

Getting With The Guideline



Managing Pediatric ADHD in Your Primary Care Practice

Activity Evaluation Summary

CME Activity: Getting With The Guideline: Managing Pediatric ADHD in Your Primary Care Practice
Saturday, May 17, 2014
Baltimore Marriott Waterfront
Baltimore, MD

Course Director: Andrew Adesman, MD

Date of Evaluation Summary: May 29, 2014

In May 2014, the Albert Einstein College of Medicine of Yeshiva University (AECOM) and National Association for Continuing Education (NACE) co-sponsored a CME activity, *Getting With The Guideline: Managing Pediatric ADHD in Your Primary Care Practice*, in Baltimore, MD.

This educational activity was designed to provide primary care clinicians with the background and the tools needed to provide measurement-based care for pediatric patients with ADHD which will lead to improved patient outcomes.

In planning this CME activity, the AECOM and 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.

Ninety two healthcare practitioners registered to attend *Getting With The Guideline: Managing Pediatric ADHD in Your Primary Care Practice*, in Baltimore, MD. Fifty seven healthcare practitioners actually participated in the conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Fifty four completed evaluations were received. The data collected is displayed in this report.

CME ACCREDITATION

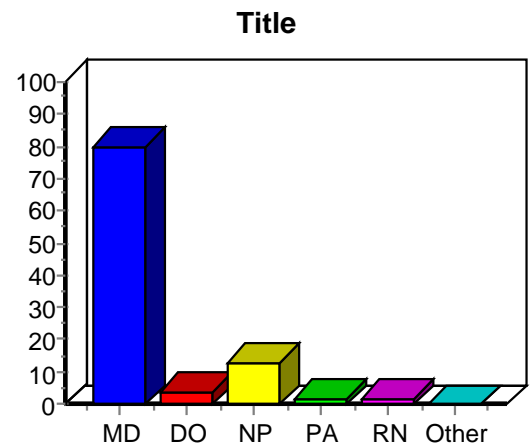
Albert Einstein College of Medicine of Yeshiva University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Albert Einstein College of Medicine of Yeshiva University designates this live activity for a maximum of 4.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity was co-sponsored with the National Association for Continuing Education (NACE).

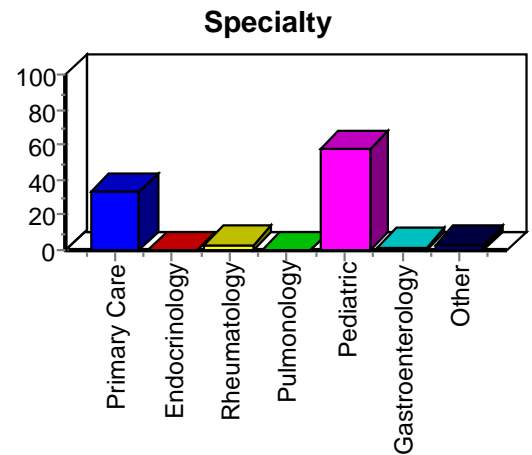
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	43	79.63	79.63
DO	2	3.70	3.70
NP	7	12.96	12.96
PA	1	1.85	1.85
RN	1	1.85	1.85
Other	0	0.00	0.00
Total Valid	54	100.00	100.00



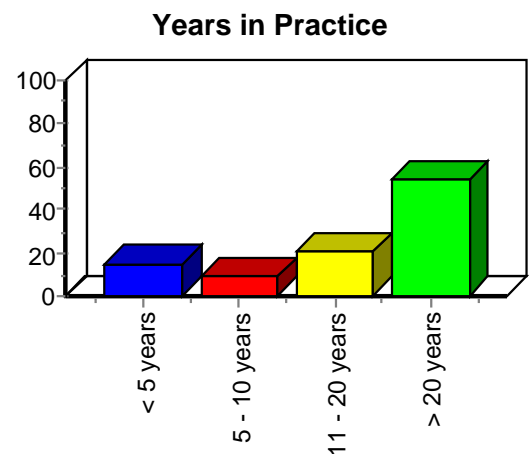
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	18	33.33	33.33
Endocrinology	0	0.00	0.00
Rheumatology	2	3.70	3.70
Pulmonology	0	0.00	0.00
Pediatric	31	57.41	57.41
Gastroenterology	1	1.85	1.85
Other	2	3.70	3.70
Total Valid	54	100.00	100.00



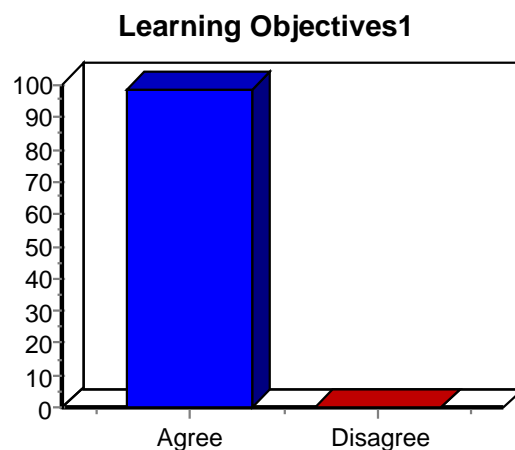
How many years have you been in practice?

Label	Frequency	Percent	Valid Percent
< 5 years	8	14.81	15.09
5 - 10 years	5	9.26	9.43
11 - 20 years	11	20.37	20.75
> 20 years	29	53.70	54.72
Total Valid	53	98.15	100.00
Total Missing	1	1.85	
Total	54	100.00	



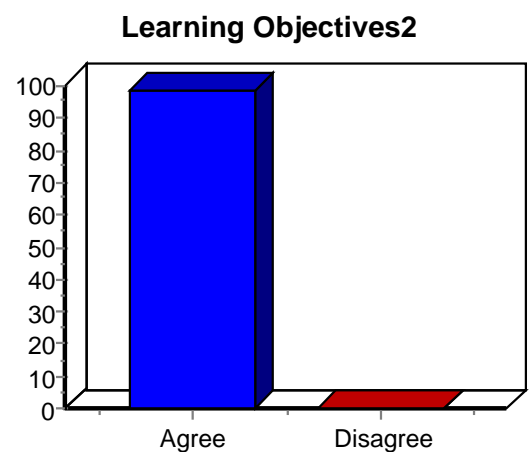
After attending this activity, I should be able to: Explain current research findings regarding the apparent increases in the diagnosis of ADHD and implications for your practice; discuss new data about the genetics of ADHD and associated disorders; explain the role of diet as a potential therapy for ADHD; identify how long-term stimulant medications affect the brains of ADHD patients.

Label	Frequency	Percent	Valid Percent
Agree	53	98.15	100.00
Disagree	0	0.00	0.00
Total Valid	53	98.15	100.00
Total Missing	1	1.85	
Total	54	100.00	



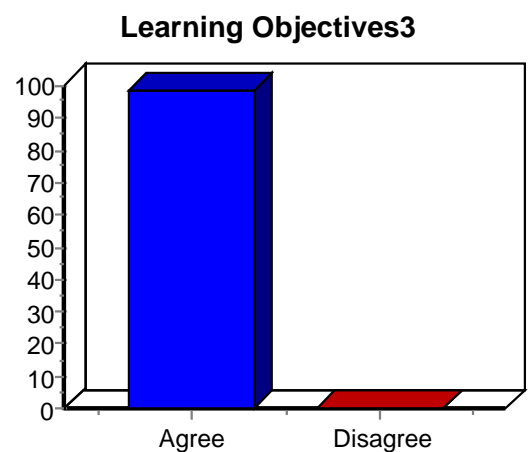
After attending this activity, I should be able to: Discuss new features of the 2011 AAP Clinical Practice Guideline for ADHD and compare to earlier guideline; identify the special circumstances for treatment of preschoolers and adolescents with ADHD within the new guideline; explain how the use of rating scales such as the Vanderbilt Scales can provide quantitative information that can inform both the diagnosis and ongoing adequacy of the treatment response in patients with ADHD; identify best practices in the implementation of clinician performance measures and patient outcome measures for ADHD.

Label	Frequency	Percent	Valid Percent
Agree	53	98.15	100.00
Disagree	0	0.00	0.00
Total Valid	53	98.15	100.00
Total Missing	1	1.85	
Total	54	100.00	



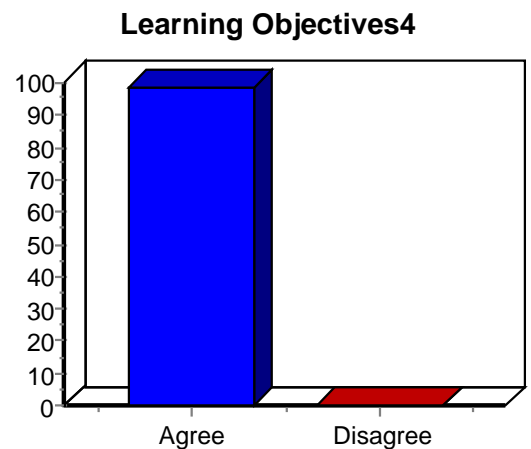
After attending this activity, I should be able to: Discuss the AAP 2011 Guideline and Process of Care algorithm to help make treatment decisions for ADHD; explain the safety and efficacy of different pharmacologic options for treating children and adolescents with ADHD; explain the importance of shared decision making and the use of a chronic care model for long-term management of ADHD; discuss methods to evaluate treatment effects by systematically measuring outcomes; explain strategies to manage adverse effects of medication treatments.

Label	Frequency	Percent	Valid Percent
Agree	53	98.15	100.00
Disagree	0	0.00	0.00
Total Valid	53	98.15	100.00
Total Missing	1	1.85	
Total	54	100.00	



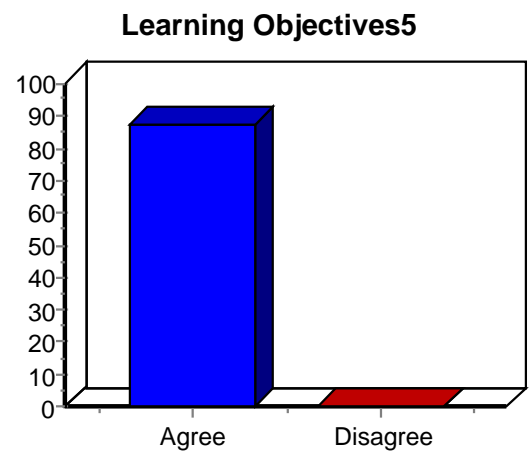
After attending this activity, I should be able to: Discuss the clinician's respect for parental goals and treatment preferences in fostering treatment initiation and adherence; explain the importance of psychoeducation and parent behavior management training in optimizing ADHD care; discuss promising and inadvisable dietary modifications, supplements and complementary and alternative treatments for ADHD.

Label	Frequency	Percent	Valid Percent
Agree	53	98.15	100.00
Disagree	0	0.00	0.00
Total Valid	53	98.15	100.00
Total Missing	1	1.85	
Total	54	100.00	



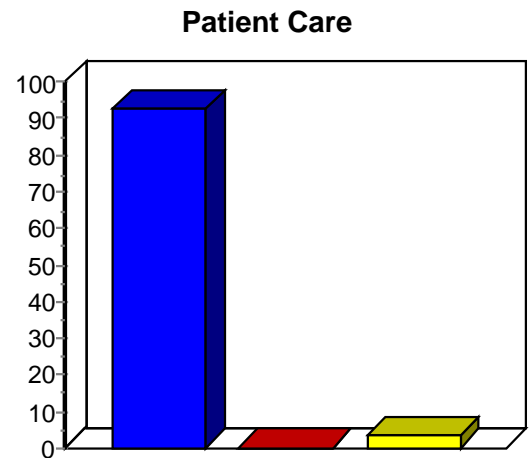
After attending this activity, I should be able to: Explain how you can use an evidence-based, comprehensive web based tool to improve the quality of ADHD care in your practice; deliver and track assessment rating scales to parents and teachers using web based tools; implement a systematic follow-up plan to monitor response to treatment using web based tools; monitor and improve AAP guideline adherence in your practice; customize and improve work flow for ADHD care in your practice.

Label	Frequency	Percent	Valid Percent
Agree	47	87.04	100.00
Disagree	0	0.00	0.00
Total Valid	47	87.04	100.00
Total Missing	7	12.96	
Total	54	100.00	



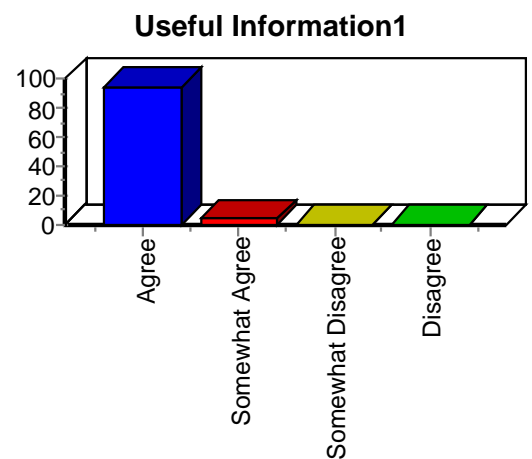
Will you make changes that will benefit patient care as a result of attending this course?

Label	Frequency	Percent	Valid Percent
Yes	50	92.59	96.15
No	0	0.00	0.00
N/A - I do not work directly with patients	2	3.70	3.85
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



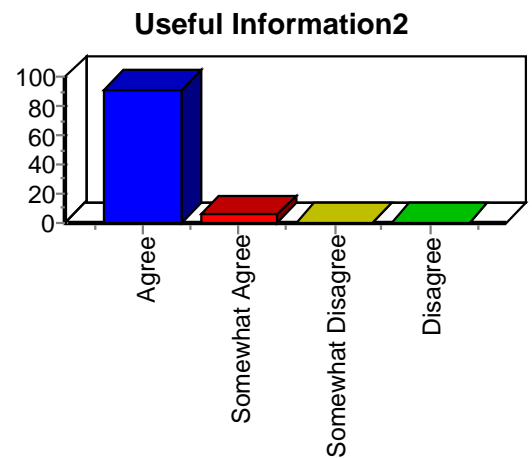
This activity provided information that I can use to: Increase my Competence Skills:

Label	Frequency	Percent	Valid Percent
Agree	51	94.44	96.23
Somewhat Agree	2	3.70	3.77
Somewhat Disagree	0	0.00	0.00
Disagree	0	0.00	0.00
Total Valid	53	98.15	100.00
Total Missing	1	1.85	
Total	54	100.00	



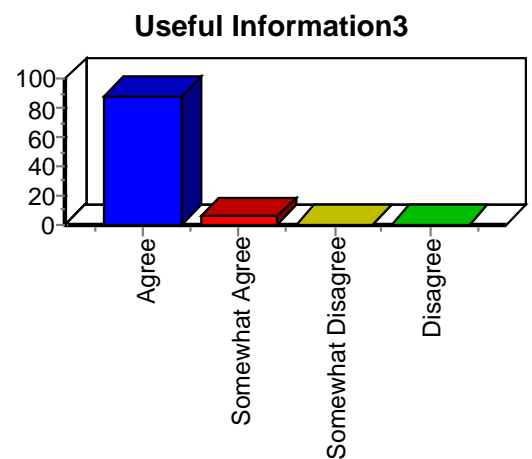
This activity provided information that I can use to: Modify the way I perform in Practice:

Label	Frequency	Percent	Valid Percent
Agree	49	90.74	94.23
Somewhat Agree	3	5.56	5.77
Somewhat Disagree	0	0.00	0.00
Disagree	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



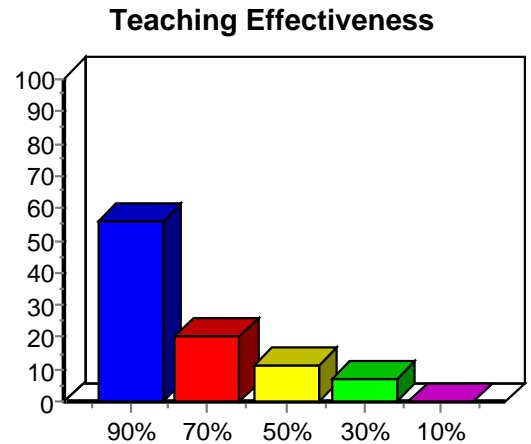
This activity provided information that I can use to: Improve Patient Outcomes:

Label	Frequency	Percent	Valid Percent
Agree	48	88.89	94.12
Somewhat Agree	3	5.56	5.88
Somewhat Disagree	0	0.00	0.00
Disagree	0	0.00	0.00
Total Valid	51	94.44	100.00
Total Missing	3	5.56	
Total	54	100.00	



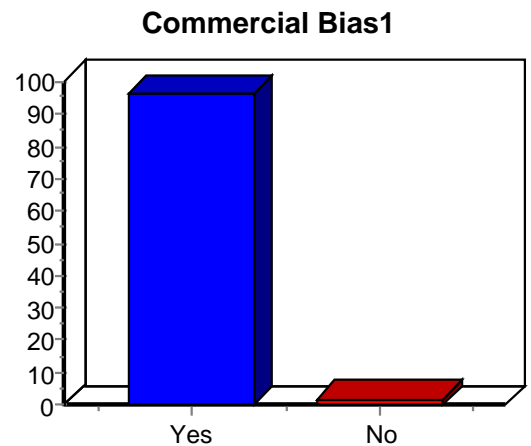
What percentage of the presentations was effective in teaching you something new that you will incorporate into your practice?

Label	Frequency	Percent	Valid Percent
90%	30	55.56	58.82
70%	11	20.37	21.57
50%	6	11.11	11.76
30%	4	7.41	7.84
10%	0	0.00	0.00
Total Valid	51	94.44	100.00
Total Missing	3	5.56	
Total	54	100.00	



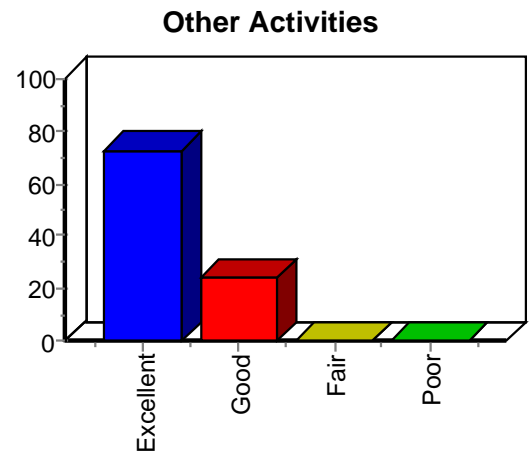
Was this CME activity "free of commercial bias for or against any product?"

Label	Frequency	Percent	Valid Percent
Yes	52	96.30	98.11
No	1	1.85	1.89
Total Valid	53	98.15	100.00
Total Missing	1	1.85	
Total	54	100.00	



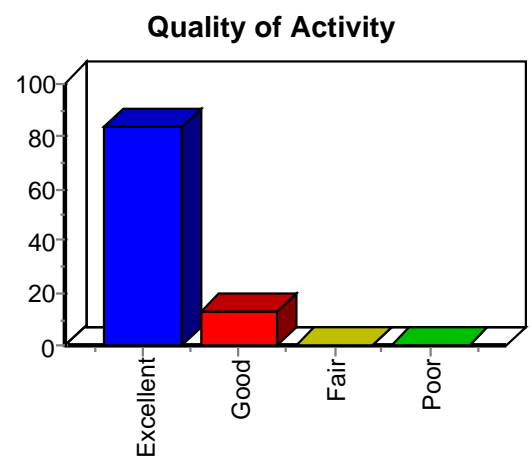
In comparison to other similar activities how would you rate this activity?

Label	Frequency	Percent	Valid Percent
Excellent	39	72.22	75.00
Good	13	24.07	25.00
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



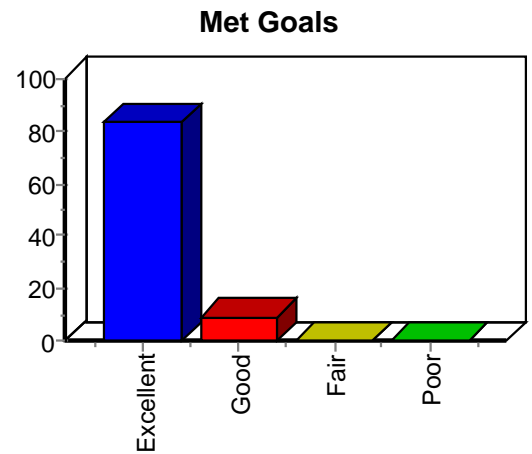
How would you rate this activity in the quality of its organization and professional manner in which it was conducted?

Label	Frequency	Percent	Valid Percent
Excellent	45	83.33	86.54
Good	7	12.96	13.46
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



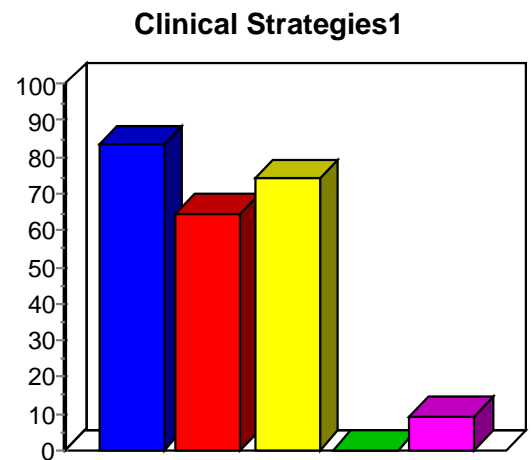
This program is designed to explain the 2011 AAP ADHD Guideline and its use in practice

Label	Frequency	Percent	Valid Percent
Excellent	45	83.33	90.00
Good	5	9.26	10.00
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	50	92.59	100.00
Total Missing	4	7.41	
Total	54	100.00	



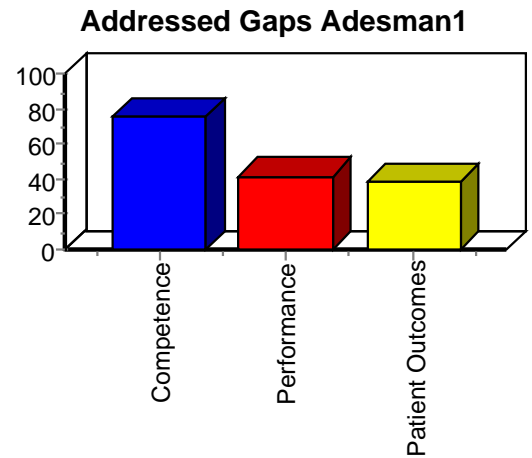
Based on my participation in this CME activity, I will incorporate the following new clinical strategies: (check all that apply)

Label	Frequency	Percent	Valid Percent
Utilize the 2011 AAP Clinical Practice Guideline for ADHD	45	83.33	97.83
Utilize the Process of Care algorithm to help make treatment decisions for ADHD	35	64.81	76.09
Utilize strategies for shared decision making to foster treatment initiation and adherence	40	74.07	86.96
Utilize an evidence-based, comprehensive web based tool to improve the quality of ADHD care in my practice	0	0.00	0.00
I already do all these things	5	9.26	10.87
Total Valid	46	85.19	100.00
Total Missing	8	14.81	
Total	54	100.00	



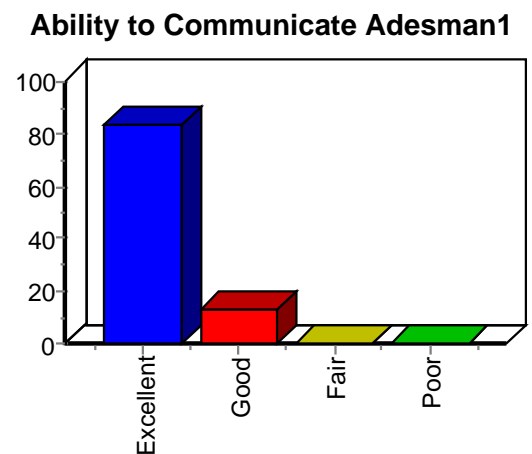
Andrew Adesman, MD: New Findings in Our Understanding of ADHD in Children and Adolescents: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	41	75.93	91.11
Performance	23	42.59	51.11
Patient Outcomes	21	38.89	46.67
Total Valid	45	83.33	100.00
Total Missing	9	16.67	
Total	54	100.00	



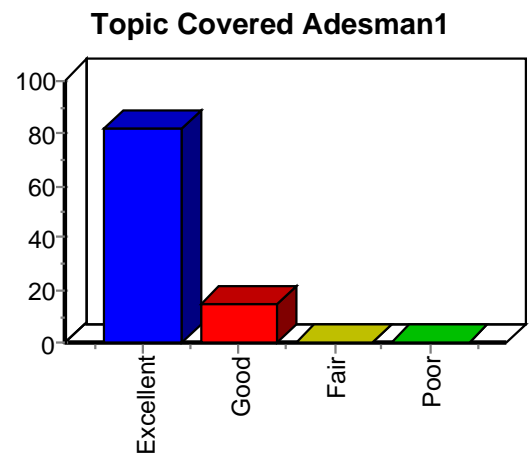
Andrea Adesman, MD: New Findings in Our Understanding of ADHD in Children and Adolescents: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	45	83.33	86.54
Good	7	12.96	13.46
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



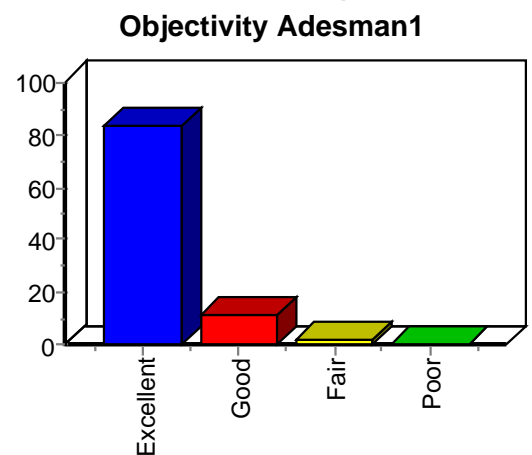
Andrea Adesman, MD: New Findings in Our Understanding of ADHD in Children and Adolescents: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	44	81.48	84.62
Good	8	14.81	15.38
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



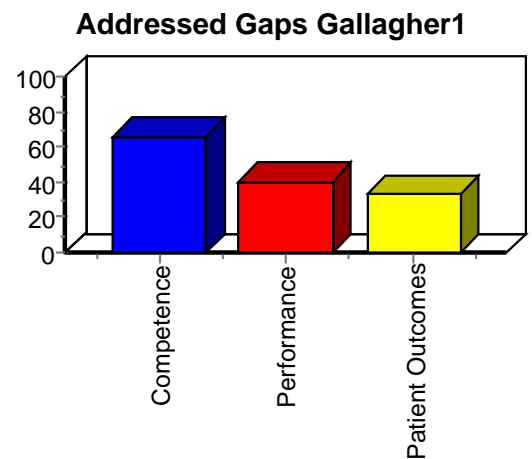
Andrea Adesman, MD: New Findings in Our Understanding of ADHD in Children and Adolescents: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent	Valid Percent
Excellent	45	83.33	86.54
Good	6	11.11	11.54
Fair	1	1.85	1.92
Poor	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



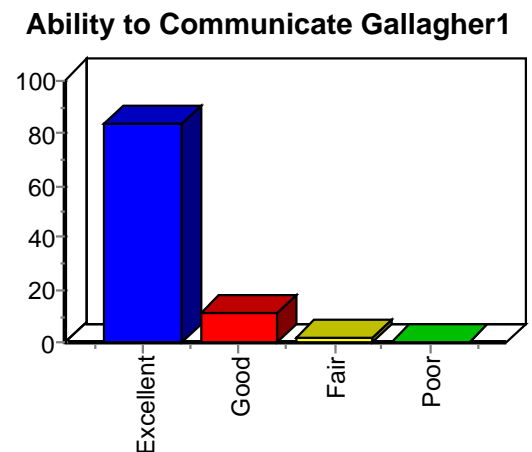
Richard Gallagher, PhD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	36	66.67	83.72
Performance	22	40.74	51.16
Patient Outcomes	18	33.33	41.86
Total Valid	43	79.63	100.00
Total Missing	11	20.37	
Total	54	100.00	



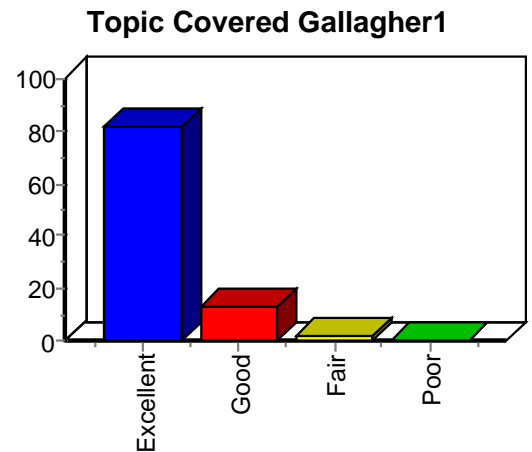
Richard Gallagher, PhD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	45	83.33	86.54
Good	6	11.11	11.54
Fair	1	1.85	1.92
Poor	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



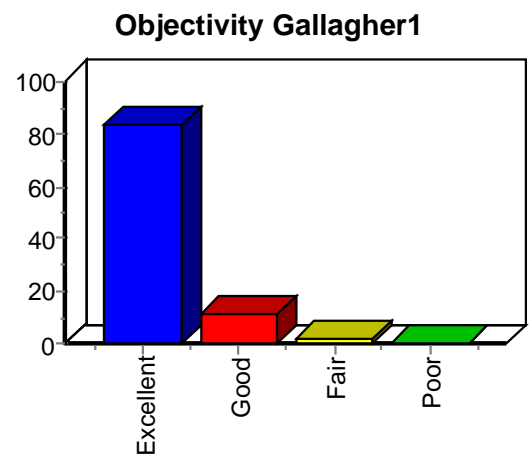
Richard Gallagher, PhD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	44	81.48	84.62
Good	7	12.96	13.46
Fair	1	1.85	1.92
Poor	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



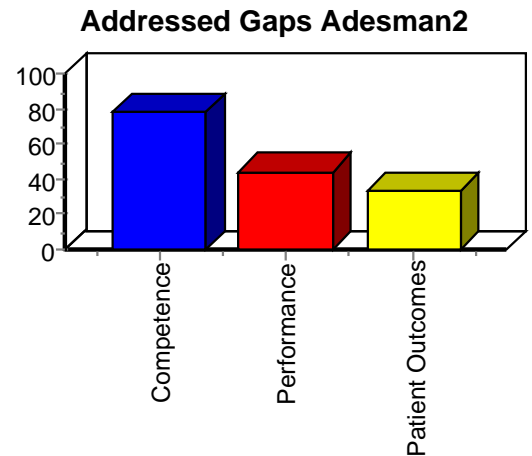
Richard Gallagher, PhD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent	Valid Percent
Excellent	45	83.33	86.54
Good	6	11.11	11.54
Fair	1	1.85	1.92
Poor	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



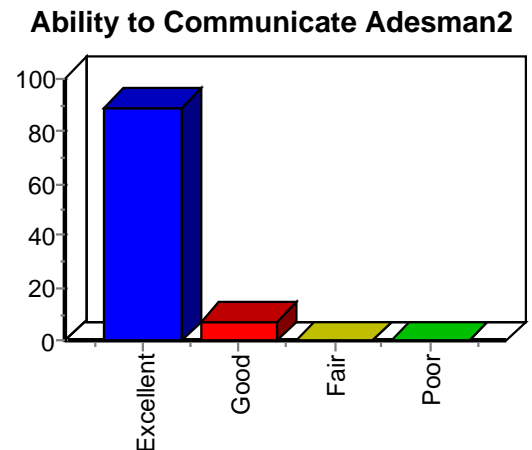
Andrew Adesman, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	42	77.78	93.33
Performance	24	44.44	53.33
Patient Outcomes	18	33.33	40.00
Total Valid	45	83.33	100.00
Total Missing	9	16.67	
Total	54	100.00	



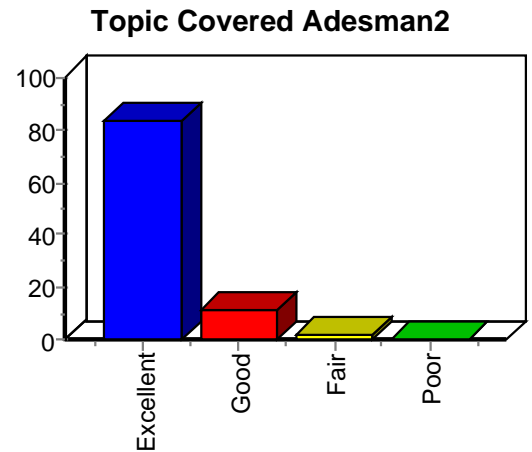
Andrew Adesman, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	48	88.89	92.31
Good	4	7.41	7.69
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



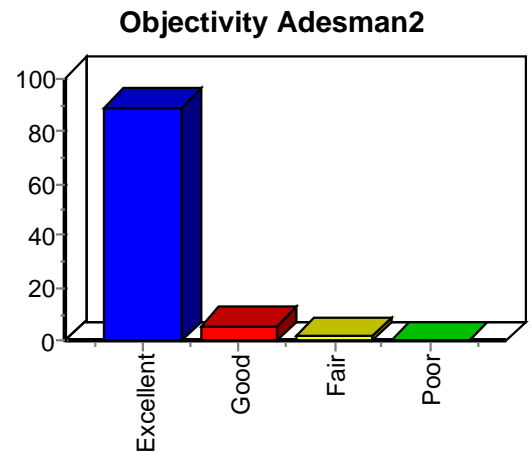
Andrew Adesman, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	45	83.33	86.54
Good	6	11.11	11.54
Fair	1	1.85	1.92
Poor	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



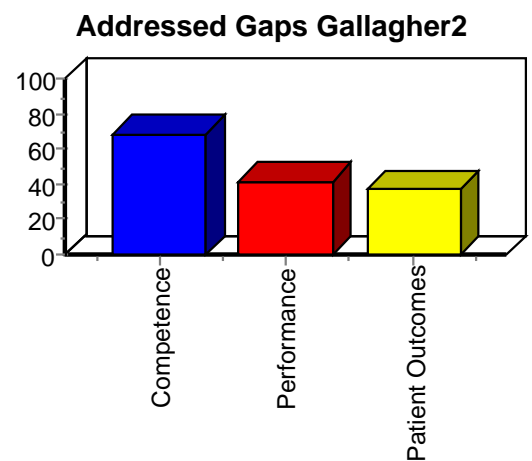
Andrew Adesman, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent	Valid Percent
Excellent	48	88.89	92.31
Good	3	5.56	5.77
Fair	1	1.85	1.92
Poor	0	0.00	0.00
Total Valid	52	96.30	100.00
Total Missing	2	3.70	
Total	54	100.00	



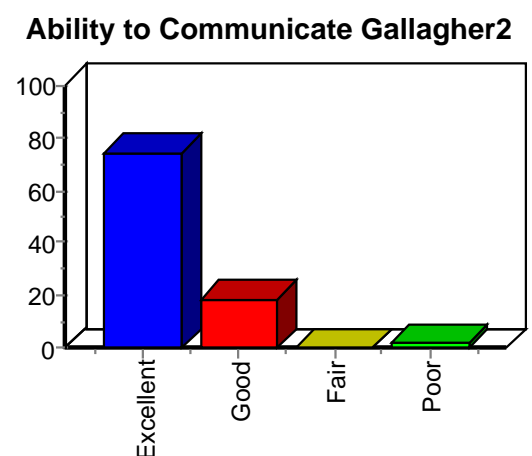
Richard Gallagher, PhD: Non-Medical Treatments for ADHD and Shared Decision Making: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	37	68.52	88.10
Performance	23	42.59	54.76
Patient Outcomes	20	37.04	47.62
Total Valid	42	77.78	100.00
Total Missing	12	22.22	
Total	54	100.00	



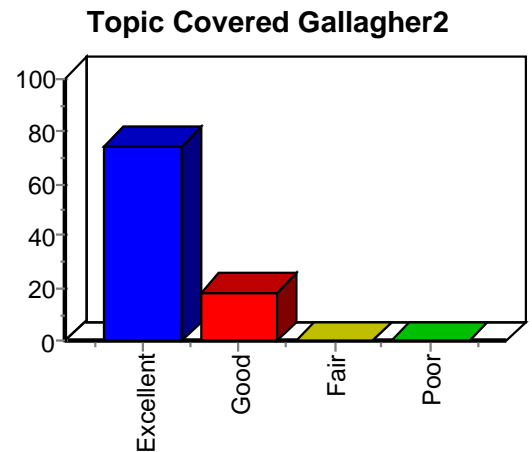
Richard Gallagher, PhD: Non-Medical Treatments for ADHD and Shared Decision Making: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	40	74.07	78.43
Good	10	18.52	19.61
Fair	0	0.00	0.00
Poor	1	1.85	1.96
Total Valid	51	94.44	100.00
Total Missing	3	5.56	
Total	54	100.00	



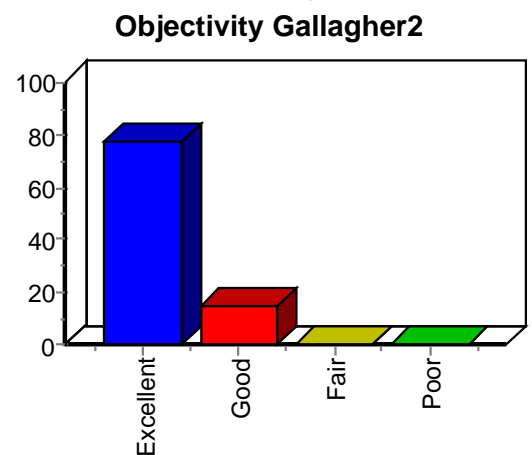
Richard Gallagher, PhD: Non-Medical Treatments for ADHD and Shared Decision Making: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	40	74.07	80.00
Good	10	18.52	20.00
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	50	92.59	100.00
Total Missing	4	7.41	
Total	54	100.00	



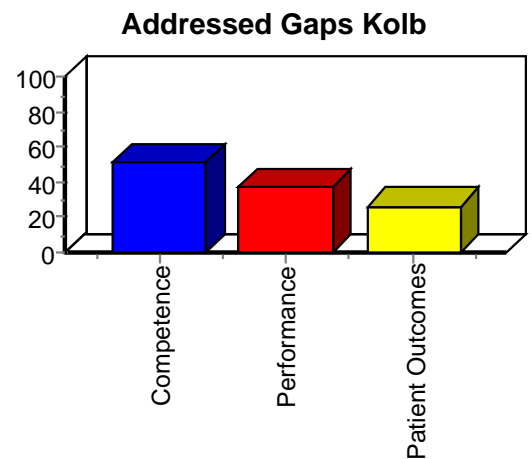
Richard Gallagher, PhD: Non-Medical Treatments for ADHD and Shared Decision Making: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent	Valid Percent
Excellent	42	77.78	84.00
Good	8	14.81	16.00
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	50	92.59	100.00
Total Missing	4	7.41	
Total	54	100.00	



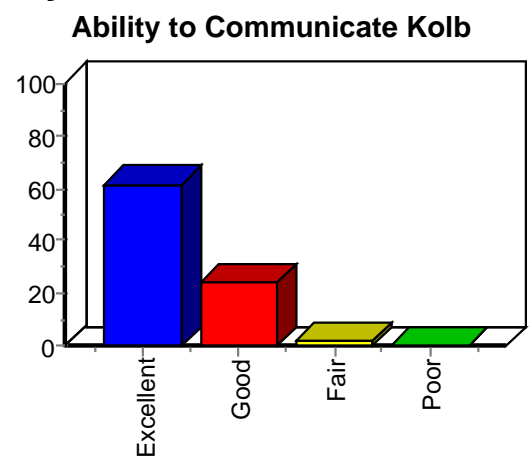
Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	28	51.85	73.68
Performance	20	37.04	52.63
Patient Outcomes	14	25.93	36.84
Total Valid	38	70.37	100.00
Total Missing	16	29.63	
Total	54	100.00	



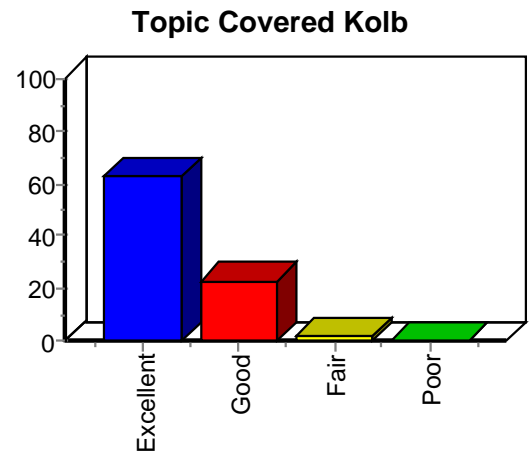
Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	33	61.11	70.21
Good	13	24.07	27.66
Fair	1	1.85	2.13
Poor	0	0.00	0.00
Total Valid	47	87.04	100.00
Total Missing	7	12.96	
Total	54	100.00	



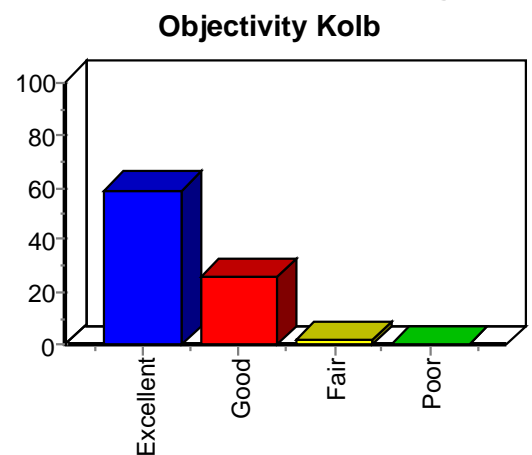
Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	34	62.96	72.34
Good	12	22.22	25.53
Fair	1	1.85	2.13
Poor	0	0.00	0.00
Total Valid	47	87.04	100.00
Total Missing	7	12.96	
Total	54	100.00	



Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent	Valid Percent
Excellent	32	59.26	68.09
Good	14	25.93	29.79
Fair	1	1.85	2.13
Poor	0	0.00	0.00
Total Valid	47	87.04	100.00
Total Missing	7	12.96	
Total	54	100.00	



What is your professional degree?

Comment
MS

What is your specialty?

Comment
Family Medicine
Education

Will you make changes that will benefit patient care as a result of attending this course? Comments:

Comment
Use more Vanderbilt forms
More consistent use of follow-up Vanderbilt scale
Very informative, loved it

What subject matter not presented in this activity do you think should be included in future activities?

Comment
Algorithms to ruling out co-morbidities
Diagnosis of ADHD in college students-18-21 year olds
Clinical cases on how to start medications and what medicine
None
ADHD co-morbidities-diagnosis and treatment
Pain management, meds and addiction
More on med management
More on medication; how about video/internet/smart phones-are these exacerbating ADD/increasing risk of ADHD; do they increase risk of ADHD
Blood pressure monitoring guidelines, advice on how to switch med doses
Specifics with regards to med titration-how is treatment written? Insurance problems
More case studies
ADHD in childhood cancer survivors

Was this CME activity "free of commercial bias for or against any product?" If you answered "no", please explain:

Comment
Except for the web based product lecture

List up to 3 changes in your practice that you intend to implement after you listened to the presentation.

Comment
Use of screening tools; use of care algorithm for care and treatment decisions
Increase speed of medication; decrease amount of time between re-evaluating progress with treatment; improve counseling about medication and non-med treatment options
Use Parents Behavioral management more often; use the questionnaire for parents goal at the initial visit; going more quickly on adjusting meds dose-I am more comfortable doing that now after the course
Be able to notice comorbidity; able to treat children under 6 years of age; knowing how to score Vanderbilt
Use Vanderbilt Assessment scale-point and touch; further investigate web based tool; more frequent follow-up for patients with ADHD
Not be scared to recruit ADHD patients; treat them; use stimulants as initial therapy
Titrate meds faster; will try to use PBMT if will find resources
I will institute follow the new 2011 APA schedule; try to follow and initiate the Sculpting one track of treatment
Better follow up
Diagnosis/evaluation of children with ADHD; work on behavioral training/teaching with parents/school; better medication choice
New counseling regarding stimulant side effects to discuss; web portal for some patients; behavioral therapy counseling-techniques to try at home/school
Share info with resident I teach; use some of the HO's available online; begin to recommend Omega 3 as appropriate
To use Vanderbilt Q follow-up to titrate the doses of Straulaub
Worry less about anxiety and stimulant use; use more Vanderbilt forms
Listen to both patient and parent; use different classes of medications to treat ADHD; use consultants only when necessary
Involve patients more-stating their global objectives; more frequent follow up; web based portal
Recommend Omega 3 fatty acid supplements; monitoring behavior with checklists at follow up monthly
Evaluation; follow up; diet
More aggressive follow-up; more parent behavior management resources; better understanding of medication options/issues
Change how I do an initial assessment; titrate meds faster; change regimens
Increase use of Vanderbilt's; more complete discussion with families
Encourage more parent behavioral education
Use Vanderbilt follow up assessment more frequently; consider Omega 3 supplements
Increase use of screening tools especially at follow up; use Omega 3s; make patients come of month for follow up at first
Use Vanderbilt questionnaire to follow up all ADHD patients; start patients age 6-11 with methylphenidate; use of medication and may consider stimulants and non stimulants
Pay more attention to parents and teachers complaints; do screening more; treat early
No changes
Improved confidence

Comment
Implement decision making in a formal fashion; identify sources for parental behavioral training using rating scales-Vanderbilt
Better evaluation and diagnosis; better follow up and titrate medication done earlier than I used to; Learn how to select medication
Treat pre-schoolers; increase usage of non-medical treatments; diagnose ADHD without just consulting psychiatry

If you do not plan to incorporate the above clinical strategies, please list the factors acting as barriers:

Comment
Lack of time during office visits
This was important to understand effect of ADHD in my GI patient
Already use CHADs
Time
Time availability

Please provide general comments regarding this activity and suggest how it might be improved:

Comment
Excellent logical and systematic use of evidence-based information
Excellent
None so far. Excellent topic
I would recommend this activity to other providers
Excellent, very helpful and reassuring
Excellent and very educational program
Part 4-I work for a large health center, not allowed to use outside programs so not really helpful
Break out discussion sessions, more time for questions
Good CME
Very helpful to have a refresher course on new and current guidelines
Practice-best program/CME activity yet. Thank you! Interaction a plus
Good activity-I started from scratch and left feeling fairly confident of my ability to treat ADHD

Andrew Adesman, MD: New Findings in Our Understanding of ADHD in Children and Adolescents: Comments:

Comment
Very knowledgeable
Initiating data on FMRI

Richard Gallagher, PhD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Comments:

Comment
Helpful in my practice
Slides too wordy
Addressed significant knowledge gaps

Andrew Adesman, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Comments:

Comment
Specifics would have been appreciated
Too fast

Richard Gallagher, PhD: Non-Medical Treatments for ADHD and Shared Decision Making: Comments:

Comment
Please don't read the slides
Helpful

Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: Comments:

Comment
Tools use in the presentation is not clear
Is this a sales lecture too
Slides need to be clearer-too busy
What about clinics where patient/family do not have a computer
Visual aids need improvement
I do not like anacl interactions/at least for now-as a provider or as a patient
Registry is important
Poor visual-material

Item Statistics:

	Title	Specialty	Years in Practice	Learning Objectives1	Learning Objectives2	Learning Objectives3	Learning Objectives4
Mean	1.43	3.69	3.15	1.00	1.00	1.00	1.00
Variance	0.85	3.99	1.25	0.00	0.00	0.00	0.00
Standard Deviation	0.92	2.00	1.12	0.00	0.00	0.00	0.00
Inter Qrt. Range	0.00	4.00	1.50	0.00	0.00	0.00	0.00
Con. Interval (1%)	1.09	2.96	2.74	1.00	1.00	1.00	1.00
Con. Interval (5%)	1.17	3.14	2.84	1.00	1.00	1.00	1.00
Con. Interval (95%)	1.68	4.23	3.46	1.00	1.00	1.00	1.00
Con. Interval (99%)	1.76	4.41	3.56	1.00	1.00	1.00	1.00

	Learning Objectives5	Patient Care	Useful Information1	Useful Information2	Useful Information3	Teaching Effectiveness	Commercial Bias1
Mean	1.00	1.08	1.04	1.06	1.06	1.69	1.02
Variance	0.00	0.15	0.04	0.06	0.06	0.94	0.02
Standard Deviation	0.00	0.39	0.19	0.24	0.24	0.97	0.14
Inter Qrt. Range	0.00	0.00	0.00	0.00	0.00	1.00	0.00
Con. Interval (1%)	1.00	0.93	0.97	0.97	0.97	1.33	0.97
Con. Interval (5%)	1.00	0.97	0.98	0.99	0.99	1.41	0.98
Con. Interval (95%)	1.00	1.18	1.09	1.12	1.13	1.96	1.06
Con. Interval (99%)	1.00	1.22	1.11	1.14	1.15	2.05	1.07

	Other Activities	Quality of Activity	Met Goals	Clinical Strategies1	Addressed Gaps Adesman1	Ability to Communicate Adesman1	Topic Covered Adesman1
Mean	1.25	1.13	1.10	-	-	1.13	1.15
Variance	0.19	0.12	0.09	-	-	0.12	0.13
Standard Deviation	0.44	0.34	0.30	-	-	0.34	0.36
Inter Qrt. Range	0.50	0.00	0.00	-	-	0.00	0.00
Con. Interval (1%)	1.09	1.01	0.99	-	-	1.01	1.02
Con. Interval (5%)	1.13	1.04	1.01	-	-	1.04	1.05
Con. Interval (95%)	1.37	1.23	1.19	-	-	1.23	1.25
Con. Interval (99%)	1.41	1.26	1.21	-	-	1.26	1.29

	Objectivity Adesman1	Addressed Gaps Gallagher1	Ability to Communicate Gallagher1	Topic Covered Gallagher1	Objectivity Gallagher1	Addressed Gaps Adesman2	Ability to Communicate Adesman2
Mean	1.15	-	1.15	1.17	1.15	-	1.08
Variance	0.17	-	0.17	0.19	0.17	-	0.07
Standard Deviation	0.41	-	0.41	0.43	0.41	-	0.27
Inter Qrt. Range	0.00	-	0.00	0.00	0.00	-	0.00
Con. Interval (1%)	1.00	-	1.00	1.01	1.00	-	0.98
Con. Interval (5%)	1.04	-	1.04	1.05	1.04	-	1.00
Con. Interval (95%)	1.27	-	1.27	1.29	1.27	-	1.15
Con. Interval (99%)	1.31	-	1.31	1.33	1.31	-	1.18

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	Topic Covered Adesman2	Objectivity Adesman2	Addressed Gaps Gallagher2	Ability to Communicate Gallagher2	Topic Covered Gallagher2	Objectivity Gallagher2	Addressed Gaps Kolb
Mean	1.15	1.10	-	1.25	1.20	1.16	-
Variance	0.17	0.13	-	0.31	0.16	0.14	-
Standard Deviation	0.41	0.36	-	0.56	0.40	0.37	-
Inter Qrt. Range	0.00	0.00	-	0.00	0.00	0.00	-
Con. Interval (1%)	1.00	0.96	-	1.05	1.05	1.02	-
Con. Interval (5%)	1.04	1.00	-	1.10	1.09	1.06	-
Con. Interval (95%)	1.27	1.20	-	1.41	1.31	1.26	-
Con. Interval (99%)	1.31	1.23	-	1.46	1.35	1.30	-

	Ability to Communicate Kolb	Topic Covered Kolb	Objectivity Kolb
Mean	1.32	1.30	1.34
Variance	0.27	0.26	0.27
Standard Deviation	0.52	0.51	0.52
Inter Qrt. Range	1.00	1.00	1.00
Con. Interval (1%)	1.12	1.10	1.14
Con. Interval (5%)	1.17	1.15	1.19
Con. Interval (95%)	1.47	1.45	1.49
Con. Interval (99%)	1.52	1.49	1.54

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