



2018 Emerging Therapies for PBC, NASH, ESLD and HCC 2/24/2018

This activity was created to address the professional practice gaps listed below:

- Identifying the symptoms and physical findings in patients with Primary Biliary Cirrhosis PBC and are not utilizing current and emerging treatment therapies.
- Identifying the many unmet needs of Non-Alcoholic Steatohepatitis (NASH) including simple biomarkers to help diagnose it and follow experimental therapies.
- Applying clinical guidelines and best practice screening procedures and treatment approaches for end-stage liver disease (ESLD).
- Utilizing current and emerging technologies to determine liver disease that could reduce the need for invasive diagnostic testing.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Strongly Disagree			Strongly Agree
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [29-3.72]	(0)	(1) 3.45%	(6) 20.69%	(22) 75.86%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [29-3.72]	(0)	(1) 3.45%	(6) 20.69%	(22) 75.86%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [29-3.69]	(0)	(2) 6.90%	(5) 17.24%	(22) 75.86%

2. Please elaborate on your previous answers. (17) excellent program

Great overview of HCC. Great update of NAFLD

we have many patients with nash and hep c. i feel now i know more to guide them and refer them. I also have a nurse with nash and wanted to know some resources and studies and i will be able to helo her.

good review of PBC

great info

As a NP new to GI I found the talk very informative.

Learned a great deal but practice under the direction of the transplant surgeons/hepatologists.

NA

great conference excellent speakers

As a nurse some material was more geared towards physicians. However was still very informative and learned a lot.

Presentations were very informative and well done

In my role as a RN navigator for GI services I am more aware of key indicators when reviewing records and identifying missing work up as well as alerting to pertinent diagnostic data.

Knowledge base improved.

The discussion on NASH was very helpful especially in regards to obtaining a diagnosis and ongoing management.

xx

Great info. Again, good slides

3. Please evaluate the effectiveness of the speaker(s) that presented at your session in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Craig McClain, MD [29-3.83]	(0)	(0)	(5) 17.24%	(24) 82.76%
Matthew Cave, MD [29-3.72]	(0)	(1) 3.45%	(6) 20.69%	(22) 75.86%
Anotush Barve, MD, PhD [29-3.62]	(0)	(1) 3.45%	(9) 31.03%	(19) 65.52%
Barbra Cave, NP [28-3.75]	(0)	(0)	(7) 25.00%	(21) 75.00%

4. Please elaborate on your previous answers. (16)

good presentations

Slides very well done

All of the speakers were good. i especially enjoyed dr mclain who made it easy to comprehend for us PCP

nothing further to add

McClain and Cave were fantastic.

Dr. McClain and Dr. Cave's presentations were more revelant to my management of the post-transplant patient.

NA

Easily understandable and very informative.

All were very well educated on their topics.

All presenter's were astute in subject matter with the ability to share knowledge with the audience clearly and in an uncomplicated manner.

Very knowledgeable and well presented.

All the speakers were very knowledgeable on their topic. They all spoke clearly and were easily understood.

qq

Good speakers

great speakers

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (24)

Transfuse to keep the hemoglobin around seven in patients with cirrhosis/varices

I was reminded of the Practice Guidelines for diagnosing PBC.

more correct Dx

Consider nutritional status of cirrhotics

There has been great resistance in patients to take cholesterol med when they have nash as in the past it was frowned upon. This information will help.

avoidance of NSAIDs

better understanding of treatments

early referral

Management and lab and imaging orders

surveillance for HCC will be done better now

Hopefully we will be able to perform more non-invasive procedures (fibroscans) on our patients in our clinics post-transplant.

tests

improved patient care

Doing fibroscans on all my patients.

na

Get more pts involved in NASH clinical trials

I have already made notice of missing pieces of a patient's work up, as well as identifying the patient who may otherwise go unnoticed based on somewhat normal findings who can benefit from clinical intervention. Improved quality of chart review.

Evaluation of liver disease.

I will utilize the diagnostic tests in practice and I have a better understanding of the diseases.

Eliminate the need for unnecessary liver biopsies.

Barbara Cave talk very inspiring

Use of Obetacholic Acid

approach to NASH

6. How certain are you that you will implement this change?

(25)

Very Certain ⁽¹⁵⁻
60.00%)

Maybe ⁽³⁻
12.00%)

Certain ⁽⁶⁻
24.00%)

N/A ⁽¹⁻
4.00%)

7. What topics do you want to hear more about, and what issues(s) in your practice will

they address? (19)

More GI conferences where practicing GI's in the community are informed and welcome to attend.

Frailty evaluation in cirrhotics. Cardiac and pulmonary complications associated with cirrhosis. Research in reversal of fibrosis Practical approach to DIII

Followup for hep c in primary care

none come to mind at this time

nutrition

treatment of ETOH hepatitis

AIH, Hep B

Would love to hear more about IBD and microscopic colitis as well as GI tumors.

These topics were very interesting. Just to stay informed of new developments in the care of the ESLD patient and post-transplant patient is interesting.

Fibroscan

Hepatitis B virus, treatments and plan of care

More about the transplant program.

Toxin associated liver disease: is it more common than we realize? Do we need to change our health/social/occupational history taking? We could also use an update on Hep C in pregnant women.

no suggestions

Hepato toxic elements. Industrial exposure.

Transplant

Cirrhosis

fatty liver

NASH

8. Were the patient recommendations based on acceptable practices in medicine?

(24)

Yes (23-
95.83%)

No (1-
4.17%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (4)

NA

10. Do you think the presentation was without commercial bias?

(26)

Yes (26-
100.00%)

11. If you answered No on the above question, please list the topics that were biased?

(4)

NA

12. Please provide any additional comments you may have about this educational activity. (12)

Very good educational event

none at this time

Great conference...very informative and practical.

Very well organized and presented.

NA

none

I really enjoyed all of the presentations and recommend this to anyone involved in the care of liver patients to expand their knowledge base.

Good location and well timed.

22

Good meeting

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.



2018 Emerging Therapies for PBC, NASH, ESLD and HCC

3/3/2018

This activity was created to address the professional practice gaps listed below:

- Identifying the symptoms and physical findings in patients with Primary Biliary Cirrhosis PBC and are not utilizing current and emerging treatment therapies.
- Identifying the many unmet needs of Non-Alcoholic Steatohepatitis (NASH) including simple biomarkers to help diagnose it and follow experimental therapies.
- Applying clinical guidelines and best practice screening procedures and treatment

approaches for end-stage liver disease (ESLD).

- Utilizing current and emerging technologies to determine liver disease that could reduce the need for invasive diagnostic testing.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Strongly Disagree		Strongly Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [25-3.84]	(0)	(0)	(4) 16.00%	(21) 84.00%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [25-3.76]	(0)	(0)	(6) 24.00%	(19) 76.00%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [25-3.72]	(0)	(0)	(7) 28.00%	(18) 72.00%

2. Please elaborate on your previous answers. (15)

There was a lot of information given out during the conference. I don't think I'm competent at this point with the knowledge.

Great program. I can now distinguish between common liver diseases

Greater knowledge will enhance my ability to identify incoming patients requiring urgent appointments.

excellent detailed explanations

Excellent information for nurses regarding NAFLD. Much more aware of diagnostic tools and treatment. Speakers engaged audience and answered all questions.

This was an excellent course that helped build my base knowledge regarding the complexity of several liver disease.

I now have a better understanding of liver disease processes and will help me better answer patient questions about why they are having their procedure

I absolutely improve after the lectures pertaining to my knowledge in PBC, NASH and HCC, it's giving me chance to refresh some of my skills too

some info new but wont change my practice

Good information. Nice overview of the disease process

Aware of when to refer to hepatology clinic

I appreciated the new clinical information provided.

Knowledge obtained during this session will allow me to better meet the needs of my patients.

I learned about the various current/up to date treatments and guidelines for a number of chronic liver diseases.

Excellent presenters. very clear, concise and applicable.

3. Please evaluate the effectiveness of the speaker(s) that presented at your session in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Andrew Muir, MD [25-4.00]	(0)	(0)	(0)	(25)100%
Sidney Barritt, MD [25-4.00]	(0)	(0)	(0)	(25)100%
Elizabeth Goacher, PA-C [23-3.83]	(1) 4.35%	(0)	(1) 4.35%	(21) 91.30%

4. Please elaborate on your previous answers. (15)

All very informative and knowledgeable on the liver content. Elizabeth wasn't as proficient but very good

Each speaker was thorough, knowledgeable regarding the subject matter, and able to offer to clarify information throughout the session.

very clear and knowledgable

Hard to hear speakers without microphone, especially heater or AC comes on

Answered all questions. Presentation of graphs was actually interesting.

presented information in easy to understand format and encouraged audience participation

All excellent speakers.

Speakers were able to keep us engaged even though we were there on a saturday

Those 3 lecturers answers all questions perfectly.

good communication encouraged participation w/ all in room

very knowledgeable in up to date data

Drs. Muir and Barritt were excellent. PA Goacher did not seem like she had really any command of the material she was discussing. She seemed unfamiliar with some of the calculations she was discussing, at times not even knowing where certain information was on her slides. Although this was certainly presented as an open forum with discussion with the two physicians, PA Goacher seemed to need to rely on them heavily during points in her presentation where she seemed to stumble with her gaps in knowledge. For example, she was discussing "PMNs", but then admitted that she couldn't remember what that was.

the presenters were knowledgeable in their field and relayed their expertise in a very basic format.

Each of the speakers were excellent and engaging. I liked learning about each of their specialties and thought the material was presented effectively.

All of the presenters did a wonderful job. Very approachable and did their best to answer all questions. Definitely experts in the field.

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (18)
none. Just aware of statistics and problems surrounding the liver issues.

Providing education to colleagues on caring for patients with ESLD

new protocols

increased understanding of disease and treatment

not a provider

Hospital Endo Unit RN. Will not be involved in meds but will see patients for procedures (EGD, etc)

Better information for my patients

I know now that Cirrhosis patients are high risk for elective surgery like hernia repair.

rn in endoscopy no changes

different medications

PSC/PBC treatment. Better able to explain to pt.

Check baby boomers for hepatitis C, and discuss with patients about the risk of NASH

Evidence based protocols

Whether or not to use Vitamin E in my patients with NASH.

recognizing need for various procedures related to patient's diagnosis

advanced knowledge

In working with this population I will be able to use my knowledge to help educate my chronically ill patients and make myself more competent in caring for them as a comprehensive whole.

I do not see much liver disease in my practice but I certainly gained a great appreciation for the complexity of these diseases and when a referral to hepatology is appropriate.

6. How certain are you that you will implement this change?

(16)

Very Certain ⁽⁸⁻
50.00%)

N/A ⁽³⁻
18.75%)

Not Certain ⁽¹⁻
6.25%)

Certain ⁽³⁻
18.75%)

Maybe ⁽¹⁻
6.25%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (14)

Transplant

technical applications for specialty cases, FNA, ultrasound readings, ERCP .

New immunosuppression protocols

NAFLD/NASH, liver transplant

Clarity regarding diagnosing NAFLD, when to biopsy, when to enroll in clinical trials vs. lifestyle modifications

N/a

The early signs and symptoms of NAFLD, as what I observed patient are late in knowing that they have cirrhosis

new treatment w/ chronic pancreatitis or panc pseudo cysts

chronic lung disease

pre-liver transplant patients

They covered what I needed to know.

NASH is becoming more appealing to my career growth. Keeping abreast with this diagnosis would be a quite enlightening to my personal growth.

Pancreatic cancer

To talk more about disease re-occurrence in post transplant candidates and how to manage these patients post-transplant.

8. Were the patient recommendations based on acceptable practices in medicine?

(23)

Yes (23-
100.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (3)

N/A

When to check liver with MRI and not biopsy of the liver

10. Do you think the presentation was without commercial bias?

(24)

Yes (22-
91.67%)

No (2-
8.33%)

11. If you answered No on the above question, please list the topics that were biased?

(4)

N/A

None at all, the presentors were fair in their judgement.

none

12. Please provide any additional comments you may have about this educational activity. (9)

Very pleased with the amount of information regarding NASH and PSC and PBC and liver cancer. I work in endoscopy and specialty cases so not exposed to a lot of liver information and what is happening in that area.

Great program with excellent speakers

One of the most effective and useful conferences I have attended. Speakers were extraordinary.

Our institution needs to provide earlier notice of these educational activities to the community since only 2 MD's were present. Feel more MD's who treat these group of patients should have been present. Several APP's were there at least.

very informative!

Thoroughly enjoyed this conference. Very informative and helpful.

N/A

I wish there will be more topics to be discussed like the ones we are tackling in the AASLD conference so no need for us to travel to another state for additional knowledge and experience.

I would not recommend having PAs provide any of the clinical information in these types of CME programs.

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.



2018 Emerging Therapies for PBC, NASH, ESLD and HCC 3/10/2018

This activity was created to address the professional practice gaps listed below:

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- Applying clinical guidelines and best practice screening procedures and treatment approaches for end-stage liver disease (ESLD).
- Utilizing current and emerging technologies to determine liver disease that could reduce the need for invasive diagnostic testing.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Strongly Disagree		Strongly Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [10-3.60]	(0)	(0)	(4) 40.00%	(6) 60.00%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [9-3.44]	(0)	(0)	(5) 55.56%	(4) 44.44%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [10-3.50]	(0)	(0)	(5) 50.00%	(5) 50.00%

2. Please elaborate on your previous answers. (7)

Management of NAFLD

Evaluation of NAFLD for fibrosis

NAFLD protocol

screening practice will change

NA

was very helpful

I am better able to screen and consider further testing and treatment regarding liver disease

3. Please evaluate the effectiveness of the speaker(s) that presented at your session in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Imtiaz Alam, MD [10-3.80]	(0)	(0)	(2) 20.00%	(8) 80.00%
Saira Khaderi, MD,MPH [10-3.80]	(0)	(0)	(2) 20.00%	(8) 80.00%
Shadi Giani, APRN, ACNS [10-3.30]	(0)	(1) 10.00%	(5) 50.00%	(4) 40.00%

4. Please elaborate on your previous answers. (5)
Case studies and class presentations were excellent

Excellent presentations

all excellent

n/a

very good speakers

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (8)

Different protocols for NAFLD

Identify risks for HCC in patients

PBC addition to Ursodial

screening practice will change

na

Recommending vitamin E for appropriate fatty liver patients. Determining which patients to screen for esophageal varices.

Screening and referral will be more complete

A different approach to NAFLD/NASH as a soon-to-be leading cause of cirrhosis

6. How certain are you that you will implement this change?

(9)

Certain ⁽⁴⁻
44.44%)

Very Certain ⁽⁵⁻
55.56%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (8)

It was a good conference

Inflammatory bowel disease- flareups

Recommendations for nutrition therapy

IBD

hepatic encephalopathy

genomic testing and individualized medicine

NASH, Ends stage liver disease and hepatitis.

hepatitis C

8. Were the patient recommendations based on acceptable practices in medicine?

(8)

Yes (8-100.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (3)

N/A

10. Do you think the presentation was without commercial bias?

(9)

Yes (7-77.78%)

No (2-22.22%)

11. If you answered No on the above question, please list the topics that were biased? (3)

N/A

not enough about how nutrition factored into the diagnosis. More emphasis was placed on what pharmaceuticals were appropriate

12. Please provide any additional comments you may have about this educational activity. (4)

NASH-drugs in clinical trials

None

Please do NOT use the derogatory term "Mid-Level" when referring to Advanced Practice Registered Nurses. It is not a recognized term by the Nursing profession. The solution is very simple, know your audience!

excellent activity

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

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2018 Emerging Therapies for PBC, NASH, ESLD and HCC 3/17/2018

This activity was created to address the professional practice gaps listed below:

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- Utilizing current and emerging technologies to determine liver disease that could reduce the need for invasive diagnostic testing.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Strongly Disagree		Strongly Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [8-3.63]	(1) 12.50%	(0)	(0)	(7) 87.50%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [8-3.38]	(1) 12.50%	(0)	(2) 25.00%	(5) 62.50%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [8-3.38]	(1) 12.50%	(0)	(2) 25.00%	(5) 62.50%

2. Please elaborate on your previous answers. (3)

The lecture was wonderful.

better understanding and emphasizing NAFLD better.

new information was given

3. Please evaluate the effectiveness of the speaker(s) that presented at your session in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Tse-Ling Fong, MD [8-4.00]	(0)	(0)	(0)	(8)100%
Paul Pockros, MD [8-4.00]	(0)	(0)	(0)	(8)100%
Lucy Mathews, NP [8-3.75]	(0)	(0)	(2) 25.00%	(6) 75.00%

4. Please elaborate on your previous answers. (2)

Everyone was easy to understand.

they were very effective

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (4)

Patients who are newly cirrhotic will have EGD every 6 months to monitor for varices.

better Dx-s

keep low threshold for diagnosing and managing liver diseases.

I will change the way I test for fibrosis.

6. How certain are you that you will implement this change?

(8)

Certain ⁽⁴⁻
50.00%)

Very Certain ⁽⁴⁻
50.00%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (5)

N/A, the topics covered were comprehensive.

IBS, IBD

not sure

-Renal diseases -Effects of liver conditions/diseases on renal diseases

primary care work up for abnormal LFT

8. Were the patient recommendations based on acceptable practices in medicine?

(8)

Yes ⁽⁸⁻
100.00%)

10. Do you think the presentation was without commercial bias?

(8)

Yes ⁽⁸⁻
100.00%)

12. Please provide any additional comments you may have about this educational activity. (3)

I enjoyed this activity

very educational and informative. The speakers are very knowledgeable. Time well spent.

more information on primary care work up for abnormal LFT

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

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We look forward to seeing you at future University of Louisville events. Thank you very much.



2018 Emerging Therapies for PBC, NASH, ESLD and HCC 4/28/2018

This activity was created to address the professional practice gaps listed below:

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- Applying clinical guidelines and best practice screening procedures and treatment approaches for end-stage liver disease (ESLD).
- Utilizing current and emerging technologies to determine liver disease that could reduce the need for invasive diagnostic testing.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Strongly Disagree		Strongly Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [14-3.86]	(0)	(1) 7.14%	(0)	(13) 92.86%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [14-3.79]	(0)	(0)	(3) 21.43%	(11) 78.57%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [14-3.93]	(0)	(0)	(1) 7.14%	(13) 92.86%

2. Please elaborate on your previous answers. (11)
 Change practice in screen for HCC, follow up for cirrhosis. screen for NAFLD, treatment
 Very instructive The speakers were very knowledgeable and precise
 screen for NAFLD, NASH

I found the information on cirrhosis and HCC screening to be especially helpful
 increased my knowledge of cirrhosis and HCC
 the presenters were very knowledgeable in their fields.

Preventing complication in cirrhosis. Most imp. predictor of bleeding E. Var. is size of varix
 Associated mortality of EV 20% @ 6weeks. Remember antibiotic prophyl. in acute Hemorrhage from EV.
 Plus many other tips in this clinically fabulous conference.

The presenters were very knowledgeable in their topics

It provided further insight into the care of liver disease.

makes me more aware of need to be more proactive in evaluation and management of suspected NAFLD and risk of future HCC

I am more knowledgeable about cirrhosis and ascites and risks associated with surgery

3. Please evaluate the effectiveness of the speaker(s) that presented at your session in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Zobair Younossi, MD [13-3.92]	(0)	(0)	(1) 7.69%	(12) 92.31%
Kirti Shetty, MD [13-4.00]	(0)	(0)	(0)	(13)100%
Brian Lam, PA-C [13-3.69]	(0)	(0)	(4) 30.77%	(9) 69.23%

4. Please elaborate on your previous answers. (10)

All speakers did great job Wish we had more time for questions and answers

Both Dr. Younossi and Dr. Shetty presented excellent presentations they were interactive with the audience. I have learned new things Mr. Lam's presentation was very helpful

wish we would have more questions and answer sessions

All very knowledgeable in their specialty

Very knowledgeable in their specialty

I thought Dr. Shetty was excellent. I found her presentations to be very helpful. As were the case studies.

Dr. Y. excellent speaker. Needs to take a breath between topics.

The presenters were very knowledgeable in their topics. I enjoyed the case studies

The presenters were knowledgeable on the subject matter.

Excellent physician lecturers. PA mainly was used for case studies and so more limited involvement but he was competent and managed well

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (11)

Will be more aware to screen for NAFLD

I learned the Evaluation of NASH and management of NASH in detail and confident that I would be able to follow through

screen with annual US liver/AFP for all hep B carriers specially > 45 years

management of cirrhosis and HCC screening

How to treat inpatient cirrhosis

HCC screening, cirrhosis management

Attend to the above observations.

cirrhosis management and HCC screening

I will use FibroScan for pts with fatty livers

more education and promotion of the long-term risk of NAFLD and to screen for HCC at earlier stages and implement more Hep A/B immunizations in patients with NAFLD also, need to avoid NSAID's in CLD

Utilizing fiboscan in patients with fatty liver disease

6. How certain are you that you will implement this change?

(12)

Very Certain ⁽¹¹⁻
91.67%)

Certain ⁽¹⁻
8.33%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (9)

Don't know

Continue update on NASH and NAFLD

NASH and NAFLD dietary recommendations

dietary changes for NASH and NAFLD

NASH and NAFLD diet recommendations

diet for NFLAD and NASH

celiac sprue

pain management without opioids

Ibd, sibo, probiotics

8. Were the patient recommendations based on acceptable practices in medicine?

(14)

Yes ⁽¹⁴⁻
100.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (5)

N/A

NA

10. Do you think the presentation was without commercial bias?

(14)

Yes ⁽¹⁴⁻
100.00%)

11. If you answered No on the above question, please list the topics that were biased?

(4)

N/A

NA

12. Please provide any additional comments you may have about this educational activity. (9)

Time was not enough

Dr Younossi 's grasps with his vast experience of authring on the above subjects very impressive and he presented the cases very well Dr shetty ;s presntations was very clinical orintated and her grasp of subjets were veery evident Dr Lam was very impressive I have enjoyed the whole seminar and felt I had well spent my saturday despite a very sunny day outside

Enjoy the talked, Great speakers!!

in the end it was rushed. last speaker on the schedule did not speak.

Would have preferred to hear less about experimental treatments that are not yet approved

N/A

Fabulous clinical event packed with practical info. Great review.

NA

very good location good case studies I found the lecture on new medications to be less interesting because of lack of immediate impact on my practice and could have devoted less time on this particular topic. perhaps more information (maybe I missed this) for referrals to liver centers of excellence nationwide and resources for consults or second opinions

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

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We look forward to seeing you at future University of Louisville events. Thank you very much.



2018 Emerging Therapies for PBC, NASH, ESLD and HCC

5/5/2018

This activity was created to address the professional practice gaps listed below:

- Identifying the symptoms and physical findings in patients with Primary Biliary Cirrhosis

PBC and are not utilizing current and emerging treatment therapies.

- Identifying the many unmet needs of Non-Alcoholic Steatohepatitis (NASH) including simple biomarkers to help diagnose it and follow experimental therapies.
- Applying clinical guidelines and best practice screening procedures and treatment approaches for end-stage liver disease (ESLD).
- Utilizing current and emerging technologies to determine liver disease that could reduce the need for invasive diagnostic testing.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Strongly Disagree		Strongly Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [8-3.63]	(0)	(0)	(3) 37.50%	(5) 62.50%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [7-3.57]	(0)	(0)	(3) 42.86%	(4) 57.14%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [8-3.38]	(0)	(0)	(5) 62.50%	(3) 37.50%

2. Please elaborate on your previous answers. (4) good session, well run

Filled in gaps of knowledge.

improvements viz NALD, PBC, PSC particularly

have more insight with options patient have increase quality of patient care.

3. Please evaluate the effectiveness of the speaker(s) that presented at your session in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Kris Kowdley, MD [8-3.88]	(0)	(0)	(1) 12.50%	(7) 87.50%
Charles Landis, MD [8-3.75]	(0)	(0)	(2)	(6)

25.00% 75.00%

Anne Croghan, NP [8-3.63]

(0)

(0)

(3) 37.50%
(5) 62.50%

4. Please elaborate on your previous answers. (4)
great choice of speakers

These are all seasoned and expert providers.

all presenters excellent

all speakers were effective in bringing in many statistical data, citing resources, and case studies were educational. Post test was a nice review to tie everything in after an overwhelming amount of information.

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (6)
will use natural Vitamin E

patient education

med. diet ? increase # of liver bx done

using Vitamin E for Nash Probiotics for hepatic encephalopathy

More proactive viz NALD

better patient education pertaining to liver diseases when appropriate, sharing info to coworkers

6. How certain are you that you will implement this change?

(6)

Very Certain (2- 33.33%)

Maybe (1- 16.67%)

Certain (3- 50.00%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (5)

hemochromatosis

medications and side effects

anything liver

nothing to change

n/a

8. Were the patient recommendations based on acceptable practices in medicine?

(7)

Yes (7-
100.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (1)

NA

10. Do you think the presentation was without commercial bias?

(7)

Yes (7-
100.00%)

11. If you answered No on the above question, please list the topics that were biased?

(1)

NA

12. Please provide any additional comments you may have about this educational activity. (3)

thanks for a good session

Very practical and applicable information was reviewed. Great conference!

good program

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2018 Emerging Therapies for PBC, NASH, ESLD and HCC 5/19/2018

This activity was created to address the professional practice gaps listed below:

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- Identifying the many unmet needs of Non-Alcoholic Steatohepatitis (NASH) including simple biomarkers to help diagnose it and follow experimental therapies.
- Applying clinical guidelines and best practice screening procedures and treatment approaches for end-stage liver disease (ESLD).
- Utilizing current and emerging technologies to determine liver disease that could reduce the need for invasive diagnostic testing.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Strongly Disagree			Strongly Agree
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [12-3.67]	(0)	(1) 8.33%	(2) 16.67%	(9) 75.00%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [12-3.58]	(0)	(1) 8.33%	(3) 25.00%	(8) 66.67%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [12-3.58]	(0)	(1) 8.33%	(3) 25.00%	(8) 66.67%

2. Please elaborate on your previous answers. (7)
Getting non invasive test instead of liver biopsy

i have a better understanding of both the pathophysiology involved in these disease states as well as how to begin diagnosis, initiate treatment, and when to refer for additional management

Excellent informative, evidence-based lecture series.

Diagnosis of PBC and differentiation from AIH and PSC. How to better use biomarkers as part of evaluation and tracking of HCC

Excellent lecturers with great knowledge

The material was organized and easy to follow.

to have a higher index of suspicion for PBC, increased understanding of NaSH biomarkers; increased understanding of various tx of liver masses

3. Please evaluate the effectiveness of the speaker(s) that presented at your session in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Catherine Frenette, MD [12-3.92]	(0)	(0)	(1) 8.33%	(11) 91.67%
Rohit Loomba, MD [12-3.58]	(0)	(0)	(5) 41.67%	(7) 58.33%
Yuki Rosenkoetter, PA-C [12-2.83]	(1) 8.33%	(2) 16.67%	(7) 58.33%	(2) 16.67%

4. Please elaborate on your previous answers. (7)

Standing away from microphone

Dr Loomba and Ms Rosenkoetter seemed to have difficulty with some of their slide sets and the volume of information contained

Dr. Frenette and Dr. Loomba were excellent speakers.

Dr. Frenette and Loomba were very engaging and their use of data

Very good slides

All of the speakers were enjoyable to listen to, and had a sense of humor.

Dr Frenette is always fantastic. She explains complicated topics in an understandable way and gives practical pearls for practice;

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (10)
labs, meds, screenings/tests

treating NASH

Monitoring for HCC, Hepatic steatosis

More specific diagnostic testing

no change

Increased comfort with using OCA for PBC.

More aggressive use of statins for NASH patients

I have been following the same protocols as it was recommended during the meeting.

I have a much better understanding of NASH now.

work up for PBC when reasonable

6. How certain are you that you will implement this change?

(12)

Certain (3-

25.00%)

Very Certain (7-
58.33%)

Not Certain (1-
8.33%)

N/A (1-
8.33%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (7)
updates in GI

Liver disease in the settings chronic HIV infection

colon cancer

Would like to hear more about advances in HCV management.

Transplant Evaluation, use of LRT for bridging to transplant.

NASH

work up of abnormal liver enzymes

8. Were the patient recommendations based on acceptable practices in medicine?

(12)

Yes (12-
100.00%)

10. Do you think the presentation was without commercial bias?

(12)

Yes (12-
100.00%)

12. Please provide any additional comments you may have about this educational activity. (3)

Good and simple one day seminar. Keep it up.

no vegetarian food options present

Enjoyed the conference, thank you!

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