

Matthew Bulfin Educational Conference 2019
AAPLOG and ACPeds
April 5-7, 2019



Accreditation This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education ([ACCME](#)) through the joint providership of the Christian Medical & Dental Associations (CMDA) and AAPLOG. Christian Medical & Dental Associations is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Physician Credit The Christian Medical & Dental Associations designates this educational activity for a maximum of 13.5 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nurse Practitioner

The American Academy of Nurse Practitioners Certification Program (AANPCP) accepts *AMA PRA Category 1 Credit*[™] from organizations accredited by the ACCME. Individuals are responsible for checking with the AANPCP for further guidelines.

Nurse practitioners may receive up to 13.5 credits for completing this activity.

Physician Assistant

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit(s)*[™] by an organization accredited by the ACCME or a recognized state medical society. **Physician assistants may receive up to 13.5 credits for completing this activity.**

Objectives:

- Define missional medicine within the context of the current U.S. healthcare system.
- Describe the role of direct primary care in redeeming healthcare.
- Identify the essential elements of a life-affirming healthcare system.
- Describe the history of research on the mechanism of action of hormonal contraceptives
- Name the known methods for establishing ovulation.
- Articulate the concerns about embryo formation due to abnormal ovulation, and subsequent embryo loss.
- Discuss association between preterm birth and induced abortion
- List the possible biologic mechanism(s) for abortion and relationship to preterm birth.
- Describe how the Hill criteria for association/causation are met by induced abortion and preterm birth.
- Describe how the National Academies of Sciences (NAS) Committee ignored a vast professional literature and relied on seriously flawed studies and literature reviews to formulate false conclusions.
- Articulate a new protocol for evaluating the scientific integrity of studies on abortion and mental health.
- Discuss application of the new protocol to studies published in the world literatures over the past 25 years pertaining to abortion and mental health (75 individual studies).
- Discuss and synthesize the results of the strongest empirical studies published on post-abortion mental health.
- Evaluate emerging ethical issues related to human germline gene editing.
- Cite emerging approaches to gene editing within a broader history of visions of scientific responsibility and associated allocations of authority and responsibility in governing emerging biotechnology.
- Recommend an analysis of the implications and limitations of such approaches for democratic governance in domains of science and technology that touch upon fundamental questions of human integrity, and hence upon deeply held cultural, moral, and religious ideas that form the foundations of constitutional governance in most societies.
- Identify core ethical principles in Hippocratic and other traditions.
- Discuss current medical or social expectations that challenge ethical principles in Hippocratic.
- Discuss how an objective concept of health and individual moral responsibility guide and support conscientious practice.
- Describe how increasing education level appears to favorably impact the downward trend in the MMR,
- Evaluate modulating other key factors such as access and utilization of maternal health facilities, changes in women's reproductive behavior.
- Discuss improvements of the sanitary system.

- Describe how different MDGs can act synergistically to improve maternal health.
- Discuss how the reduction in the MMR is not related to the legal status of abortion.
- Describe the breast physiology that makes induced abortion a risk for breast cancer.
- Identify the 36 statistically significant epidemiologic studies confirming induced abortion as a risk for breast cancer.
- Discuss the Bradford Hill criteria supporting induced abortion as a causal factor for breast cancer.
- Discuss the impact induced abortion has on breast cancer incidence in the world.
- Discuss the current literature on survival at the limits of viability (22-25 weeks gestation).
- Demonstrate the variability in survivals at 22-23 weeks gestation and review potential causes for such variability.
- Describe the term outcomes for infants surviving at 22-25 weeks gestation.
- Discuss the ethical obligations for hospitals to be transparent in their interpretation of current data and their approach to resuscitation at the edge of viability.
- Cite the new technologies which may challenge the limits of viability.
- Discuss the scientific, ethical and moral controversy in secular biotechnology.
- Outline the principals and laws governing human subject research.
- Discuss how the principals and laws governing human subject research apply to the use of morally illicit cells in biotechnology.
- Discuss the impact secular biotechnology has on Catholic healthcare.
- List the steps needed to preserve Catholic healthcare and the Catholic identity.
- Identify the current barriers inherent in third party payer systems which interfere with an effective physician patient relationship
- Describe a system of affordable health care which allows for the practice of Hippocratic Medical principles.
- Discuss why until recently, surgery was performed on neonates without anesthesia.
- Identify scientific and clinical data behind why pain management of premature babies is now the standard of care.
- Identify why there are minimal physiologic differences between a baby in the fetal period of development compared to a baby born prematurely.
- Identify the paradox between what is legally allowed to be done to a fetus compared to what is the medical standard of care for treating pain in a premature infant.
- List common ethical tenets within healthcare.
- Identify when the personal beliefs of patients and/or health professionals are at risk of being ignored or violated.
- Define acceptable strategies for managing the personal beliefs of patients and health professionals that are morally or ethically objectionable.
- Define the factors leading to physician dissatisfaction.
- Discuss how your satisfaction with healthcare compares to national norms.
- Outline a plan for how you can restore personal relationships in your practice.
- Describe the limitations of human studies on the consequences of pregnancy termination on mental health.
- Describe the role of animal models in gaining some understanding into human behavior.
- Describe the behavioral and biochemical impact of mid-term drug-induced pregnancy termination in the rat.
- Compare the difference between natural miscarriage and drug-induced pregnancy termination in the rat.
- Discuss the necessity for further investigation/research in relation to drug-induced pregnancy termination.
- List three types of trauma symptoms identified in the Impact of Events Scale-Revised.
- Articulate examples of types of trauma symptoms that may be seen after abortion.
- Describe how the Impact of Events Scale helps to identify the specific traumatic event associated with the pregnancy loss.
- Identify the specific symptoms that showed statistically significant improvement in the spiritually based programs studied by Layer, et al. (2004) and by Jaramillo (2017).
- Articulate the process of how to screen for IPV in ways that promote safety, autonomy and patient acceptance.
- List at least two reasons that “universal screening” is important, rather than only screening when abuse is suspected.
- Identify at least two reasons why the Abuse Assessment Screen is a particularly good tool for screening pregnant women.
- Discuss why it is important to give patient education to all women, even those who do not disclose IPV.
- Discuss the solid clinical evidence for role of extensive psychological evaluation of the transgender patient.
- Discuss how to feel confident about directing the care of the transgender patient.
- Discuss the principle that sex is binary: male or female.
- Discuss the need for engagement in policy development.
- Identify opportunities available for engagement in policy development
- List action steps necessary to begin engagement in policy development

Agenda

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|--------------------------------|---|--------------------------|
| Friday April 5, 2018 | | |
| 7:00 – 8:30 p.m. 1.5 HR CME | Medical Practice Consistent with Hippocratic Principles | Lauris Kalduan, MD, PhD |
| 8:30 – 8:45 p.m. | BREAK | |
| 8:45 – 10:15 p.m. | The History of Science Policing Itself | J. Benjamin Hurlbut, PhD |

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| 1.5 HR CME | | |
| Saturday, April 6 | | |
| 8:00 – 8:45 a.m. .75 HR CME | Abortion and Subsequent Pre-term Birth | Byron Calhoun, MD |
| 8:45 – 9:30 a.m. .75 HR CME | Induced Abortion and Breast Cancer Risk | Mary Davenport, MD, MS, FACOG |
| 9:30 – 10:15 a.m. .75 HR CME | Abortion and Mental Health | Priscilla Coleman, MA, PhD |
| 10:15 – 10:30 a.m. | BREAK | |
| 10:30 – 11:15 a.m. .75 HR CME | Bringing Transparency to the Treatment of Transgender Persons | Quentin VanMeter, MD |
| 11:15 – 12:00 p.m. .75 HR CME | Pain in a Preborn vs a Premature Baby | Robin Pierucci, MD, MA, FAAP |
| 12:00 – 1:00 p.m. | LUNCH | |
| 1:00 – 1:45 p.m. .75 HR CME | The Edge of Viability | Martin McCaffrey, MD, Capt USN (Ret) |
| 1:45 – 2:30 p.m. NO CME | Life Begins as Choice | Paul Sullins, PhD, MDiv |
| 2:30 – 2:45 p.m. | BREAK | |
| 2:45 – 3:30 p.m. .75 HR CME | How Secular Biotechnology Will Impact the Future of the Catholic Healthcare System and Catholic Medical Practitioners | Alan Moy, MD |
| 3:30 – 4:15 p.m. .75 HR CME | All For the Patient-Affordable Healthcare that Respects Conscience | Jane Orient, MD |
| 4:15 – 5:00 p.m. .75 HR CME | Healthcare Right of Conscience | Gene Rudd, MD |
| 5:00 – 6:45 p.m. | DINNER | |
| 6:45 – 7:30 p.m. NO CME | Ireland Update | Trevor Hayes, MB BCh, FRCS, MRCOG |
| 7:30 – 9 p.m. NO CME | Jewish and Pro-life? Oy Veh!! | Stuart Gordon, MD |
| Sunday, April 7 | | |
| 8:00 – 8:45 a.m. .75 HR CME | Embryo Formation and Loss During the Use of Hormonal Contraception | Cara Buskmiller, MD |
| 8:45 – 9:30 a.m. .75 HR CME | Behavioral and Physiological Consequences of Mid-term Drug-induced Pregnancy Termination in an Animal Model | Stephen Sammut, B.Pharm, PhD and Christina Camilleri, BS |
| 9:30 – 9:45 a.m. | BREAK | |
| 9:45 – 10:30 a.m. .75 HR CME | Maternal Mortality | Elard Koch, MPH, PhD |
| 10:30 – 10:45 a.m. | WALK TO WORKSHOPS | |
| 10:45 – 11:30 a.m. .75 HR CME | WORKSHOPS | |
| | Abortion Recovery Programs | Martha Shuping, MD, MA |
| | Restoring Joy to Healthcare REPEATED | Gene Rudd, MD |
| | Making Medicine Missional Again REPEATED | Mark Blocher, ABD, BA, MA, MABS and Rebecca Huizen, DO |
| NO CME | Expert Witness Workshop | Denise Burke, Esq |
| 11:30 – 11:45 a.m. | WALK TO WORKSHOPS | |
| 11:45 – 12:30 p.m. .75 HR CME | WORKSHOPS | |
| REPEATED | Evidence Based Screening Tool for Intimate Partner Violence (IVP) During Pregnancy | Martha Shuping, MD, MA |
| | Restoring Joy to Healthcare REPEATED | Gene Rudd, MD |
| | Opportunities for Collaborative Engagement in Policy Development | Diane Foley, MD |
| | Making Medicine Missional Again REPEATED | Mark Blocher, ABD, BA, MA, MABS and Rebecca Huizen, DO |
| NO CME | Expert Witness Workshop | Denise Burke, Esq |
| TOTAL HOURS 13.5 | | |

Disclosure

As a sponsor accredited by the ACCME, the Department of Continuing Education of Christian Medical and Dental Associations, must insure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. All faculty and planning committee members participating in this CME Symposium were asked to disclose the following:

1. The names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health related companies with which they or their spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose, we consider the relevant financial relationships of your spouse/partner that they are aware to be theirs;
2. To describe what they or their spouse/partner received (ex: salary, honorarium etc.);
3. To describe their role;
4. To disclose that there was no relevant or financial relationships.

| Course Director, Speaker Names, CMDA staff, CMDA/CME Committee and Planning Committee Members | Name of the Commercial Interest | The Nature of the Relationship the Person has With Each Commercial Interest (speaker, stocks, speakers' bureau, clinical trials) | I do not have Any relevant financial relationships with any commercial interests | Conflict Resolved | I intend to discuss off-labeled investigation use(s) of drug(s) or device(s) in my presentation |
|--|--|---|---|--------------------------|--|
| PLANNERS | | | | | |
| Michelle Cretella, MD | NONE | NONE | NO | NA | NA |
| Christina Francis, MD | NONE | NONE | NO | NA | NA |
| Donna Harrison, MD | NONE | NONE | NO | NA | NA |
| Barbara Snapp – CE Director | NONE | NONE | NO | NA | NA |
| Sharon Whitmer, EdD, MFT Accreditation Officer | NONE | NONE | NO | NA | NA |
| CE Committee | NONE | NONE | NO | NA | NA |
| FACULTY | | | | | |
| Mark Blocher, ABD, BA, MA, MABS | NONE | NONE | NO | NA | NO |
| Denise Burke, Esq. | NONE | NONE | NO | NA | NO |
| Cara Buskmiller, MD | NONE | NONE | NO | NA | NA |
| Byron Calhoun, MD, FACOG, GACS, GASAM, MBA | NONE | NONE | NO | NA | NA |
| Priscilla Coleman, PhD | NONE | NONE | NO | NA | NA |
| Mary Davenport, MD, MS, FACOG | NONE | NONE | NO | NA | NA |
| Diane Foley, MD | NONE | NONE | NO | NA | NA |
| Stuart Gordon, MD | NONE | NONE | NO | NA | NA |
| Trevor Hayes, MD | NONE | NONE | NO | NA | NA |
| Rebecca Huizen, DO | NONE | NONE | NO | NA | NA |
| Benjamin Hurlbut, PhD | NONE | NONE | NO | NA | NA |
| Lauris Kaldjian, MD, PhD | NONE | NONE | NO | NA | NA |
| Elard Koch, PhD | NONE | NONE | NO | NA | NA |
| Alan Moy, MD | NONE | NONE | NO | NA | NA |
| Jane Orient, MD | NONE | NONE | NO | NA | NA |
| Robin Pierucci, MD, MA | NONE | NONE | NO | NA | NA |
| Eugene Rudd, MD | NONE | NONE | NO | NA | NA |
| Stephen Sammut, PhD | NONE | NONE | NO | NA | NA |
| Martha Shuping, MD | NONE | NONE | NO | NA | NA |
| Paul Sullins, PhD, M.Div. | NONE | NONE | NO | NA | NA |
| Quentin Van Meter, MD | NONE | NONE | NO | NA | NA |

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