

Successful completion of the Gynecology Module 2016-2018 will award **20 ACNM approved contact hours**. 7 contact hours have been designated towards Pharmacology.

GYNECOLOGY AND PRIMARY CARE MODULE 2016-2018 AMCB Certificate Maintenance Program (CMP) Module Introduction

The Certificate Maintenance Program (CMP) is designed to assist CNMs/CMs to demonstrate the highest level of knowledge in all areas of midwifery practice, not only at the time of initial certification but throughout an individual's professional career.

The AMCB CMP Modules are designed as self-learning tools to enable Certified-Midwives and Certified Nurse-Midwives to learn up-to-date, evidence-based knowledge of current practice in obstetrics, gynecology, newborn, and primary care. Each module contains current evidence-based articles and the full scope of midwifery practice is sufficiently covered within the 3 existing modules. These articles are updated every 3 years to ensure current information is included. Each module also requires an attestation that the articles were read and completion of a post-test that assesses key points in each of the articles.

A module consists of:

1. References
2. Objectives
3. Attestation
4. Multiple-choice questions based on the corresponding references
5. Evaluation

Answers are based on the specific references for each module 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
- Attestation that each article was read in its entirety
- Completion of the module evaluation section

ONLINE GRADING: Modules are now available for online submission. This service allows you to receive and print your module results instantly. Please be aware that module results are only available for modules completed within your current certification cycle. Once you recertify and begin a new certification cycle, module results from the previous cycle are no longer accessible from your online portal. Please be sure to print all module results before completing the Recertification Application.

If you have not done so already, please call our office at 410-694-9424 to set up a username and password for online access.

Final deadline for submitting the GYN Module is 12/15/2018 11:59PM EST.

REFERENCES FOR GYNECOLOGY AND PRIMARY CARE MODULE 2016-2018

Assessment of HPV Cancer Types

- Saraiya M, Unger ER, Thompson TD, et al. US assessment of HPV types in cancers: Implications for current and 9-valent HPV vaccines. *Journal of National Cancer Institute*, 2015; 107(6): 1-12.

Probiotics in Preventing Bacterial Vaginosis

- Parma M, Vanni VS, Bertini M, Candiani M. Probiotics in the prevention of recurrences of bacterial vaginosis. *Alternative Therapies*, 2014; 20 Suppl.1: 52-57.

Menstrual Suppression for Adolescents

- Altshuler AL, Adams-Hillard PJ. Menstrual suppression for adolescents. *Current Opinion in Obstetrics & Gynecology*, 2014; 26(5): 323-331.

Sexuality and Aging

- Buttaro TM, Koeniger-Donohue R, Hawkins J. Sexuality and quality of life in aging: Implications for practice. *Journal for Nurse Practitioners*, 2014; 10(7): 480-484.

Recurrent Urinary Tract Infections

- Geerlings S, Beerepoot M, Prins J., Prevention of Recurrent urinary tract infections in women: Antimicrobial and nonantimicrobial strategies. *Infectious Disease Clinics of North America*, 2014; 28:135-147.

Lavender Inhalation for Primary Dysmenorrhea

- Dehkordi RZ, Hosseini Baharanchi FS, Bekhradi R. Effect of lavender inhalation on the symptoms of primary dysmenorrhea and the amount of menstrual bleeding: A randomized clinical trial. *Complementary Therapies in Medicine*, 2014; 22(2): 212-219.

Colorectal Cancer Screening

- Short M, Layton MC, Teer BN, et al. Colorectal cancer screening and surveillance. *American Family Physician*, 2015; 91(2): 93-100.

Abnormal Uterine Bleeding

- Twiss JJ. A new look at abnormal uterine bleeding. *The Nurse Practitioner*, 2013; 38(12):22-30.

Vulvar Dermatitis

- Moyal-Barracco M, Wendling J. Vulvar dermatitis. *Best Practice & Research Clinical Obstetrics and Gynaecology*, 2014; 28: 946-958.

Contraception and Obesity

- Simmons KB, Edelman AB. Contraception and sexual health in obese women. *Best Practice & Research Clinical Obstetrics and Gynaecology*, 2015; 29(4): 466-478.

Management of Ovarian Cysts

- Ross EK, Kebria M. Incidental ovarian cysts: when to reassure, when to reassess, when to refer. *Cleveland Clinic Journal of Medicine*. 2013; 80(8): 503-514.

Dermatologic Conditions in Skin of Color

- Kundu RV, Patterson S. Dermatologic conditions in skin of color: Part I. Special considerations for common skin disorders. *American Academy of Family Physicians*, 2013; 87(12): 850-856.

Treatment of Vasomotor Symptoms

- Krause MS, Nakajima ST. Hormonal and nonhormonal treatment of vasomotor symptoms. *Obstetric & Gynecology Clinics of North America*, 2015; 42: 163-179.

HIV and Aging

- Womack JA, Brandt CA, Justice AC. Primary Care of Women Aging with HIV. *Journal of Midwifery & Women's Health*, 2015; 60(2):146–157.

Dyspareunia

- Seehusen DA, Baird DC, Bode D. Dyspareunia in women. *American Family Physician*, 2014; 90(7): 465-470.

Assessing Breast Cancer Risk

- Kiely D, Schwartz S. Assessing breast cancer risk in a primary care setting. *Nurse Practitioner*, 2014; 39(10): 49-53.

Professional Issues: Midwives as Primary Care Providers

- Phillippi JC, Barger MK. Midwives as primary care providers for women. *Journal of Midwifery and Women's Health*, 2015; 60(3): 250-257.

OBJECTIVES FOR GYNECOLOGY AND PRIMARY CARE MODULE 2016-2018

Assessment of HPV Cancer Types

- Describe the HPV detection rates in various forms of cancer.
- Review the cervical cancer screening recommendations for fully vaccinated women.
- Discuss the potential benefits of the 9-valent vaccine in protecting women from cervical cancer.

Probiotics in Preventing Bacterial Vaginosis

- Review the standard treatment regimens for bacterial vaginosis.
- Describe the most relevant antibacterial properties of lactobacilli.
- Discuss the normal changes seen in the vaginal microbiota across a women's lifetime.

Menstrual Suppression for Adolescents

- Review causes of abnormal uterine bleeding in adolescence.
- Describe the potential side effects of hormonal menstrual suppression agents.
- Compare the efficacy of various hormonal treatment options for menstrual suppression.

Sexuality and Aging

- Explore common sexuality issues experienced by aging men and women.
- Identify treatment options for sexual dysfunction in the aging population.
- Describe the therapeutic effects of antidepressants in the treatment of sexual dysfunction.

Recurrent Urinary Tract Infections

- Differentiate between persistence, relapse, and reinfection of the urinary tract.
- Discuss the preferred treatment options for prevention of recurrent urinary tract infections.
- Describe specific treatment options for post-menopausal women in the prevention of recurrent urinary tract infections.

Lavender Inhalation for Primary Dysmenorrhea

- Describe the appropriate solutions used for dilution of essential oils.
- Review the mechanism of action of lavender on the central nervous system.
- List various medical conditions that can be treated with lavender aroma inhalation.

Colorectal Cancer Screening

- Differentiate non-neoplastic from neoplastic polyps.
- Discuss the current colorectal screening recommendations.
- Describe genetic conditions associated with colorectal screening.

Abnormal Uterine Bleeding

- Describe the classification of abnormal uterine bleeding.
- Compare and contrast treatment modalities for abnormal uterine bleeding.
- Identify mechanism of action for medications commonly used to treat abnormal uterine bleeding.

Vulvar Dermatoses

- Differentiate between types of vulvar dermatoses.
- Recognize potential co-morbidities related to vulvar dermatoses.
- Identify first-line pharmacologic treatments for vulvar dermatoses.

Contraception and Obesity

- Identify differences in fecundity for obese women.
- Compare contraceptive effectiveness in normal weight versus obese women.
- Discuss the non-contraceptive benefits of levonorgestrel releasing intrauterine systems (LNG-IUS) for obese women.

Management of Ovarian Cysts

- Review the causes of non-malignant ovarian cysts.
- Identify the risk of malignancy associated with ovarian cysts.
- Describe the ultrasound appearance of various types of ovarian masses.

Dermatologic Conditions in Skin of Color

- Identify the most common cancers in persons with skin of color.
- Review appropriate treatments for acne in persons with skin of color.
- Differentiate how skin cancer presents differently among persons with skin of color.

Treatment of Vasomotor Symptoms

- Differentiate stages of menopause.
- Review contraindications for use of estrogen therapy in menopause.
- Describe mechanisms of action for vasomotor symptom treatment therapies.

HIV and Aging

- Describe the cervical screening guidelines for women with HIV.
- Identify the number of aging individuals in the US living with HIV.
- Discuss vasomotor treatment options for menopausal women who have HIV.

Dyspareunia

- Review the incidence of postpartum dyspareunia.
- Describe treatment options for various types of dyspareunia.
- Discuss the clinical presentation of common causes of dyspareunia.

Assessing Breast Cancer Risk

- Identify factors associated with breast cancer screening utilization.
- Describe family history factors that warrant referral for Genetics Counseling.
- Discuss the screening recommendation for women at high risk for breast cancer.

Professional Issues: Midwives as Primary Care Providers

- Identify differences in state regulations regarding midwives as primary care providers.
- Review the historical progression of primary care as an essential midwifery competency.
- Describe the primary care requirements for all ACME accredited midwifery education programs.

ATTESTATION FOR GYNECOLOGY AND PRIMARY CARE MODULE 2016-2018

****The attestation will be required prior to submitting the module for grading****

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

YES

QUESTIONS FOR GYNECOLOGY AND PRIMARY CARE MODULE 2016-2018

Assessment of HPV Cancer Types

1. The FDA approved nonavalent (9-valent) vaccine could extend protection to what percent of cervical cancers worldwide?
 - a. 70%
 - b. 90%
 - c. 98%
2. Within the group of analyzed specimens, HPV detection was highest in which of the following types of cancers?
 - a. Invasive vulvar cancer
 - b. Oropharyngeal (OP) cancer
 - c. Cervical cancer in situ (CCIS)
3. At what age do the authors recommend initiating cervical cancer screening for fully vaccinated women?
 - a. 21
 - b. 25
 - c. 30
4. In this study, what was the prevalence of HPV in oropharyngeal tumor tissue?
 - a. 20.9%
 - b. 32.0%
 - c. 70.1%

Probiotics in Preventing Bacterial Vaginosis

5. Which of the following changes in the vaginal microbiota is **NOT** typically found in the final stages of reproductive maturation?
 - a. Elevation of the vaginal pH
 - b. Declined estrogen secretion
 - c. Decreased prevalence of coliforms
6. What is the most relevant antibacterial property of lactobacillus?
 - a. Maintains a low vaginal pH
 - b. Assists in vaginal cell exfoliation
 - c. Facilitates attachment of estrogen

7. According to published guidelines, after completing a recommended treatment regimen, women who have had multiple recurrences of bacterial vaginosis (BV) should be offered which of the following long-term treatment options?

- a. Vitamin C vaginal tablets daily for 3 months
- b. Metronidazole gel twice weekly for 4 to 6 months
- c. Clindamycin topical therapy every other day for 6 months

8. When advising women on the use of probiotic lactobacilli (LB) in the treatment and prevention of BV, which of the following statements is **TRUE**?

- a. Probiotic LB alone is equally effective to standard antibiotic regimens
- b. Consumption of LB-enriched yogurt is the most effective probiotic therapy
- c. Vaginal administration allows for lower doses and less frequent administration

Menstrual Suppression for Adolescents

9. When using combine hormonal methods for menstrual suppression, which approach is recommended?

- a. Cyclic
- b. Extended
- c. Continuous

10. Which of the following has demonstrated the best efficacy for menstrual suppression?

- a. Etonorgestral implants
- b. Medroxyprogesterone acetate injections
- c. Smaller, lower dose intrauterine devices

11. What is the most common cause of abnormal uterine bleeding in adolescence?

- a. Bicornate uterus
- b. Intracervical polyps
- c. Persistent anovulation

12. The use of GnRH agonists for menstrual suppression may lead to which of the following side effects?

- a. Galactorrhea
- b. Elevated TSH levels
- c. Decreased bone density

13. When counseling an adolescent regarding the use of hormonal therapy for menstrual suppression, which of the following statements is **TRUE**?

- a. Break through bleeding (BTB) is best treated with an additional dose of progesterone.
- b. It may take several months to achieve reduction of menstrual bleeding with hormonal therapy.
- c. Irregular bleeding could indicate a serious medical problem and should be reported immediately.

Sexuality and Aging

14. Aging women face several issues with sexuality that include all of the following **EXCEPT**

- a. Lack of desire
- b. Difficulty with lubrication
- c. Inability to experience orgasm
- d. Excessive worry over performance

15. According to the American Urological Association, which of the following medications is recommended (and FDA approved) for men with normal hormone levels and erectile dysfunction?

- a. Sildenafil
- b. Yohimbine
- c. Testosterone

16. Older women who are experiencing sexual arousal disorder can be offered treatment with which of the following?

- a. Zestra lubricants
- b. Topical estrogen creams
- c. Progesterone suppositories

17. Women on serotonin re-uptake inhibitors (SSRI) who are experiencing an inability to achieve orgasm could be switched to which of the following alternative therapies?

- a. Ospemifine
- b. Amitriptyline
- c. Bupropion hydrochloride

Recurrent Urinary Tract Infections

18. Which pattern of bacteriuria response is characterized by an infection with the same microorganism that occurs 1-2 weeks after initial treatment?

- a. Bacteriologic relapse
- b. Bacteriologic reinfection
- c. Bacteriologic persistence

19. According to the authors, which of the following is considered the most effective strategy in the prevention of recurrent urinary tract infections (UTI)?

- a. High doses of ascorbic acid (vitamin C)
- b. Urinating immediately after intercourse
- c. Daily low dose antimicrobial prophylaxis

20. Which of the following is **TRUE** regarding the use of cranberry products in the prevention of recurrent UTIs?

- a. The exact mechanism of action is unknown
- b. Cranberry juice is more effective than cranberry pills
- c. Cranberry products can reduce recurrent UTIs by 50%

21. Post-menopausal women experiencing recurrent UTIs could be offered which of the following treatment options?

- a. Hormone replacement with oral estrogens
- b. Vaginal vaccination with Urovac suppositories
- c. L rhamnosus GR-1 and L reuteri RC-14 oral capsules

Lavender Inhalation for Primary Dysmenorrhea

22. Before using an essential oil for topical or aromatherapy therapy, it is important to first dilute with:

- a. Warm water
- b. Grape seed oil
- c. Odorless petrolatum

23. Which of the following components of lavender causes central nervous system depression and can be detected in the blood after inhalation?

- a. Lobelia
- b. Lecithin
- c. Linalool

24. According to the sources cited in this article, aroma inhalation with lavender has been used to treat all of the following **EXCEPT**:

- a. Fever
- b. Anxiety
- c. Infertility
- d. Weight gain

25. The authors used which of the following lavender aromatherapy treatment protocols?

- a. A single drop of undiluted oil was placed on the forehead
- b. Three drops of a 2:1 dilution was placed on the palms of the hands
- c. Three drops of a 4:1 dilution was massaged on the back of the neck

Colorectal Cancer Screening

26. At what age does the American College of Gastroenterologists recommend black persons start initial screening for colorectal cancer (CRC)?

- a. 40
- b. 45
- c. 50

27. What is the most common type of non-neoplastic polyp?

- a. Tubular adenomas
- b. Hyperplastic polyps
- c. Sessile serrated polyps

28. Which of the following genetic conditions is the most common cause of inherited CRC?
- Wilson's disease
 - Lynch syndrome
 - Meniere's disease
29. If a patient has a poor bowel preparation prior to screening colonoscopy, when should the test be repeated?
- 1 year
 - 3 years
 - 5 years

Abnormal Uterine Bleeding

30. According to the PALM-COEIN classification, PALM would identify which of the following etiologies for abnormal uterine bleeding (AUB)?
- Anovulation
 - Uterine cancer
 - Coagulopathies
31. What is the recommended first-line diagnostic test for a 30-year old morbidly obese woman who presents with AUB?
- Endometrial biopsy
 - Transvaginal ultrasound
 - Magnetic resonance imaging
32. Which of the following treatment regimens has been shown to have an 88% success rate in the treatment of acute AUB?
- Immediate insertion of a levonorgestrel-releasing intrauterine system
 - Oral medroxyprogesterone acetate 20 mg tapered down dosing over 10 days
 - Oral monophasic estrogen/progestin therapy for 7 days with tapered down dosing
33. Tranexamic acid is thought to control AUB through which of the following mechanisms of action?
- Stabilizes the fibrin matrix
 - Blocks vasodilator prostaglandins
 - Decreases endometrial proliferation

Vulvar Dermatitis

34. A tapering topical steroid regimen is the mainstay of treatment for vulvar lichen sclerosis. Which of the following is the recommended medication and initial dosing schedule?
- Clobetasol propionate 0.05% once daily for 1 month
 - Triamcinolone acetonide 0.025% every 8 hours for 1 week
 - Betamethasone dipropionate 0.05% twice daily for 2 weeks

35. Which of the following physical findings is consistent with acute contact dermatitis?
- Painful red erosive lesions on the vestibule or inner labia minora
 - Pallor, with architectural changes such as shrinkage of the labia minora
 - Ill-defined erythema, swelling, erosions, and oozing anywhere on the vulva
36. Women diagnosed with adult-onset vulvar lichen planus may be more likely to have which of the following medical conditions?
- Thyroid disease
 - Hepatitis C infection
 - Coronary heart disease
37. A woman presenting with symptoms that consist of a vicious circle of “itch-scratch-itch” on her labia majora is most likely experiencing which of the following vulvar dermatoses?
- Vulvar lichen planus
 - Vulvar lichen sclerosis
 - Lichen simplex chronicus

Contraception and Obesity

38. Compared to normal-weight women, the probability of conceiving in a single cycle is reduced by what percent for obese women?
- 18%
 - 26%
 - 51%
39. Compared to women with a normal BMI, what is the efficacy in obese women for postplacental intrauterine device or immediate postpartum placement of a contraceptive implant?
- Similar
 - Increased
 - Decreased
40. According to the authors, why is oral emergency contraception less effective in obese women?
- Their overall chance of pregnancy is increased
 - Obese women are more likely to have multiple partners
 - It takes longer to achieve a steady state after a single dose
41. An additional benefit of a levonorgestrel releasing intrauterine system (LNG-IUS) use in obese women includes:
- Long term weight loss
 - Improved fecundity after removal
 - Reduction in the risk of endometrial cancer
42. The contraceptive method with the highest risk of unintended pregnancy in obese women is:
- Contraceptive vaginal ring
 - Transdermal contraceptive patch
 - Depot medroxyprogesterone acetate

Management of Ovarian Cysts

43. The National Institutes of Health estimates that 5-10% of women in the U.S. will undergo surgical exploration for an ovarian cyst in their lifetime. Approximately what percentage of these cysts will be malignant?
- 1-5%
 - 13-21%
 - 25-32%
44. According to the Society of Radiologists in Ultrasound, what is the recommended follow up for a premenopausal patient with a 6 cm simple cyst?
- No further follow up is needed
 - Follow up with MRI/laparoscopy
 - Yearly follow up with ultrasound
45. Features seen on ultrasound that might be indicative of ovarian malignancy may include:
- Tubular shaped cystic masses
 - Thick septations and solid areas with blood flow
 - Hyperechoic lines and areas of acoustic shadowing
46. Functional or physiologic ovarian cysts are thought to result from:
- Long term oral contraceptive use
 - Variations in the ovulatory process
 - The presence of specific genetic markers
47. In premenopausal women, CA125 levels may be elevated in all of the following conditions **EXCEPT**:
- Fibroids
 - Pregnancy
 - Anovulation
 - Endometriosis

Dermatologic Conditions in Skin of Color

48. Compared with white persons, how does basal cell carcinoma present differently in persons with skin of color?
- Less likely to have pigmented lesions
 - There is no difference in presentation
 - More likely to have pigmented lesions
49. Which skin cancer is the most common in Black and Indian individuals?
- Melanoma
 - Basal cell carcinoma
 - Squamous cell carcinoma

50. In persons with skin of color, melanoma is more likely to present on which area of the body?
- The face and neck
 - The sole of the foot
 - The back of the arms
51. In persons with skin of color, acne therapy should include which of the following?
- Higher concentrations of retinoid gels
 - Lower concentrations of benzoyl peroxide
 - Emollients and moisturizers such as cocoa butter

Treatment of Vasomotor Symptoms

52. According to the World Health Organization, what is the definition of the term *late perimenopause*?

- Night sweats that require treatment
 - Amenorrhea between 4 and 11 months
 - Vasomotor symptoms that persist beyond 6 months
53. Which of the following statements best describes how serotonin reuptake inhibitors (SSRI) are thought to ameliorate hot flashes?
- Norepinephrine is increased, which decreases hypothalamic estrogen receptors.
 - Levels of serotonin increase in the brain, which widens the thermoneutral zone.
 - Estrogen fluctuations are reduced, which decreases the baseline body temperature.
54. Using the transdermal route of estrogen therapy administration may reduce the potential risk for:
- Breast cancer
 - Thromboembolism
 - Cerebral vascular accident
55. Which of the following FDA approved non-estrogen therapies is recommended for the treatment of vasomotor symptoms?
- Testosterone
 - Progesterone
 - Omega-3 fatty acids
 - Low-dose paroxetine
56. Menopausal women presenting with dyspareunia from vaginal atrophy can be offered which of the following FDA approved treatments?
- Raloxifene 30 mg daily
 - Ospemifine 60 mg daily
 - Ultralow dose systemic estrogen therapy

HIV and Aging

57. In 2015, what percent of individuals living with HIV in the US are estimated to be over age 50?
- 10%
 - 25%
 - 50%
58. What are the recommended cervical cancer screening guidelines for women newly diagnosed with HIV?
- HPV screening alone, every year once diagnosed
 - Unchanged from guidelines for non-HIV women
 - At the time of diagnosis, in 6 months, then annually
59. When are live virus vaccines contraindicated for women with HIV?
- If the CD4 count is less than 200 cells/uL.
 - Only if there is evidence of a positive antibody response
 - Live virus vaccines should never be given to women with HIV
60. In the US, what percent of individuals living with HIV are thought to be co-infected with Hepatitis C?
- 10%
 - 25%
 - 50%

Dyspareunia

61. What is the most effective treatment for dyspareunia caused by vaginal atrophy?
- Amitriptyline 25 mg orally at bedtime
 - Topical estrogen replacement and lubricants
 - Topical lidocaine ointment prior to intercourse
62. On exam, light touch with a moist Q-tip invokes an area of intense localized pain in the posterior vestibule. This woman is most likely experiencing:
- Vaginismus
 - Vulvodynia
 - Inadequate lubrication
63. Approximately what percentage of women experience postpartum dyspareunia at 3 months after their first vaginal delivery?
- 25%
 - 41%
 - 63%

64. For women who are experiencing vaginismus, therapy should be focused on which of the following?

- a. Achieving adequate visualization of the cervix under anesthesia
- b. Desensitizing the vaginal tissue through the use of topical steroids
- c. Treating underlying cause of pain with pelvic floor physical therapy

Assessing Breast Cancer Risk

65. The strongest factor associated with an individual agreeing to breast cancer screening has been found to be

- a. Age at menopause
- b. Body mass index (BMI)
- c. Provider recommendation

66. According to the authors, how often should women who are considered to be high risk for breast cancer receive a clinical breast exam with a healthcare provider?

- a. Biannually
- b. Once per year
- c. Every two years

67. Which of the following situations most warrants a Genetics Counseling referral?

- a. Family history of male breast cancer
- b. Family history postmenopausal breast cancer
- c. Personal calculated 5-year projected breast cancer risk of 1.5%

68. According to current estimates from the National Cancer Institute's Surveillance Epidemiology and End Results (SEER), the average lifetime risk of developing breast cancer for all women is:

- a. 1.2%
- b. 9.1 %
- c. 12.3%

Professional Issues: Midwives as Primary Care Providers

69. How many visits with primary care content are now required for all graduates of midwifery education programs accredited by the Accreditation Commission for Midwifery Education (ACME)?

- a. 20
- b. 30
- c. 40

70. At the current time of this article's publication (2015), how many states in the US clearly define CNM/CM practice as including primary care?

- a. 11
- b. 19
- c. 27

71. In what year did the ACNM Core Competencies first include the provision of primary care as an essential competency for new graduates?

- a. 1991
- b. 1997
- c. 2001

72. According to the 2012 AMCB Task Analysis, what percent of CNMs/CMs practicing 5 years or less were providing primary care services?

- a. 11%
- b. 23%
- c. 46%

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

PROGRAM EVALUATION FOR GYNECOLOGY AND PRIMARY CARE MODULE 2016-2018

Please evaluate this module in relation to the following:

A Strongly Agree	B Agree	C Disagree	D Strongly Disagree
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1. The articles for this module were relevant to my practice.
2. This information will affect my clinical practice.
3. The articles provided me with new information.
4. The objectives were clearly stated.
5. The questions assessed my comprehension of the articles.
6. I was able to find the answers within the articles.
7. The articles are easy to obtain without purchasing them from AMCB.
8. I think the website was user friendly.
9. I purchased the printed article packet from AMCB.
10. I am satisfied with the time it took to receive my article packet. (Use “E” if Not Applicable)
11. I think the cost of the article packet is appropriate.
12. I think the cost of CMP fees is appropriate for the service I receive.
13. I received a timely notice about my upcoming recertification deadline (if re-certifying within one year or use “E” if not applicable).
14. I received the appropriate number of reminders before my recertification deadline (if re-certifying within one year or use “E” if not applicable).
15. I would be interested in joining the CMP committee to assist with constructing new future modules.

If you have any other comments, concerns, or suggestions for topics and/or articles for future modules please email Rebecca Herzfeld at rherzfeld@amcbmidwife.org.