

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, August 9, 2014
Hyatt Regency St. Louis at the Arch
St. Louis, MO

Course Director: Andrew Adesman, MD

Date of Evaluation Summary: August 21, 2014

In August 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 St. Louis, MO.

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.

Sixty five healthcare practitioners registered to attend *Getting With The Guideline: Managing Pediatric ADHD in Your Primary Care Practice*, in St. Louis, MO. Forty two 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. Forty completed evaluations were received. The data collected is displayed in this report.

CME ACCREDITATION

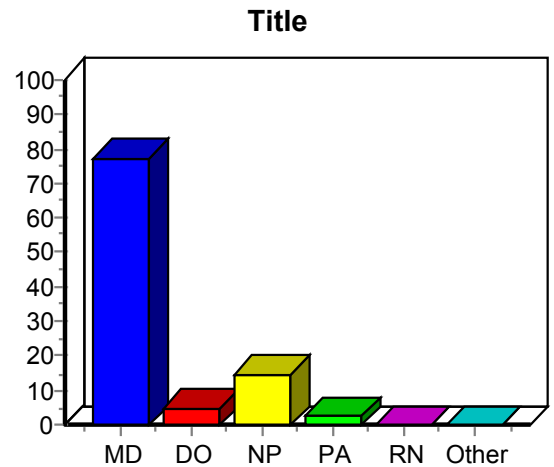
Albert Einstein College of Medicine of Yeshiva University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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).

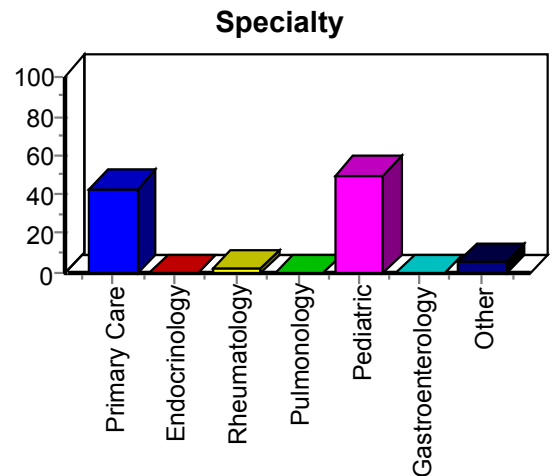
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	31	77.50	77.50
DO	2	5.00	5.00
NP	6	15.00	15.00
PA	1	2.50	2.50
RN	0	0.00	0.00
Other	0	0.00	0.00
Total Valid	40	100.00	100.00



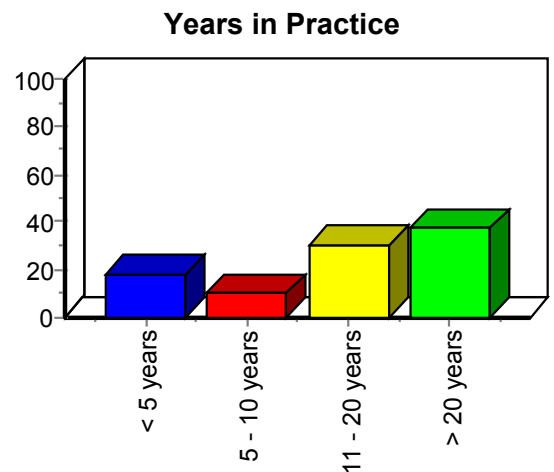
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	17	42.50	42.50
Endocrinology	0	0.00	0.00
Rheumatology	1	2.50	2.50
Pulmonology	0	0.00	0.00
Pediatric	20	50.00	50.00
Gastroenterology	0	0.00	0.00
Other	2	5.00	5.00
Total Valid	40	100.00	100.00



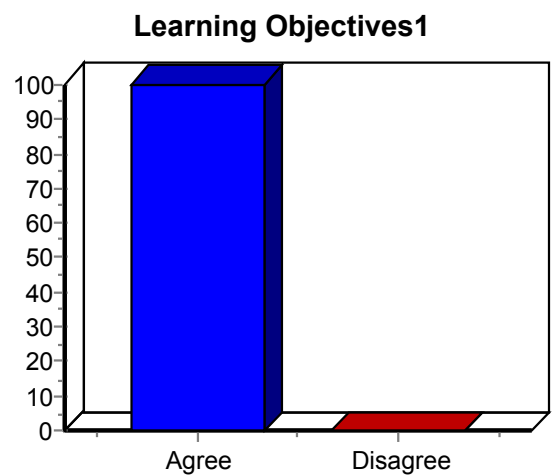
How many years have you been in practice?

Label	Frequency	Percent	Valid Percent
< 5 years	7	17.50	18.42
5 - 10 years	4	10.00	10.53
11 - 20 years	12	30.00	31.58
> 20 years	15	37.50	39.47
Total Valid	38	95.00	100.00
Total Missing	2	5.00	
Total	40	100.00	



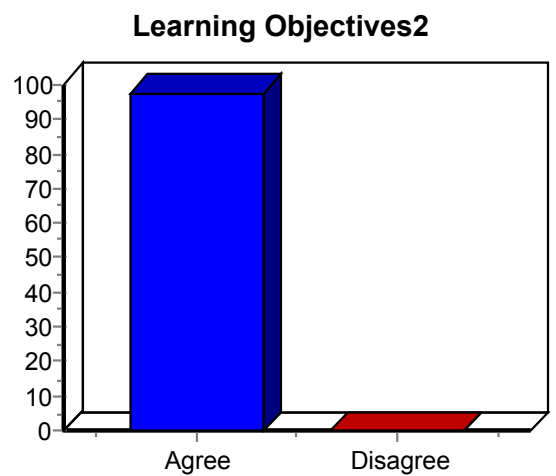
After attending this activity, I should be able to: Discuss new features of the 2011 AAP Clinical Practice Guideline for ADHD and compare to earlier guideline; identify the special circumstances for treatment of preschoolers and adolescents with ADHD within the new guideline; explain how the use of rating 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	40	100.00	100.00
Disagree	0	0.00	0.00
Total Valid	40	100.00	100.00



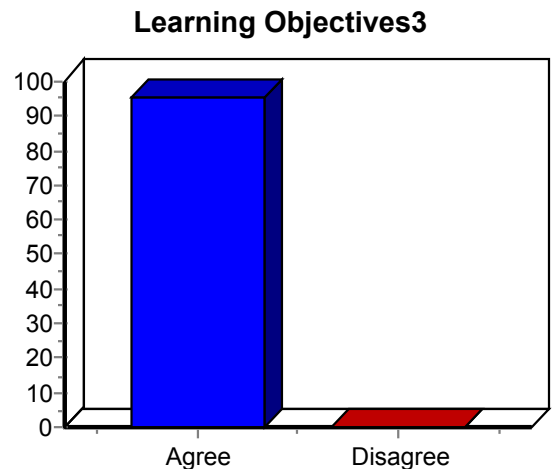
After attending this activity, I should be able to: Discuss the AAP 2011 Guideline and Process of Care algorithm to help make treatment decisions for ADHD; explain the safety and efficacy of different pharmacologic options for treating children and adolescents with ADHD; explain the importance of shared 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	39	97.50	100.00
Disagree	0	0.00	0.00
Total Valid	39	97.50	100.00
Total Missing	1	2.50	
Total	40	100.00	



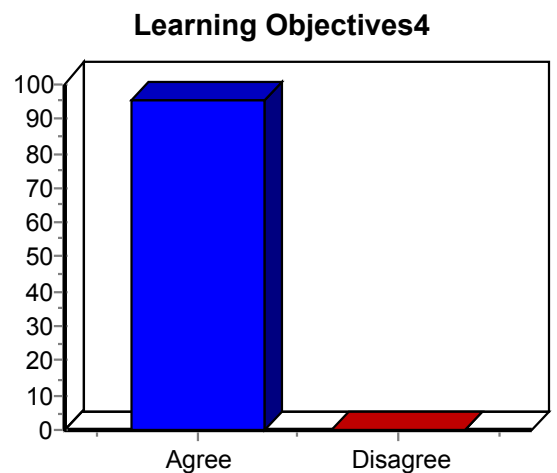
After attending this activity, I should be able to: Discuss the clinician's respect for parental goals and treatment preferences in fostering treatment initiation and adherence; explain the importance of psychoeducation and parent behavior management training in optimizing ADHD care; discuss promising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

Label	Frequency	Percent	Valid Percent
Agree	38	95.00	100.00
Disagree	0	0.00	0.00
Total Valid	38	95.00	100.00
Total Missing	2	5.00	
Total	40	100.00	



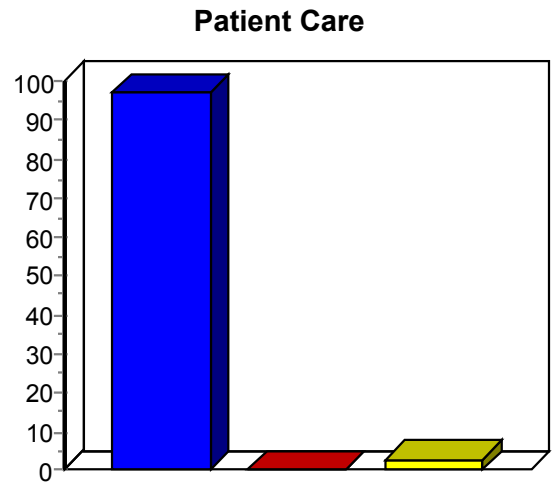
After attending this activity, I should be able to: Explain how you can use an evidence-based, comprehensive web based tool to improve the quality of ADHD care in your practice; deliver and track assessment rating scales to parents and teachers using web based tools; implement a systematic follow-up 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	38	95.00	100.00
Disagree	0	0.00	0.00
Total Valid	38	95.00	100.00
Total Missing	2	5.00	
Total	40	100.00	



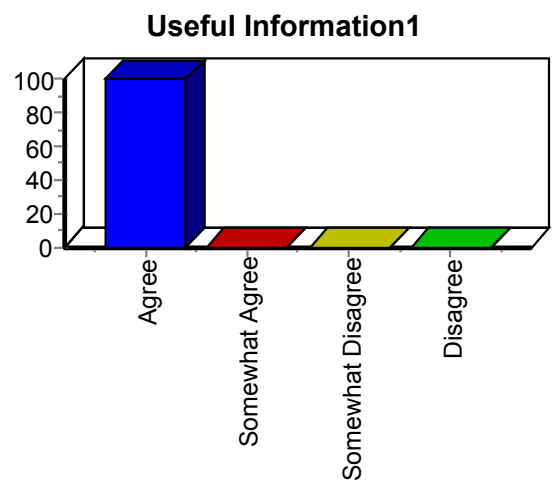
Will you make changes that will benefit patient care as a result of attending this course?

Label	Frequency	Percent	Valid Percent
Yes	39	97.50	97.50
No	0	0.00	0.00
N/A - I do not work directly with patients	1	2.50	2.50
Total Valid	40	100.00	100.00



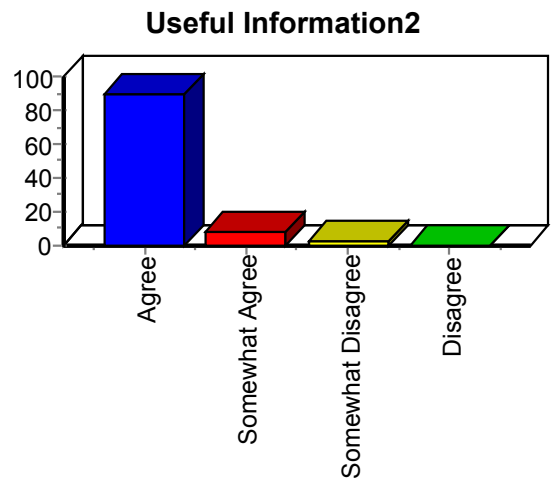
This activity provided information that I can use to: Increase my Competence Skills:

Label	Frequency	Percent	Valid Percent
Agree	40	100.00	100.00
Somewhat Agree	0	0.00	0.00
Somewhat Disagree	0	0.00	0.00
Disagree	0	0.00	0.00
Total Valid	40	100.00	100.00



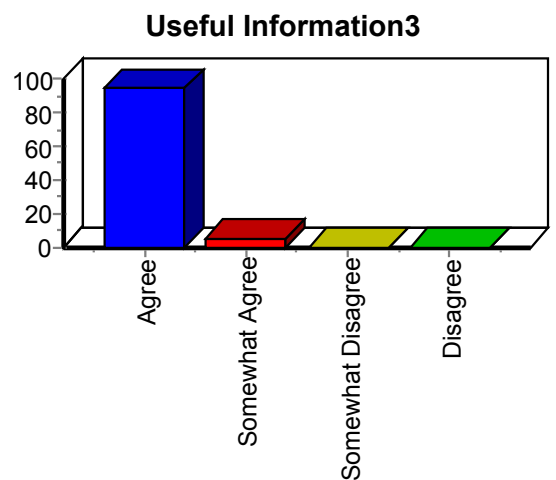
This activity provided information that I can use to: Modify the way I perform in Practice:

Label	Frequency	Percent	Valid Percent
Agree	36	90.00	90.00
Somewhat Agree	3	7.50	7.50
Somewhat Disagree	1	2.50	2.50
Disagree	0	0.00	0.00
Total Valid	40	100.00	100.00



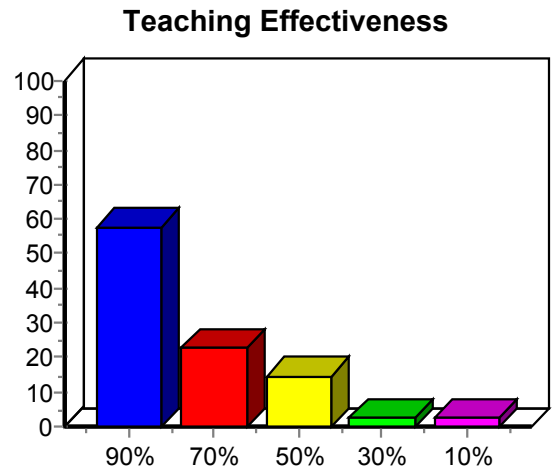
This activity provided information that I can use to: Improve Patient Outcomes:

Label	Frequency	Percent	Valid Percent
Agree	38	95.00	95.00
Somewhat Agree	2	5.00	5.00
Somewhat Disagree	0	0.00	0.00
Disagree	0	0.00	0.00
Total Valid	40	100.00	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%	23	57.50	57.50
70%	9	22.50	22.50
50%	6	15.00	15.00
30%	1	2.50	2.50
10%	1	2.50	2.50
Total Valid	40	100.00	100.00



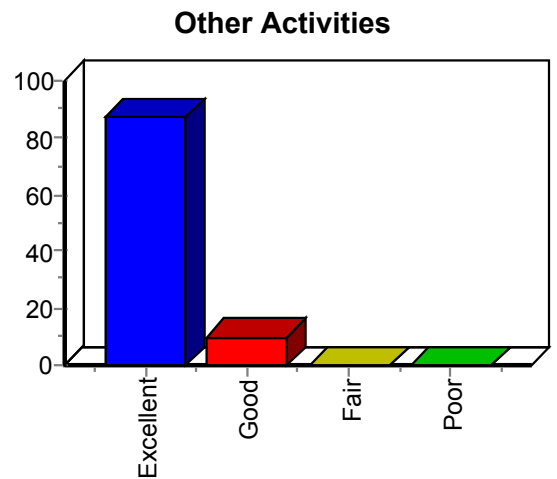
Was this CME activity "free of commercial bias for or against any product?"

Label	Frequency	Percent	Valid Percent
Yes	39	97.50	100.00
No	0	0.00	0.00
Total Valid	39	97.50	100.00
Total Missing	1	2.50	
Total	40	100.00	



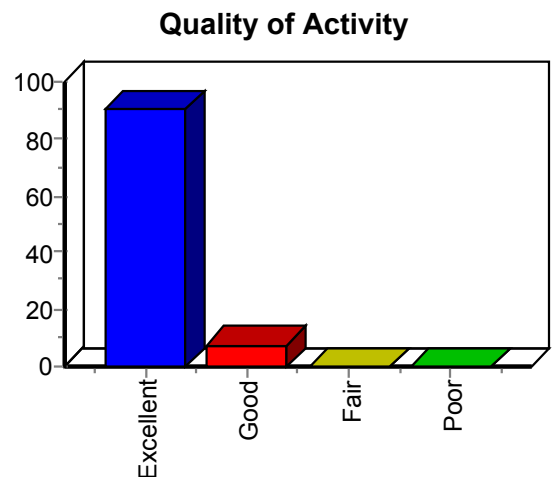
In comparison to other similar activities how would you rate this activity?

Label	Frequency	Percent	Valid Percent
Excellent	35	87.50	89.74
Good	4	10.00	10.26
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	39	97.50	100.00
Total Missing	1	2.50	
Total	40	100.00	



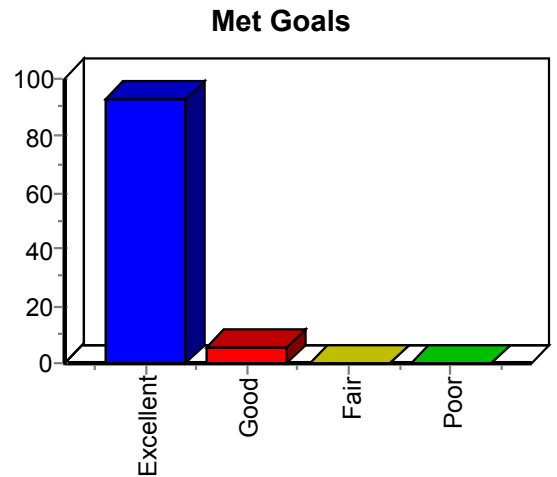
How would you rate this activity in the quality of its organization and professional manner in which it was conducted?

Label	Frequency	Percent	Valid Percent
Excellent	36	90.00	92.31
Good	3	7.50	7.69
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	39	97.50	100.00
Total Missing	1	2.50	
Total	40	100.00	



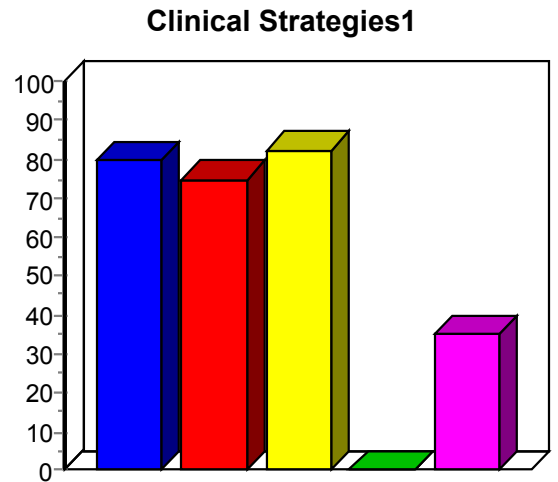
This program is designed to explain the 2011 AAP ADHD Guideline and its use in practice

Label	Frequency	Percent	Valid Percent
Excellent	37	92.50	94.87
Good	2	5.00	5.13
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	39	97.50	100.00
Total Missing	1	2.50	
Total	40	100.00	



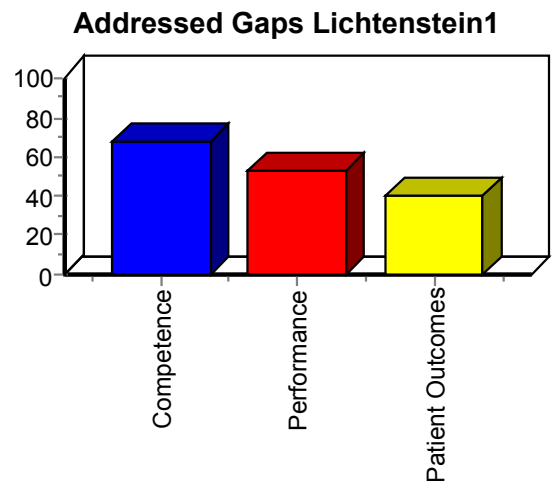
Based on my participation in this CME activity, I will incorporate the following new clinical strategies: (check all that apply)

Label	Frequency	Percent	Valid Percent
Utilize the 2011 AAP Clinical Practice Guideline for ADHD	32	80.00	86.49
Utilize the Process of Care algorithm to help make treatment decisions for ADHD	30	75.00	81.08
Utilize strategies for shared decision making to foster treatment initiation and adherence	33	82.50	89.19
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	14	35.00	37.84
Total Valid	37	92.50	100.00
Total Missing	3	7.50	
Total	40	100.00	



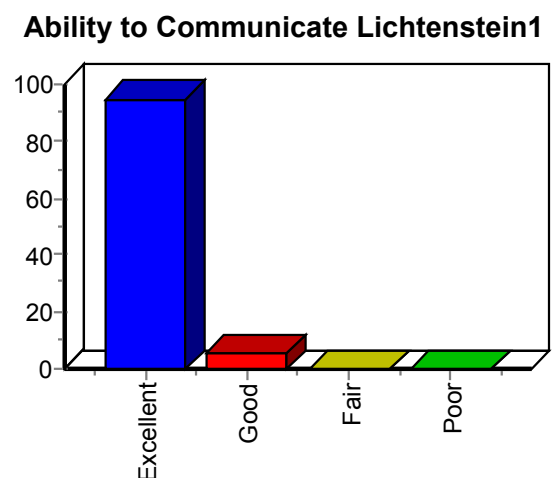
Phil Lichtenstein, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	27	67.50	81.82
Performance	21	52.50	63.64
Patient Outcomes	16	40.00	48.48
Total Valid	33	82.50	100.00
Total Missing	7	17.50	
Total	40	100.00	



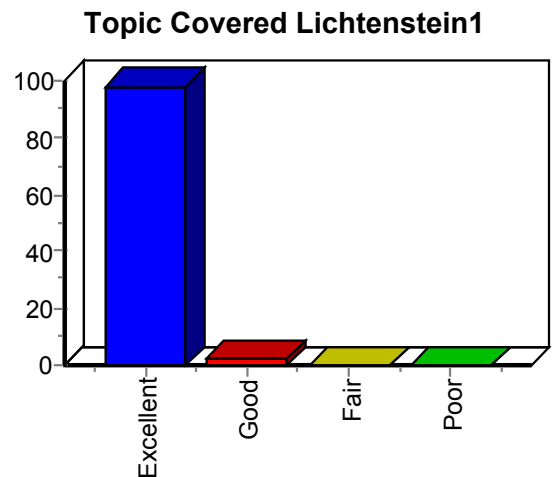
Phil Lichtenstein, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	38	95.00	95.00
Good	2	5.00	5.00
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	40	100.00	100.00



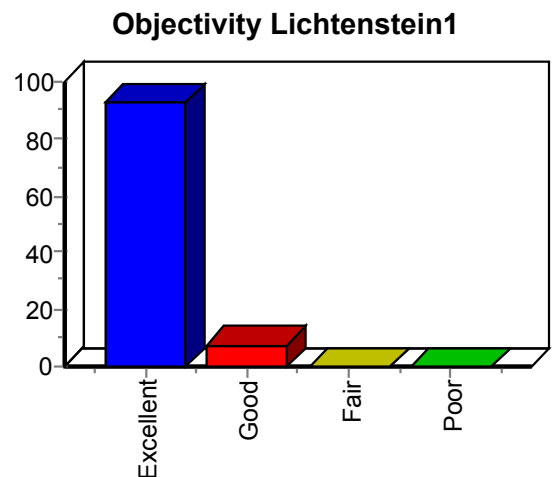
Phil Lichtenstein, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	39	97.50	97.50
Good	1	2.50	2.50
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	40	100.00	100.00



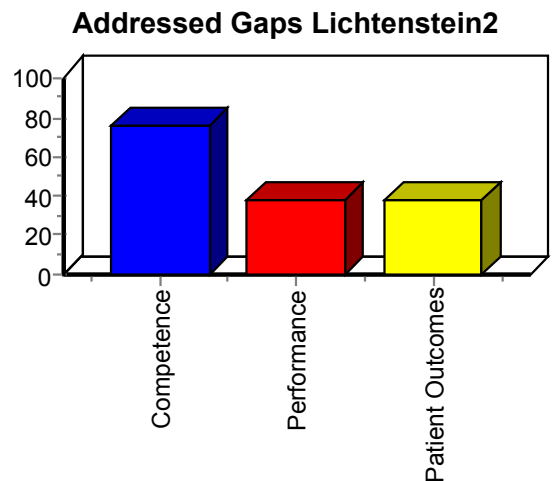
Phil Lichtenstein, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent	Valid Percent
Excellent	37	92.50	92.50
Good	3	7.50	7.50
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	40	100.00	100.00



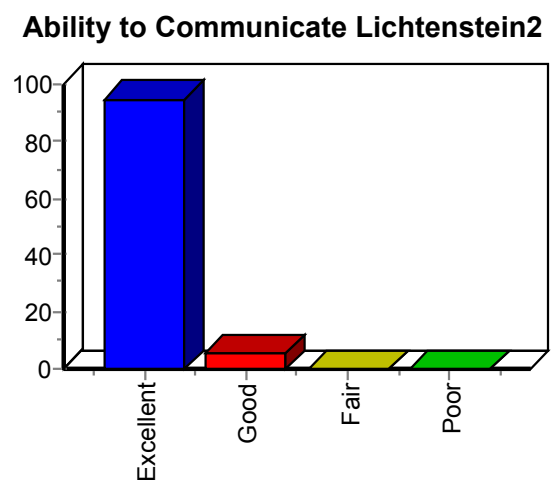
Andrew Adesman, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	30	75.00	85.71
Performance	15	37.50	42.86
Patient Outcomes	15	37.50	42.86
Total Valid	35	87.50	100.00
Total Missing	5	12.50	
Total	40	100.00	



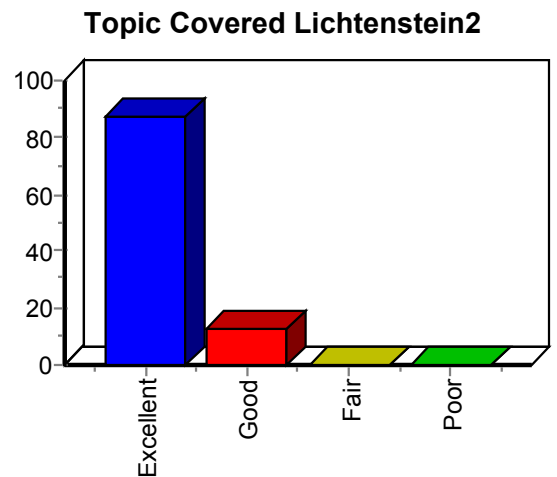
Andrew, Adesman, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	38	95.00	95.00
Good	2	5.00	5.00
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	40	100.00	100.00



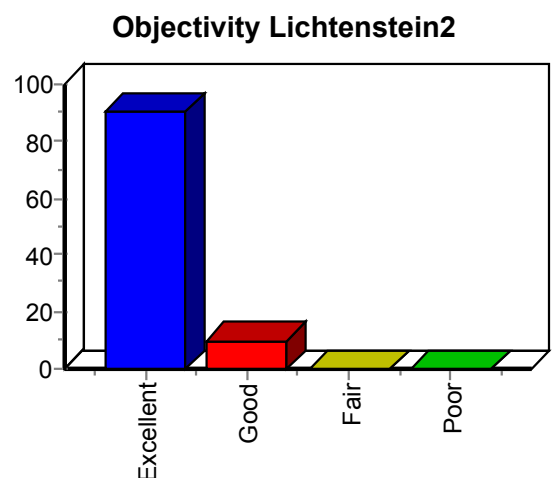
Andrew Adesman,MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	35	87.50	87.50
Good	5	12.50	12.50
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	40	100.00	100.00



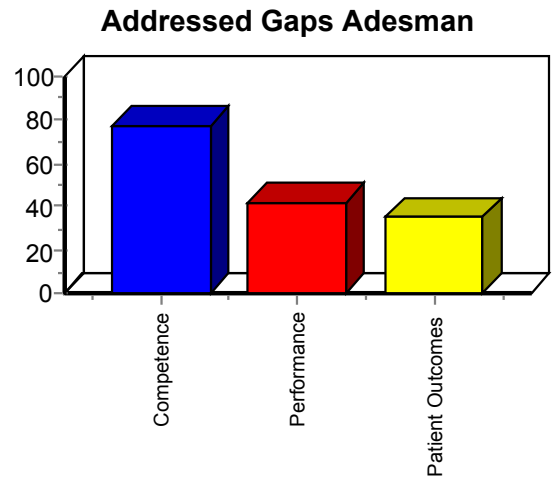
Andrew Adesman,MD : Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent	Valid Percent
Excellent	36	90.00	90.00
Good	4	10.00	10.00
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	40	100.00	100.00



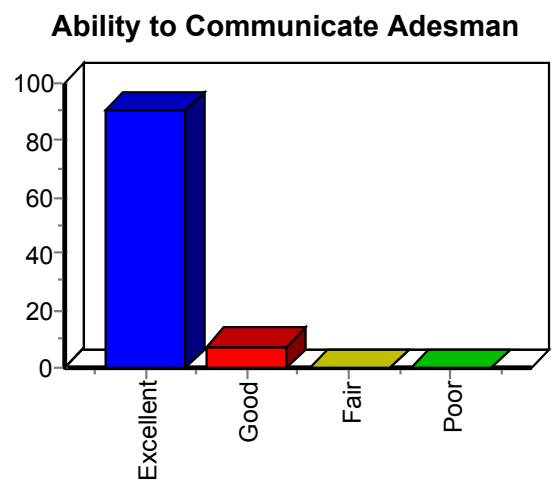
Andrew Adesman, MD: Non-Medical Treatments for ADHD and Shared Decision Making: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	31	77.50	88.57
Performance	17	42.50	48.57
Patient Outcomes	14	35.00	40.00
Total Valid	35	87.50	100.00
Total Missing	5	12.50	
Total	40	100.00	



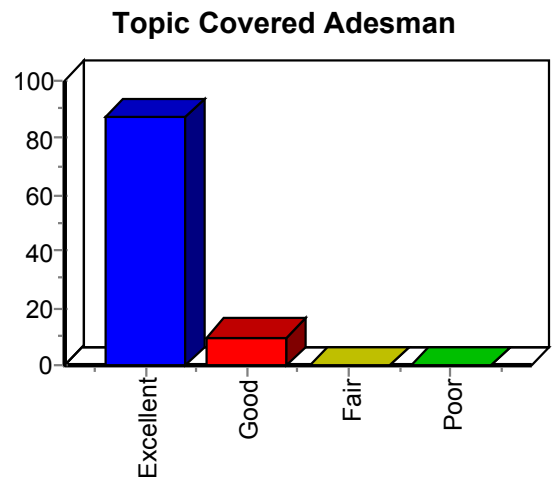
Andrew Adesman, MD: Non-Medical Treatments for ADHD and Shared Decision Making: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	36	90.00	92.31
Good	3	7.50	7.69
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	39	97.50	100.00
Total Missing	1	2.50	
Total	40	100.00	



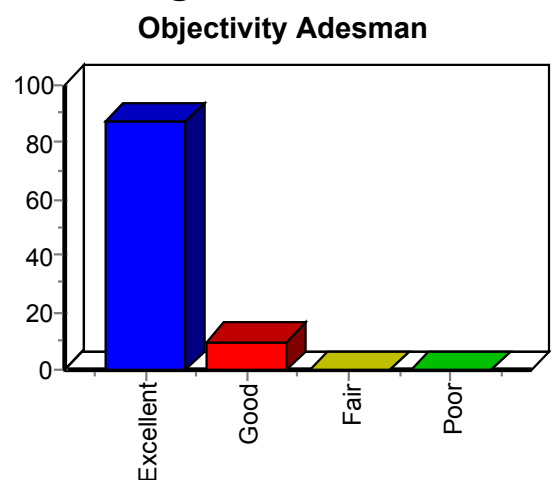
Andrew Adesman, MD: Non-Medical Treatments for ADHD and Shared Decision Making: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	35	87.50	89.74
Good	4	10.00	10.26
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	39	97.50	100.00
Total Missing	1	2.50	
Total	40	100.00	



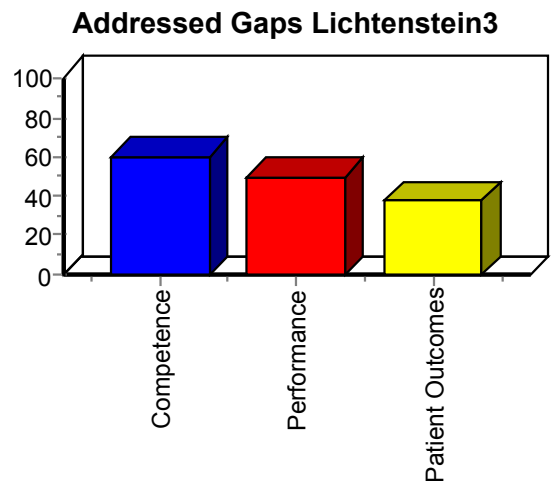
Andrew Adesman, MD: Non-Medical Treatments for ADHD and Shared Decision Making: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent	Valid Percent
Excellent	35	87.50	89.74
Good	4	10.00	10.26
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	39	97.50	100.00
Total Missing	1	2.50	
Total	40	100.00	



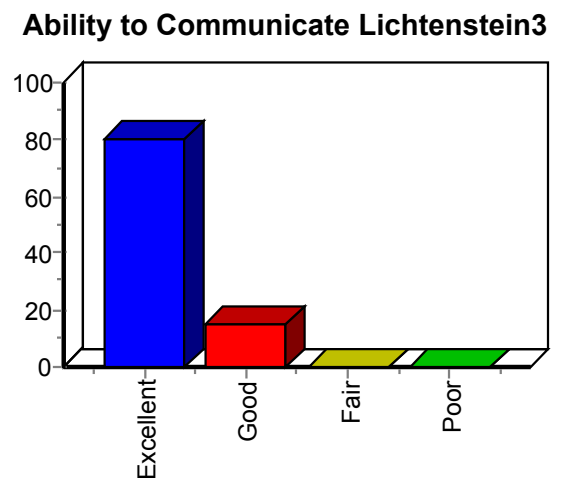
Phil Lichtenstein, MD: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	24	60.00	80.00
Performance	20	50.00	66.67
Patient Outcomes	15	37.50	50.00
Total Valid	30	75.00	100.00
Total Missing	10	25.00	
Total	40	100.00	



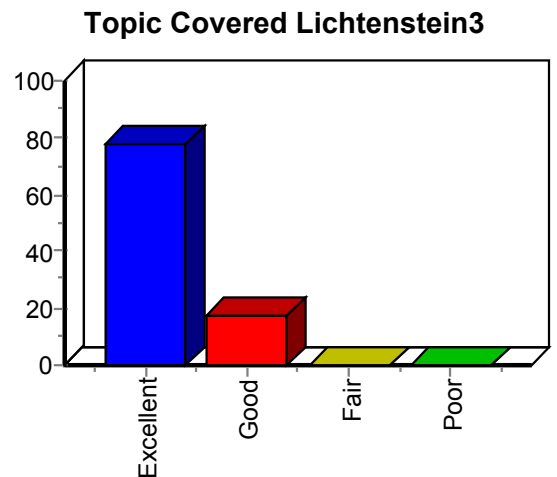
Phil Lichtenstein, MD: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	32	80.00	84.21
Good	6	15.00	15.79
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	38	95.00	100.00
Total Missing	2	5.00	
Total	40	100.00	



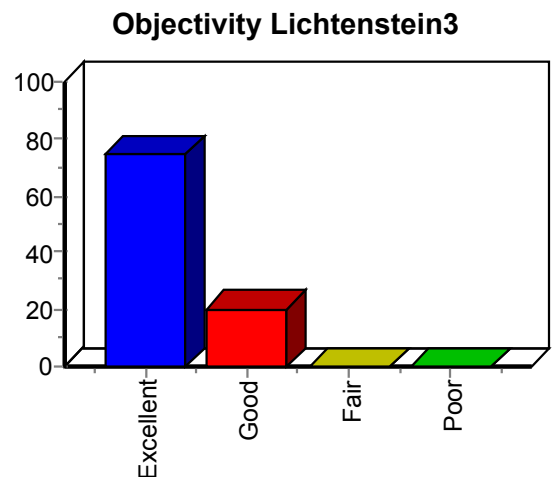
Phil Lichtenstein, MD: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	31	77.50	81.58
Good	7	17.50	18.42
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	38	95.00	100.00
Total Missing	2	5.00	
Total	40	100.00	



Phil Lichtenstein, MD: 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	30	75.00	78.95
Good	8	20.00	21.05
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	38	95.00	100.00
Total Missing	2	5.00	
Total	40	100.00	



What is your professional degree?

Comment

What is your specialty?

Comment
Family and Women's Health
Psychiatry-Adult prison population
Pain management; Physiatrist
Internal Medicine

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

Comment
TSS was not monitored; 6 week follow-up
Improve diagnosis medical treatments/meds update
Get teacher's/parent/patient Vanderbilt scales done for fun
Consider Web Portal as new practice grows
Use scales to assess

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

Comment
Treating adult ADHD
Continuing management to adulthood
None
Transition to College
Adult onset ADHD versus ADHD-progression from childhood to adult years
Complete update on medications/adverse side effects of all meds; larger slides/print to be able to read reference charts for later review-2 per page
Thanks for including slides with the booklet
Adult ADHD
Importance of psychosocial history; scales/intervention-teacher forms
ADHD with other conditions
Children with autism and ADHD symptoms. How to manage these as well as identify them
Autism spectrum disorders

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

Comment

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

Comment
Consider follow up evaluations-Vanderbilt/Conners-to measure success of treatment
Behavior therapy initially treated in < 6 years old; use combination therapy behaviors and pharmacology treatment in appropriate age groups; refer for complicated/complex cases
Better history; start meds on younger patients; consider alternate screening tool-Vanderbilt currently use Connor
Change in screening; use of Vanderbilt scale for follow-up monitoring; change in parent counseling
Incorporate 2011 Guidelines
Improved Vanderbilt scoring/monitoring; addition of non-pharmacologic therapies; better use of pharmacologic therapies/increase comfort level
Use the Vanderbilt Rating Scales more often
Using Vanderbilt for both teacher/parents more often; base titration to help symptom; more frequent contact
Use Vanderbilt scales for initial assessment; use scales for follow-up; more frequent follow-up
Use 2011 AAP ADHD Guideline
Consider using portal; phone follow-up in 2 weeks or less; titrate meds earlier and more rapidly
TSS; attempt Behavior Management-poor access/rural community; staggering doses for rebound management
Knowledge application and coding scales; pharmacologic medications options for children/adolescents/adults; involvement of parent/teacher in patient care management; application of monitoring to changes in data
Free Vanderbilt assessments from parents/patient-age appropriate-and teachers after treatment started vs verbal report; Calculate a volume for the so of improvement; locate parenting classes source for behavior management
Get more Vanderbilts for school. All our patients offer evaluation and diagnosis referral to our tele health
Vanderbilt for follow-up visits; combination of non-stimulant and low dose stimulant; telephone call after initial treatment
Obtaining Vanderbilt from parent 100% of the time; obtaining Vanderbilt from second observer 100% of the time; using Vanderbilt in follow-up
Add more structured approach; see younger children for evaluation of ADHD
Investigate the potential to use the Portal; be creative in med management; be more attentive to doing comorbid screening throughout
Increase follow up assessment; increase communication with teacher; better choice in medication for treatment of ADHD

Comment
Consider using meHealth web portal; titrate medications more quickly
Use Vanderbilt rate scale to evaluate ADHD; use parent scale; use teacher scale
Use Web Portal
Really directly with patient with ADHD. My patients presently are adults over 18 years old
Using the objective measures to assess patient outcomes; Using the shared decision model; Using Vanderbilt to assess process measures
Using repetitive Vanderbilts; Using combination of meds when needed; use of the portal
Further refine my presenter/discussion of topics on patient/parents drug assessment/follow-up; staff and peer training on multiple topics covered
Treat preschoolers with confidence; use Behavior Therapy below 12 years

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

Comment
I do already the above strategies but needs more improvement
Insurance company; government healthcare; medication restriction
Time and easy access to tools
Cost for web portal/time
Already practicing the other measures
Web portal use limited by medical group-decision made on corporate level-not practice level; have Electronic Health Records but privacy issues have tie to portal access
I do Locum teams, although I often share in ADH care

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

Comment
Excellent. I gained a lot more therapeutic skills
No continental breakfast-breakfast would have been nice
More clear communication: came hungry expecting breakfast
Having inherited a lot of over-dosed kids with lots of side effects from FP providers, I hesitate to hear a statement of No Max Dosing without a huge emphasis on respecting the side effects
Excellent course/ more on adult ADHD/Syllabus excellent
Very good
Clinical cases/busy slides print on full page so we can read it eg flow diagram
I think it was excellent, especially since such a small percentage of practitioners are actually following guidelines
Very good
ADHD portal to be interactive so providers/attendees can interact with the site or portal vs just hearing about how it works
Excellent advice for treating college students

Phil Lichtenstein, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Comments:

Comment
Great speaker

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

Comment
Great speaker
Wished more info on staggering doses
Good fund of knowledge, able to move discussion along

Andrew Adesman, MD: Non-Medical Treatments for ADHD and Shared Decision Making: Comments:

Comment
What is a 504 plan? Familiar with IEP but not 504 plan
Spoke a little fast occasionally
Great speaker
Good fund of knowledge, able to move discussion along

Phil Lichtenstein, MD: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: Comments:

Comment
A bit less clinically relevant
Great speaker and I would buy into the portal however I only see 4 ADHD and already have to deal with portal with our current EMR
Wish could have spent more time, time constraints on my eval
Got very rambly as time went on-I was very interested but was getting overwhelmed with the non-focused message
Excellent speaker and content
Print too small to see portal tabs/live demo with case study might be added to help
Hands on or sample-video etc; flow diagrams should be readable

Item Statistics:

	Title	Specialty	Years in Practice	Learning Objectives1	Learning Objectives2
Mean	1.43	3.35	2.92	1.00	1.00
Variance	0.71	4.49	1.26	0.00	0.00
Standard Deviation	0.84	2.12	1.12	0.00	0.00
Inter Qrt. Range	0.00	4.00	2.00	0.00	0.00
Con. Interval (1%)	1.06	2.44	2.43	1.00	1.00
Con. Interval (5%)	1.16	2.67	2.55	1.00	1.00
Con. Interval (95%)	1.69	4.03	3.29	1.00	1.00
Con. Interval (99%)	1.79	4.26	3.41	1.00	1.00

	Learning Objectives3	Learning Objectives4	Patient Care	Useful Information1	Useful Information2
Mean	1.00	1.00	1.05	1.00	1.13
Variance	0.00	0.00	0.10	0.00	0.16
Standard Deviation	0.00	0.00	0.32	0.00	0.40
Inter Qrt. Range	0.00	0.00	0.00	0.00	0.00
Con. Interval (1%)	1.00	1.00	0.91	1.00	0.95
Con. Interval (5%)	1.00	1.00	0.95	1.00	1.00
Con. Interval (95%)	1.00	1.00	1.15	1.00	1.25
Con. Interval (99%)	1.00	1.00	1.19	1.00	1.30

	Useful Information3	Teaching Effectiveness	Commercial Bias1	Other Activities	Quality of Activity
Mean	1.05	1.70	1.00	1.10	1.08
Variance	0.05	0.98	0.00	0.09	0.07
Standard Deviation	0.22	0.99	0.00	0.31	0.27
Inter Qrt. Range	0.00	1.00	0.00	0.00	0.00
Con. Interval (1%)	0.96	1.28	1.00	0.97	0.96
Con. Interval (5%)	0.98	1.38	1.00	1.00	0.99
Con. Interval (95%)	1.12	2.02	1.00	1.20	1.16
Con. Interval (99%)	1.14	2.12	1.00	1.24	1.19

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	Met Goals	Clinical Strategies1	Addressed Gaps Lichtenstein1	Ability to Communicate Lichtenstein1	Topic Covered Lichtenstein1
Mean	1.05	-	-	1.05	1.03
Variance	0.05	-	-	0.05	0.03
Standard Deviation	0.22	-	-	0.22	0.16
Inter Quart. Range	0.00	-	-	0.00	0.00
Con. Interval (1%)	0.95	-	-	0.96	0.96
Con. Interval (5%)	0.98	-	-	0.98	0.97
Con. Interval (95%)	1.12	-	-	1.12	1.08
Con. Interval (99%)	1.15	-	-	1.14	1.09

	Objectivity Lichtenstein1	Addressed Gaps Lichtenstein2	Ability to Communicate Lichtenstein2	Topic Covered Lichtenstein2	Objectivity Lichtenstein2
Mean	1.08	-	1.05	1.13	1.10
Variance	0.07	-	0.05	0.11	0.09
Standard Deviation	0.27	-	0.22	0.33	0.30
Inter Quart. Range	0.00	-	0.00	0.00	0.00
Con. Interval (1%)	0.96	-	0.96	0.98	0.97
Con. Interval (5%)	0.99	-	0.98	1.02	1.00
Con. Interval (95%)	1.16	-	1.12	1.23	1.20
Con. Interval (99%)	1.19	-	1.14	1.27	1.23

	Addressed Gaps Adesman	Ability to Communicate Adesman	Topic Covered Adesman	Objectivity Adesman	Addressed Gaps Lichtenstein3
Mean	-	1.08	1.10	1.10	-
Variance	-	0.07	0.09	0.09	-
Standard Deviation	-	0.27	0.31	0.31	-
Inter Quart. Range	-	0.00	0.00	0.00	-
Con. Interval (1%)	-	0.96	0.97	0.97	-
Con. Interval (5%)	-	0.99	1.00	1.00	-
Con. Interval (95%)	-	1.16	1.20	1.20	-
Con. Interval (99%)	-	1.19	1.24	1.24	-

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	Ability to Communicate Lichtenstein3	Topic Covered Lichtenstein3	Objectivity Lichtenstein3
Mean	1.16	1.18	1.21
Variance	0.14	0.15	0.17
Standard Deviation	0.37	0.39	0.41
Inter Qrt. Range	0.00	0.00	0.00
Con. Interval (1%)	1.00	1.01	1.03
Con. Interval (5%)	1.04	1.06	1.08
Con. Interval (95%)	1.28	1.31	1.35
Con. Interval (99%)	1.32	1.36	1.39

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