

REGION VI FTCC WEBINAR SERIES

Reproductive Options and HIV Infection

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Director, HIV Research

Director, Maternal/Child HIV Outpatient Program

Associate Professor of Medicine

LSU Health Sciences Center

March 26, 2010

presented by the Members of the Region VI FTCC

Center for Health Training

Dallas County Health & Human Services

Delta AETC

Heartland TRMCC

Hillsborough County Health Department

Southern Coast ATTC

Texas Department of State Health Services

TX/OK AETC

UT Southwestern Medical Center

Jointly-sponsored by Seton Family of Hospitals

The views expressed by speakers and content of the presentations are solely those of the presenters and not the members of the Region VI FTCC or Seton Family of Hospitals.

Continuing Education

CME

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the joint sponsorship of Seton Family of Hospitals, Texas Department of State Health Services and Center for Health Training.

The Seton Family of Hospitals designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

CE Nursing

Center for Health Training is an approved provider of continuing nursing education by the Washington State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Upon successful completion of this educational activity, a maximum of 1.4 nursing contact hours will be awarded.

Successful Completion of this CNE Activity

In order to receive full contact-hour credit for this CNE activity, you must:

- Be registered for this activity, when applicable,
- Sign the Verification of Attendance Form and/or the sign in sheet and submit by April 9, 2010,
- Be present no later than five (5) minutes after starting time,
- Remain until the scheduled ending time, and
- Complete and submit the evaluation form(s) by April 9, 2010.

Requirements may also include participation in individual or group activities, such as discussion, exercises, practice questions, pre/post-testing, etc.

CE Social Work, LPC and CPE

The Center for Health Training is an approved provider of continuing education credits by: The Texas State Board of Social Worker Examiners, provider #1682, http://www.dshs.state.tx.us/socialwork/sw_contact.shtml; The Texas State Board of Examiners of Professional Counselors, provider #147; The Texas State Board for Educator Certification, provider #500701. www.sbec.state.tx.us

Disclosure Statement

Conflict of Interest (or lack thereof) for Planners & Presenters (list):

A conflict of interest exists if any individual/entity that is in a position to influence the content, design, or implementation of the CNE activity is ALSO in a position to benefit financially from the success of a CNE activity.

The planners and presenters of this CNE activity have disclosed no conflict of interest including no relevant financial relationships with any commercial companies pertaining to this CNE activity.

Commercial/Sponsor Support (List)

There is no commercial company or sponsor support for this CNE activity.

Non-Endorsement of Products

The Center for Health Training approval status refers only to continuing nursing education activities and does not imply that there is a real or implied endorsement of any product, service, or company referred to in this activity nor of any company subsidizing costs related to the activity.

Off-Label Product Use

This CNE activity does not include any unannounced information about off-label use of a product for a purpose other than that for which it was approved by the Food and Drug Administration (FDA).

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Please make as many copies of this form as needed, fill out the top portion, and have all participants sign in.

Site Name:

Address:

Phone Number:

Site Coordinator Name:

| Printed Full Name | Title and Degree | E-mail Address | Signature | Indicate Certificate Type Requested |
|-------------------|------------------|----------------|-----------|---|
| | | | | <input type="checkbox"/> CME <input type="checkbox"/> CE <input type="checkbox"/> Neither |
| | | | | <input type="checkbox"/> CME <input type="checkbox"/> CE <input type="checkbox"/> Neither |
| | | | | <input type="checkbox"/> CME <input type="checkbox"/> CE <input type="checkbox"/> Neither |
| | | | | <input type="checkbox"/> CME <input type="checkbox"/> CE <input type="checkbox"/> Neither |
| | | | | <input type="checkbox"/> CME <input type="checkbox"/> CE <input type="checkbox"/> Neither |

Collect sign-in sheets and evaluation forms, and send (via mail, e-mail or fax) to Lovdy Hamm Grossman, Training Coordinator at: Center for Health Training, 1106 Clayton Lane, Suite 410E, Austin, TX 78723; F: 512-476-0326; lhamm@jba-cht.com.

IMPORTANT: Forms must be returned by **April 9, 2010** in order for participants to receive credit.

Region VI FTCC Webinar Series Reproductive Options and HIV Infection March 26, 2010

Evaluation Form - 2010

We hope you found this educational offering both interesting and informative. We'd like to hear from you and appreciate you taking the time to answer these evaluation questions.

Please be sure to only answer for the sessions that you attended. If you did not attend a session, please mark "NA" for that session. If you wish to receive Nursing, LPC or SW continuing education credits for the sessions that you attended, please print your name and address and sign the back of the form where indicated.

Did this CNE activity meet your learning objectives? Yes No Somewhat

1=POOR 2=FAIR 3=GOOD 4 =VERY GOOD 5 = EXCELLENT

Presentations

Time: 12:00 – 1:30 pm

I attest that I attended this session Yes (initial)____ NA____

Rebecca Clark, MD, PhD

| | | | | | |
|------------------------------------|---|---|---|---|---|
| Knowledgeable about subject matter | 1 | 2 | 3 | 4 | 5 |
| Prepared and organized | 1 | 2 | 3 | 4 | 5 |
| Ability to communicate well | 1 | 2 | 3 | 4 | 5 |

Stated objectives achieved:

At the conclusion of the program, participants should be able to...

| | | | | | |
|--|---|---|---|---|---|
| 1. Review contraceptive options for women with HIV. | 1 | 2 | 3 | 4 | 5 |
| 2. Discuss one way in which ARV influences contraceptive choice. | 1 | 2 | 3 | 4 | 5 |
| Overall strength of presentation | 1 | 2 | 3 | 4 | 5 |

Responding "yes" to the questions below simply means that you have been provided with information about disclosures - this is typically done verbally or via the presentation. **Please refer to the agenda for the disclosures.**

Were you informed of the following disclosures:

1. Purpose/Objectives & requirements for successful completion of this CNE activity? Yes____ No____
2. Conflicts of Interest, including financial? Yes____ No____
3. Commercial company or sponsor support? Yes____ No____
4. Non-endorsement of products displayed in conjunction with this activity? Yes __No__ NA__
5. Off-label product use? Yes____ No____

Anything else you would like us to know about this event?

(Continued on next page)

If you wish to receive Nursing CNE hours, LPC or SW continuing education for the sessions that you attended, please sign and fill out the form below and submit. You or, if listening in a group, the site coordinator should return these forms before April 9th in order for you to receive credit.

I attest that I have attended the sessions that I have marked.

Signature

Full Name:

Degree:

Job Title:

Agency:

Mailing

Address:

Email:

Phone
number:

Send completed forms via mail, e-mail or fax to:
Lovdy Hamm Grossman, Training Coordinator
Center for Health Training
1106 Clayton Lane, Suite 410E, Austin, TX 78723
F: 512-476-0326
lhamm@jba-cht.com

EVALUATION

Region VI FTCC Webinar Series
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The views expressed by speakers and content of the presentations are solely those of the presenters and not the Seton Family of Hospitals.

1. Are you considering making changes to your practice as a result of attending this activity?
 Yes No; I already practice the recommendations. No; I don't think this applies to my practice.

If yes, please give an example of what you intend to do differently as a result of attending this activity.
•
•
•
2. If you will not be making any changes to your practice, are there factors acting as barriers?
 Yes No
If yes, please list factors.
3. Was the content free of commercial bias (a personal judgment in favor of a specific proprietary business interest of a commercial interest)?
 Yes No
4. Would additional education on the activity topic be helpful to your practice?
 Yes No
If yes, please specify or describe.
5. Does the content of the activity apply to what you see and/or do in your own practice?
 Yes No
If not, please explain.
6. In which other areas would you like more training?

Additional comments:

- I am willing to participate in an additional survey in 3-4 months to determine if any of the information I received at this conference has been beneficial to my day-to-day practice and/or responsibilities. I have included my name and email address below.
-

For a report of your CME credits, please contact Paige Horton at plhorton@seton.org/324-9999, ext. 88254



Check Doctor Link, <http://doctors.seton.net>, for upcoming CME activities and online CME courses.

plh2009