Clinical Skills in Urogenital Health

STANDARDIZED PATIENT PROGRAM

Workshops are held on
Thursdays - 8:30am - 4:00pm
McMaster University Health Sciences Centre

Fall 2018 (Thursday)
Sept 6
Sept 20
Nov 1
Nov 29
Dec 6

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TARGET AUDIENCE
Registered Nurses, Registered Practical Nurses, Physician Assistants

OBJECTIVES
1. Provide the learner with an overview of the normal male urogenital anatomy.
2. Review the current clinical guidelines for screening as it relates to common urogenital conditions and sexually transmitted infections.
3. Provide the learner with a clinical hands-on approach to the examination of the male urogenital organs, practiced live on a urogenital teaching associate.

THE PROGRAM
The goal of this practical hands-on skills workshop is to provide the participant with an organized approach to assessing urogenital health. The program will also cover the current clinical guidelines to the diagnosis and management of common urogenital conditions.
AGENDA

**EACH DATE IS LIMITED TO A MAXIMUM OF 6 PARTICIPANTS**

**Suggested Dress Code:** Scrubs or Business-Casual

08:30 - 09:00 Introduction and Overview

09:00 - 12:30 Didactic
  - Common conditions
  - Discussion / Q&A

12:30 - 13:15 LUNCH (provided in meeting room)

13:15 - 15:45 Practical
  - Urogenital teaching associate (UTA)*
  - UTAs use their own bodies as teaching tools
  - External Genital Exam
  - Digital Rectal Exam

15:45 - 16:00 Wrap-up & Evaluation

*Activity subject to change

PARKING

You can park in one of the parking lots on McMaster University’s Central Campus or at McMaster Hospital underground parking.

Cost is approximately $20.00

Visit the Parking & Transit Services website for more information: http://parking.mcmaster.ca

FOR DIRECTIONS AND MAP, PLEASE GO TO:

www.mcmaster.ca/welcome/directions.cfm

After registering, you can expect to receive an email from spadmin@mcmaster.ca approximately one week prior to the workshop date, with details regarding meeting room location.

GENERAL INFORMATION

CANCELLATION POLICY

The University reserves the right to cancel a course due to insufficient registration or any circumstances that are beyond our control. Cancellations up to 2 weeks prior to the course (for the date registered) will be refunded minus a 20% administrative fee. One transfer is permitted with a $100.00 fee at time of transfer. No refunds will be issued for cancellations received less than 2 weeks from the course date.

CONFIRMATION OF REGISTRATION

A written acknowledgment of your registration will be sent prior to the event should you provide CHSE with your email address. Receipts will be provided in your registrant package upon arrival at the activity. Your registration is not complete unless a confirmation is received. If you have not received a confirmation within 7 days of registration, please contact the CHSE office.

ACTIVITY PACKAGE

As the registrant, your activity package includes refreshments and lunch.

LIABILITY

Continuing Health Sciences Education (CHSE) hereby assumes no liability for any claims, personal injury, or damage:

- To any individual attending this activity.
- That may result from the use of technologies, program, products and/or services at this activity.
- That may arise out of, or during this activity.

ACCREDITATION STATEMENT

McMaster University, Continuing Health Sciences Education Program (CHSE) is fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME) to provide CFPC Mainpro and RCPSC Maintenance of Certification (MOC) study credits for Continuing Medical Education.
Registration Form
Clinical Skills in Urogenital Health - Standardized Patient Program
McMaster University Health Sciences Centre - FALL 2018

Registration FEE: $450.00

Surname

Given

RN  RPN  Other

Profession:  

Mailing Address

City

Area Code  Phone

FOR OFFICE USE ONLY
Program Code: CLINSKILLSMENFall2018

Area Code  Cell  Fax

Email *Your registration cannot be processed without an email address.

Visa  M/C  AMEX  CHEQUE  CASH

Payment By:  

CVD Number:  

Amount: $ 4 5 0 . 0 0

Card Number

Month  Year  Signature

There are 5 ways to register...
ONLINE @ www.fhs.mcmaster.ca/conted/calendar.html

BY PHONE
Call 905 525-9140 ext 22671
(Visa, MasterCard or AMEX are accepted)

BY FAX
Fax the completed registration form with a Visa, MasterCard or AMEX number to: 905-572-7099

BY MAIL
Mail your completed registration form to:
Continuing Health Sciences Education Program
1280 Main St. W., DBHSC, Room 5004
Hamilton, ON  L8S 4K1

Please indicate which workshop date you are registering for by indicating your 1st & 2nd choice of date to attend:

☐ Sept 6  ☐ Nov 29

☐ Sept 20  ☐ Dec 6

☐ Nov 1

Notes:

SPECIAL DIETARY REQUIREMENTS/DIETARY RESTRICTIONS: For those with special dietary needs some accommodation may be available:

☐ Vegetarian:  ☐ Allergies:  ☐ Other:  

(Please note: custom meal requirements will be ordered at an additional fee. Please contact our office for details)

PLEASE IDENTIFY ANY ACCESSIBILITY NEEDS:

GUESTS ARE NOT PERMITTED at the workshops.

VISIT OUR WEBSITE FOR MORE CHSE ACTIVITIES:
www.fhs.mcmaster.ca/conted

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT
The information on this form is collected under the authority of the McMaster University Act, 1976. The information will be used for administrative purposes, including: your registration in the course; preparation of course materials for your use and to notify you of other courses or pertinent information. Financial information will be used to process applicable fees and will be retained for future reference. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210 McMaster University.