

Fall 2018 (Thursday)

Sept 6
Sept 20
Nov 1
Nov 29
Dec 6

Planning Committee

Yuding Wang, MD, BSc (Hons)
PGY4 Urology Resident
Michael G DeGroot School of Medicine
McMaster University

Janice A. Harvey, MD, CCFP, FCFP (SEM)
Assistant Director Standardized Program
Center for Simulation-Based Learning
McMaster University

Leigh Norman
Program Administrator
Standardized Patient Program
Centre for Simulation-Based Learning
McMaster University

Heather Stewart, RN
Department of Obstetrics and Gynecology
McMaster University

Angela Silla
Acting Program Manager
Continuing Health Sciences Education
Faculty of Health Sciences
McMaster University

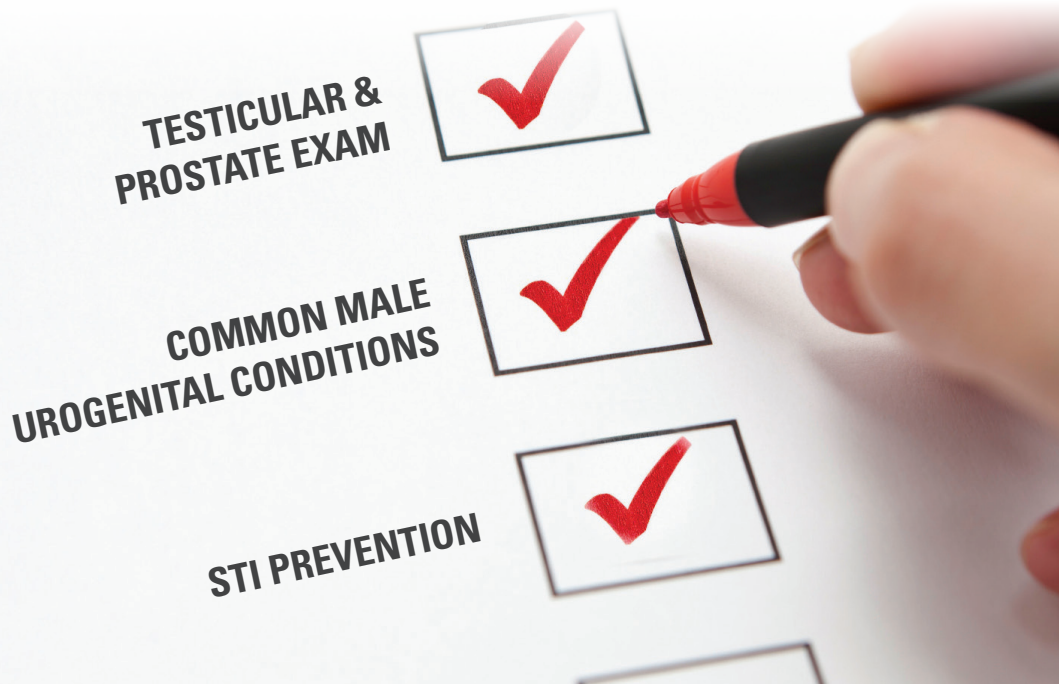
Registration Information

CONTINUING HEALTH SCIENCES EDUCATION

P: 905-525-9140 ext 22671
F: 905-572-7099
E: cmereg@mcmaster.ca

Clinical Skills in Urogenital Health

STANDARDIZED PATIENT PROGRAM



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

Profession: RN RPN Other

Specify / License Number _____

Mailing Address

City

Province

Postal Code

Area Code

Phone -

FOR OFFICE USE ONLY
Program Code: CLINSKILLSMENFall2018

Area Code

Cell Fax -

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

Payment By: Visa M/C AMEX CHEQUE CASH

Pls make cheque payable to "McMaster University"
** Registration by cheque cannot be confirmed until payment has been processed.

CVD Number:

Amount: \$ 4 5 0 . 0 0

Card Number

Expiry: Month Year

Signature

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



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)

IN PERSON
Bring your completed registration form with Visa, MasterCard, AMEX, cheque or cash payment to the: *Continuing Health Sciences Education Program, 100 Main Street West, 5th Floor, Room 5004 Hamilton, ON L8P 1H6*
Mon. to Fri. between the hours of 09:30 – 16:00

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*

Notes:

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

Vegetarian: _____ **Allergies:** _____ **Other:** _____

(Pls 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.