

**Matthew Bulfin Educational Conference 2020
AAPLOG and ACPeds
Web-based/Enduring Material**

Review Date: March 9, 2020

Release Date: March 26, 2020

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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 15.75 *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 15.75 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 15.75 credits for completing this activity.**

Objectives:

- Describe client reactions to interactions with reproductive medical professionals.
- Discuss practices that increase risk for additional trauma for clients with reproductive complications.
- Identify common diagnoses and misdiagnoses for clients with reproductive complications.
- List counseling practices that are effective for various diagnoses and reproductive issues.
- Identify important techniques for counseling the abortion vulnerable patient.
- Discuss ways in which a physician may prepare to counsel the abortion vulnerable patient.
- Describe a simple question that may greatly assist in counseling.
- Evaluate the role of ultrasound in counseling.
- Discuss development of fetus as a patient.
- Discuss the present state of fetal in utero therapy.
- Identify what fetal diagnoses are amenable to in utero therapy.
- Define the primary prevention model and list common examples.
- Compare and contrast SRA and SRR education effectiveness in promoting positive outcomes for youth.
- Describe how the Optimal Health Model may be applied to improve population sexual health
- Define key terms: sex, gender, gender identity, gender dysphoria, gender incongruence, transgender and transsexual.
- Describe the differential diagnosis for gender incongruence.
- Describe why hormone therapy and sex reassignment surgery are not proven safe or effective even in adults.
- List side effects of puberty blockers and cross-sex hormones.
- Name predisposing factors for developing gender incongruence.

- Defend patients' right to "reality affirming" counseling for gender incongruence.
- Describe mechanism of action of mifepristone.
- Present the evidence supporting the safety and effectiveness of progesterone to reverse the effects of mifepristone.
- Discuss the future of mifepristone reversal research and treatments.
- Identify the primary reasons that sleep duration is reduced from historical levels.
- List the causes of adolescent insomnia.
- Identify treatment options for insomnia.
- Discuss the mechanism of action of progesterone receptor modulators and the spectrum of complications expected from DIY abortions.
- Identify vulnerable populations (teens, trafficked women, abused children) and consider interventions to prevent uptake of DIY abortion in those populations.
- Discuss state level and local level interventions patterned after smoking intervention, drunk driving, etc. which educate the general public on the adverse consequences of abortion.
- Assess top threats in 2020 and beyond to the practice of Hippocratic medicine
- Identify strategies and tactics physicians and patients must implement in 2020 and beyond to protect the availability of high-quality care by independent medical professionals.
- Describe the human toll of current transgender medicine practices.
- Describe the nature of the pornography industry as the primary educational instrument influencing the sexual education of billions of children, emerging adults, and adults worldwide.
- Identify how pornography influences sexual scripts and functions as a supernormal stimulus, and how it can become addictive.
- Describe why a public health approach is needed to counter this exploitive multibillion-dollar industry.
- Discuss how one office is using the Direct Primary Care Model for pediatrics and OB/GYN.
- Describe the condition called transgender, including the psychological manifestations, co-morbidities, and its relationship to body dysmorphic disorders.
- Evaluate the diagnostic criteria used to refer patients for medical and surgical interventions.
- Discuss the current transgender medical literature and evaluate the strength of the evidence.
- Compare the materialism that underlies this area of medicine, with the Christian anthropology that has informed western medicine for the past millennium.
- Identify factors often used to predict survival for extremely preterm infants.
- Discuss the most recent data related to the survival of extremely preterm infants.
- Discuss the most recent data available regarding the outcomes of infants born at extreme gestations.
- Describe the role that DHHS statements regarding EMTALA may have on the care of the smallest of infants.
- Debate the role of the Born Alive Infant Protection Act.
- Define Hippocratic Medicine.
- Describe challenges to Hippocratic practice.
- Identify a pathway to practice Hippocratic Medicine into the future.
- Discuss the role of animal models in providing us with a possibility to investigate human pregnancy.
- Articulate the limitations of pre-clinical studies in assisting with our understanding of human pregnancy.
- Discuss the necessity for this research and its goals.
- Describe the preliminary findings of the research thus far.
- Describe adverse childhood experiences.
- Indicate the epidemiology of Adverse Childhood Experiences in the U.S.
- List the health impacts of Adverse Childhood Experiences.
- Discuss the management of Adverse Childhood Experiences.
- Describe the limitations in data collection on abortion complications.
- List the ways abortion could cause injury.
- Describe why abortion limitations may be beneficial for women.
- Describe the discipline process and its four components.
- Discuss the research on the various parenting styles.
- Describe methods of correction and the ages at which their use is most appropriate.
- Evaluate pregnancy complications that might require preivable separation.
- Describe the critical distinctions between abortion and necessary medical care.

Agenda

| LENGTH OF COURSE | TOPIC TITLE | FACULTY NAME | NUMBER OF CREDITS |
|------------------|--|--------------------|-------------------|
| 1 hour | Conscientious Practice and the Future of Hippocratic Medicine | Ryan Nash | 1.0 |
| 1 hour | Changes in Health Care relating to Hippocratic Medicine | Kris Held | 1.0 |
| 45 minutes | The Fetus as a Patient | Byron Calhoun | .75 |
| 45 minutes | The Previaible Separation of Mother & Baby | Jeff Wright | .75 |
| 45 minutes | Living on the Edge | Martin McCaffrey | .75 |
| 45 minutes | Developing a Surgical Technique for Embryo/Fetal Transfer in Ectopic Pregnancy in an Animal Model: A Preliminary Investigation | Stephen Sammut | .75 |
| 45 minutes | Help my child won't behave – A practical look at authoritative parenting | Den Trumbell | .75 |
| 45 minutes | Adverse Childhood Experiences: Description and Impact on Health | Bill Shaw | .75 |
| 45 minutes | Pornography and the Brain: Writing the sexual scripts for children and emerging adults | Donald Hilton | .75 |
| 45 minutes | Abortion pill reversal update: Reversing Mifepristone with Progesterone | George Delgado | .75 |
| 45 minutes | Direct patient care in pediatrics and Ob/Gyn | Rebecca Huizen | .75 |
| 45 minutes | Implementation of Reproductive Health Research in Practice of Mental Health Counseling | Robin Atkins | .75 |
| 45 minutes | Sexual risk avoidance as a holistic primary prevention strategy | Sandy Christiansen | .75 |
| 45 minutes | Counseling the abortion vulnerable patient and how natural moral law helps us | Steve Braatz | .75 |
| 45 minutes | Over the Counter Abortion | Donna Harrison | .75 |
| 1 hour | The Human Consequences of Transgender Ideology | Walt Heyer | 1.0 |
| 45 minutes | Transgender Belief: A call to heal minds, preserve bodies and save lives | Michelle Cretella | .75 |
| 45 minutes | Transgender Surgery | Patrick Lappert | .75 |
| 45 minutes | Evaluation and Treatment of Adolescent Insomnia | Russell Gombosi | .75 |
| 45 minutes | Abortion Safety: At Home and Abroad | Ingrid Skop | .75 |
| TOTAL CME | | | 15.75 |

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 | | | | | |
| Cretella, M.D., Michelle | NONE | NONE | NO | NA | NA |
| Francis, M.D., Christina | NONE | NONE | NO | NA | NA |
| Harrison, M.D., Donna | 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 | | | | | |
| Atkins, LMHC, Robin | NONE | NONE | NO | NA | NO |
| Braatz, MD, Steven | NONE | NONE | NO | NA | NO |
| Calhoun, MD, Byron | NONE | NONE | NO | NA | NO |
| Christiansen, MD, FACOG, Sandy | NONE | NONE | NO | NA | NO |
| Cretella, MD, Michelle | NONE | NONE | NO | NA | NO |
| Delgado, MD, George | NONE | NONE | NO | NA | NO |
| Gombosi, MD, Russell | NONE | NONE | NO | NA | NA |
| Harrison, MD, Donna | NONE | NONE | NO | NA | NA |
| Held, MD, Kristen | NONE | NONE | NO | NA | NA |
| Heyer, Walt | NONE | NONE | NO | NA | NA |
| Hilton, MD, FAANS, FACS, Donald | NONE | NONE | NO | NA | NA |
| Huizen, DO, Rebecca | NONE | NONE | NO | NA | NA |
| Lappert, MD, Patrick | NONE | NONE | NO | NA | NA |
| McCaffrey, MD, Martin | NONE | NONE | NO | NA | NA |
| Nash, MD, MA, Ryan | NONE | NONE | NO | NA | NA |
| Sammut, PhD, Stephen | NONE | NONE | NO | NA | NA |
| Shaw, MD, Bill | NONE | NONE | NO | NA | NA |
| Skop, MD, Ingrid | NONE | NONE | NO | NA | NA |
| Trumbull, MD, Den | NONE | NONE | NO | NA | NA |
| Wright, MD, Jeffrey | NONE | NONE | NO | NA | NA |

The **CMDA CE Review Committee** of John Pierce, MD, Chair; Jeff Amstutz, DDS; Trish Burgess, MD; Lindsey Clarke, MD; Stan Cobb, DDS; Jon R. Ewig, DDS; Gary Goforth, MD; Elizabeth Heredia, MD; Curtis High, DDS; Bruce MacFadyen, MD; Dale Michels, MD; Shawn Morehead, MD; Michael O'Callaghan, DDS; Jonathan Spenn, DMD; and Richard Voet, MD do not have any relevant financial relationships with any commercial interests.

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