

The Sexuality, Reproduction & Menopause continuing medical education program

DESIGNATED ARTICLES, VOL. 2, NO. 3, SEPTEMBER 2004

- Lesson 1** **Female Sexual Dysfunction—from Diagnosis to Treatment**
Catherine Marin DeUgarte, Laura Berman, Jennifer Berman
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- Lesson 2** **HPV Triage of Patients with ASC-US Cervical Pap Smears**
Tyler O. Kirby and Warner K. Huh
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- Lesson 3** **If You Think Domestic Violence Is Confined to Inner City Emergency Rooms
—Think Again!**
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Sexuality, Reproduction & Menopause 2004;2(3): 176

INSTRUCTIONS

LEARNING OBJECTIVES: After reading the designated articles published in *Sexuality, Reproduction & Menopause*, participants of the *Sexuality, Reproduction & Menopause* Continuing Medical Education (CME) Program should be able to:

1. Demonstrate an increased knowledge of reproductive medicine.
2. Evaluate the clinical data and apply it to the care of their patients.

TARGET AUDIENCE: This activity is designed for all physicians with a fundamental interest and knowledge in reproductive medicine and women's health, residents, researchers, clinicians, and educators alike.

NEEDS ASSESSMENT: As healthcare and technology continue to advance, there is a need to provide physicians and other health care professionals with opportunities to access and review information of relevance to their practice in new ways. This activity is designed to allow professionals to study alone at the time of their choice.

CREDIT/ACCREDITATION INFORMATION: The American Society for Reproductive Medicine is accredited by the ACCME to sponsor continuing medical education to physicians.

The American Society for Reproductive Medicine designates the *Sexuality, Reproduction & Menopause* CME Program for 6 (1.5 each quarter) category 1 credits toward the AMA Physician's Recognition Award per year. Each physician should claim only those credits that he/she actually spent in the educational activity.

The American Medical Association has determined that non-U.S. licensed physicians who participate in the *SRM* CME Program are eligible for AMA PRA category 1 credit.

Program participants should answer the questions on the exam answer sheet found at ASRM's website: www.asrm.org. The program is provided at a cost of \$5 per exam for members and \$10 per exam for non-members. The participant should retain a copy of the examination. A 70% passing score must be achieved. Documentation of satisfactory completion, the correct answers, and a course evaluation form will be mailed within 2 months of receipt of tests.

For additional information, contact the CME Department at the American Society for Reproductive Medicine, 1209 Montgomery Highway, Birmingham, Alabama 35216 (Telephone: 205-978-5000; Fax 205-978-5005; email: asrm@asrm.org). Visit the ASRM website: www.asrm.org.

To obtain the 1.5 CME credits for Volume 2, please follow these instructions:

1. Read the articles listed for CME credit in *Sexuality, Reproduction & Menopause*.
2. Visit www.asrm.org and click on SRM EXAMS.
3. Print out the exam page.
4. Make a copy of your completed exam before sending to ASRM for your records.
5. Fax completed exam with credit card information.
OR
6. Mail completed exam with check.
7. You must achieve at least a 70% passing score. Your corrected exam and documentation will be mailed to you.
8. Your exam must be received by ASRM by December 15, 2004.

CME Department/SRM Exam
American Society for Reproductive Medicine
1209 Montgomery Highway
Birmingham, AL 35216

Please choose the one best answer for each question.

Lesson 1

Female Sexual Dysfunction—from Diagnosis to Treatment

Catherine Marin DeUgarte

Objective: To understand the diagnostic classification of FSD disorders and the various treatment strategies available.

1. Which of the following is not part of the AFUD (American Foundation of Urologic Disease Classification) of female sexual dysfunction?
 - a. sexual pain disorders
 - b. resolution disorders
 - c. sexual aversion disorder
 - d. orgasmic disorders
 - e. sexual arousal disorder
2. Which of the following treatments can be used for female sexual dysfunction?
 - a. estradiol
 - b. methyltestosterone
 - c. sildenafil citrate
 - d. bupropion
 - e. all of the above
3. In the Masters and Johnson sexual response cycle which of the following order of events is correct?
 - a. excitement, plateau, orgasm, resolution
 - b. excitement, orgasm, plateau, resolution
 - c. resolution, excitement, orgasm, plateau
 - d. excitement, orgasm, resolution, plateau
 - e. orgasm, resolution, excitement, plateau

Lesson 2

HPV Triage of Patients with ASC-US Cervical Pap Smears

Tyler O. Kirby and Warner K. Huh

Objective: To understand the role of HPV testing in the management of ASCUS Paps.

1. All of the following HPV types are associated with a higher risk of cervical cancer except:
 - a. 11
 - b. 16
 - c. 18
 - d. 33
 - e. 35
2. All of the following are acceptable strategies for managing women with ASCUS except:
 - a. immediate colposcopy
 - b. HPV testing
 - c. repeat cytology in 4–6 months
 - d. repeat cytology in 12 months
3. Compared with repeat cytology with colposcopy for ASCUS or greater on repeat Pap, liquid-based cytology with reflex HPV testing has a:
 - vs higher referral rate for colposcopy
 - b. higher sensitivity for high-grade dysplasia
 - c. lower negative predictive value (NPV)
 - d. higher specificity

Lesson 3

If You Think Domestic Violence is Confined to Inner City Emergency Rooms—Think Again!

Patricia M. McShane, Kim Thornton, Cynthia Ziemer

Objective: To increase awareness of domestic violence and understand tools for screening and management.

1. A woman is more likely to die in a car accident than be murdered by an intimate partner or former intimate partner.
True False
2. Domestic violence is responsible for as much or more morbidity and economic harm as major chronic health issues.
True False
3. Barriers to adequate medical care for domestic violence include:
 - a. lack of knowledge of screening and treatment
 - b. concern for alienating or further harming the victim
 - c. limited time in a medical setting
 - d. all of the above

Lesson 4

Counseling Perimenopausal Women

Rosemary Theroux

Objective: To understand women's decision-making for hormonal and nonprescription remedies.

1. Decision making for HT and nonprescription remedies has been found to be:

- a. a one time event for women
 - b. a non-linear multi-stage process
 - c. an issue largely ignored by menopausal women
 - d. a task that women regard to be easily accomplished
2. Internal influences on decision-making include all of the following *except*:
 - a. context
 - b. values
 - c. interactions with the health care provider
 - d. personal considerations
 - e. attitudes
 3. A major problem identified by study participants was:
 - a. fear about making the wrong decision
 - b. larger co-payments for prescriptions
 - c. a lack of accessible, understandable information about HT
 - d. side-effects from nonprescription remedies
 4. Prior to counseling women the care giver should
 - a. Clarify the role the woman wants to take in the decision
 - b. Determine the stage of decision-making the woman is in
 - c. Assess the amount of knowledge the woman has
 - d. Assess the woman's goals, values, and preferences
 - e. All of the above

DeUgarte - Lesson 1

- 1. (A) (B) (C) (D) (E)
- 2. (A) (B) (C) (D) (E)
- 3. (A) (B) (C) (D) (E)

Kirby - Lesson 2

- 1. (A) (B) (C) (D) (E)
- 2. (A) (B) (C) (D)
- 3. (A) (B) (C) (D)

McShane - Lesson 3

- 1. True/False
- 2. True/False
- 3. (A) (B) (C) (D)

Theroux - Lesson 4

- 1. (A) (B) (C) (D)
- 2. (A) (B) (C) (D) (E)
- 3. (A) (B) (C) (D)
- 4. (A) (B) (C) (D) (E)

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