

# Be Not Afraid Catholic Medical Association September 6-9, 2023 Phoenix, Arizona

## TO OBTAIN YOUR CE CERTIFICATE - YOU MUST COMPLETE THE ONLINE EVALUATION:

https://www.surveymonkey.com/r/BNACME2023

Use the above link to access the survey. If you have any problems opening this survey or completing it, please contact your Course Director or e-mail the Department of Continuing Education Office – ce@cmda.org



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 Catholic Medical Association. 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 **16.5** *AMA PRA Category 1 Credit(s)* <sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

## **Physician Assistant**

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit(s)* TM. by an organization accredited by the ACCME or a recognized state medical society. **Physician assistants may receive up to 16.5 credits for completing this activity.** 

#### **Nurse Practitioner**

The American Academy of Nurse Practitioners Certification Program (AANPCP) accepts *AMA PRA Category 1 Credit*<sup>™</sup> from organizations accredited by the ACCME. Individuals are responsible for checking with the AANPCP for further guidelines. **Nurse practitioners may receive up to 16.5 credits for completing this activity.** 

## Nursing

This nursing continuing professional development activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission Accreditation. Criteria for Successful Completion: Contact Hours awarded commensurate with participation and submission of completed participant evaluation form. **Activity ID 101053787 has been approved for 16.5 contact hours.** 

#### Objectives:

- -Demonstrate that holding back in telling a patient a difficult prognosis is cowardly and disrespectful.
- -Assess trauma in a child's life that can be a causal link to body dysmorphia.
- -Identify the historical indicators of bodily symptoms of a patient, which may empower patients to listen to the language of their body.
- -Describe a way to guide patients to linking their internal thoughts and feelings to the bodily manifestations that might help integration in patients.
- -Restate the philosophical system of nominalism that pervades our culture and science.
- -State the philosophical system of nominalism in layman's terms to patients.
- -Demonstrate the process of applying universal/general moral principles to specific circumstance in end-of-life decision-making.
- -Discuss the influence of language, culture and religious beliefs on patients' and caregivers.
- -Discuss medical decision-making including end of life care for patients.
- -Describe the unique ethical tensions presented with diagnosis of life threatening or lethal conditions in utero or at birth, and the challenges they present to perinatal palliative care.
- -List social, health care regulatory, and medical legal factors that influence end of life decision- making.
- -State specific challenges of advance care planning for patients with concern for developing dementia.
- -Describe the ethical challenges to be addressed in medical and end of life decision-making for the patients who cannot speak for themselves.
- -Discuss the biologic, embryologic, and genetic origins of human life and its moral implications.
- -State what the Hippocratic Oath explicitly states regarding euthanasia and abortion.

- -Cite the historical views of the Nuremberg Trials, the American Medical Association, the British Medical Association, and the original suffragist feminists with regard to abortion
- -Summarize the eugenic origins of Planned Parenthood
- -Differentiate what behaviors define courage in healthcare administration.
- -Describe the current challenges to virtuous administration.
- -Cite real stories to demonstrate the virtue of courage in healthcare administration.
- -Discuss the advantages and disadvantages of medical practice in both secular and Catholic environments.
- -Identify obstacles to career satisfaction in both secular and Catholic health care careers.
- -Research the factors in both secular and Catholic health care careers that either increase or lessen the risk of professional burnout.
- -Define the personal and professional characteristics best suited to secular vs. Catholic health care careers.
- -Discuss the pros and cons of working in both fully Catholic and secular systems.
- -Summarize the professional decision-making process for choosing secular vs. Catholic medical careers.
- -Define misinformation as an attack device used in sociopolitical conflicts involving medicine.
- -Identify misinformation attack devices (mads) as weapons used to: suppress prudent debate, avoid fair judgment of unjust actions, and eliminate opponents from medical practice.
- -Describe instances of misinformation attack devices deployment and responses to them.
- -Discuss potential wise analyses, just judgments, and courageous responses to the misinformation device's attack.
- -Describe two rival accounts of what medicine is for.
- -Analyze common ethical guestions in the ethical frameworks that accompany the two rival accounts of what medicine is for.
- -Discuss what is considered the purpose of medicine and the difference that makes for the ethics of medicine.
- -Identify two steps you can take to contend courageously for good medicine.
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- -Analyze common ethical questions in the ethical frameworks that accompany the two rival accounts of what medicine is for.
- -Discuss what is considered the purpose of medicine and the difference that makes for the ethics of medicine.
- -Identify two steps you can take to contend courageously for good medicine.
- -State the importance of using accurate medical terminology and examine how the definition of some common terms have changed over time.
- -Discuss the difference between the original definition of pregnancy and the revised definition and evaluate factors that influenced the change.
- -Identify the origin of the term "natural family planning" and compare it to the broader "fertility awareness-based method."
- -Differentiate between the term "physician" and "provider" in the scope of education, ability, and patient relationship.
- -Illustrate the impact of changing definitions of medical terminology on our ability to offer fully informed care to our patients.
- -Define conscientious objection and differentiate this from personal practice preferences.
- -Evaluate the role of the medical trainee in the applied context of conscientious objection.
- -Classify the common ethical questions encountered in medical training and evaluate the learning choices available to trainees.
- -Discuss what is courage (fortitude) and its importance in the care of critically ill patients and their families.
- -Describe how a courageous approach to care can improve the relationship between the physician, the care team, and the family.
- -Discuss if courage can be a learned skill in your work.
- -Identify how courage can be developed and improved.
- -List ways the physician can help the care team become more courageous in their work.
- -Describe the role of faith in developing and maintaining courageous virtue in your work.
- Record standard medical criteria used to identify and diagnose PCOS.
- -Identify the fertile window in a woman diagnosed with PCOS who used the Mira monitor.
- -Describe patterns of cervical mucus, LH, and estrogen in PCOS menstrual cycles. and x.
- -Describe the role and value of courage for healthcare professionals in providing faithful care for patients.
- -Describe the greatest threats to Catholic Christian medical care, especially in the clinic setting.
- -List different models of clinics. Compare pros and cons of each.
- -Describe obstacles to current clinic sustainability, especially as it pertains to current revenue streams.
- -Describe Rule 1557 and discuss why it is an existential threat to all Catholic Christian healthcare.
- -Summarize effects of cultural relativism on evidence-based medical practice.
- -Propose a model for maintaining objective truth amid a pluralistic society.
- -Describe a physician-scientist's perspective on achieving academic success with moral integrity.
- -Summarize the history of gender medicine and the origins of youth sex reassignment.
- -Evaluate the evidence to support youth sex transition.
- -Describe the harms that are occurring with several case examples.
- -Discuss the international and United States changes that our reigning in this practice.
- -Recommend next steps we can take to continue to address this ethically.
- -Describe how suffering is viewed and experienced in today's world.
- -State how pro-life, pro-dignity palliative care can be successfully practiced.
- -Demonstrate how the accompaniment of palliative care is the answer to physician assisted suicide and euthanasia.
- -Describe fertility awareness-based methods (FABMs).
- -Discuss topics within female fertility and reproductive health.
- -Define fertility awareness-based methods (FABMs)
- -Describe how fertility awareness-based methods (FABMs) work.
- -List the specific methods of fertility awareness-based methods (FABMs).
- -Illustrate diverse examples of clinical uses and implications of fertility awareness-based methods (FABMs) including utility in empowering

teenagers and women with reproductive health knowledge, use in determining and treating causes of infertility and/or recurrent miscarriage, role in diagnosing and managing conditions like PCOS and endometriosis, and use for helping women naturally avoid pregnancy.

- Describe one example of a direct primary care practice.
- -Describe how direct primary care practices are as unique as the doctors who found them.
- -Evaluate the benefits of direct primary care for patients.
- -Appraise the benefits of direct primary care for doctors.
- -Define right of conscience.
- -Summarize ongoing and past conscience rights litigation.
- -Prepare for what to do if rights are violated.
- -Define work-life imbalance and summarize how this can result in medical practice becoming an "idol."
- -Identify characteristics of a medical practice environment that creates work-life imbalance and potential burnout/moral distress.
- -Discuss different medical practice styles.
- -List several clinical tools that can be used to implement workflow changes.
- -Discuss strategies that may be utilized to improve work-life integration.
- -Identify three perspectives in the development of courage (Aristotle, Stoics and Existentialism).
- -List three types of courage.
- -Describe the relationship between courage and confidence.
- -Describe the importance of courage and confidence when providing healthcare.
- -Identify the challenges facing medical information in mass media.
- -Discuss disagreements that others will display in response to medical media information that conflicts with their opinion.
- -Illustrate the predisposing opinions and prejudices that purveyors and consumers of medical media will display, and methods to adapt to those concerns.
- -Describe how Perimenopausal cycles in women compare to regular cycles in women.
- -Discuss hormone differences between women in regular reproductive cycles compared to women in perimenopausal cycles.
- -Summarize how women can successfully track their fertility during Perimenopause for pregnancy avoidance.
- -Discuss how ovulatory surges occur in comparison to a true ovulatory event.
- -Contrast the impact of NFP and contraception on teens, single women, and couples based on published research.
- -Describe the key needs for and benefits of women's healthcare founded on ethically sound principles.
- -Discuss the challenges to provide women's healthcare founded on ethically sound principles.
- -Examine further resources to support ethically sound, holistic women's health.
- -Discuss and share experiences to provide women's healthcare founded on ethically sound principles.
- -Describe various aspects of moral resilience, specifically highlighting the twofold dimensions of "coping" with and "thriving" in the face of moral distress.
- Describe moral distress and moral resilience.
- -Discuss how to encourage moral resilience in others.
- -Describe terms of transgender medicine.
- -Discuss background to transgender surgery.
- -Examine the surgical technique of MtF and FtM surgery.
- -Analyze the attendant success and complication rates.
- -Analyze the psychological benefit to the procedures of transgender surgery.
- -Differentiate the journeys of refugee, migrant, immigrant, and displaced and how this can affect the healthcare needs of this population.
- -Identify the different types of traumas many refugees experience in their lifetimes.
- -Examine the methods and protocols for addressing the needs of refugees.
- -Recommend to your own community ways to help refugees and immigrants in your area.
- -Identify in the work of Terrence Malick how the virtue of courage and its many aspects is portrayed.
- -Identify ways to use what we learn by studying films as a means to understand our patients and their particular situations in life.
- -Discuss how learning from these works of fiction can exemplify ways we may face certain important challenges as clinicians in the future.
- -Assess which works from other filmmakers could be used to grow in understanding our patients and their particular situations in life.
- -Define the difference between the Mira and Clearblue fertility monitor as it relates to urine hormone outputs.
- -Identify the fertile window during cycle zero in the postpartum breastfeeding women who used the Mira monitor.
- -Discuss how postpartum breastfeeding women can use the Mira monitor to reduce the fertile time during cycle zero.
- -Describe how the overwhelming amount of often-contradictory information about parenting available online creates fear and insecurity for parents struggling to make decisions about the health and wellbeing of their children.
- -Discuss how pediatricians can advise parents on how to approach the issue of gender dysphoria with their children in an age-appropriate manner that is consistent with current evidence-based medicine.
- -Summarize the differences between the mainstream medical approach to adolescent female menstrual cycle abnormalities and a more holistic approach.
- -Recommend appropriate parental controls on the introduction of personal smart phones, tablets and social media use for tween and teen patients.
- -Distinguish the difference between method related pregnancy rates and correct use pregnancy rates in FABMs.
- -State the impact of the level of intermediate use of FABMs (any use other than correct use to avoid or targeted use to conceive) on total pregnancy rates.
- -Describe the relationship between the correct use pregnancy rate, the method related pregnancy rate, and the total pregnancy rate, as the proportion of cycles with intermediate use increases from 5% to 95%.

- -Summarize ways physicians as family members enduring medical tragedies can use their knowledge to alleviate suffering.
- -Identify strategies for physician wellness when multiple medical maladies befall an individual physician.
- -List strategies to improve resilience when personal illness befalls a physician.
- -Analyze situations where a physician, treating a family member, may not be unethical.
- -Illustrate how a faith-oriented mindset can insulate one from burnout when tragedy strikes.
- -Evaluate and appropriately recommend current patient options for at-home cycle tracking, especially to achieve pregnancy.
- -Discuss how to predict the entire fertile window and confirm ovulation.
- -Describe the importance of confirming successful ovulation, especially for unexplained infertility.
- -Guide patient care using results from quantitative multihormone testing systems.
- -Identify Examine the experience of a Catholic ObGyn in training.
- -Evaluate the ethical dilemmas Catholics may face in ObGyn training.
- -Recommend best practices for conflict resolution.
- -Summarize ways that medical professionals can support each other in training.

# **AGENDA**

TIME	TOPIC TITLE	FACULTY NAME	NUMBER OF	
W-ddC			CREDITS	
	eptember 6, 2023	Description May El M.D. O. E. Pill May 11-1	T	
1:00-6:00 PM	End of Life Forum	Panelists: Wes Ely, M.D.; Sr. Edith Mary Hart, R.S.M., D.O.; Natalie King, M.D.,M.A.; Fr. John Raphael, Jordan Bauer, R.N., M.S., C.H.P.N.	4.5	
	Welcome and Introduction to EOL Forum with topic relevancy and educational objectives.	Shirley Reddoch, M.D.		
	Weighing Benefits and Burdens: Helping Our Patients Articulate What Matters Most While Providing Life-Affirming Care	Jordan Bauer, R.N., M.S., C.H.P.N.		
	Break			
	End of Life Issues at Life's Beginning—Perinatal Palliative Care	Robin Pierucci, M.D., M.A.		
	National and International Landscape of Legal Physician-Assisted Suicide and Euthanasia	Alex Schadenberg, EPC Exec. Director		
	Refreshment Break		1	
	Case(s) Presentation and Development with Panel Discussion	Presenter: Laurence Boggeln, M.D.		
	Wrap Up: Physician Activism—Educating Our Patients, Our Peers and The Public	Shirley Reddoch, M.D.		
3:00- 6:00 PM	Natural Family Planning Forum	Moderators: Michael Manhart, Ph.D. and Richard J. Fehring, Ph.D., R.N.		
	Evaluating Pregnancy Rates in Fertility Awareness- Based Methods of Family Planning	Joseph Stanford, M.D.	3	
	Educating Medical and Health Professional Students on FABMs via an Online Elective	Angela Kristan, M.D. and Pearl Huang, M.D.with Duane, M.D., M.H.A., M.S.P.H., F.A.A.F.P., Marguerite		
	Perimenopause and Fertility Tracking: The Known and the Unknown	Maria Meyers, M.D.		
	Quantitative At-Home Hormone Monitoring for Finding Fertile Days, Confirming Ovulation, and Screening for Ovulatory Dysfunction	Andrea K. Wegrzynowicz, Ph.D. (Candidate)		
	A Case Series: Using the Mira Monitor During the Postpartum Breastfeeding Transition	Mary Schneider, Ph.D., FNP		
	A Case Series Study of Women Diagnosed with Polycystic Ovary Syndrome (PCOS) Who Used Hormonal Monitoring to Avoid Pregnancy	Richard J. Fehring, Ph.D., R.N.		
Thursday, Sep	tember 7, 2023			
8:55 AM	Conference Welcome	Tim Millea, M.D.	NO CREDIT	
9:15 AM	The Heart Has Its Reasons: Thoughts on a Theology of Courage	Most. Rev James D. Conley, D.D.	NO CREDIT	
9:50 AM	The Psychology of Courage	Chris McCormick Pries, A.R.N.P.	.5	
10:25 AM	Break			

	Hello Darkness, My Old Friend: Finding Light where Physician is Family Member/Patient	Gregory J. Tudor, M.D.	.75
11:25 AM	Practicing Christian Humanism at the Bedside	Wesley Ely, M.D., M.P.H.	1
12:30 PM	Lunch		
1:30 PM	Breakout 1 CHOOSE ONE .75 CREDIT		
	Catholic Leadership for Civil Society	Cristofer Pereyra, M.B.A.	NO CREDIT
	Catholic Social Teaching - How Does It Help Us with Healthcare?	Frederick Fakharzadeh, M.D.	NO CREDIT
	When Medical Practice Becomes an Idol - The Courage to Make a Change	Kenneth May, M.D., Ph.D.	.75
	Science, Humility, and Intellectual Honesty: The Courageous Conversion of America's Abortion King	Terry Beatley, B.S.	NO CREDIT
2:30 PM	Breakout 2		
	Free to Do No Harm: Right of Conscience for Healthcare Professionals	Mark Lippelmann, J.D.	.75
	Catholic Social Teaching in Action: Being Mission	Cynthia Jones-Nosacek, M.D.	NO CREDIT
	Be Not Afraid to Speak the Truth of the Body to Patients	Monica Ashour, M.Hum, M.T.S.	.75
	Women's Health: Why Courageous Ethically Sound Medicine Matters	Gerard Migeon, M.B.A. and Grace Emily Stark	.75
3:15 PM	Break		
3:45 PM	Breakout 3		
	Contending Courageously for the Way of Medicine	Farr Curlin, M.D	.75
	Walking with Moms in Need through Pregnancy Resource Centers	Charlie Peters, M.D.	NO CREDIT
	Cultivating Moral Resilience in Medical Practice	John Morris, Ph.D.	.75
	Response to the Use of Misinformation Attack-	William Chavey, M.D. and Frederick Meier, M.D.	.75
	Devices in Medicine: Practical Wisdom, Just		
	Judgment, and Professional Courage in Practice		
Friday, Septer	mber 8. 2023		
9:00 AM	The Need for Courage in Primary Care	Christopher Faddis and Robin Goldsmith, M.D.	.75
9:40 AM	Courage at the End of Life	Natalie King, M.D.	.5
10:10 AM	Courage in Health Care Administration	Greg Burke, M.D. and Msgr. Mark Merdian, S.T.L.	.5
10:45 AM	Break		
11:00 AM	Wise as Serpents, Innocent as Doves: Being Catholic in ObGyn Residency	Ashley Womack, M.D.	.75
12:30 PM	Lunch (seated by region)		
1:30 PM	Breakout 1		
	Words Matter: Having the Courage to Speak the Truth	Marguerite Duane, M.D., M.H.A., M.S.P.H., F.A.A.F.P.	.75
	(How) Should We be Supporting Faith-Based Healthcare in Low Resource Settings? A Look at the Options	Ellen Dailor, M.D.	.75
	Be Not Afraid: How Pediatricians Can Give Parents the Courage to Raise Healthy Children	Gwyneth Spaeder, M.D.	.75
	The Courage to be a Pro-Life NFP only Professor at a Catholic Jesuit University	Richard Fehring, Ph.D., R.N., F.A.A.N.	NO CREDIT
2:30 PM	Breakout 2		
	Seek and You Will Find: Choosing Catholic vs. Secular Health Care Careers	Greg Burke, M.D., William (Rusty), Chavey, M.D., Robin Goldsmith, M.D., John I., Lane, M.D., Frank Maffei, M.D., Maricela Moffitt, M.D., M.P.H. and Andrew Mullally, M.D.	1.5
3:15 PM	Break		
3:30 PM	Breakout 3		
	Seek and You Will Find: Choosing Catholic vs. Secular Health Care Careers (cont'd)	Greg Burke, M.D., William (Rusty), Chavey, M.D., Robin Goldsmith, M.D., John I., Lane, M.D., Frank Maffei, M.D., Maricela Moffitt, M.D., M.P.H. and Andrew Mullally, M.D.,	

Saturday, Se	ptember 9, 2023		
9:00 AM	Courage in Medical Media	Thomas W. McGovern, M.D	.75
9:45 AM	A Practical Guide for Clinician Adherence to Both	Paul Hruz, M.D., Ph.D.	.5
	Faith and Evidence-Based Medicine in a Relativistic		
	Culture		
10:20 AM	Medicolegal Courage	Michael Farris	NO CREDIT
10:55 AM	Break		
11:10 AM	Courage in Medical Politics	Daniel Lipinski, Ph.D.	NO CREDIT
12:30 PM	Lunch (seated by specialty)		
1:30 PM	Breakout 1		
	Update on Transgender Medicine	Patrick Hunter, M.D.	.75
	The Journey of the Refugee: From War Zone to	Deborah Rodriguez, M.D.	.75
	Refugee Camp to Your Community		
	The Practical Courage Toolkit for Navigating the	Ana Maria Dumitru, M.D., Ph.D.	.75
	Medical Training Process		
	The Analogy of the Divine Physician and the Role of	Joseph Swindeman, M.A.	NO CREDIT
	Religion in the Clinic		
2:30 PM	Breakout 2 - CHOOSE ONE FOR .75 CREDITS		
	Transgender Surgery in Adults	Alfonso Oliva, M.D.	.75
	Humanities in Medicine, Film Club Module: Courage	Felix Angel Rodriguez, M.D.	.75
	as Exemplified in Three Films by Terrence Malick		
	15 Reasons to Believe in Life	Fritz Baumgartner, M.D.	.75
	Direct Primary Care - How Cutting Insurance Out of	Rachel Langley, D.O.	.75
	Your Practice Makes for Better Physician Mental		
	Health		

# **Disclosures**

Disclosures for all those in control of the content of this activity. The names of the ineligible companies (within the last 24 months) and the nature of the financial relationship(s). There is no minimum financial threshold. <u>Disclosure of all financial relationships with ineligible companies</u> regardless of the potential relevance of each relationship to the education.

# Activity Planners, Faculty and CMDA CE Review Committee

No relevant financial relationships were identified for any individuals with the ability to control the content of this activity.

# ALL RELEVANT FINANCIAL RELATIONSHIPS WERE MITIGATED.

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