

2018 SPRING DATES:

March 9, 23
April 6, 13, 20
May 11, 18, 25
June 8, 15, 22

Planning Committee

Beth Murray-Davis, RM, PhD
Assistant Professor
HHS New Investigator
Midwifery Education Program
McMaster University

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Undergraduate Coordinator
MF3 Subunit Planner
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Assistant Clinical Professor
Department of Family Medicine
Assistant Director
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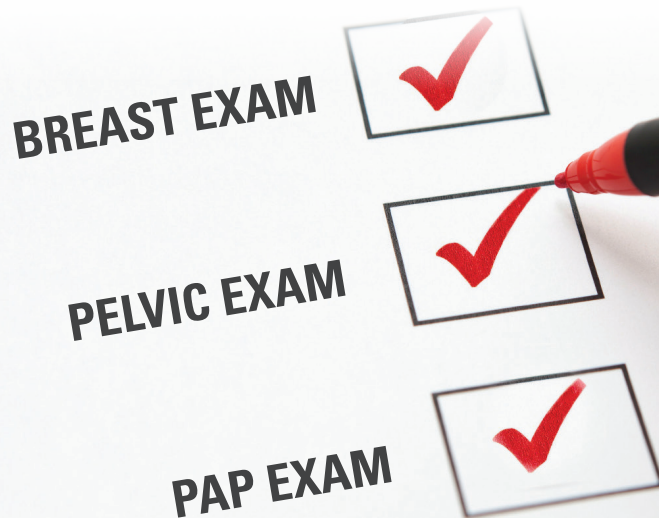
Registration Information

CONTINUING HEALTH SCIENCES EDUCATION

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

Clinical Skills in Gynecological Care

STANDARDIZED PATIENT PROGRAM



TARGET AUDIENCE

Registered Nurses, Registered Practical Nurses, Nurse Practitioners, Physician Assistants and Midwives.

OBJECTIVES

1. Provide the learner with an overview of the normal gynecological anatomy.
2. Review the current clinical guidelines for biologic and cytological screening for common gynecologic conditions.
3. Demonstrate the clinical approach to the assessment of the genital tract.
4. Provide an opportunity for the learner to practice the speculum exam in a supervised educational setting with a gynecological teaching associate who uses their own body as a teaching tool.
5. Demonstrate the clinical approach to the breast exam and teaching techniques for the breast self-examination (BSE) with a gynecological teaching associate who uses their own body as a teaching tool.
6. Provide the learner with an overview of sexually transmitted infections.

THE PROGRAM

The goal of this unique educational program is to provide a practical hands-on learning opportunity for health care professionals in the area of gynecological health.

The attendees will have the opportunity to begin to develop the clinical skill set necessary to perform breast and pelvic assessments.

As well, this introductory program will cover the current guidelines and sampling techniques used in screening, diagnosis, and follow-up of common gynecological conditions.

AGENDA

EACH DATE IS LIMITED TO A MAXIMUM OF 6 PARTICIPANTS

08:30 - 10:00	Introduction and Overview
10:00 - 12:30	Didactic <ul style="list-style-type: none">• Screening Guidelines• Sampling Techniques• Pearls + Pitfalls• Discussion
12:30 - 13:15	LUNCH (provided in meeting room)
13:15 - 15:45	Practical <ul style="list-style-type: none">• Gynecological Teaching Associate (GTA)* *GTAs use their own bodies as teaching tools• Breast Exam• Pelvic 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. No refunds will be issued for cancellations received less than 2 weeks from the course date.

CONFIRMATION OF REGISTRATION

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. No refunds will be issued for cancellations received less than 2 weeks from the course date. One transfer is permitted with a \$100.00 fee at time of transfer. No transfers less than 2 weeks prior to the course.

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 Gynecological Care Standardized Patient Program
McMaster University Health Sciences Centre
SPRING 2018

Registration FEE: \$400.00

Surname

Given

Profession: RN RPN Other

Specify / License Number _____

Mailing Address

City

Province

Postal Code

Area Code

Phone -

FOR OFFICE USE ONLY
Program Code: CLINSKILLSPRING2018

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 0 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:

- March 9
- March 23
- April 6
- April 13
- April 20
- May 11
- May 18
- May 25
- June 8
- June 15
- June 22



There are **5** ways to register...

ONLINE @ <http://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*

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.