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

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.

One hundred twenty seven healthcare practitioners registered to attend ***Clinical Updates for Nurse Practitioners and Physician Assistants: 2014*** in Dallas, TX and one hundred ninety five registered to participate in the live simulcast. One hundred fifty six healthcare practitioners actually participated in the conference: fifty nine attended the conference in Dallas, TX and ninety seven participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred eighteen completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

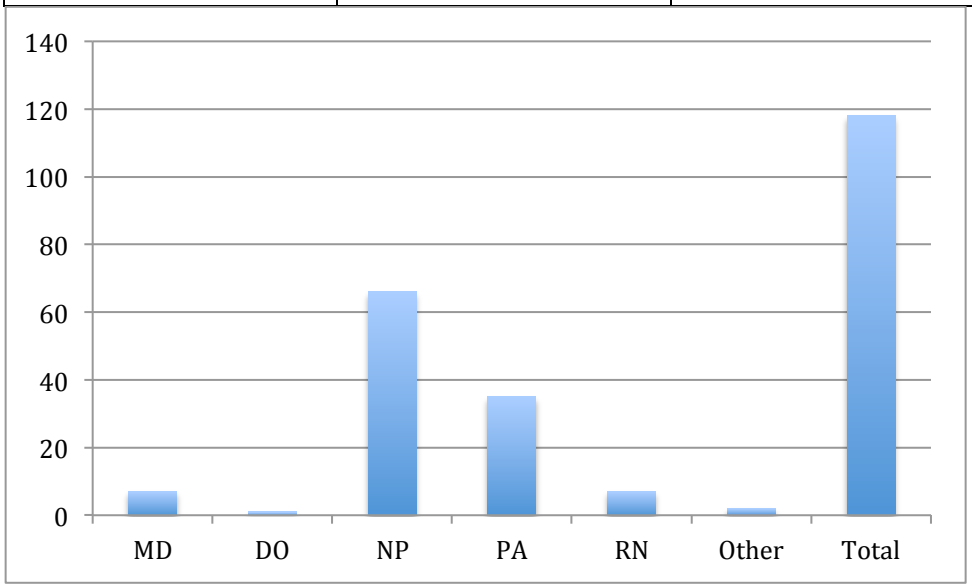
The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of 6.0 *AMA PRA Category 1 Credits*™. 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).

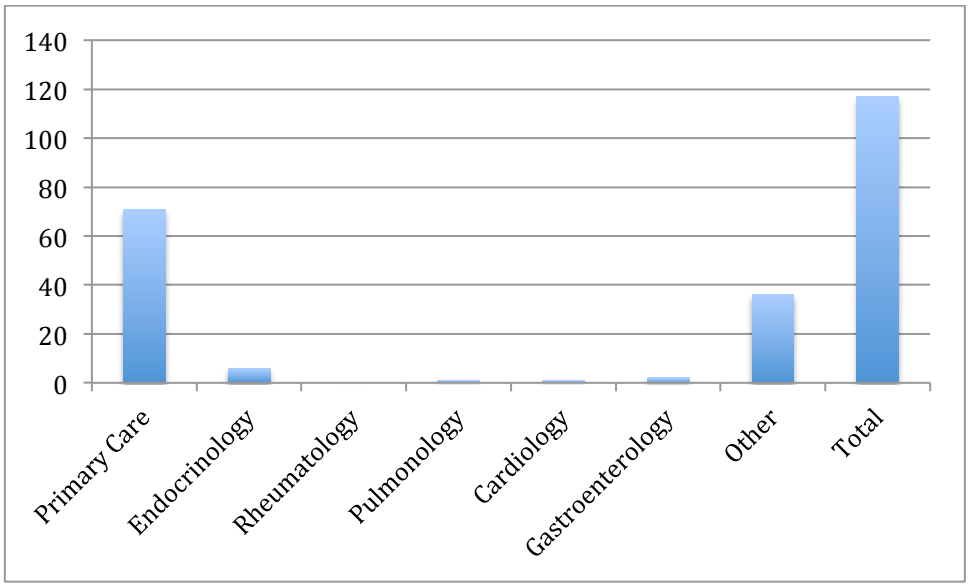
What is your professional degree?

Label	Frequency	Percent
MD	7	6%
DO	1	1%
NP	66	56%
PA	35	30%
RN	7	6%
Other	2	2%
Total	118	100%



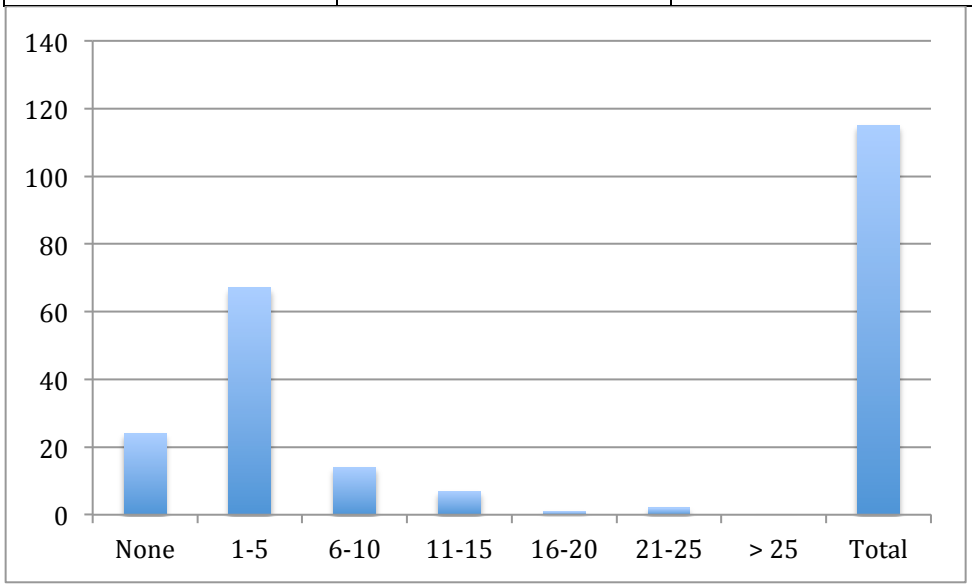
What is your specialty?

Label	Frequency	Percent
Primary Care	71	61%
Endocrinology	6	5%
Rheumatology	0	0%
Pulmonology	1	1%
Cardiology	1	1%
Gastroenterology	2	2%
Other	36	31%
Total	117	100%



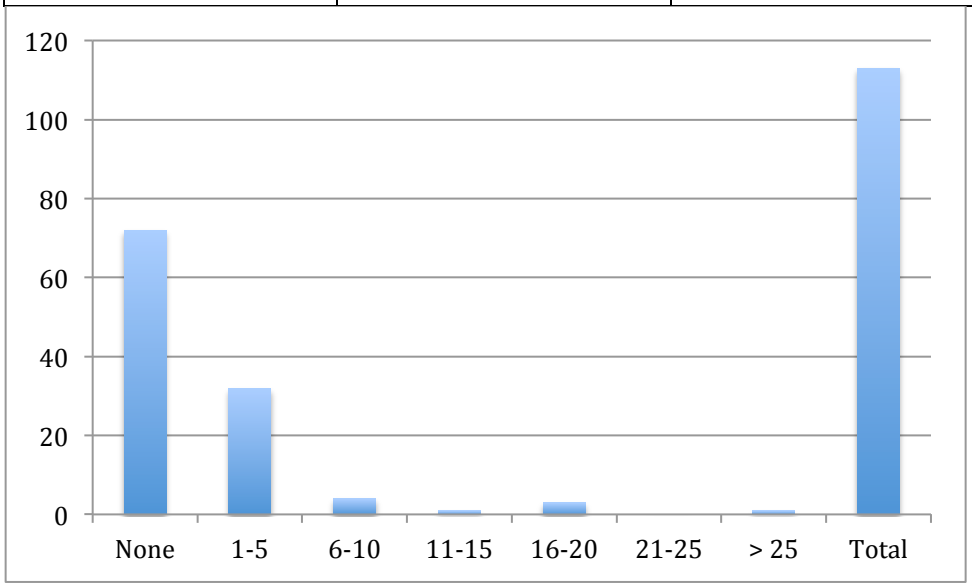
Indicate the number of patients you see each week in a clinical settng regarding each therapeutic area listed. (IBD)

Label	Frequency	Percent
None	24	21%
1-5	67	58%
6-10	14	12%
11-15	7	6%
16-20	1	1%
21-25	2	2%
> 25	0	0%
Total	115	100%



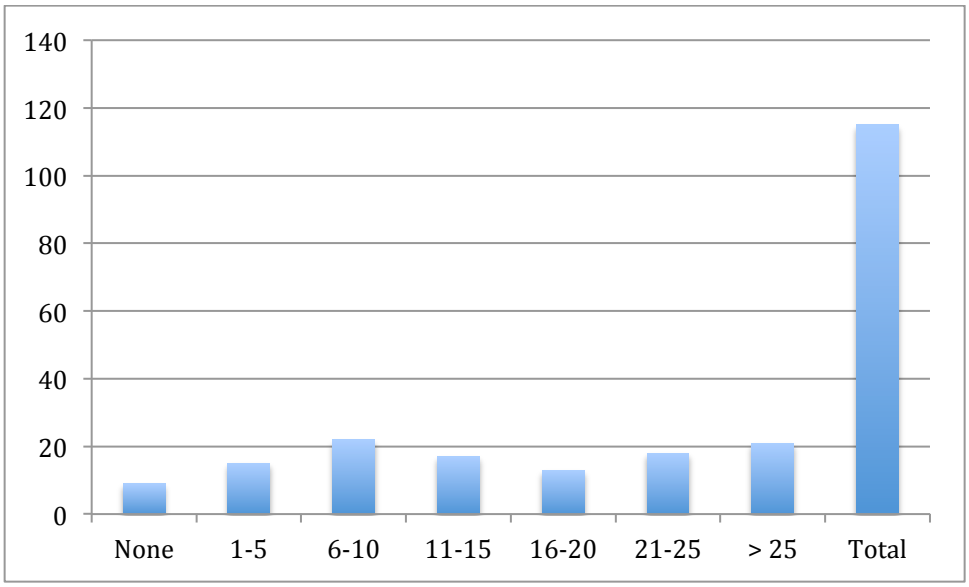
Indicate the number of patients you see each week in a clinical settng regarding each therapeutic area listed. (Alpha-1)

Label	Frequency	Percent
None	72	64%
1-5	32	28%
6-10	4	4%
11-15	1	1%
16-20	3	3%
21-25	0	0%
> 25	1	1%
Total	113	100%



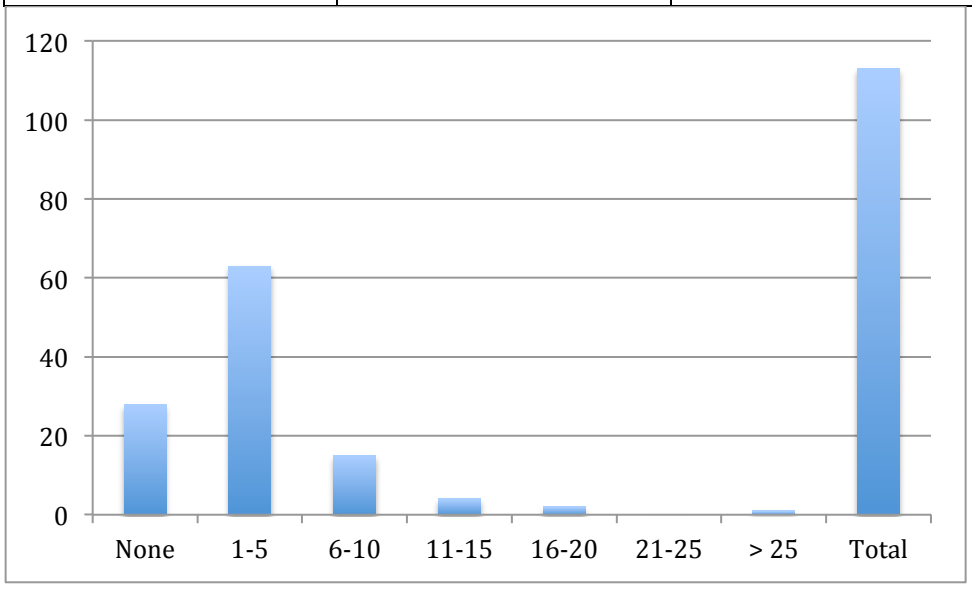
Indicate the number of patients you see each week in a clinical settng regarding each therapeutic area listed. (Diabetes)

Label	Frequency	Percent
None	9	8%
1-5	15	13%
6-10	22	19%
11-15	17	15%
16-20	13	11%
21-25	18	16%
> 25	21	18%
Total	115	100%



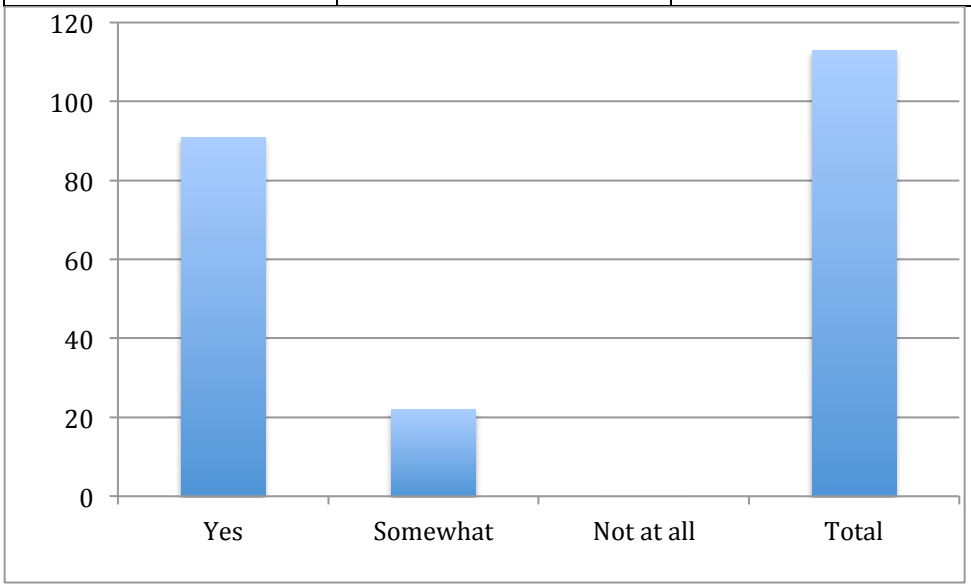
Indicate the number of patients you see each week in a clinical settng regarding each therapeutic area listed. (Psoriasis)

Label	Frequency	Percent
None	28	25%
1-5	63	56%
6-10	15	13%
11-15	4	4%
16-20	2	2%
21-25	0	0%
> 25	1	1%
Total	113	100%



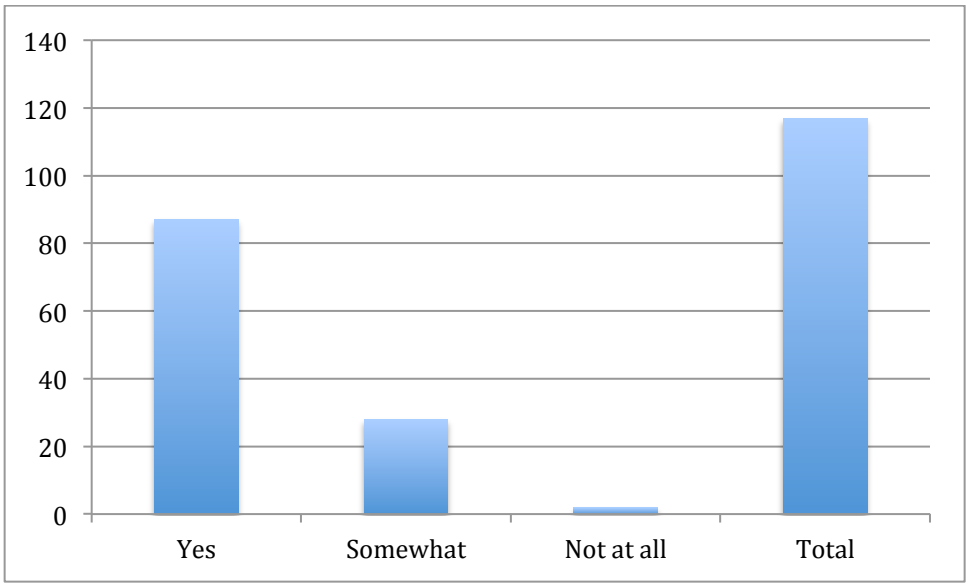
Upon completion of this activity, I can now: Identify the conditions referred to as inflammatory bowel disease (IBD), and recognize their clinical presentations and degree of severity, implement appropriate pharmacologic and nonpharmacologic therapeutic strategies for managing IBD in accordance with 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	91	81%
Somewhat	22	19%
Not at all	0	0%
Total	113	100%



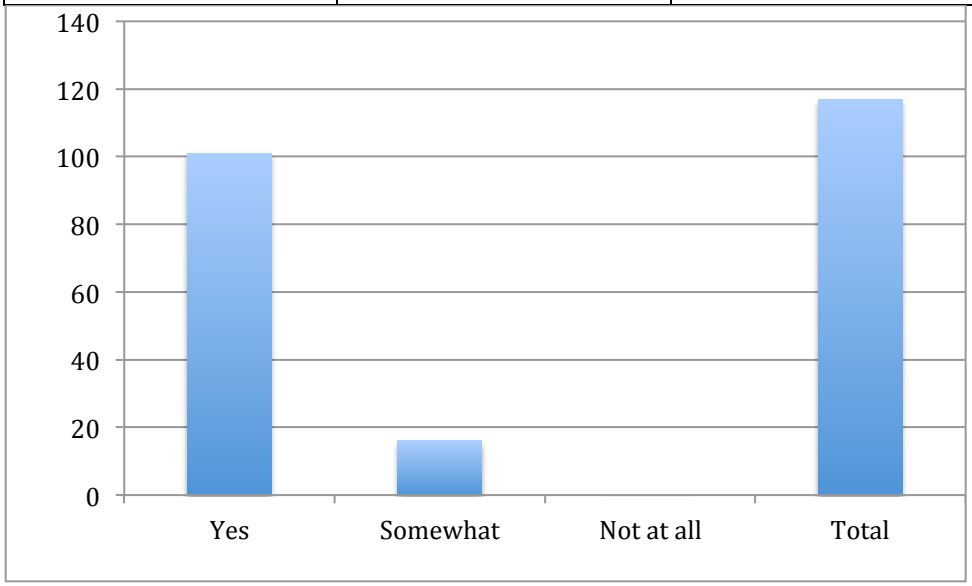
Upon completion of this activity, I can now: Identify who and when to test for AAT deficiency; Describe the 50-year history of alpha1-antitrypsin (AAT) deficiency; Discuss how to incorporate testing for AAT deficiency into everyday practice; Describe the new insights into the efficacy of treatment for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

Label	Frequency	Percent
Yes	87	74%
Somewhat	28	24%
Not at all	2	2%
Total	117	100%



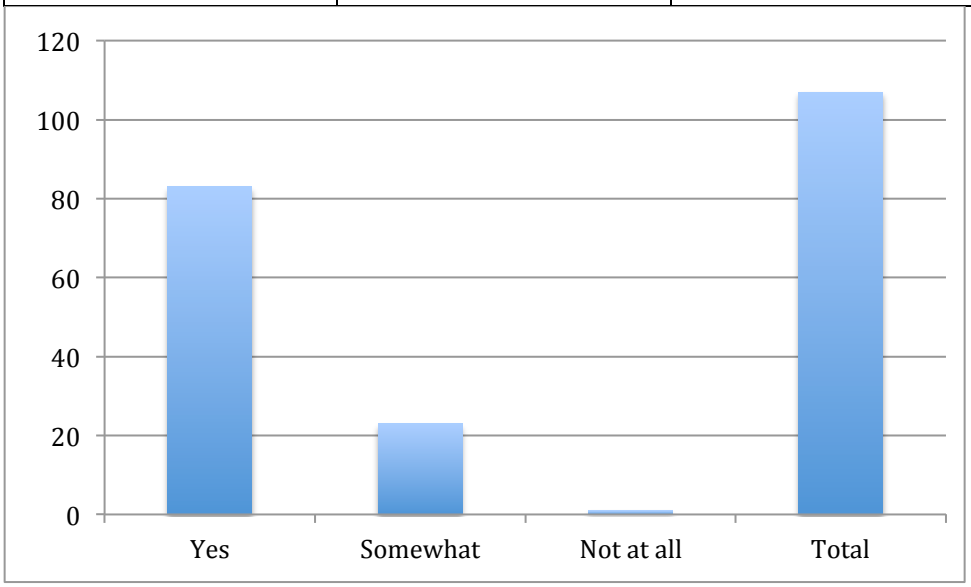
Upon completion of this activity, I can now: Identify the barriers between physicians and patients to discussing and initiating injectable treatments for diabetes; Recognize the importance of glucotoxicity in the development of beta cell failure and diabetic complications; Describe how best to initiate, 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	101	86%
Somewhat	16	14%
Not at all	0	0%
Total	117	100%



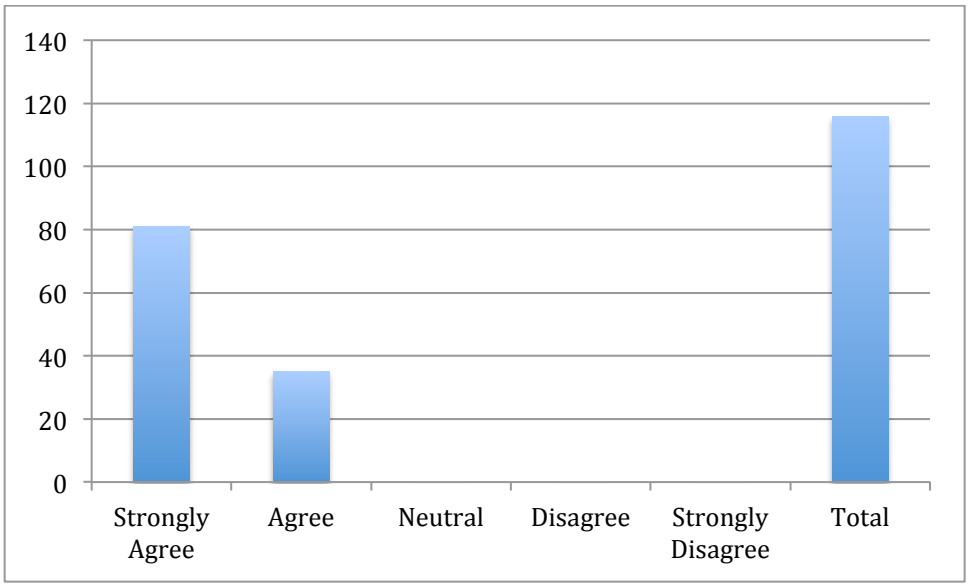
Upon completion of this activity, I can now: Discuss the most up-to-date treatment protocols based on the current understanding of psoriasis and its related disorders as T-cell mediated immune diseases; Define psoriatic disease and outline the clinical presentation and pathophysiology of psoriasis; Identify 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	83	78%
Somewhat	23	21%
Not at all	1	1%
Total	107	100%



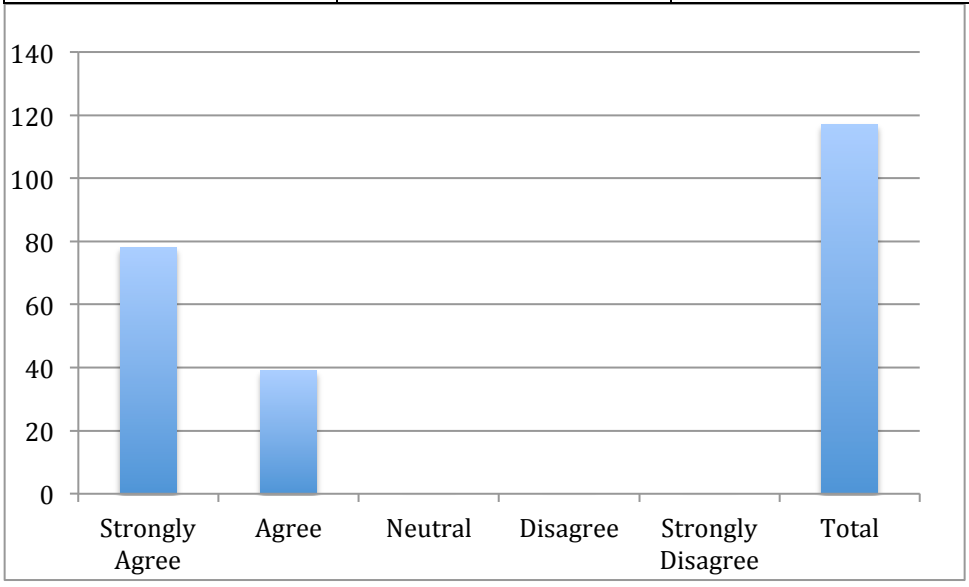
Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	81	70%
Agree	35	30%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	0	0%
Total	116	100%



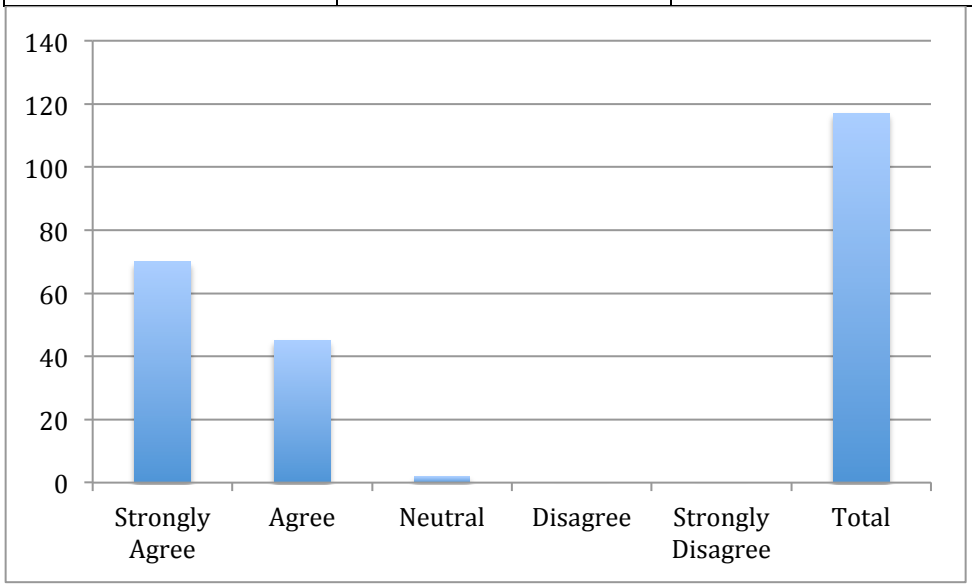
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent
Strongly Agree	78	67%
Agree	39	33%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	0	0%
Total	117	100%



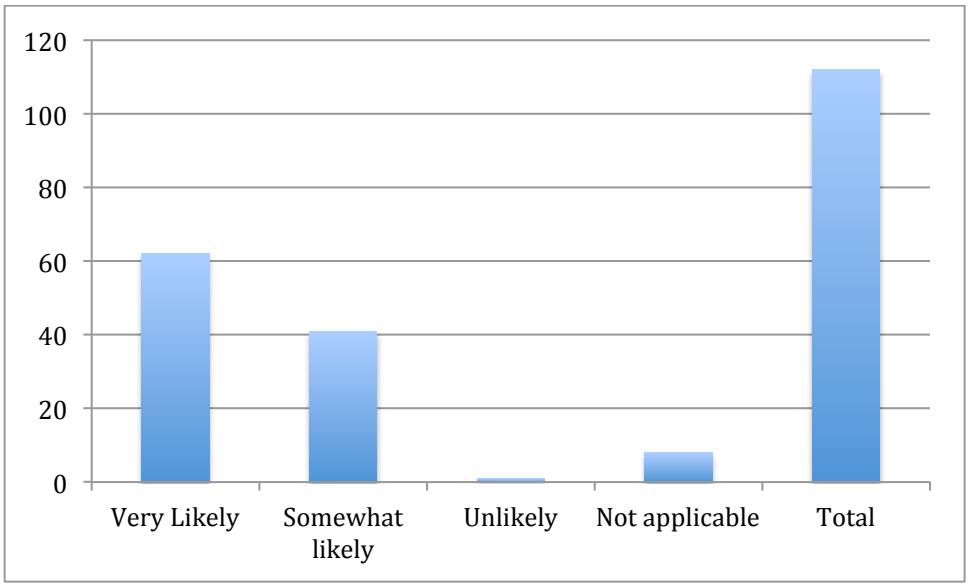
As a result of this activity, I have learned new and useful strategies for patient care:

Label	Frequency	Percent
Strongly Agree	70	60%
Agree	45	38%
Neutral	2	2%
Disagree	0	0%
Strongly Disagree	0	0%
Total	117	100%



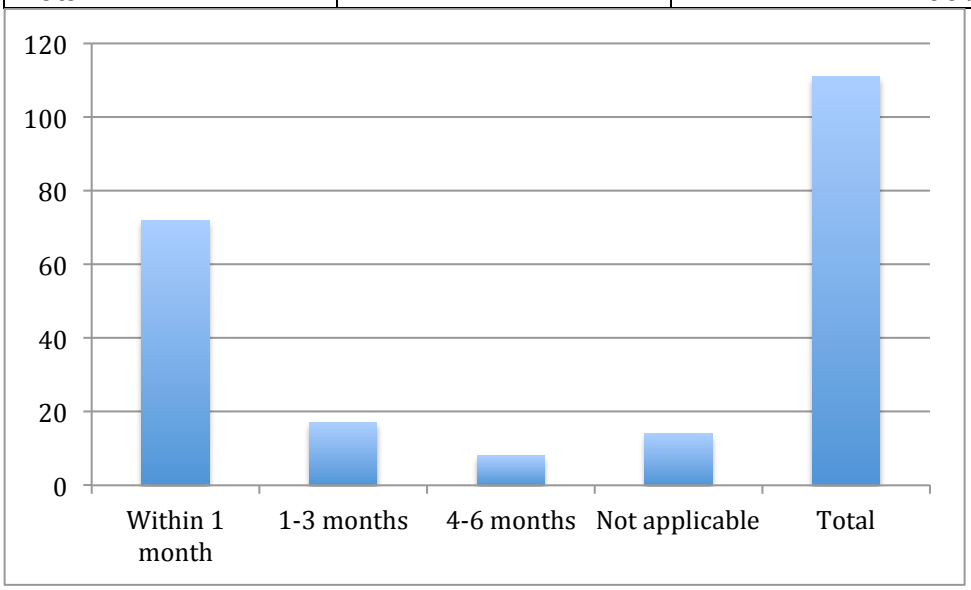
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent
Very Likely	62	55%
Somewhat likely	41	37%
Unlikely	1	1%
Not applicable	8	7%
Total	112	100%



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

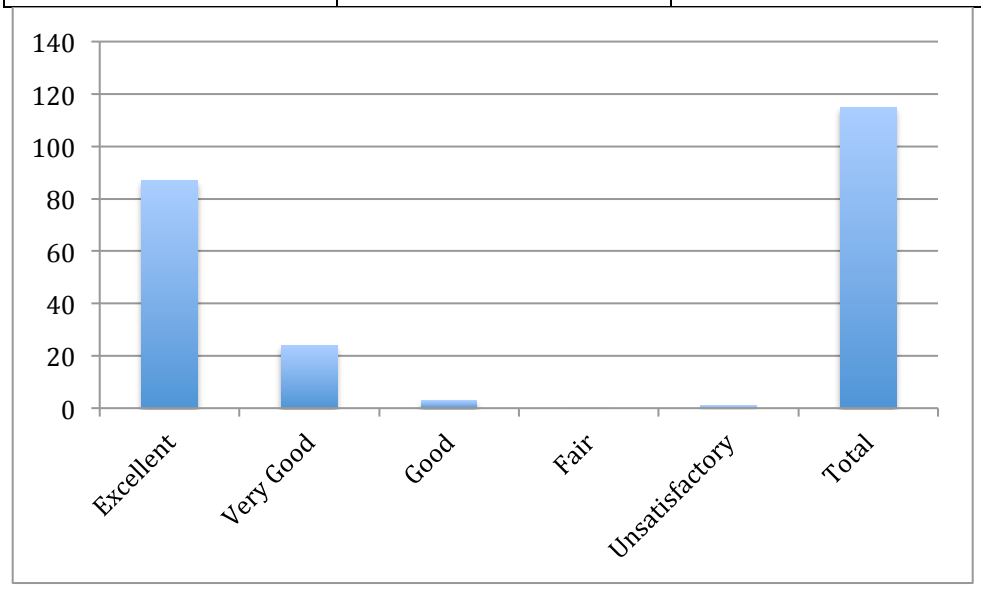
Label	Frequency	Percent
Within 1 month	72	65%
1-3 months	17	15%
4-6 months	8	7%
Not applicable	14	13%
Total	111	100%



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

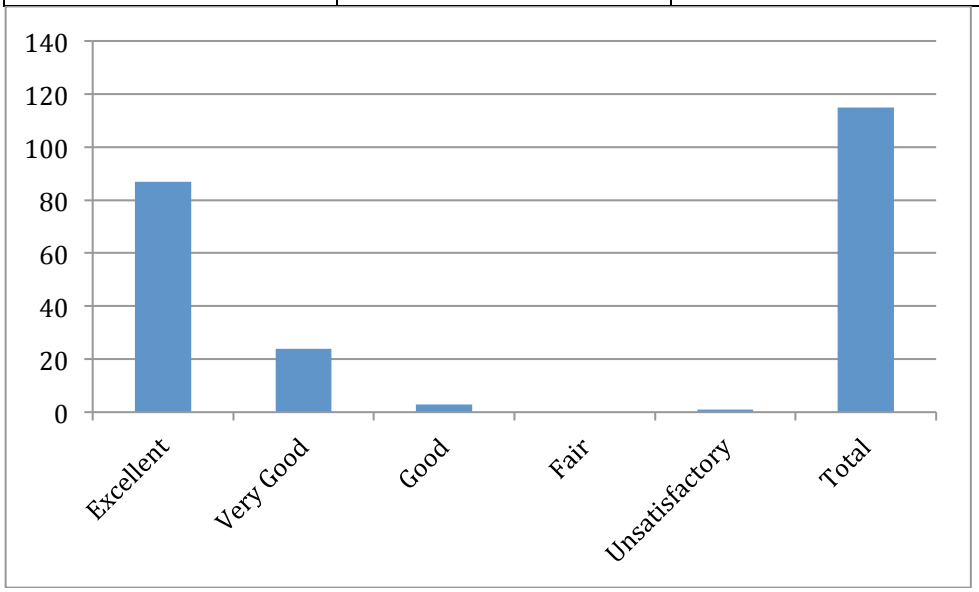
Label	Frequency	Percent
Excellent	87	76%
Very Good	24	21%
Good	3	3%

Fair	0	0%
Unsatisfactory	1	1%
Total	115	100%



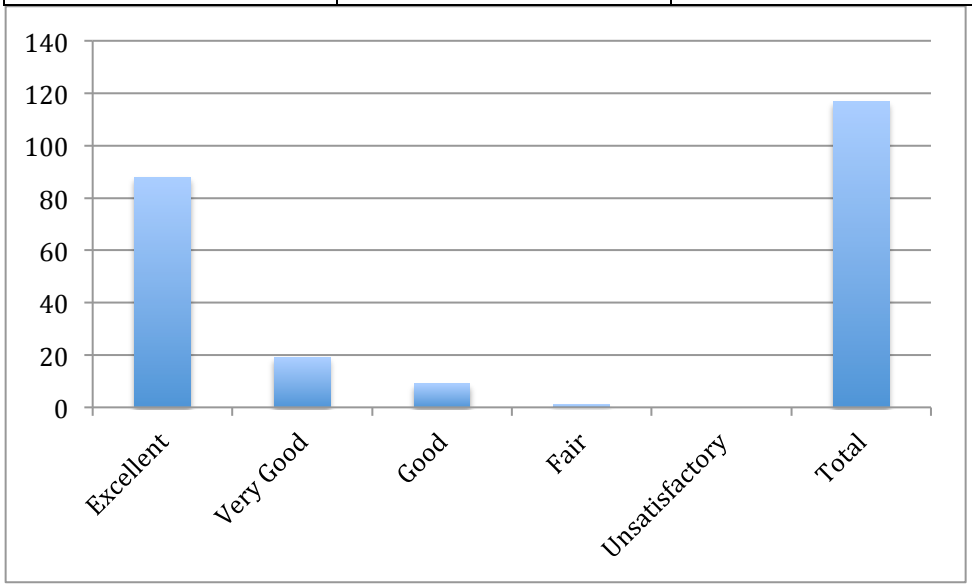
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi (Alpha-1)

Label	Frequency	Percent
Excellent	87	76%
Very Good	24	21%
Good	3	3%
Fair	0	0%
Unsatisfactory	1	1%
Total	115	100%



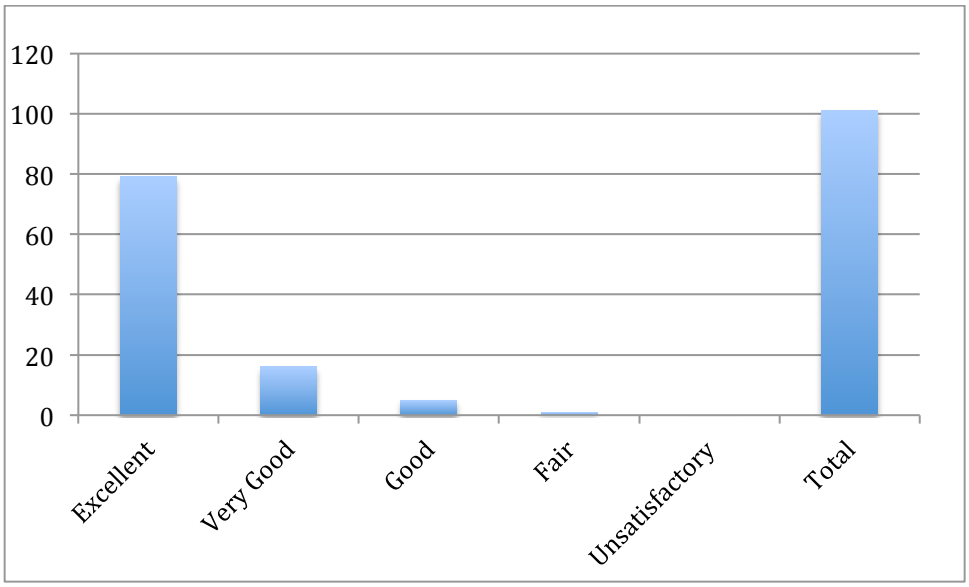
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Patricia Munz, MSN, APN, CDE (Diabetes)

Label	Frequency	Percent
Excellent	88	75%
Very Good	19	16%
Good	9	8%
Fair	1	1%
Unsatisfactory	0	0%
Total	117	100%



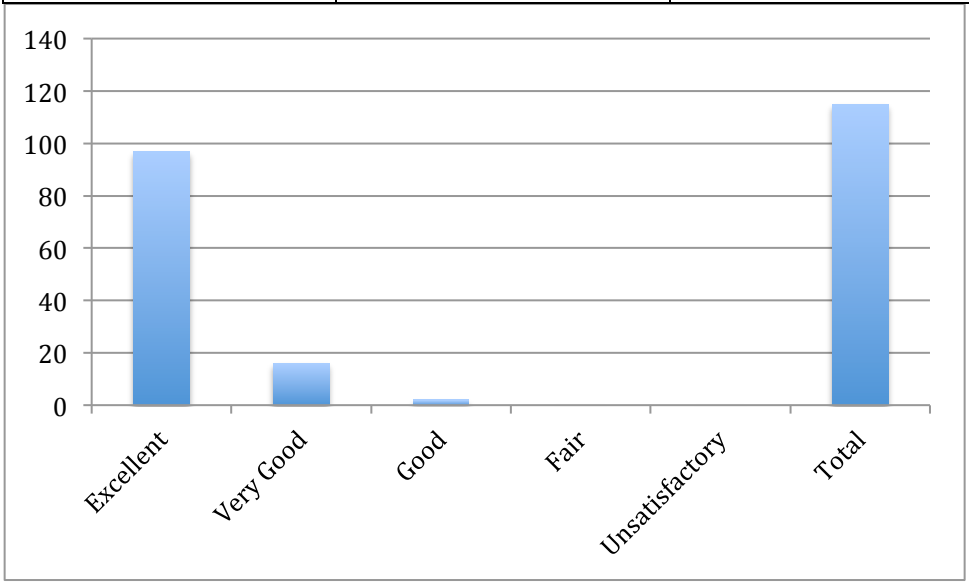
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Paul Yamauchi, MD, PhD(Psoriasis)

Label	Frequency	Percent
Excellent	79	78%
Very Good	16	16%
Good	5	5%
Fair	1	1%
Unsatisfactory	0	0%
Total	101	100%



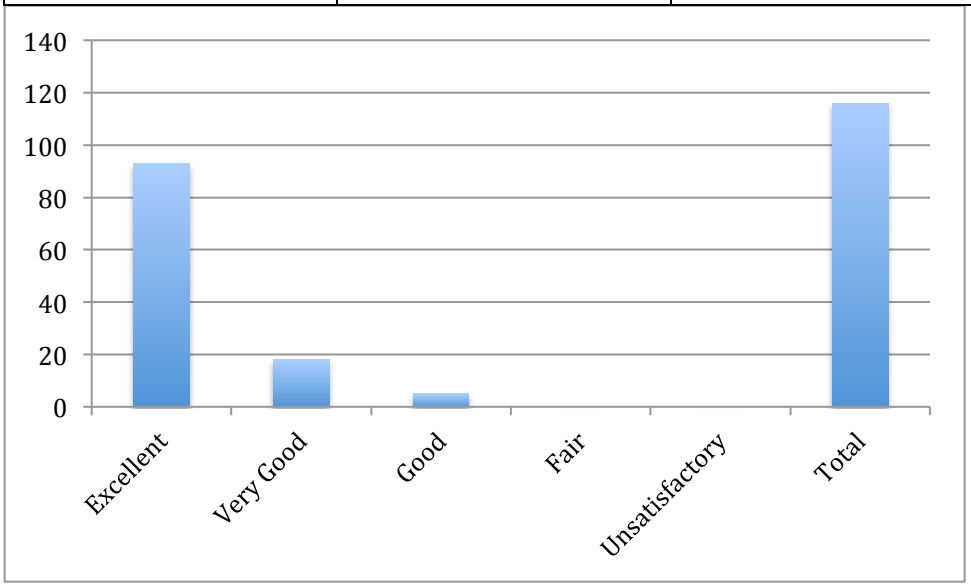
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Gerald W. Dryden, MD (IBD)

Label	Frequency	Percent
Excellent	97	84%
Very Good	16	14%
Good	2	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	115	100%



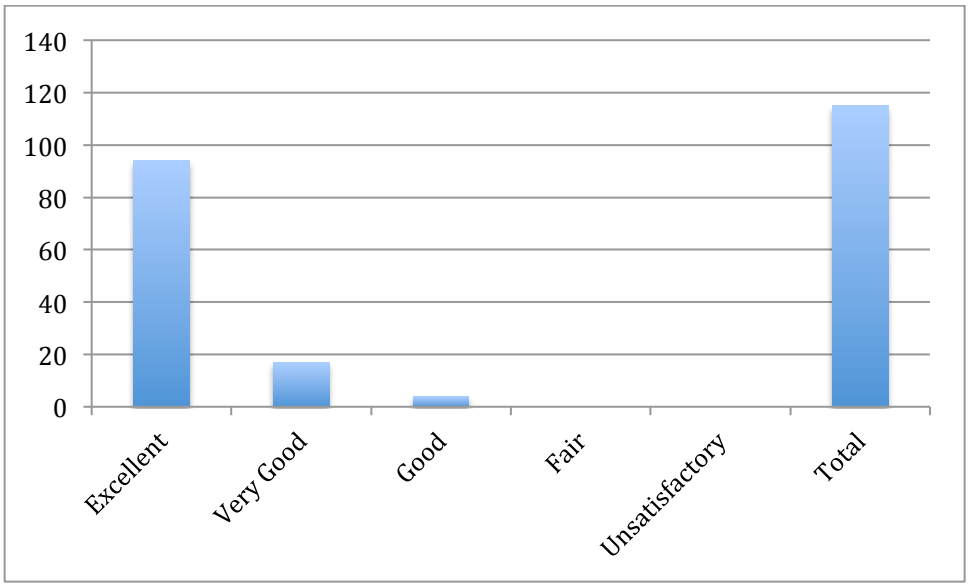
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD (Alpha-1)

Label	Frequency	Percent
Excellent	93	80%
Very Good	18	16%
Good	5	4%
Fair	0	0%
Unsatisfactory	0	0%
Total	116	100%



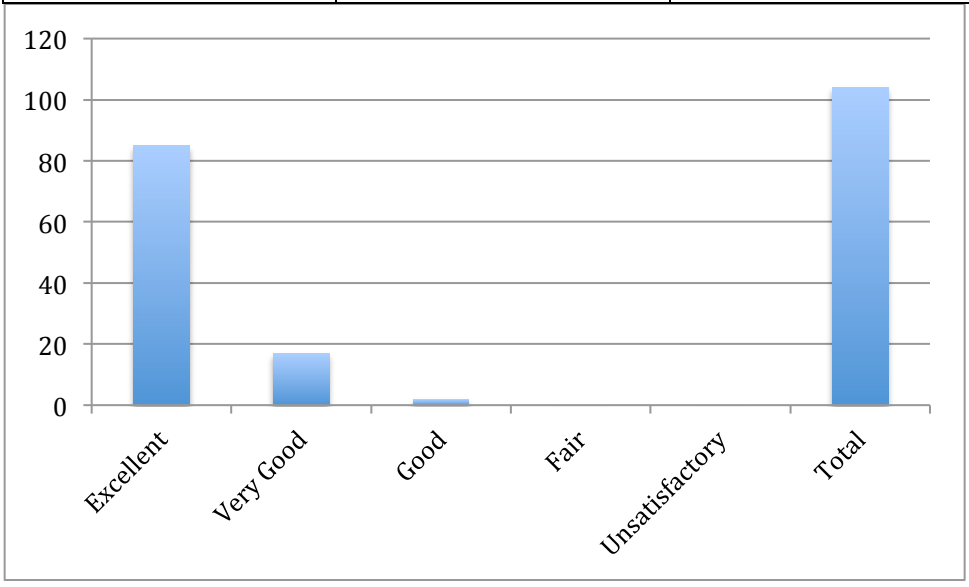
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Patricia Munz, MSN, APN, CDE (Diabetes)

Label	Frequency	Percent
Excellent	94	82%
Very Good	17	15%
Good	4	3%
Fair	0	0%
Unsatisfactory	0	0%
Total	115	100%



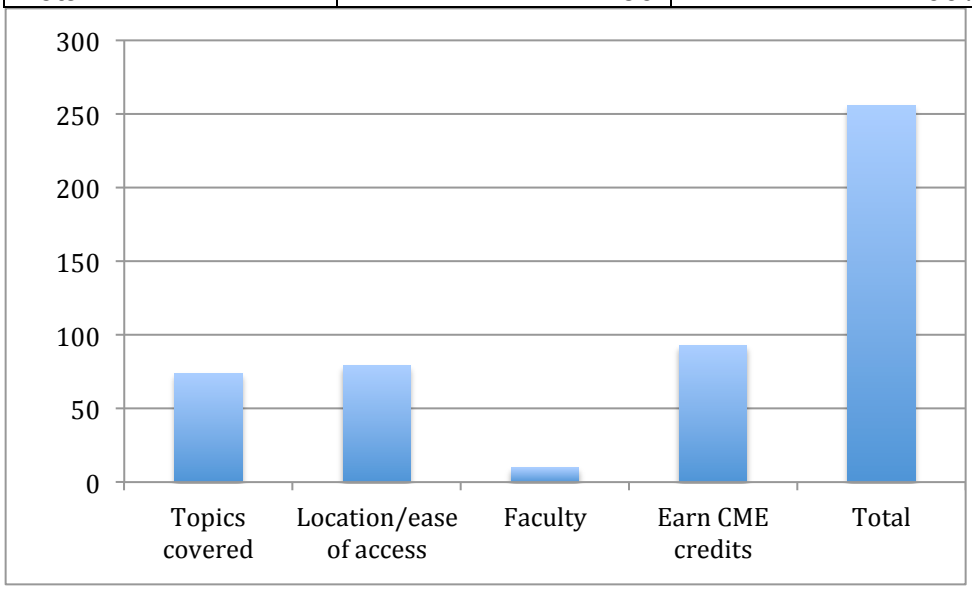
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Paul Yamauchi, MD, PhD (Psoriasis)

Label	Frequency	Percent
Excellent	85	82%
Very Good	17	16%
Good	2	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	104	100%



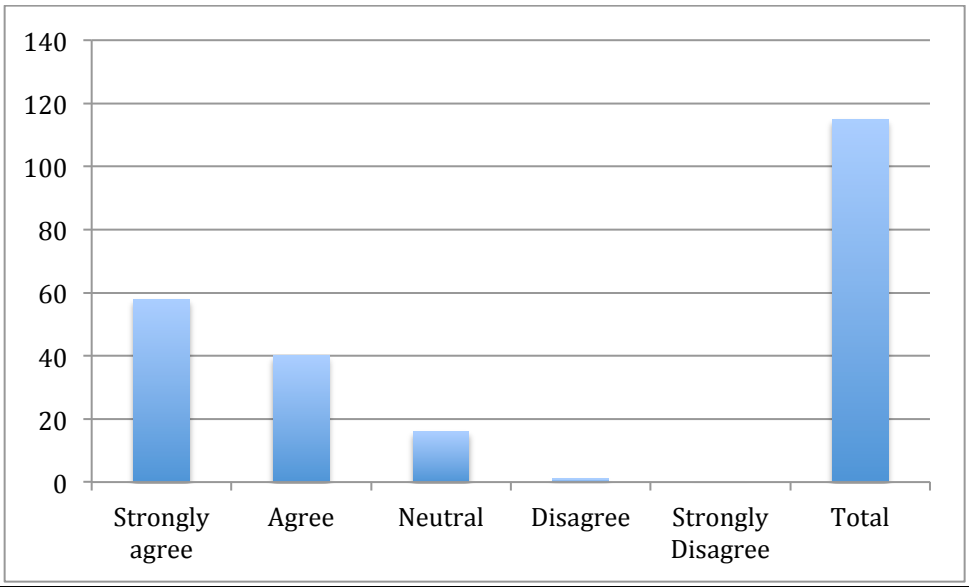
Which statement(s) best reflects your reasons for participating in this activity?

Label	Frequency	Percent
Topics covered	74	29%
Location/ease of access	79	31%
Faculty	10	4%
Earn CME credits	93	36%
Total	256	100%



Future CME activities concerning this subject matter are necessary.

Label	Frequency	Percent
Strongly agree	105	48%
Agree	102	46%
Neutral	12	5%
Disagree	2	1%
Strongly Disagree	0	0%
Total	221	100%



As a result of this activity, I have learned new and useful strategies for patient care: List these strategies: - Pre
-Always think of AAT-1 deficiency as a possible cause of patient's Emphysema. -Use IBD Questionnaire as a screening tool for diagnosis -Explore all available treatment options for Psoriasis, before referring patients out.
1. Identifying psoriasis and treatment modalities 2. Improved communication with pts who use injectable insulin 3. Possible treatments for UC/CD patients, including initiation of biologics.
AAT testing. Better discerning UC from CD
Accurate history an d thorough physical exam
Appropriate medication regimen for mild, moderate versus severe IBD. Will initiate Basal Insulin Therapy on controlled Diabetes sooner. Plan to screen for AAT deficiency in COPD patients when appropriate. Differentiate atopic dermatitis from Psoriasis and treat accordingly
Appropriate medication used in IBD vs. Crohn's Disease. Checking AAT in early screening of COPD. Starting patients on insulin for first-time therapy when appropriate. The diverse features of psoriatic arthritis, RA and OA
assessment and monitoring Patient history followup
Assessment improvement. Psoriasis awareness. Treatment options
Be more aggressive with early treatment options.
behavior medicine
Better able to discuss these conditions with the patient and make treatment recomendations
Better communication, better clinical understanding
better history taking, knowing which tests to order
Check for AAT def in my COPD patients. Push diabetic injectables harder. Better recognition of IBD drugs
Check for Alpha-1 in COPD. Evaluate closely for psoriasis- avoid long use corticosteroid. Any Chrons needs dexo scan. Insulin can increase zu daily to desired level (I use I-2)
Clear acknowledgement and understanding of AAT deficiency, which I never before was aware of its importance. Speaker really drove his point
Clinical presentation/ HX, assess severity of PSA. Without Dx test for PSA- but needs to do test to R/o other differential- skin Bx, x-ray, blood test, etc. (TB test) Using tx algorythm for tx- local plague- fx'd with combination of vie ointment and clohefasol. If systematic or severe - send to Dermatology
Combination tx for IBD

diabetic management
Diagnosing and treating patients
Diagnosis of Psoriasis, symptoms and treatment.
Diagnostic strategies
Diagnostic test available
Discuss Diabetic management. Cardiac refer to IBS- teaching. Discuss co-morbid condition and relate to psoriasis
Discussing options in treatment for diabetes and early initiation of newer injectable therapies.
Discussion of AAT deficiency screening with COPD pts and refer to pulmonary as needed. Consider NMCT imaging for IBD pt evaluation to decrease frequency of radiologic exposure. Screen for comorbidities that can be associated with psoriasis. Use of percentage body effected area in treatment selection process of psoriasis pt
Disease barriers. Identify Alpha-1 deficiency to COPD. Encourage early insulin use in Diabetics. Provide more support to pts with psoriasis because they have frequent depression. Early identify IBS and trreatment
early insulin implementation
Early treatment is key. Need to test for Alpha disorder. Biologics can tx psoriasis
Educational discussions with DM 2 patients to decrease their anxiety and provide realistic outcomes for them.
Emphasis was placed on listening to diabetic patients and not making them feel guilty or like failures regarding injectables. I think this is important for the medical management of all chronic diseases, but it takes time and patience.
Employ Individual Patient Assessment for specific symptoms Use evidenced based treatment methoids
Empower pt and better communication
Evaluating IBS and psoriasis especially
Exploring diagnostic tools in IBD, AAT deficiency suspect patients. Explore GARS communication tool in improving effective patient care/ med compliance. Tools to enforce injectable acceptance among diabetics needing this med
For DM management, initiate injection tx and close monitoring instead of waiting for slow response with oral med (only)
Gained knowledge and understanding to recognize who are at risk for complications from IBD, and implement treatment options, when to test for AAT deficiency, recognize glucotoxicity, when to initiate insulin therapy. Role of combining GLP 1 analogues and SGLT -2 inhibitors. Discuss the treatment protocol of psoraiasis.
How to adequately diagnose and treat a person with Psorias and diabetes.
How to better manage my DMII patients. Testing needed done for COPD pts. Tx options for IBD
How to evaluate and treat IBS, diabetes, psoaris, Alpha-antitripson deficiancy
How to treat UC and Crohn's and IBS, Understanding AAT deficiency and testing. How to use injectable insulins
I am semiretired at the moment, but utilize this knowledge when I go back to work
I have learned how to differentiate better between IBD, UC, and Crohn's. I have learned the importance of testing patients for AATD for whom I have even a moderate index of suspicion. I learned some of the extra-pulmonary manifestations of AATD. I learned which groups of patients would benefit more from GLP-1s vs. SGLT-2 inhibitors. I learned how the physiology of glucotoxicity causes the effects with which patients present. I learned about some of the extra-dermatological manifestations of Psoriasis. I learned some ways to differentiate between the different arthritises, psoriatic vs RA vs Lupus.
I learned how to identify patients who might be in need of alpha-1 testing.
I mostly refer for psoriasis, but now I can speak more accurately as to up to date treatment
I now am aware of the need for increased screening and referral
I understand antitripsyn deficiency better now.
I will screen for Alpha 1 Antitrypsin more effectively

I will be better prepared to manage the comorbities associated with OBD and help guide patients to treatment compliance I will have more effective discussions with my patients regarding insulin therapy and options for DM care
I work with mental health patients. This information helps me to understand their physical health problems that are affecting their mental health.
i'm glad emphasis was made on life style changes prior to medical implementation. in DM, i learned good guidelines for treating out of range a1c. IBD has been done to death, (conference wise;) there have to be non phram ways to treat this, too. but some patients have found these toxic pharm meds to be life changing. Life ending, too, sadly. psoriasis - again immune imbalance can be addressed non pharmacologically as well. these new highly toxic meds recommended have not been tested long enough and likely should have black box warnings attached.
IBD polyphenols , fecal transplant, probiotics AAT deficiency screening in high risk populations (tobacco and ETOH abuse) Biologics for tx of T cell mediated psoriasis. Autoantigen screening and long term efficacy of meds including risks (TB) screening Victoza in combination with basal insulin for targeted hgba1c. Big emphasis on diet modification when initiating Victoza to emphasize smaller meal size due to early satiety .
Identifying AAT patients and testing. Stepwise meds for UC and CD. Comorbidity assessment with psoriasis. Insulin adjustments based on lifestyle and A/C
Importance of pt provider rapport when it comes to control of chronic disease. I learned new approaches to improve patient rapport.
Improved assessment and I interventional skills
Improved diagnostic skills and tools. Promote patient education
Improved monitoring / management of IBD patient; new insight into recobnition Alpha 1 and screening for; updating knowledge of psoriasis / T cell lymphoma
in many different ways
incorporate updated testing and treatment for IBD, Psoriasis, AAT; avoid delayed treatment/clinical inertia.
Increase Alpha-1 testing in COPD pts. IBD-IBS- thought I knew it, now confused. DM- will step away sliding scale and learn new correction. Psoriasis- better understand dz
Increasing use of spirometry. Increasing AATD testing. Specific strategies for starting dose and titrating insulin calculations
Initiation of Insulin therapy. Management of Psoriatic Arthritis. IBD mod vs severe
Injectable GLP-1 initiation. AIA deficiency screening. Psoriasis identification
Intensive insulin therapy. GLP-1 injections. Psoriasis complications and caution
Knowledge
Make an order set to be checked when. R/o IBD
MORE AWARE OF NUANCES AND ADVANCES IN TREAMENT
more psoriasis treatments
most in area of testing for AAT deficiency
Most of these conditions I will still not likely treat, but I learned about how to identify the conditions or patients who are at risk, how to discuss options with patients, and learned about the different treatment regimens.
motivational interviewing strategies addressed by first speaker
Now aware I need to be testing for Alpha-1 AATD
Other injectables besides insulin for diabetes
People who stop smoking will have flow IBD- start tx based on severity. Only lab test can confirm Alpha-1. Supplemental scale. Use of GLP's
prioritizing needs and consideration of t cell mediated disease
relaying more up to date information in a more clear and concise manner while implementing emphasis on patient education

Screening all COPD patients for AAT deficiency Use biologics appropriately to treat psoriasis Discuss the value of injectable diabetes treatments with patients Identify and treat IBD patients more effectively
Screening for AATD- making a protocol. Adding injectables in Diabetes treatment
Screening- testing and imaging
Spirometry after 2-3 months with COPD, Alpha-1 Antitrypsin. Insulin injections. Derm emergency- love it
Spirometry in office to test for and monitor COPD. Pulse oximeter
Step care for IBD. Test for AATD. Use GLP-1 more freely
Testing for Alpha-1 anti-trypsin deficiency dz. Glycomark and Fructosamine blood sugar
Testing for Anti-trypsin 1 in COPD patients
The DM talk was fabulous-when to use which drugs and approach with patients
The importance of insulin therapy. How to monitor for psoriasis. When you should test for AAT deficiency.
The importance of testing for AAT deficiency and starting tx. How to educate patient on insulin and DM treatment.
to be more aggressive with therapy to prevent complications
Treat more Psoriatic lesions. Do not overlook COPDers
Treat psychiatric patients that have co-morbidities that need to be taken in account when prescribing psychiatric medications
Treatment is based on extent of involvement of skin and joints. I will prescribe vitamin D cream more for topical combination cream
Treatment modalities
Treatment modalities for IBD. Screening criteria for Alpha-1
Treatment options for IBD- ulcerative colitis and crohns disease. Screening criteria for AATD
Treatment options for IBD. Better management of Diabetes. Screening for Alpha-1. Better management of Psoriasis also diagnosis
Treatment steps/protocol to use in the care of Psoriasis. What works and what doesn't.
updated guidelines/management to IBD; therapeutic communication with DM patients
Useful for practice' practical tips,and lectures are easily understandable
Using newer DM meds
When to test a patient dx'd with COPD for alpha-1 anti-trypsine deficiency.
Who to test for alpha one. Be more aggressive with injectable meds in diabetes management.
Will test for Alpha-1 and will discuss it further with pulmonologist. Psoriasis identification and tx
Y
Yes

What topics would you like to see offered as CME activities in the future? - Pre
"Stairway to DM"
- Hypertension pearls
Addiction medicine Obesity Polypharmacy in the elderly Medical marijuana Tele medicine
Aesthetic medicine/ obesity/ nutrition
ALSO OCCUPATIONAL HAZARDS, TREATMENTS AND SPORTS INJURIES
Alternative/ complimentary therapies/ Natura-pathic meds
Alzheimers, Dementia and controlling behavioral disturbances of Dementia
Anemia of chronic disease management in Geriatric care Lab monitoring

Any topic update for primary care. Adult/ Geri.-Short term care, long term care
behavior medicine tx
Behavioral motivation of patients with Diabetes specifically
CAD for primary care Pain management for primary care
Cardiac
Cardiovasular topics
CHF
CHF, Complications of HTN, Dyslipidemia
CHF. EKG interpretation
CHF/ Orthopedic injuries/Sepsis infection
Cold Heart failure Renal failure
Continence/ Incontinence of bladder. Podiatry= diabetic/ neuropathic ulcers of feet. More derm lectures
Depression management. Obesity
depression, obesity, sleep disorders, immunization
Depression. Suicide prevention. Anxiety. Weight Loss
Diabetes, Psoriasis
DVT/ PE. Stroke. Head Trauma. Breast Cancer. Colon Cancer. Lung Cancer
EKG interpretation Radiology interpretation
EKG. Cystic Fibrosis. HTN. HLD
Hep-C, Tx, Evaluation. Updates in DM and Multiple Sclerosis, Rheumatoid Arthritis, Chronic pain syndrome in Cancer patient
HIV. Lupus. COPD. Hypertension. Cancers- all. Liver Disease. Hepatitis- all kinds
Hormone replacement therapy Managing mild- moderate depression (not severe depression) skin infections
HTN, Cholesterol issues
Hyperlipidemia guidelines. Hypertension guidelines. CKD
Hypertension Anticoagulant use Avoiding inappropriate testing and treatment for common complaints (show costs and potential savings)
Hypo/Hyperthyriodisim, Strokes COPD CHF
I am interested in everything!
I am open to a broad range of topics, especially if integrating all age groups
ihss
Immunization for preventative and travel requirement
Infectious disease updates
Infectious Disease updates. GYN
Info on new HIV preventative med therapy for high risk groups. Info on new pain management therapy in light of recent narcotic med use change
Insulin resistant screening and treatment. Systolic HTN in elderly
Kidneys/ B/P. Pulmonary- sarcoid. GF- Celiac
Low testosterone Elevated estradiol in men Prolactinoma

Management of obesity in children and adolescents.
medicals tests
More COPD- use of prednisone
More Diabetes medication. Heart Disease. Mental Illness. Antibiotics. EKG reviews
More Diabetes. Asthma. Fatty liver disease. HRT
More diabetes. HTN. Rheumatology
More of the same
More skin disorders
Musculoskeletal issues, back and knee pain, pain management (general) resistant HTN management, weight control, balancing female hormones.
Neuro topics- identify PD, AZ. Vertigo. HA
Neurology- any topics, infection disease- any topic
Obesity
Oral anti-diabetics. Thyroid disease. Hypertension Management
orthopaedic related
Orthopedic injury in primary care
Orthopedic. Urology. Cardiology. Pediatrics
Osteoperosis. Incontinence- urinary. Fatty liver
Osteoporosis COPD CAD HYperlipidemia
Parkinson's. COPD with Dr. Rahaghi. Any topic with Dr. Yamauchi
Pediatric conditions. Mental health. Non narcotic pain management
personality diosirders
Pharmacological treatment of HTN with different comorbities. Pharmacologic treatment of hyperlipidemia. Anti-aging concepts with focus on hormone balance.
Post concussion care and recovery outcomes
Primary Immunodeficiency. Congenital Heart Defects. Review of Anemias
Psych mental health. Substance abuse. Integrated healthcare
psychiatry in general practice - improve PCPs and educate in current treatment models medical home concept in primary care COPD - real ATT in general population is very, very, very rare. Good emphasis on having and using spirometry in clinical practice. IBS alternative, complementary practices: there is much to be said for pain relief that IS NOT only acupuncture, chiropractic - we need to get other pain relief modalities into common use and be able to get insurance coverage. And trust me,(or contact me) there are a plethora of them.
Psychiatry. DSM-V changes/ updates
Recurrent urinary tract infections.
Review of types of insulin
Sarcoridosis. Uveitis. PTSD
Smoking cessation management- how to improve complicance/ success with pt. Anxiety/ Depression. Migraine headache
Thyroid disorders. Orthopedic disorders. Cardiovascular disorders
topic related to skin problem
Treatment of Depression and anxiety
Treatment/ Cure for Hep C. Depression
Tx of Abx uses in peds pt population. Lectures on back pain, chronic back pain or pain management and Arthritis
Update cancer screening guidelines. Holistic and alternative remedies- what are our patients taking and not telling us. Understanding for PC providers. New developments in Fatty liver disease, NASH and cirrhosis

Urology, GYN
Women's Health Topics Rectal and Anal Cancers

Comments

Additional comments: - Pre
Although I am not a provider, the subject were very intersting and I learn a lot.
Being able to view presentations on mobile device would be great
Dallas location excellent. Topics covered excellent. Thank you for minimal breaks and maximizing CME for time
Dr. Dryden is very knowledgable and informative for clinical practice. Dr. Rahaghi is very passionate and practical in his lecture. NP Munz is clear and informative- needs to cut down number of slides or talk faster! Dr. Yamauchi is funny and sharing good/ practical stories. Thank you
Dr. Yamauchi- best of day! Very enjoyable
Engaging speakers
Enjoyed the web cast with EXCEPTION that the slides / ?s did not move in sync with the speaker
Excellent as always. Really enjoyed Dr. Rahaghi. Really enjoyed Dr. Yamauchi. Dr. Dryden- very good presentation
Excellent choice of hotel location, easy to get to
Excellent program will recommend to friends and attend in future
Good- I am in primary care so the IBD talk was good, but not likely to change my practice. Will still refer IBD to specialist
Great speakers
How do we apply to be a speaker on "Stairway to DM?" pm.ackley@yahoo.com
I enjoyed the photographic portion of psoriasis presentation helps with making differentials in actual practice
I really appreciate getting free, well-rounded CME's! Thank you! Next time, please no 1 hour break for lunch. Let's bring a sack lunch and get out an hour early, especially on a Saturday, in December too. And please limit lectures to 1-hour each
I strongly disagree that "because insurance covers it, we should test it." i could barely understand psoriasis presenter for his heavy accent. Moderator was great as was pacing of conference. IBD presenter really spoke too fast for us to hear all the info. I wish i'd known (until last slide) that i could see graph answers by sliding my screen over to right.
I very much enjoyed this update. Thanks
I wish we did not have to take a lunch break. I would rather have had a sack lunch and just gone on with the next lecture
In the future, if only one afternoon session, then no lunch break is needed
It was a great presentation, organized well with good topics
Location at Dallas and Fort Worth area preferred
Make sure slides include references to BOTH PA's and NP's! Not just what nurses do or can do in a practice. Thank you
n/a
na
none (2)
NONE AT THIS TIME
One of the best talks on DM I have heard-very knowledgeable speaker and information was very useful to practice!
Overall good program
Please make the video smoother. I had to reconnect to the broadcast at least 10 times, grrrr....frustrating.

Thank you (2)
Thank you for offering this!!!
Thanks
The IBD presentation was AWESOME. Interesting and very informative. Thanks
This was a very informative and interesting conference. Thank you very much for this opportunity
This was excellent. Thank you for providing such a forum
very good
Very good presentations
Very practical and enjoyable lecture. Thank you so much for providing this program
Very well organized. Easy access to live presentation with no technical difficulties.