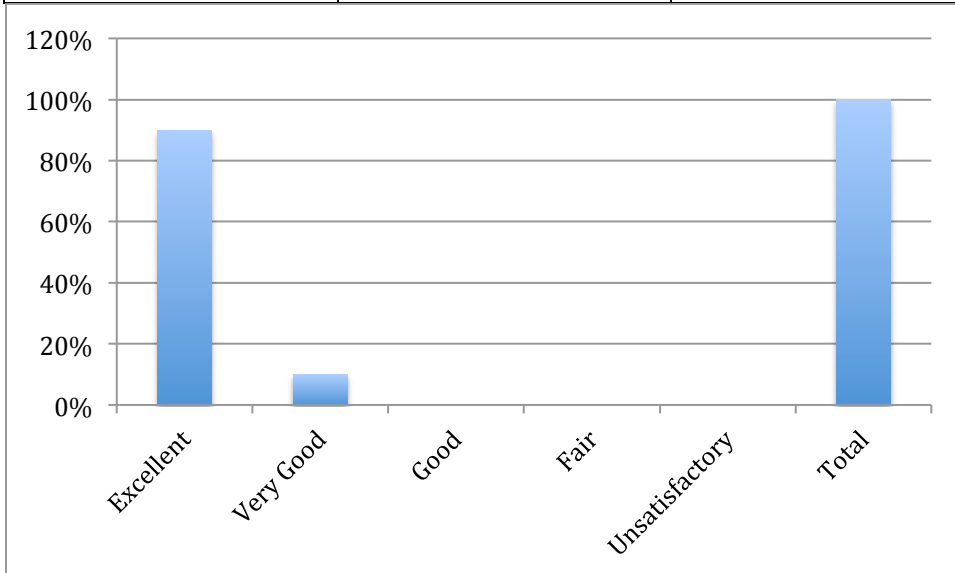
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Kimberly Carter, MS, PA-C (IBD)

Label	Frequency	Percent
Excellent	32	71%
Very Good	9	20%
Good	3	7%
Fair	1	2%
Unsatisfactory	0	0%
Total	45	100%



To what degree do you believe that the subject matter was presented fair, balanced and free of commercial bias? Franck Rahaghi (Alpha-1)

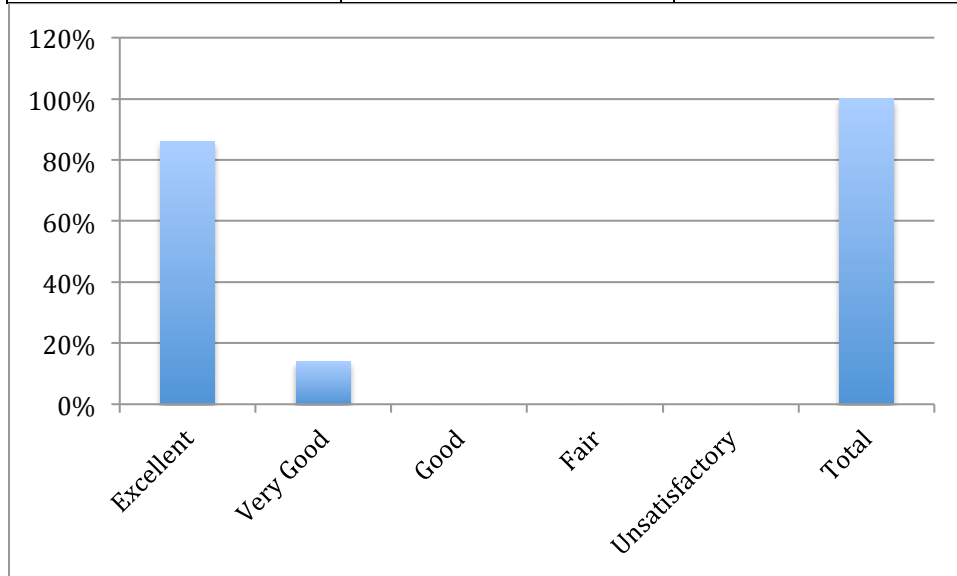
Label	Frequency	Percent
Excellent	18	90%
Very Good	2	10%
Good	0	0%
Fair	0	0%
Unsatisfactory	0	0%
Total	20	100%





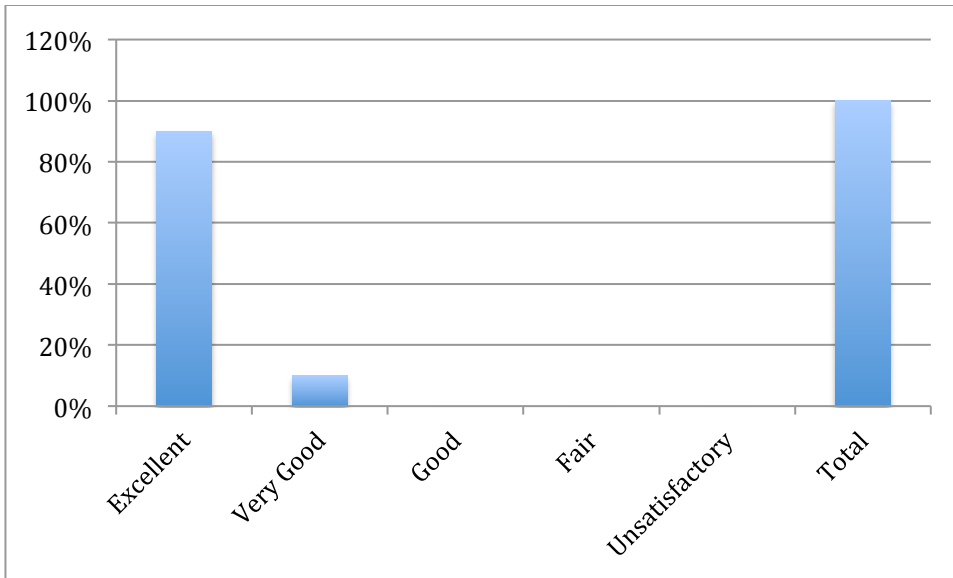
To what degree do you believe that the subject matter was presented fair, balanced and free of commercial bias? Gary Scheiner, MS, CDE (Diabetes)

Label	Frequency	Percent
Excellent	43	86%
Very Good	7	14%
Good	0	0%
Fair	0	0%
Unsatisfactory	0	0%
Total	50	100%



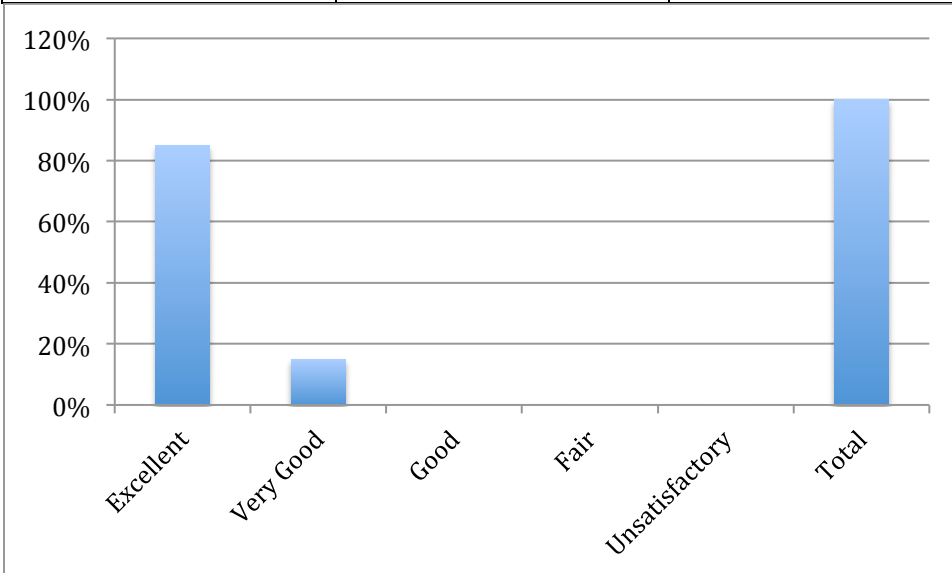
To what degree do you believe that the subject matter was presented fair, balanced and free of commercial bias? Paul Yamauchi, MD, PhD (Psoriasis)

Label	Frequency	Percent
Excellent	45	90%
Very Good	5	10%
Good	0	0%
Fair	0	0%
Unsatisfactory	0	0%
Total	50	100%



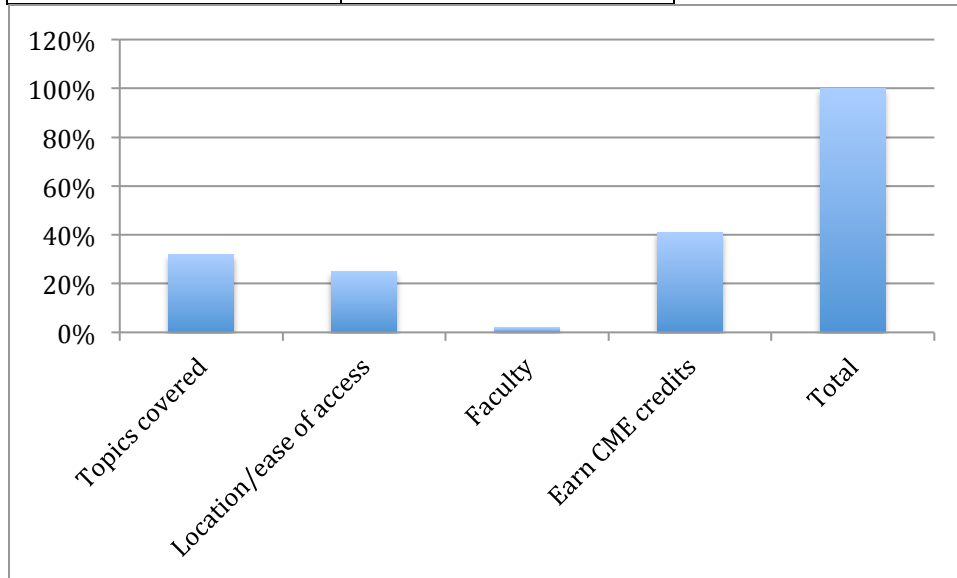
To what degree do you believe that the subject matter was presented fair, balanced and free of commercial bias? Kimberly Carter, MS, PA-C (IBD)

Label	Frequency	Percent
Excellent	40	85%
Very Good	7	15%
Good	0	0%
Fair	0	0%
Unsatisfactory	0	0%
Total	47	100%



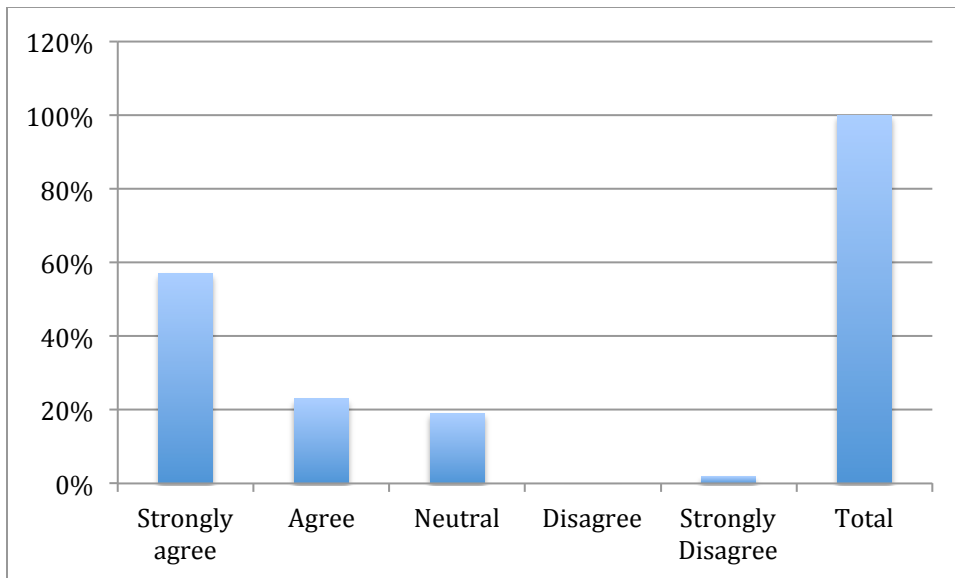
Which statement(s) best reflects your reasons for participating in this activity?

Label	Frequency
Topics covered	35
Location/ease of access	28
Faculty	2
Earn CME credits	45
Total	110



Future CME activities concerning this subject matter are necessary.

Label	Frequency	Percent
Strongly agree	30	57%
Agree	12	23%
Neutral	10	19%
Disagree	0	0%
Strongly Disagree	1	2%
Total	53	100%



**As a result of this activity, I have learned new and useful strategies for patient care:  
List these strategies: - Pre**

- |  |
|--|
| 1. early use of insulins in diabetic care<br>2. test young individuals with cold for a1a   |
| 1. Putting DM pts on injectable therapy sooner vs depending on oral meds<br>2. Screen AATD in my COPD pts  |
| AAT testing. Biologic agents for psoriasis. Budesonide for mild ulcerative colitis   |
| appropriate use of insulins and glp1 inj ,various rxfor psoriasis ibd and antitrysin deficiency  |
| Appropriately screening patient. Initiating appropriate treatment. Teaching patients about underlying pathology and treatment  |
| Be more aggressive in treating conditions early.   |
| behavior medicine  |
| Better understanding of the systemic complications of psoriasis  |
| Combine provider knowledge with patient goals, priorities, and values. Effective partnership between provider and patient. Meet patient's psychosocial needs before starting any treatment       |
| Consideration of testing need for AAT; supporting PCP in choice of injectable; awareness of complex nature/impact of psoriasis.  |
| Develop a tailored POC for management of diabetes. Testing and screening for AATD. Psoriasis treatment and RLO comorbidities   |
| Diagnostics for AAT - better understanding of this disease   |
| Different thoughts in treating Bronchitis that is chronic. Changes in insulin therapy. More intensity of Psoriasis treatment   |
| Discussing with patients why starting insulin sooner rather than later and benefits of other GLP-1. Identify patients to test for AATD. Review treatment for IBD, review treatment for psoriasis |
| Dr. Yamauchi - most knowledge for me. However, more need to break up a little - 2 hours long time to sit   |
| Earlier identification and treatment   |
| Early biologic therapy for severe disease. Encourage adherence to meds, especially with younger population   |

Getting a more detailed patient history. Addressing psychosocial needs. How to communicate in a more effective way with patient
Give patient options when discussing injectable therapy. Don't ever threaten patients with injections. Implement plan in office to test all COPD patients for AAT deficiency
good
I had absolutely no knowledge about some of these things - will now know what to look for & testing that can be done & will be referring them out if needed
I learned quite a few strategies for each lecture, but I really gained a lot of understanding in diagnosing and treating psoriasis
I practice bariatric medicine and am considering using GLP-1 agonists as a tool for weight loss.
Identify Alpha antitrypsin deficiency patients. Start insulin Rx. Better understanding psoriasis. IBD management
Improved pharmacology for all disease processes
Increase Alpha-1 testing. Increase use of Victozer. Vitamin D psoriasis
Initiating insulin care to DM patients. Screening patients for AAT. Diagnosing psoriasis disease
Insulin transition. Alpha
introduction of biologics in psoriasis patients
listen to the patients and understand their concerns before telling them what to do.
Open communication and interactive listening when discussing options with patients
Performing spirometry, if asthma is not relieved with inhaler, further work-up for AAT deficiency
provide screening alpha 1 deficiency more and better DM pts care
Right approach in mangement diagnosis and tretment
risks of psoriatic arthritis following onset of initial rash of psoriasis
Screen for AAT - I have many COPD patients. Investigate spirometry testing for our office
Screening AA deficiency patients and starting AAT early. Insulin therapy initiation. Recognize seriousness of psoriasis (systemic disease). Better management of IBD
Screening for AAT deficiency. Better management of diabetes.
Start GLP 1. Better identify IBD. Treat psoriasis.
Testing COPD patients for AATD. Don't delay insulin therapy when needed
To better understand the topics covered in this lecture series and to better care for my patients.
Use guidelines shared to work with patients
Using additional resources such as staff questionnaires and EMR to improve patient outcomes
Utilizing the rule of 500 when calculating the carbohydrate ratio. Utilizing a fast action analog to assist with ppg. Understands to give oral meds - psoriasis

**What topics would you like to see offered as CME activities in the future? - Pre**  
allergies  
asthma

GERD
anticoagulation therapy and otolaryngology
Anxiety/depression
Autoimmune diseases. Genetic testing and general genetic information
beh. med
Cardiology topics
Decubitus ulcer treatment and prevention methods. Depression/anxiety management. COPD. Osteoporosis. NASH
Glucose pumps - who to use them on, interpretation. Pulmonary hypertension. COPD
I love all of them
I work public health, women's health issues (obesity, HTN, hyperlipidemia) BCP, etc. STD's, child health
Infectious disease - prevention - Ebola. Cardiovascular diseases. Metabolic syndrome - women's health
Infectious disease updates
Insomnia ,pancreatic ,update on hypothyroidism
JNC updated guidelines. CHF. EKG review or acute Lorman Syndrome. Pain management
Lupus, Breast Cancer
Male hypogonadism. ED and cardiovascular
More aggressive interventions for treatments of psoriasis and inflammatory bowel, Pediatric viral illnesses/basic dermatology overview. Pain management options/when to order which scan/osteoarthritis. Men's health update
More dermatology for PCP's. Ortho for PCP's
More pharmacology hours of education
Musculoskeletal disorders, low back pain; rheumatoid arthritis, Lupus, etc.
Orthopedic injuries in FP. Pelvic issues (pain) females
Orthopedic topics
Orthopedics
Pulmonary hypertension, RA
Reproductive health STI management, providing med care for patients with MR, Autism, etc.
Resistant HTN. Chronic kidney disease. Advanced lipid/genetic testing and treatment
Rheumatology and Orthopedics for primary care
Sickle cell disease. Hospitalist specific. Crohn's Exacerbate - acute management
treating obesity
anemias
chronic pain syndromes
addiction treatment
treatment to diabetic complications
Vasculitis. Cardiac evaluation - EKG's, stress test, etc. Dementia/memory loss. Coagulopathy. CKD/Prothrombocytopenia
Weight loss modalities. Update for common infectious diseases
Wound management. Infection control
<b>Comments</b>
<b>Additional comments: - Pre</b>
Enjoyed all speakers. Very, very informative
Good conference. Thanks

Clinical Updates for Nurse Practitioners and Physician Assistants - Live & Simulcast  
October 18,2014 – Columbia, SC

Great day. Very constructive. Thanks
Have one in Greenville
I like presentation this is the only way I can afford
Informative day. Thank you for this program
Please, offer more live simulcast CME sessions since they allow us to get the same information/education without having to take off extra time for traveling. Thanks.
Thank you
Thank you and thank you for lunch
Thanks for the refreshments and lunch. This location was easier to get to and I appreciate the free parking
Thanks, nice conference
The location was difficult for me to find, Dr. Yamauchi was awesome
Very good speakers