The Department of Medicine
Division of General Internal Medicine, and
The Department of Obstetrics, Gynecology & Reproductive Sciences
present

Essentials of
Women’s Health
An Integrated Approach to Primary Care and
Office Gynecology

July 5 -10, 2015

Hapuna Beach Prince Hotel
Big Island, Hawaii

Course Chairs
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University of California, San Francisco School of Medicine
Acknowledgement of Commercial Support

This CME activity was supported in part by In-Kind Support from the following:

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**Essentials of Women’s Health:**
An Integrated Approach to Primary Care and Office Gynecology

**OVERVIEW**
This program, designed for family physicians, internists, gynecologists, nurses, nurse practitioners, physician assistants, pharmacists, and all others involved in providing quality health care for women, will provide a practical update on a full range of common but controversial issues in women's health. The course will serve to enhance the skills of those already working in women’s health as well as help develop new skills for those expanding their work to include more primary care and office gynecology. Developed and taught by UCSF faculty in both primary care internal medicine and obstetrics and gynecology, the course will present an integrated approach to women’s health. Emphasis will be placed on new developments in preventive care and cardiovascular risk factors in women, issues in reproductive health, and clinical strategies in the diagnosis and treatment of common gynecologic complaints and common medical problems of women. Special emphasis will be placed on office skills needed for modern day practice including: enhanced skills in physical examination, common office procedures, clinical nutrition, assessment of new medical technologies, and how to better read the medical literature. The course will use interactive lectures, clinical vignettes, hands-on workshops, small group discussions, questions and answers, and an online syllabus.

**EDUCATIONAL OBJECTIVES**
The purpose of this course is to increase competence and improve clinician practice in women’s health. We specifically anticipate improvements in skills and strategies to:

- Implement new guidelines in office-based preventive medicine for prevention and early detection of cancer with clinical exam, pap tests, genetic testing and diagnostic imaging;
- Implement new guidelines for prevention and treatment of cardiovascular risk factors in women;
- Diagnose and treat common problems in women’s health including abnormal uterine bleeding, first trimester bleeding, chronic pelvic pain, amenorrhea, PCOS, hypertension, high blood cholesterol, diabetes, depression, somatic symptom disorders, Parkinson’s disease and tremors, and arthritis;
- Facilitate counseling and informed decision-making in contraception;
- Examine patients and perform common office procedures in gynecology and contraceptive technology;
- Understand current guidelines for follow-up of abnormal pap and HPV tests;
- Evaluate and treat common musculoskeletal complaints and sports injuries;
- Counsel patients about current therapeutic options for obesity;
- Increase quality and decrease costs in medical practice.
ACCREDITATION

The University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this educational activity for a maximum of 19.50 AMA PRA Category 1 Credits™.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This CME activity meets the requirements under California Assembly Bill 1195, continuing education and cultural and linguistic competency.

Geriatric Medicine:
The approved credits shown above include 12.25 credits toward meeting the requirement under California Assembly Bill 1820, Geriatric Medicine.

Nurses:
For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credits™ issued by organizations accredited by the ACCME.

Physician Assistants:
AAPA accepts category 1 credit from AOACCME, Prescribed credit from AAFP, and AMA PRA category 1 credits™ from organizations accredited by the ACCME.

Pharmacy:
The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for AMA PRA Category 1 Credits™.

Family Physicians:
This Live activity, Essentials of Women's Health: An Integrated Approach to Primary Care and Office Gynecology, with a beginning date of 07/05/2015, has been reviewed and is acceptable for up to 19.25 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Obstetricians and Gynecologists:
The American College of Obstetricians and Gynecologists has assigned 20 cognate credits to this program.

Licensed Clinical Social Workers and Marriage & Family Therapists:
This course meets the qualifications for 19.50 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. Approval No. PCE 1272.
General Information

Attendance Verification / CME Certificates
Please remember to sign-in on the sign-in sheet when you check in at the UCSF Registration Desk on your first day. You only need to sign-in once for the course, when you first check in.

After the meeting, please visit this website to complete the online course evaluation: http://www.ucsfcmeme.com/evaluation

Upon completing the online evaluation, your CME certificate will be automatically generated to print, and a copy is also automatically emailed to you.

Evaluation
Your opinion is important to us – we do listen! We have two evaluations for this meeting. The speaker evaluation is the light blue hand-out you received when you checked in. Please complete this during the meeting and turn it in to the registration staff at the end of the conference.

The overall conference evaluation is online at: http://www.ucsfcmeme.com/evaluation

We request you complete this evaluation within 30 days of the conference in order to receive your CME certificate through this format.

Security
We urge caution with regard to your personal belongings and syllabus books. We are unable to replace these in the event of loss. Please do not leave any personal belongings unattended in the meeting room during lunch or breaks or overnight.

Exhibits
Industry exhibits will be available outside the ballroom during breakfasts and breaks.

Phone Messages
Any messages during the conference can be left by calling (808) 880-1111 and asking for the UCSF “Women’s Health” course. Messages will be posted at the conference registration desk.

Presentations
Color PDFs of the final lectures will be available on our website, www.cme.ucsf.edu, approximately 2-4 weeks post event. We will only post presentations for those authorized by the presenters.
Federal and State Law
Regarding Linguistic Access and Services for Limited English Proficient Persons

I. Purpose.
This document is intended to satisfy the requirements set forth in California Business and Professions code 2190.1. California law requires physicians to obtain training in cultural and linguistic competency as part of their continuing medical education programs. This document and the attachments are intended to provide physicians with an overview of federal and state laws regarding linguistic access and services for limited English proficient (“LEP”) persons. Other federal and state laws not reviewed below also may govern the manner in which physicians and healthcare providers render services for disabled, hearing impaired or other protected categories.

The Federal Civil Rights Act of 1964, as amended, and HHS regulations require recipients of federal financial assistance (“Recipients”) to take reasonable steps to ensure that LEP persons have meaningful access to federally funded programs and services. Failure to provide LEP individuals with access to federally funded programs and services may constitute national origin discrimination, which may be remedied by federal agency enforcement action. Recipients may include physicians, hospitals, universities and academic medical centers who receive grants, training, equipment, surplus property and other assistance from the federal government.

HHS recently issued revised guidance documents for Recipients to ensure that they understand their obligations to provide language assistance services to LEP persons. A copy of HHS’s summary document entitled “Guidance for Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons – Summary” is available at HHS’s website at: http://www.hhs.gov/ocr/lep/.

As noted above, Recipients generally must provide meaningful access to their programs and services for LEP persons. The rule, however, is a flexible one and HHS recognizes that “reasonable steps” may differ depending on the Recipient’s size and scope of services. HHS advised that Recipients, in designing an LEP program, should conduct an individualized assessment balancing four factors, including: (i) the number or proportion of LEP persons eligible to be served or likely to be encountered by the Recipient; (ii) the frequency with which LEP individuals come into contact with the Recipient’s program; (iii) the nature and importance of the program, activity or service provided by the Recipient to its beneficiaries; and (iv) the resources available to the Recipient and the costs of interpreting and translation services.

Based on the Recipient’s analysis, the Recipient should then design an LEP plan based on five recommended steps, including: (i) identifying LEP individuals who may need assistance; (ii) identifying language assistance measures; (iii) training staff; (iv) providing notice to LEP persons; and (v) monitoring and updating the LEP plan.

A Recipient’s LEP plan likely will include translating vital documents and providing either on-site interpreters or telephone interpreter services, or using shared interpreting services with other Recipients. Recipients may take other reasonable steps depending on the emergent or non-emergent needs of the LEP individual, such as hiring bilingual staff who are competent in the skills required for medical translation, hiring staff interpreters, or contracting with outside public or private agencies that provide interpreter services.
HHS's guidance provides detailed examples of the mix of services that a Recipient should consider and implement. HHS's guidance also establishes a “safe harbor” that Recipients may elect to follow when determining whether vital documents must be translated into other languages. Compliance with the safe harbor will be strong evidence that the Recipient has satisfied its written translation obligations.

In addition to reviewing HHS guidance documents, Recipients may contact HHS’s Office for Civil Rights for technical assistance in establishing a reasonable LEP plan.

The California legislature enacted the California’s Dymally-Alatorre Bilingual Services Act (Govt. Code 7290 et seq.) in order to ensure that California residents would appropriately receive services from public agencies regardless of the person’s English language skills. California Government Code section 7291 recites this legislative intent as follows:

“The Legislature hereby finds and declares that the effective maintenance and development of a free and democratic society depends on the right and ability of its citizens and residents to communicate with their government and the right and ability of the government to communicate with them.

The Legislature further finds and declares that substantial numbers of persons who live, work and pay taxes in this state are unable, either because they do not speak or write English at all, or because their primary language is other than English, effectively to communicate with their government. The Legislature further finds and declares that state and local agency employees frequently are unable to communicate with persons requiring their services because of this language barrier. As a consequence, substantial numbers of persons presently are being denied rights and benefits to which they would otherwise be entitled.

It is the intention of the Legislature in enacting this chapter to provide for effective communication between all levels of government in this state and the people of this state who are precluded from utilizing public services because of language barriers.”

The Act generally requires state and local public agencies to provide interpreter and written document translation services in a manner that will ensure that LEP individuals have access to important government services. Agencies may employ bilingual staff, and translate documents into additional languages representing the clientele served by the agency. Public agencies also must conduct a needs assessment survey every two years documenting the items listed in Government Code section 7299.4, and develop an implementation plan every year that documents compliance with the Act. You may access a copy of this law at the following url:

http://www.spb.ca.gov/bilingual/dymallyact.htm
Course Chairs

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Disclosures

The following faculty speakers, moderators and planning committee members have disclosed NO financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

  Robert B. Baron, MD, MS  
  Rebecca Jackson, MD  
  Mindy R. Goldman, MD  
  Leah S. Karliner, MD, MCR  
  Descartes Li, MD  
  Carlin Senter, MD  
  Jody Steinauer, MD, MAS

This UCSF CME educational activity was planned and developed to: uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and, include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

This activity has been reviewed and approved by members of the UCSF CME Governing Board in accordance with UCSF CME accreditation policies. Office of CME staff, planners, reviewers, and all others in control of content have disclosed no relevant financial relationships.