

# Diagnosing and Treating Irritable Bowel Syndrome (IBS-D) for Primary Care Clinicians 9/25/2019

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

- Describing the pathogenesis of IBS.
- Identifying early symptoms of IBS which is leading to misdiagnosis and mistreatment of patients.
- Recognizing the latest research findings that identify the underlying physiologic and psychological determinants for treating and managing IBS.
- Utilizing the new FDA approved treatment options for IBS.

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

	Strongly Disagree			Strongly Igree
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [11-3.64]		(0)	(1) 9.09%	(9) 81.82%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [10-3.40]	(1) 10.00%	(0)	(3) 30.00%	(6) 60.00%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [9-3.22]	(2) 22.22%	(0)	(1) 11.11%	(6) 66.67%

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

I have more knowledge now about IBS compared to before especially speaker said that if a patient doesn't have abd'l pain aside from the other signs and symptoms, then it's not IBS.

EXCELLENT TALK.

I do not work in primary care, but found the topic of interest.

# 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
Fouad Moawad, MD [10-3.90]	(0)	(0)	(1) 10.00%	(9) 90.00%
Brooks Cash, MD [2-3.50]	(0)	(0)	(1) 50.00%	(1) 50.00%

#### 4. Please elaborate on your previous answers. (3)

MD was an expert in that field, he was able to answer questions thrown out from the audience.

Experienced and knowledgeable on the subject

very clear and answered all questions.

# 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)

N/a

I know now that rifaximin is also used to treat IBS; so if I have a patient who was on this med from home, then I would probably entertain that he has history of IBS none

Managing diet, medication, lifestyle change, and stress

Have a greater understanding of the medications used to treat IBS that my patients might be on.

dietary recommendations

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

(10)

Certain 
$$^{(7-)}_{70.00\%}$$
  
Very Certain  $^{(1-)}_{10.00\%}$   
N/A  $^{(2-)}_{20.00\%}$ 

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (2) pulmonary disease

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

**(9)** 

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

**(9)** 

## 12. Please provide any additional comments you may have about this educational activity. (2)

brief and concise

It was very interesting and I was very glad I was able to attend.

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.



# Diagnosing and Treating Irritable Bowel Syndrome (IBS-D) for Primary Care Clinicians 10/1/2019

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- Recognizing the latest research findings that identify the underlying physiologic and psychological determinants for treating and managing IBS.
- Utilizing the new FDA approved treatment options for IBS.

### 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. [5-3.80]	(0)	(0)	(1) 20.00%	(4) 80.00%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [5-3.40]	(0)	(0)	(3) 60.00%	(2) 40.00%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [5-3.20]	(0)	(1) 20.00%	(2) 40.00%	(2) 40.00%

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

The detailed information during this CME provided valuable insight into the variety of treatments available as well as the pertinent studies needed to make the dx

Yes, it gave me updated treatment options.

I do not generally see IBS patients for care

I am not in PC, IM, or GI medicine. Therefore I cannot consider myself proficient. However, I felt this talk was extremely helpful in helping my basic understanding of recognizing the complaint and then getting the patient to someone else to assist w/ dx and tx.

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
Fouad Moawad, MD [1-4.00]	(0)	(0)	(0)	(1)100%
Brooks Cash, MD [1-4.00]	(0)	(0)	(0)	(1)100%
Anthony Lembo, MD [5-4.00]	(0)	(0)	(0)	(5)100%
Lucinda Harris, MD [1-4.00]	(0)	(0)	(0)	(1)100%

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

Exceptional speaker and very knowledgeable about the topic

He was knowledgeable and approachable.

Excellent speaker, very knowledgeable. Did not become flustered by questions.

very engaging and effective at getting his talk across and practical application of what we had learned

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

New protocols for making the dx and dietary changes as first line treatment.

Recommending OTC peppermint oil

Discussing dietary changes in patients with IBS

I will be more aware of looking towards IBS when patients seem to have issues improve my recommendations on dietary restrictions, didn't know about T7G test for celiac or Rifaxinim

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

**(5)** 

Very Certain 
$${(2-40.00\%)}$$
  
Certain  ${(2-40.00\%)}$   
Maybe  ${(1-20.00\%)}$ 

## 7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (3)

n/a

constipation in hospital setting

rvw of Rheum and meds (I'm very comfortable w/ NSAID's, but not DMARD's, etc.)

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

**(5)** 

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

**(5)** 

Yes (5-100.00%)

### 12. Please provide any additional comments you may have about this educational activity. (1)

Great speaker

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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# Diagnosing and Treating Irritable Bowel Syndrome (IBS-D) for Primary Care Clinicians 10/16/2019

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

- Describing the pathogenesis of IBS.
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- Recognizing the latest research findings that identify the underlying physiologic and psychological determinants for treating and managing IBS.
- Utilizing the new FDA approved treatment options for IBS.

### 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. [3-3.33]	(0)	(1) 33.33%	(0)	(2) 66.67%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [3-4.00]	(0)	(0)	(0)	(3)100%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [3-3.67]	(0)	(0)	(1) 33.33%	(2) 66.67%

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

Learned current ways to tx IBS.

I feel more secure in dealing with IBS patients

# 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
Fouad Moawad, MD [1-4.00]	(0)	(0)	(0)	(1)100%
Brooks Cash, MD [1-4.00]	(0)	(0)	(0)	(1)100%
Anthony Lembo, MD [1-4.00]	(0)	(0)	(0)	(1)100%
Lucinda Harris, MD [3-4.00]	(0)	(0)	(0)	(3)100%

#### 4. Please elaborate on your previous answers. (1)

Her delivery was excellent and comprehensive. She is down to earth and presented a lot of time for questions

# 5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (3)

Using more SSRI's and TCA's to treat IBS.

Not currently in clinical practice.

Will consider Rifaximin more often in some patients

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

**(3)** 

Very Certain 
$$^{(1-)}_{33.33\%}$$
  
N/A  $^{(1-)}_{33.33\%}$   
Certain  $^{(1-)}_{33.33\%}$ 

## 7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (3)

NASH, fatty liver. It's everywhere and we need prescriptions to treat it.

N/A, good talk.

diverticulitis

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

**(3)** 

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

**(3)** 

### 12. Please provide any additional comments you may have about this educational activity. (1)

Really would like to see a lecture on NASH. It's very common and the liver can regenerate easily with help and changes to prescriptions and diet.

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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