

CERTIFICATE MAINTENANCE MODULE

**Gynecologic, Sexual,
Reproductive, and Primary Care
2022-2024**

**Online Submissions Must Be Completed By
12/15/2024**

This module is worth 20 ACNM approved contact hours.
8 contact hours have been designated towards Pharmacology.

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Successful completion of the Gynecologic, Sexual, Reproductive, and Primary Care Module 2022-2024 will award 20 ACNM approved contact hours; 8 contact hours have been designated towards pharmacology education.

GYNECOLOGIC, SEXUAL, REPRODUCTIVE, AND PRIMARY CARE MODULE 2022-2024

The AMCB Certificate Maintenance Program (CMP) Modules are designed as self-learning tools to enable Certified Midwives and Certified Nurse-Midwives to learn new information in a subject area or to review evidence-based care for commonly encountered areas of midwifery practice.

A module consists of:

1. References
2. Objectives
3. Multiple-choice questions based on the references
4. Evaluation of the module

Answers are based on the references and have been chosen to educate you about new content. Therefore, please be aware that answering questions based on prior knowledge or experience may result in an incorrect answer. You are required to read the relevant references on each particular topic, and then complete the questions for that topic.

Choose the one most correct answer. Questions have been written to have a single best answer. The responses have been organized so that any “pattern” to the correct answers is accidental. Please do not worry if you see a “pattern” in your answers. Patterns are random.

Criteria for successfully passing this module are:

- 75% of module questions answered correctly.
- Completion of the module evaluation section.

Modules are now intended to be completed online. This service will allow you to receive your results instantly upon submission of your answers, as well as having the option to print a pass letter instantly. If you have not done so already, please call our office at 410-694-9424 to set up a username and password for this option. **Final deadline for submitting the GYN Module online will be 12/15/2024 at 11:59pm EST.**

If you are unable to have your Module scored through the AMCB Portal system, please contact our office at 410-694-9424.

Please be advised that some CMP modules contain sensitive or upsetting topics that may trigger an emotional response in some individuals. Please also be advised that the overall scope of midwifery practice extends beyond the Core Competencies; CMP module materials are for educational purposes only. It does not imply that every midwife's practice can or should include every potential practice area.

REFERENCES FOR GYNECOLOGIC, SEXUAL, REPRODUCTIVE, AND PRIMARY CARE MODULE 2022-2024

Hypertension

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Medication for Abortion/Miscarriage

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Nonalcoholic Fatty Liver Disease

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Breast Cancer

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Professional Ethics

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Anti-Racism

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Reproductive Coercion

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Permanent Contraception

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Exogenous Testosterone

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Cervical Cancer

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Contraception for Bariatric Patients

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Syphilis

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SUD

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HIV PrEP

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Infertility

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Androgen Therapy

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Cannabidiol

- White C. A Review of Human Studies Assessing Cannabidiol's (CBD) Therapeutic Actions and Potential. *The Journal of Clinical Pharmacology*. 2019;59(7):923-934. doi:10.1002/jcph.1387

OBJECTIVES FOR GYNECOLOGIC, SEXUAL, REPRODUCTIVE, AND PRIMARY CARE MODULE 2022-2024

Hypertension

- Discuss the role of non-pharmacologic therapy in care of hypertensive individuals.
- Describe the most effective technique for blood pressure evaluation.
- Identify medication therapies utilized in management of hypertension.

Medication for Abortion/Miscarriage

- Describe the current standard of care for medical management of abortion and early miscarriage.
- State the mechanism of action for medications used in the medical management of abortion and early miscarriage.
- Discuss contraindications to use of medications used in the medical management of abortion and early miscarriage.

Nonalcoholic Fatty Liver Disease

- Explain the risks associated with non-alcoholic fatty liver disease (NAFLD).
- Identify indications for screening for disease progression in NAFLD.
- Discuss recommendations for reversing disease progression in NAFLD.

Breast Cancer

- State a rationale for timing and chosen mode of breast cancer screening.
- Identify factors that increase risk of breast cancer.
- Educate patients about benefits and harms of breast cancer screening.

Professional Ethics

- Identify the standard by which an AMCB-certified midwife's professional ethical practice is governed.
- Explain the protections offered for conscientious objection by the Church Amendments.
- Discuss the ethical conflicts that may arise when claims of conscience are made around abortion access.

Anti-Racism

- Describe the purpose of the Equity Agenda Guidelines.
- Explain why work towards social justice is key to a more diverse workforce in midwifery.
- Identify supportive techniques for the success of marginalized students.

Reproductive Coercion

- Define patient-centered care.
- Describe the components of the Person-Centered Contraceptive Care Framework.
- Describe barriers to patient-centered care.

Permanent Contraception

- Explain the role implicit bias can play in contraceptive counseling.
- Define statistical discrimination.
- Discuss reasons a patient might prefer LARC methods or permanent contraception.

Exogenous Testosterone

- Discuss the effects of exogenous testosterone in relationship to care of transgender men.
- Identify effects of GNRH agonists in transgender care.
- Describe the reason exogenous testosterone is not used during pregnancy.

Cervical Cancer

- Describe the rationale for testing intervals when evaluating for cervical cancer.
- Identify the appropriate age to initiate and finish cervical cancer screening.
- Discuss new concepts in current screening guidelines.

Contraception for Bariatric Patients

- State reasons contraceptive management is an important part of bariatric surgery planning.
- Identify the risks associated with combined oral contraceptive use for women considering bariatric surgery.
- Discuss counseling related to contraception for women having bariatric surgery.

Syphilis

- Identify factors associated with the resurgence of syphilis.
- Identify risks for syphilis transmission.
- Understand the biological association between syphilis and HIV.

SUD

- Recognize the prevalence of opioid use disorder in the United States.
- Define Medication assisted therapy.
- Describe the beneficial and adverse effects of various medications used in treatment of OUD.

HIV PrEP

- Describe indications and contraindications for use of tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) (PrEP) in adolescents.
- Describe possible side effects of fumarate/emtricitabine (TDF/FTC) (PrEP).
- Describe the evidence of safety of PrEP in adolescents.

Infertility

- Explain the criteria for diagnosing infertility.
- Identify medications that affect fertility and their effects.
- Discuss issues related to medical induction of ovulation.

Androgen Therapy

- Discuss the use of androgen therapy in cisgendered women.
- Recognize the risks and benefits of androgen therapy in cisgendered women.
- Describe the role of serum lab values in monitoring persons receiving androgen therapies.

Cannabidiol

- Discuss the legal regulations related to cannabidiol use in the United States.
- Correctly identify health issues for which cannabidiol is or may be an effective treatment.
- Recognize differences between FDA regulated and non-regulated products.

QUESTIONS FOR GYNECOLOGIC, SEXUAL, REPRODUCTIVE, AND PRIMARY CARE MODULE 2022-2024

I certify that I have read each of the articles in this module in their entirety.

YES

Hypertension

1. What is the cornerstone of cardiovascular risk reduction and hypertension prevention and treatment?
 - a. Lifestyle modifications
 - b. Home blood pressure monitoring
 - c. Early initiation of antihypertensive medication
2. What is the recommended procedure for blood pressure measurement?
 - a. Three measurements one minute apart; use average of the second two measurements
 - b. One measurement after 10 minutes of rest; repeat in 5 minutes if elevated
 - c. Two measurements; eliminate the higher measurement
3. Which initial medication regimen has a higher likelihood of achieving Blood Pressure goals with fewer adverse effects?
 - a. Single-pill combination
 - b. Beta-blocker
 - c. Diuretic
4. Which nonpharmacologic intervention has the largest impact on systolic blood pressure in the presence of hypertension?
 - a. DASH dietary pattern
 - b. Aerobic physical activity
 - c. Reduced dietary sodium intake
5. Which of the following classes of medication should be restricted to only patients with comorbidities?
 - a. Calcium channel blockers
 - b. ACE Inhibitors
 - c. Beta Blockers
6. Which subclass of beta blockers demonstrated a more favorable effect and better side effect profile?
 - a. Classical beta blockers
 - b. Vasodilating beta blockers
 - c. Vasoconstricting beta blockers

Medication for Abortion/Miscarriage

7. The standard of care is to provide oral mifepristone followed by misoprostol tablets in which of the following situations?
 - a. Both medication abortion and medical management of early miscarriage
 - b. Only for medical management of early miscarriage
 - c. Only for medication abortion

8. As of this article's publication, the regimen for mifepristone followed by misoprostol is FDA-approved to be used until what gestational age limit?
 - a. 49 days
 - b. 70 days
 - c. 96 days

9. What is the function of mifepristone in the medical management of abortion?
 - a. Causes cervical dilation
 - b. Detaches pregnancy tissue from the endometrium
 - c. Induces cervical contractions

10. What is the benefit of using mifepristone in addition to misoprostol in the medical management of miscarriage?
 - a. Decreases likelihood of needing subsequent uterine aspiration
 - b. Increased patient satisfaction with procedure
 - c. Ease of prescribing mifepristone

11. Which of the following is a contraindication to the use of mifepristone for medical management of abortion or miscarriage?
 - a. Ectopic pregnancy
 - b. History of cesarean section
 - c. Untreated sexually transmitted infection (STI)

Nonalcoholic Fatty Liver Disease

12. Which of the following statements about nonalcoholic fatty liver disease is correct?
 - a. It is an independent risk for chronic kidney disease.
 - b. It is always associated with metabolic syndrome.
 - c. The overall prevalence among adults in the US is 50%.

13. What finding in an individual with diabetes indicates the need for screening for steatohepatitis or fibrosis, according to the American Diabetes Association guidelines from 2019?
 - a. Elevated alanine aminotransferase (ALT)
 - b. New diagnosis of type 2 diabetes
 - c. Age greater than 50 years

14. What is the most important factor for reversal of nonalcoholic steatohepatitis?
 - a. Amount of weight loss achieved
 - b. Vitamin E supplementation
 - c. Reduction in alcohol intake

15. What is the leading cause of mortality in patients with non-alcoholic fatty liver disease?
 - a. Cardiovascular disease
 - b. Hepatic cancer
 - c. Kidney failure

Breast Cancer

16. Performing annual mammograms among women aged 40 to 50 years revealed that the cumulative risk of false-positive findings was approximately:
 - a. 61%
 - b. 71%
 - c. 81%

17. Which of the following reproductive factors increases risk for breast cancer?
 - a. Combined menopausal hormone therapy
 - b. Estrogen therapy following oophorectomy
 - c. Conceiving prior to age thirty

18. The USPSTF recommend which of the following as the mainstay of breast cancer screening
 - a. Clinical breast exam (CBE).
 - b. Ultrasound.
 - c. Mammogram

19. Which of the following is listed as a potential harm to breast cancer screening?
 - a. Increased risk of death
 - b. Risk of biopsy for benign tumor
 - c. Decreased health care costs

Professional Ethics

20. What protections are included in the Church Amendments?
 - a. Protection from retaliation for refusal to participate in abortion work
 - b. Protection of conscientious objection broadly
 - c. Protection against requirements to participate in situations that cause moral distress

21. Title X service providers cannot refer for which service under current guidelines?
 - a. Abortion care
 - b. Infertility care involving IVF
 - c. Permanent sterilization

22. Why do the authors argue that shared decision making is inappropriate for decisions about abortion care?
- The provider has greater knowledge of the risks and benefits and their recommendation should carry more weight.
 - The risks for abortion and continuing a pregnancy are equivalent, and thus requires the provider to choose the option they believe to be safest in this case.
 - Continuing a pregnancy always carries more risk than abortion, and the provider's personal opinion on abortion is thus not relevant to decision making.
23. CNM/CMs' professional ethical standards are based on which of the following?
- Religious texts including the Bible
 - State and federal laws
 - ACNM Code of Ethics

Anti-Racism

24. Which of the following problems is addressed by the Equity Agenda Guidelines?
- Disparities in maternal and infant mortality by race
 - Lack of gender diversity in midwifery faculty
 - Growth and diversification of the health professions
25. According to the authors, which of the following is the core of the conceptual model for the Equity Agenda Guidelines?
- Racial equity analysis
 - Curriculum development
 - Faculty/staff/preceptor development
26. Which of the following is important for success of students, particularly those from marginalized groups?
- Presence of Peer support
 - More rigorous academic preparation
 - Avoiding discussion of microaggressions
27. As of 2020, how many of the 48 US-accredited midwifery programs published explicit equity statements on their websites?
- 2
 - 14
 - 26

Reproductive Coercion

28. Historical evidence and current research reveal that women of color are more likely to have which of the following recommended to them, than white women?
- Condoms
 - Hormonal methods
 - LARC methods

29. “Providing care that is respectful of, and responsive to, individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” is the definition of which of the following concepts?
- Contraceptive access
 - Directive counseling
 - Patient-centeredness
30. Which of the following is a component of the Person-Centered Contraceptive Care Framework, related to follow-up support?
- Barrier-free LARC removal
 - Easy scheduling and extended hours
 - Same day access to methods
31. Which of the following practices may perpetuate mistrust of family planning providers?
- Outreach and trust-building efforts
 - Promoting LARCs as ideal methods
 - Removing barriers to LARC removal
32. Viewing patient concerns about contraceptive side effects as nuisances as opposed to legitimate concerns can result in which of the following behaviors by providers?
- Reluctance to remove LARC
 - Revised facility billing
 - Shared decision-making

Permanent Contraception

33. Which of the following is a likely clinical manifestation of implicit bias in contraceptive counseling?
- Overemphasis on method efficacy
 - De-emphasizing permanent contraception in persons with pregnancy plans
 - Full discussion of patient reproductive life plans
34. According to Kathawa, “statistical discrimination” in contraceptive counseling refers to which of the following?
- Clinician confusion regarding “perfect” versus “actual” method use
 - Basing method recommendations on epidemiologic data rather than patient priorities
 - Failure to ensure the patient understands research data in weighing risks and benefits
35. Which is true regarding patient risk of post-sterilization regret?
- It is the most important consideration in clinician decisions about sterilization.
 - The sterilization decision may have been influenced by coercion from social contacts or clinicians.
 - Post-sterilization regret is rarely an issue for married people.

36. Which factors, documented in research about clinician recommendations for permanent contraception, reflect implicit bias?
- Patient race, income, religion
 - Non-contraceptive benefits of methods
 - Patients long term contraceptive goals
37. Which is important to emphasize when counseling patients about permanent sterilization compared to LARC?
- Differences in reversibility, as this is poorly understood by the public
 - Comparative efficacy, ease of initiation, and potential non-contraceptive benefits
 - Increased risk of STI transmission associated with the use of LARC.

Exogenous Testosterone

38. Which of the following is the most common route of exogenous testosterone administration?
- Intramuscular or subcutaneous injection
 - Subcutaneous implant
 - Transdermal patch
39. Gonadotropin-releasing hormone agonists (GnRHa) are sometimes used to achieve which of the following?
- Menstrual suppression
 - Male-pattern hair growth
 - Involution of mammary glands
40. According to the authors, long-term studies of gender-affirming T (testosterone) therapy in transgender men describe the frequency of adverse effects as which of the following?
- Common
 - Occasional
 - Rare
41. Testosterone is contraindicated in pregnancy out of concern for which of the following effects?
- Hypertension
 - First-trimester miscarriage
 - Virilization of a female fetus
42. The authors suggest the use of which medications to minimize any potential discomfort triggered by ovarian stimulation?
- Antigonadotropins
 - Aromatase inhibitors
 - Selective estrogen receptor modulators

Cervical Cancer

43. Which of the following accurately describes the rationale for 5-year intervals for HPV-negative patients undergoing cervical cancer screening?
- It avoids detection of new HPV infections that will likely regress spontaneously.
 - Cervical cancer precursors will invade if left untreated for 3-5 years.
 - Negative pap tests have higher sensitivity than negative HPV tests.
44. At what age does the American Cancer Society recommend initiation of cervical cancer screening with HPV testing?
- 18
 - 21
 - 25
45. According to the ASCCP 2019 and ACOG 2020 guidelines, how long should screening continue after treatment for a high-grade precancer?
- At least 25 years
 - Until age 65
 - Not specified
46. What new concepts were introduced with the 2019 ASCCP Risk-Based Management Consensus Guidelines?
- Prior results of pap tests, HPV tests and cervical biopsies factor into estimated risk of precancer.
 - Subjective clinical decisions about risk management are enhanced.
 - A standardized approach replaces a personalized approach to patient care.
47. How many biopsy sites should colposcopy include when acetowhitening is visualized, according to the ASCCP Colposcopy Standards?
- Two to four
 - None unless patient's risk estimation indicates high-grade lesion
 - One in each quadrant of the transformation zone

Contraception for Bariatric Patients

48. What percentage of women at >175% of ideal body weight experience menstrual disruptions?
- 34%
 - 54%
 - 74%
49. What is the relative risk of venous thromboembolism (VTE) for women with BMI >25 using combined oral contraception (COC), compared to those with BMI <25?
- 5 times higher
 - 10 times higher
 - 15 times higher

50. After some bariatric surgeries, oral contraceptives may be less effective than LARC because of which issue?
- Improved overall fertility
 - Decreased gastrointestinal absorption
 - Rapid weight loss
51. How many women are unaware of the recommendation to delay conception during the first 12-24 months after bariatric surgery?
- 40%
 - 50%
 - 60%

Syphilis

52. Compared to penile/vaginal intercourse, there is a significantly higher likelihood of syphilis transmission through which of the following?
- penile/oral intercourse
 - penile/anal intercourse
 - oral/vaginal intercourse
53. Lesions associated with syphilis contain an abundance of which target cells for HIV?
- granulocytes
 - basophils
 - lymphocytes
54. What factor is a contributor in the resurgence of syphilis?
- Trading sex for drugs
 - Popularity of dating apps
 - Non sero-adaptive behaviors
55. The general transmission rate of syphilis is estimated to be about _____ per sexual act.
- 10-20%
 - 20-30%
 - 30-40%

SUD

56. What percentage of people exposed to opioids develop opioid use disorder?
- 23
 - 33
 - 43
57. Which medication is known to cause decreased levels of luteinizing hormone in women?
- Buprenorphine
 - Methadone
 - Naltrexone

58. Which medication can be administered in the office setting by a properly trained provider?
- Buprenorphine
 - Methadone
 - Naltrexone
59. Which of these medications is a competitive antagonist of opioid receptors?
- Buprenorphine
 - Methadone
 - Naltrexone
60. What is the starting dose when lofexidine is prescribed for relief of opioid withdrawal symptoms?
- 0.1 mg once daily
 - 0.2 mg twice daily
 - 0.3 mg every 8 hours

HIV PrEP

61. Tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) can be used as PrEP to reduce the risk for sexually acquired HIV among adolescents weighing at least how much?
- 67 lbs
 - 77 lbs
 - 87lbs
62. A study of men who have sex with men (MSM) and of transgender women aged 16-29 years found that at least 75% of PrEP users reported what level of adherence?
- 50
 - 70
 - 90
63. According to the authors, at what age is it appropriate to begin discussion of sensitive topics without a parent or guardian present?
- 11 years
 - 14 years
 - 17 years
64. Which system is potentially vulnerable to toxicity from PrEP?
- Hepatic
 - Renal
 - Respiratory
65. Which of the following is a safety concern in adolescents using PrEP?
- Risk of effects on bone mineral density
 - Risk for significant pulmonary impairment
 - Risk of severe gastrointestinal upset

Infertility

66. Which is true regarding antimullerian hormone (AMH)?
- It is a less accurate indicator of ovarian function than FSH.
 - It is a more accurate indicator of ovarian function than FSH.
 - Standards for result interpretation are highly lab dependent.
67. When is Metformin recommended in the treatment of anovulation?
- In patients with diabetes or signs of metabolic syndrome
 - As monotherapy when the cause of anovulation is thought to be PCOS
 - Metformin is now contraindicated in the treatment of infertility
68. What precautions are recommended when inducing ovulation with medication?
- Ovulation should be confirmed by serum progesterone on day 14 of the menstrual cycle.
 - Only low range doses should be used in primary care settings.
 - Higher range dosing should be accompanied by ultrasound monitoring of follicles.
69. What instructions should be given regarding providing semen samples for analysis?
- Samples should be analyzed within 30 minutes of ejaculation.
 - Samples should be collected into a clean glass container.
 - Samples should be collected after a 2–7-day period of abstinence.
70. When might use of medications for induction of ovulation be inadvisable in primary care settings?
- History of preeclampsia
 - Advanced maternal age
 - History of preterm labor

Androgen Therapy

71. How does the Endocrine Society recommend using serum testosterone levels in women receiving androgen therapy?
- assess response to treatment
 - assess every 6 months in conjunction with signs of hyperandrogenism
 - stop after 6 months if clinical improvement is noted
72. Which side effects of androgen therapy may be irreversible?
- scalp oiliness and seborrhea
 - Aggressive mood changes
 - Clitoromegaly and voice deepening
73. Which testosterone preparations are currently approved by the FDA for use in cis-gendered women?
- Testosterone plus sildenafil oral tablets
 - Testosterone transdermal patch (Intrinsa)
 - There are currently no FDA approved formulations for use in women.

74. What serum testosterone levels are targeted in monitoring women receiving treatment?
- No more than double the baseline serum levels
 - Range should be kept within norms for premenopausal women
 - Range should target small, incremental increases over baseline
75. Studies have shown testosterone therapy can have modest but significant improvement in sexual function related to which of the following?
- Difficulty achieving orgasm related to treatment with SSRIs
 - Natural or surgical menopause
 - Stress, relationship or mood disturbance

Cannabidiol

76. Which of the following components of the Cannabis sativa (marijuana) plant is responsible for the altered sensory and time perception effects?
- Cannabidiol (CBD)
 - Delta-9-tetrahydrocannabinol (delta-9-THC)
 - N-desmethyloclobazam
77. Which of the following is true regarding Cannabidiol in the United States?
- It is only available in FDA approved products sold in select states.
 - It is only available at medical marijuana dispensaries with a prescription from a licensed provider.
 - It is available in FDA approved products, in medical marijuana dispensaries and sold over the counter.
78. Which of the following is true in regards to non-FDA approved Cannabidiol products?
- The concentration of CBD is almost always as described on the package
 - They never contain delta-9-THC in concentrations that would make them illegal
 - They are unregulated and often inaccurately labeled and contain contaminants
79. For which of the following medical conditions has CBD been adequately studied and proven to be an effective treatment?
- Refractory seizures in Dravet syndrome
 - Parkinson's Disease
 - Chronic Anxiety
80. In which of the following medical conditions has treatment with CBD shown to be promising although more data is needed before considering it proven?
- Chronic Anxiety
 - Schizophrenia
 - Diabetes Mellitus

**FAILURE TO COMPLETE THE FOLLOWING MODULE EVALUATION
WILL RESULT IN YOUR MODULE NOT BEING SCORED.**

**PROGRAM EVALUATION FOR GYNECOLOGIC, SEXUAL, REPRODUCTIVE,
AND PRIMARY CARE MODULE 2022-2024**

1. The articles for this module were relevant to my practice.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

2. The information learned in these articles will affect my clinical practice.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

3. I am integrating anti-racism and equity materials such as those included in the CMP Modules in my practice or teaching.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

4. The articles provided me with new information.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

5. The questions assessed my comprehension of the articles.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

6. I was able to find the answers within the articles.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

7. I think the website is user friendly.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

8. Were the objectives clearly stated?
 - a. Yes
 - b. No

9. Are the articles easy to obtain without purchasing them from AMCB?
 - a. Yes
 - b. No
 - c. N/A

10. Did you purchase the articles from AMCB?
 - a. Yes
 - b. No

11. Were you satisfied with the time it took to receive your article order?

- a. Yes
- b. No
- c. N/A

12. Do you think the cost of the article set is appropriate?

- a. Yes
- b. No
- c. N/A

13. Do you think the cost of CMP fees are appropriate for the service you receive?

- a. Yes
- b. No

14. Did you receive a timely notice about my upcoming recertification deadline?

- a. Yes
- b. No
- c. N/A

15. Did you receive the appropriate number of reminders before the recertification deadline?

- a. Yes
- b. No
- c. N/A

16. What ideas are missing from the articles that you would recommend we include?

17. Are there any other comments you would like to provide about the content or clarity of this module?