

**CE EVALUATION FORM**  
**2023 WVU Medicine APP Conference**  
September 28-29, 2023 N=92

- G. What topics would you like to see discussed at future conferences?** More primary care focus, the oncology discussion was not overly beneficial to my practice; Current guidelines to chronic diseases; **Pediatric topics; More Pediatric topics**. Maybe have adult and Peds breakout sessions, in the future; I was bummed that the birth control talk was pretty basic. How about delving into the myriad ocp's? I've never seen a good guide in how to choose (though yes, I push larc's instead); EKG interpretation - sepsis update/infectious disease update - management of acute hemorrhage; **Updates on diabetes management**; Appreciated the Pearls for PCP and general practitioners; Lab management- (CBC, Chem 7, iron etc); N/A (2); Peripheral artery disease; **diabetes management** neuro topics such as updates in Alzheimer's and Parkinson's disease; **More pediatric based topics; More Pediatric focused topics**; CHF clinical updates; Surgical sub specialties, procedure skills labs; Orthopedics; Pulmonary Adult Immunization update; **Diabetes** Orthopedic **Pediatric issues** Depression/Anxiety; Ecmo, nephrology related topics; Incorporating stress relief at work was a good topic. Any additional discussions on this topic would be appreciated; any updated primary care recommendations for the management of anxiety and depression; GI disorders Mental health and mindfulness < self-care for health care workers Prevent burnout How to deal with difficult people Covid research Neurological disease and advancements; COPD updates; hematology and oncology; **Would love to see a cardiology specific CME day**, also more about hospice/palliative care and **weight management**; More women's health concerns; **Diabetes**, HTN, COPD.
- H. What do you consider to be the single biggest problem that you face in your practice?** **Rural area 45 miles either way away for specialty care and needing more telemedicine care available many of our elderly and poor do not have access to internet service**; Burnout and overcrowding; **Diabetes management**; Egos and old ways of thinking, time; **Hardships of treatment to patients who struggle financially**; Having enough time with patients. Insurance limitations; Lack of providers. We have gone through a great transition in the Genetics dept, losing all three Geneticists over the past few years. For a few months, I was the only provider in the dept. This has definitely been the biggest problem, especially with trying to see all the patients that need to be seen across the state. We currently have a part time Locums provider and an additional NP has been hired. We have a new Chief of Genetics starting in December and are onboarding two genetic counselors... so I am hopeful we are on the upswing!; Meaningful discussions around medication data; mental health and workers comp; NA; **No enough time to provide safe and effective care to patients. Long work hours. Too much charting**; none; None right now. I'm part-time. When working more, it's too much time seeing patients and not enough admin. I'm frustrated that management extended my day to make up for breastmilk pump times (need so many billable hours, contact time). I think this is really bad practice. However, the clinic I'm in now is extremely slow, so I have more than enough time, but if I were busy, this would penalize me and shorten my lunch and lengthen my end time; **Not enough time to complete daily work Not enough staff; patient compliance with medications, preventative maintenance and performing diagnostics because of financial burden access to care**, especially with gastroenterology and dermatology; **Patient compliance (2); Provider burn out, increasing demands to work harder with less resources**; psych; Recognition, finding out if billing is done correctly, supplies so we can function; Resources for referrals, location of specialist, funding for proper testing; **Rural access; Staffing problems**, Burnout, Life-work imbalance; Time (2); Time. Patient time management to provide education and **address patient concerns**; Too much time spent charting; **Under staffed**, over worked.