

2012

Postgraduate Course Chair

Handbook

October 17, 2011

Orlando, FL



INTRODUCTION AND GENERAL INFORMATION FOR COURSE CHAIRS

A major mission of the American Society for Reproductive Medicine is to provide continuing education for its physician and non-physician members. The Society fulfills this mission through an ongoing educational program consisting of postgraduate courses and presentations at the Annual Meeting. The ASRM is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME credits to physicians. However, accreditation is awarded only if the Society adheres to very specific guidelines. The CME Committee of the ASRM meets regularly to plan educational activities that address specifically identified educational needs, to evaluate specific educational activities, and to assess the effectiveness of the overall educational programs. While many of the requirements and guidelines presented to Postgraduate Program Course Directors may seem capricious or trivial, be assured that these guidelines reflect strict adherence to ACCME requirements coupled with many years of experience at the ASRM in producing high-quality postgraduate medical educational programs. For these reasons we ask you to carefully review all the material being provided. It is essential you comply with all the requirements. Please note the following:

- Postgraduate courses are based on educational needs identified by participants in previous activities, gap analyses, surveys of the members and discussions among experts. The ASRM welcomes suggestions of topics for future courses.
- Lecture syllabi are prepared as Microsoft PowerPoint slide presentations in response to overwhelming preferences of course participants. It is very important that the PowerPoint presentations be complete and freestanding and contain all of the information to be taught. Faculty members have the option of submitting brief supplemental narrative summaries.
- ASRM reproduces and distributes the course syllabi via print and electronic media. Therefore, it is important that the Course Chair verify that Faculty members obtained permission to reproduce graphs, photographs, artwork and figures from previously published materials.
- Postgraduate course syllabi are submitted as electronic files. Faculty members may submit their individual electronic files to their Course Chair by whatever means they find convenient. The due date for Faculty members to submit the completed lecture materials in the designated formats to the Course Chair for review and editing is **Friday, June 1, 2012**.
- The Course Chair is responsible for making certain that each lecture syllabus meets the standards for content, fulfillment of learning objectives, organization, objectivity, lack of bias, and format. ***The Course Chair is responsible for ensuring that the material is unbiased and evidence-based.***
- Course chairs must submit all of the text and slide files by emailing the files to <mailto:annualmeeting@yahoo.com> by **Friday, June 29, 2012**. This address will accept attachments up to 18MB. If the powerpoint files exceed this limit, it is requested that they be broken into multiple parts, designated as "title" Part 1, 2, etc. Please note that the Course Chair submits a compendium of individual PowerPoint and Word files. It is the responsibility of the Course Chair to submit **ALL** the files comprising the complete syllabus to ASRM. Please do not submit a partial syllabus with lectures missing. The syllabus compendium should include the following:
 1. Course title page and Learning Objectives in Word
 2. Lecture 1 title page and Learning Objectives in Word
 3. Lecture 1 slide presentation in PowerPoint
 4. Lecture 1 References in Word

5. Lectures 2-*n*: repeat steps 2-4

- The syllabi for the postgraduate courses are reviewed by ASRM staff for conformity with generally accepted standards of medical evidence and ASRM Practice Guidelines and then copy edited for correct formatting. Due to the time-consuming nature of the review process and production of the printed syllabi, it is important that materials be submitted in a timely manner by the specified due dates.
- Approximately one month prior to the Postgraduate Program, the electronic files of the corrected PowerPoint slide presentations and of the composite syllabus will be posted for downloading by faculty members and course registrants. Syllabus materials will be provided on-site at the Postgraduate Program.

The ASRM recognizes that participation in the Postgraduate Program as a Course Chair is a significant imposition on your time. Your tremendous dedication and commitment of time are appreciated by the Society and course participants. Please let us know how we can assist you.

INTRODUCTION AND GENERAL INFORMATION FOR COURSE FACULTY

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- Approximately one month prior to the Postgraduate Program, the electronic files of the corrected PowerPoint slide presentations and of the composite syllabus will be posted for downloading by Faculty members and course registrants. Syllabus materials will be provided on-site at the Postgraduate Program.

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2012 POSTGRADUATE COURSE TIME TABLE

<u>October 17, 2011</u>	Training session for San Diego, CA. postgraduate course chairs.
<u>November , 2011</u>	Faculty information and budget worksheets sent to course chairs.
<u>December 23, 2011</u>	Course chairs submit completed faculty information and budget worksheets to Penelope Fenton
<u>January 2, 2012</u>	Penelope Fenton to send contracts to faculty.
<u>February 1, 2012</u>	Course chairs and faculty send contracts to Penelope Fenton.
<u>June 1, 2012</u>	Syllabus material submitted from faculty to course chairs for review.
<u>June 29, 2012</u>	Course chairs submit syllabus material to Postgraduate Program Coordinator in ASRM office for review by the Postgraduate Program Committee.
<u>September, 2012</u>	Corrected PowerPoint presentations will be uploaded to audio/video service by ASRM and be available for download by chairs and faculty. Course faculty may upload video links to the audiovisual presentation services web site, if applicable.
<u>October 21-22, 2012</u>	Postgraduate Courses – San Diego, CA

Postgraduate Program Chair

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ASRM Scientific Director

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Postgraduate Program Co-Chair

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ASRM Postgraduate Program Coordinator (Primary Contact)

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Postgraduate Course Coordinating Chair

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**American Society for Reproductive Medicine
2012 Postgraduate Program
San Diego, CA ~ October 20 – 21, 2012**

Saturday, October 20, 2012

1. **“Ultrasound Imaging in ART”** – Imaging in Reproductive Medicine Special Interest Group/AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (IRMSIG/AIUM) – Laurel Stadtmauer, M.D., Ph.D. [CME, ACOG, AIUM]
2. **“Coding for Reproductive Medicine Practices 2012”** – ASRM CODING COMMITTEE –John Queenan, Jr., M.D. [CME, ACOG]
3. **“Fertility Preservation and Beyond: Do the 2006 ASCO guidelines reflect the current state of practice and technologic advances?”** – FERTILITY PRESERVATION SPECIAL INTEREST GROUP (FPSIG) – Nicole Noyes [CME, ACOG]
4. **“Examining The Genetic Link: When the Donor Conceived, Donors, Genetic Siblings and Parents Search For and Meet Each Other”** – MENTAL HEALTH PROFESSIONAL GROUP (MHPG) Jean Benward, M.S., L.C.S.W. [APA, NASW]*
5. **“Approaches to optimizing ART outcomes”** – SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY (SART) -- R. Stan Williams, M.D. [CME, ACOG, PEER]
6. **“Uterine Fibroids and Reproductive Function”** – FIBROID SPECIAL INTEREST GROUP (FibroidSIG) – Shannon Laughlin, M.D., M.P.H. [CME, ACOG]
7. **“The Embryo as the Patient- the Update on Diagnosis”** – PG Chair Choice – Carlos Simón, M.D., Ph.D., and Renee A. Reijo Pera, Ph.D. [CME, ACOG, PEER]
8. **“The Male is Half the Picture: Emerging Clinical and Laboratory Issues Affecting Male Reproductive Competence”** – SOCIETY FOR MALE REPRODUCTION AND UROLOGY (SMRU) – Grace M. Centola, Ph.D. [CME, ACOG, PEER]
9. **“State of the Art Micromanipulation Techniques In The IVF Lab”** – SOCIETY OF REPRODUCTIVE BIOLOGISTS AND TECHNOLOGISTS (SRBT) – Tom Turner, M.S. [CME, ACOG, PEER]
10. **“TBD”** – American Association of Bioanalysts/American Board of Bioanalysis (ABB/ABB) – Tammy Schalue [NON-CME]

11. **"Complications of Fertility Treatment: In Quest of the Happy Ending"** – NURSES PROFESSIONAL GROUP (NPG) – Angela Smith, N.P, Tamara Tobias, A.R.N.P. [NPWH]

Sunday, October 21, 2012

12. **"Ultrasound Imaging in Reproductive Medicine-A Practical Approach"** – AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE/AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (IRMSIG/AIUM) – Laurel Stadtmauer, M.D., Ph.D. [CME, ACOG, AIUM]
13. **"Disorders of Female Pubertal Development"** –PEDIATRIC AND ADOLESCENT GYNECOLOGY SPECIAL INTEREST GROUP (PAGSIG) – Jennifer E. Dietrich, M.S., M.Sc. [CME, ACOG]
14. **"Assisted Reproduction - Maximizing Success And Avoiding Risks"** – MIDDLE EAST FERTILITY SOCIETY (MEFS) – Hassan Sallam, M.D. [CME, ACOG, PEER]
15. **"New Families on Trial"** – MENTAL HEALTH PROFESSIONAL GROUP (MHPG) – Andrea Mechanick Braverman, Ph.D. [APA, NASW]
16. **"Getting Into the Zona: A Nurses Guide to the Latest Developments in the ART Laboratory"** – NURSES PROFESSIONAL GROUP (NPG) – Elizabeth West, R.N.C., B.S.N. [NPWH]
17. **"TBD"** –EUROPEAN SOCIETY FOR HUMAN REPRODUCTION AND EMBRYOLOGY (ESHRE) – TBD [CME, ACOG]
18. **"Male Reproductive Microsurgery: A Hands-On Course"** – SOCIETY OF REPRODUCTIVE SURGEONS (SRS) – Mark Sigman, M.D. [CME, ACOG]
19. **"The Clinician's Role in Care for the Postreproductive Woman"** – SOCIETY FOR REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY (SREI)/ MENOPAUSE SPECIAL INTEREST GROUP (MSIG) – Genevieve Neal-Perry, M.D., Ph.D. [CME, ACOG]
20. **"Relief for the REI Practice Manager"** – ASSOCIATION OF REPRODUCTIVE MANAGERS (ARM) – Kira B. Copperman, L.M.S.W. [NON-CME]
21. **"Regenerative Medicine: Promise, Pitfalls and Realities"** – REGENERATIVE MEDICINE AND STEM CELL BIOLOGY SPECIAL INTEREST GROUP (RMSCBSIG) – Gerald Schatten, Ph.D. [CME, ACOG]

10-03-11

**COMPENSATORY ARRANGEMENTS
FOR 2012 POSTGRADUATE PROGRAM**

- A. Suggested distribution of honoraria and expense allowance
- | | |
|--|----------------|
| 1. Course Chair | \$2,650 |
| 2. Two additional faculty @ \$2,400 each | <u>\$4,800</u> |
| TOTAL BUDGET | \$7,450 |
- B. A maximum of four (4) faculty members, including the Course Chair(s), can be exempt from the Scientific Program registration fee. All participating faculty members continue to be exempt from the Postgraduate course registration fee.
- C. The recommended total number of faculty members is three. If a fourth faculty member is scheduled, the Course Chair may propose a redistribution of the total budgeted funds. The Scientific Director must approve all honoraria and expense allowances.
- D. Each faculty member and chair who submits his/her complete syllabus materials (title page with learning objectives, PowerPoints, reference lists, test questions, etc.) in the appropriate formats by the prescribed deadline will receive a \$100 bonus payment.

**ASRM ANNUAL MEETING POSTGRADUATE COURSE INFORMATION
FOR ONE-DAY COURSE**

Please return to ASRM by December 23, 2011

Title: _____

Target Audience: _____

Affiliated Society/Professional Group/Special Interest Group: _____

Office contact person: _____

Telephone: _____ **Fax:** _____

E-Mail: _____

1. In the space provided, please provide all information requested. In addition, honoraria and expense allowance for each of the faculty should be indicated as deemed appropriate.
2. Four faculty, which may include the Course Chair, will be exempt from the Annual Meeting registration fee. Faculty continues to be exempt from the postgraduate course registration fee.
3. Funds are not available for additional faculty unless the Course Chair decides to divide the allocated funds differently.
4. Each faculty member and chair who submits his/her complete syllabus materials (title page with learning objectives, PowerPoints, reference lists, test questions, etc.) in the appropriate formats by the prescribed deadline will receive a \$100 bonus payment.
5. The Postgraduate Program Chair and Executive Director must approve all honoraria and expense allowances. Exceptions to the above rules are only made under special circumstances in which the Executive Director approves a separate course budget.

City State Country 9 Digit Zip

Telephone (Day): Country Code/City Code/Number Cell: emergency only

Fax: Country Code/City Code/Number

E-Mail (Indicate if N/A if Not Available)

Total Honorarium & Expense Allowance \$ _____

Exempt from Annual Meeting registration fee yes x no

Submit CV or NIH Biosketch (required)

3.

Given Name MI Family Name

Degree/Title

Company/Institution

Department/Division

Mailing Address

City State Country 9 Digit Zip

Telephone (Day): Country Code/City Code/Number Cell: emergency only

Fax: Country Code/City Code/Number

E-Mail (Indicate if N/A if Not Available)

Total Honorarium & Expense Allowance \$ _____

Exempt from Annual Meeting registration fee yes x no

COURSE SYLLABUS PREPARATION INSTRUCTIONS - CHAIRS

Due date for lecture syllabi to be submitted to Course Chair: Friday, June 1, 2012

Due date for complete course syllabi to be submitted to ASRM: Friday, June 29, 2012

PURPOSE OF SYLLABUS:

- Provide a complete, stand-alone summary of the content of the presentations
- Eliminate the need for learners to take extensive notes during the presentations
- Provide evidence-based information that can be used by learners to improve their patient care
- Provide learners with lists of literature references substantiating the lecture content

FORMAT

- **Margins**
 - Set all margins for text files to 1 inch
- **Font**
 - ARIAL font, 11-point for Word files (12-point bold for lecture titles)
 - ARIAL font, minimum 24-point for PowerPoint slides
- **Course title page**
 - The overall COURSE title page will be prepared by ASRM staff
- **Each lecture (prepared by lecturer; separate files for each lecture)**
 - **Title page – Microsoft WORD (EXAMPLE #1)**
 - Center the lecture title at the top of the page and typed in **BOLD** in all capital letters using Arial 12-point font.
 - Space down 3 lines, change the font size to 11-point regular, and center your full name and highest medical/academic degree on the first line with your affiliations and/or professional titles on the following lines.
 - Approximately 2/3 down the page, type the Learning Objectives. The words **LEARNING OBJECTIVES** are to be Left Justified and typed in Bold in Arial 11 font. Follow the exact format in the sample Title page for listing the Learning Objectives for the presentation:
“At the conclusion of this presentation, participants should be able to:”
 - Save the Title Page and Reference page(s) for each lecture in a **single** Word file using the file-naming convention below.
 - **Slides – Microsoft POWERPOINT (EXAMPLES #2, 3, 4)**
 - Prepare the lecture syllabus as a PowerPoint slide presentation using Microsoft PowerPoint 97 or a more recent version. If you use a Macintosh computer, please verify on a Windows-compatible computer that the symbols and fonts are reproduced as you intend. A **preferred template** is located: <http://www.asrm.org/presenters/>
 - You may submit your PowerPoint presentations in full color.

A brief tutorial on how to prepare excellent PowerPoint presentations is available at:

[Instructions for Syllabus Preparation \(PowerPoint file\)](http://www.asrm.org/presenters/)

[\(http://www.asrm.org/presenters/\)](http://www.asrm.org/presenters/)

- The first three slides for each individual lecture should be as follows:
 - Slide 1** - Lecture title, your full name, highest medical/academic degree and affiliation and/or professional title. **(EXAMPLE #2)**
 - Slide 2** - List the Learning Objectives. **(EXAMPLE #3)**
 - Slide 3** – Disclosure list of commercial and/or financial relationships with manufacturers of pharmaceuticals, laboratory supplies and/or medical devices. **(EXAMPLE #4)**

- Logos, ads or names of pharmaceuticals/manufacturing companies cannot be located on any slide. The only exception is a company name for the reference of a figure.
 - Use only generic names of drugs. Registered trademarked names of commercial products should NOT be used unless multiple preparations of the same product are being compared or the generic name is extremely cumbersome. Trade names might have to be used in the case of unique specialized pieces of equipment.
 - Graphs and charts must be referenced and need to be clear enough to be read when the syllabus is printed with three slides per page.
 - Citations of previously published work on individual slides may consist of the name of the first author, “et al.” if necessary, and the year of publication.
 - It is the author’s responsibility to obtain written permission to use previously published material and/or to use co-authored material since the syllabus will be copyrighted and printed. ***Permission must be obtained from publishers of all illustrations and tables that are copied.***
 - Slide notes may be added for each slide.
 - Save each individual lecture PowerPoint presentation as “PowerPoint 97-2000 & 95 Presentation” using the file-naming convention below.
- **References – Microsoft WORD (EXAMPLE #5)**
- Complete list of EVERY reference cited in the presentation without exception
 - Compiled using Microsoft Word following the citation format used in Fertility and Sterility (authors, article titles, journal/book, year, volume, inclusive pages)
 - Arranged in alphabetical order with reference numbers
 - Save the reference pages for each lecture with the title page of the lecture in a Word file using the file-naming convention below.

FILE NAMING CONVENTION

- Please name the PowerPoint and Word files as follows before uploading to the ASRM Web site:
- Include the Chair last name, Speaker last name and an abbreviated title of the lecture.
Example: LONGLEY_PETOK_MALEFERTILITYFACTOR
- If you use Macintosh, please save the files WITH the .ppt or .doc file extension as appropriate.

SUBMISSION INSTRUCTIONS:

- Email files to: annualmeeting@yahoo.com. If files exceed 18MB, please separate into “Part 1” and “Part 2” prior to emailing. They will be recombined upon receipt by ASRM.

REMINDER:

- ASRM will review and edit the PowerPoint presentations and Word documents directly.
- The edited PowerPoint presentations and the complete syllabus (PDF format) will be available for course chairs and faculty to download in September 2012.
- Edited PowerPoint presentations will be uploaded to the audio/video service by ASRM.

COURSE SYLLABUS PREPARATION INSTRUCTIONS - FACULTY

Deadline for lecture syllabi to be submitted to Course Chair:

Friday, June 1, 2012

PURPOSE OF SYLLABUS:

- Provide a complete, stand-alone summary of the content of the presentations
- Eliminate the need for learners to take extensive notes during the presentations
- Provide evidence-based information that can be used by learners to improve their patient care
- Provide learners with lists of literature references substantiating the lecture content

FORMAT

- **Margins**
 - Set all margins for text files to 1 inch
- **Font**
 - ARIAL font, 11-point for Word files (12-point bold for lecture titles)
 - ARIAL font, minimum 24-point for PowerPoint slides
- **Each lecture (prepared by lecturer; separate files for each lecture)**
 - **Title page – Microsoft WORD (EXAMPLE #1)**
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 - Space down 3 lines, change the font size to 11-point, and center your full name and highest medical/academic degree on the first line with your affiliations and/or professional titles on the following lines.
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 - Save the Title Page and Reference page(s) for each lecture in a **single** Word file using the file-naming convention below.
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- Use only generic names of drugs. Registered trademarked names of commercial products should NOT be used unless multiple preparations of the same product are

being compared or the generic name is extremely cumbersome. Trade names might have to be used in the case of unique specialized pieces of equipment.

- Graphs and charts must be referenced and need to be clear enough to be read when the syllabus is printed with three slides per page.
 - Citations of previously published work on individual slides may consist of the name of the first author, “et al.” if necessary, and the year of publication.
 - It is the author’s responsibility to obtain written permission to use previously published material and/or to use co-authored material since the syllabus will be copyrighted and printed. **Permission must be obtained from publishers of all illustrations and tables that are copied.**
 - Slide notes may be added for each slide.
 - Save each individual lecture PowerPoint presentation as “PowerPoint 97-2000 & 95 Presentation” using the file-naming convention below.
- **References – Microsoft WORD (EXAMPLE #5)**
- Complete list of EVERY reference cited in the presentation without exception
 - Compiled using Microsoft Word following the citation format used in Fertility and Sterility (authors, article titles, journal/book, year, volume, inclusive pages)
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Example: LONGLEY_PETOK_MALEFERTILITYFACTOR
- If you use Macintosh, please save the files WITH the .ppt or .doc file extension as appropriate.

SUBMISSION INSTRUCTIONS:

- EITHER email your PowerPoint and Word files to the Course Chair, OR send them on a CD with a printed copy of your lecture presentations to the Course Chair, OR BOTH.
- The Course Chair will review and edit your title pages, PowerPoint presentations, and lists of references, as necessary, and submit them to the ASRM Office.

REMINDER:

- ASRM will review and edit the PowerPoint presentations and Word documents directly.
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ART CHILDREN: DEVELOPMENTAL ISSUES ACROSS THE LIFESPAN

Kyle Pruett, M.D.
Clinical Professor of Child Psychiatry and Nursing
Yale University School of Medicine

LEARNING OBJECTIVES

At the conclusion of this presentation, participants should be able to:

- 1.
- 2.
- 3.
- 4.

OVARIAN RESERVE TESTING

Michael M. Alper, M.D.

Boston IVF

Harvard Medical School

LEARNING OBJECTIVES

At the conclusion of this presentation, participants should be able to:

1. Describe the tests available to assess ovarian reserve.
2. List the limits of available testing.
3. Develop a practical approach to using tests for ovarian testing.

DISCLOSURE

Michael M. Alper, M.D.

Advisory Board and Consultant:

Serono, Organon, Ferring, Cooper, ViaCell

REFERENCES

1. Bidwell J, Keen L, Gallagher C, Kimberly R, Huizinga T, McDermott MF, et al. Cytokine gene polymorphism in human disease. *Genes Immunol* 2001; 1:3-19.
2. Cannon JG, Dinarello CA. Increased plasma interleukin-1 activity in women after ovulation. *Science* 1985; 227:1247-9.
3. Li TC, Makris M, Tomsu M, Tuckerman E, Laird SM. Recurrent miscarriage: aetiology, management and prognosis. *Hum Reprod Update* 2002; 8:463-80.
4. Simon C, Farnes A, Piquette GN, El-Danasouri I, Zuaawski, G, Dang W. Embryonic implantation in mice is blocked by interleukin-1 receptor antagonist (IL-1ra). *Endocrinol* 1994; 134:521-8.

ASRM 2012 Annual Meeting Postgraduate and Scientific Program Test Question Instructions

The ASRM CME Committee must assess the effectiveness of the Society's educational programs in improving health care providers' clinical competence. All participants in the Postgraduate and Scientific Programs at the 2011 Annual meeting are asked to complete a pre-activity assessment of current practice relevant to the topics of the selected educational courses or sessions.

For your session, you are asked to provide the same five answers to the following two questions: 1) *In my practice, I currently...* and 2) *After participating in this session, I will do the following in my practice...* The answers to these questions should address the main message of your presentation rather than an obscure point. Please include only one (1) correct answer in the choices and do not use "all of the above" or "none of the above" as choices. The incorrect choices should be the most commonly given incorrect answers. The last choice should be "Not applicable to my area of practice." Note that these practice-based questions will replace the knowledge-based questions used previously.

Use the format of the following example, which would precede a session titled "Workup of the infertile female: evidence-based practice."

EXAMPLE

Case Presentation: A 32-year-old woman who desires pregnancy has had 18 months without conception. She has 29-31 day menstrual cycles with intercourse approximately every other day at mid-cycle. She has a body mass index of 26 kg/m² and her pelvic examination is normal. She has light facial hair growth that is controlled with tweezing.

Pre-Test (to be administered before the meeting)

In my practice, I currently would do the following in this situation:

- A. Perform diagnostic laparoscopy as the first step in the infertility evaluation.
- B. Perform a semen analysis to assess male reproductive function prior to performing any invasive diagnostic procedures.**
- C. Perform an FSH level on cycle day 3 to assess ovarian reserve.
- D. Prescribe 250 mg of clomiphene citrate on days 5 thru 9.
- E. Prescribe metformin and 150 mg clomiphene citrate.
- F. Not applicable to my area of practice.

Post – Test (to be administered 30 days after the meeting)

After participating in this session, I will do the following in this situation:

- A. Perform diagnostic laparoscopy as the first step in the infertility evaluation.
- B. Perform a semen analysis to assess male reproductive function prior to performing any invasive diagnostic procedures.**
- C. Perform an FSH level on cycle day 3 to assess ovarian reserve.
- D. Prescribe 250 mg of clomiphene citrate on days 5 thru 9.
- E. Prescribe metformin and 150 mg clomiphene citrate.
- F. Not applicable to my area of practice.

AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

LEARNING OBJECTIVES INSTRUCTIONS FOR AUTHORS

Each syllabus must contain the following:

1. Three to five behaviorally stated Learning Objectives.
2. A list of references for each lecture.

A high quality syllabus is of great importance and is required for all ASRM courses. It enhances the learning experience and is necessary for proper CME accreditation. Reprints are not acceptable in the syllabus.

LEARNING OBJECTIVES

Participants learn more from a presentation when they have been told precisely what they stand to gain. That is why learning objectives are a requirement for each presentation. They should be a part of the slide presentation at the beginning and end of each lecture. They give participants a way to organize the information presented. In addition, learning objectives provide the basis for evaluating the effectiveness of the lecture.

Therefore, the instructor should develop several objectives for each presentation. These should be expressed in terms of the knowledge, skills, or values that the participants can demonstrate by an action or behavior. When possible, an objective should name a behavior directly describable in terms of patient care, (i.e., to diagnose premature ovarian failure). When the outcome is an understanding not directly describable in terms of patient care, the objective should name a behavior showing the participant has, in fact, acquired the desired understanding (i.e., to diagram the regulation of prolactin secretion). Avoid objectives for a lecture that can only be achieved with hands-on experience (i.e., to perform a linear salpingostomy).

A clue to good learning objectives is carefully selected verbs that describe what the participant will be able to do because of having attended this presentation. The following page contains a list of such verbs.

Examples of learning objectives:

LEARNING OBJECTIVES

At the conclusion of this presentation, participants should be able to:

1. List, according to incidence, the causes of delayed sexual development.
2. Cite the parameters of normal fertility in the general population against which the functioning of the infertile couple must be judged.

LIST OF VERBS FOR FORMULATING LEARNING OBJECTIVES

1. Those that communicate **KNOWLEDGE**

Information	Comprehension	Application		Analysis	Synthesis	Evaluation
cite	associate	apply	practice	appraise	arrange	appraise
count	classify	calculate	predict	contract	assemble	assess
define	compare	complete	relate	criticize	collect	choose
describe	compute	demonstrate	report	debate	compose	critique
draw	contrast	dramatize	restate	detect	construct	estimate
indicate	describe	employ	review	diagram	create	evaluate
list	differentiate	examine	schedule	differentiate	design	grade
name	discuss	illustrate	sketch	distinguish	detect	judge
point	distinguish	interpolate	solve	experiment	formulate	measure
quote	estimate	interpret	translate	infer	generalize	rank
read	explain	locate	use	inspect	integrate	rate
recite	express	operate	utilize	inventory	manage	recommend
record	extrapolate	order		question	organize	revise
repeat	interpolate			separate	plan	score
select	interpret				prepare	test
state	predict				produce	
tabulate	report				propose	
tell	restate				specify	
trace	review					
	translate					

2. Those that impart **SKILLS**

diagnose	hold	internalize	measure	pass	project
empathize	integrate	massage	palpate	percuss	visualize

3. Those that convey **ATTITUDES**

acquire	exemplify	realize	reflect
---------	-----------	---------	---------

4. These verbs are BETTER AVOIDED. They are often used, but are open to many interpretations.

appreciate	believe	have faith in	know	learn	understand
------------	---------	---------------	------	-------	------------

One day Postgraduate course

08:15 – 08:30	Course Introduction and Orientation
08:30 – 09:05	
09:05 – 09:15	Questions and Answers
09:15 – 09:50	
09:50 – 10:00	Questions and Answers
10:00 – 10:30	Break
10:30 – 11:05	
11:05 – 11:15	Questions and Answers
11:15 – 11:50	
11:50 – 12:00	Questions and Answers
12:00 – 13:00	Lunch
13:00 – 13:35	
13:35 – 13:45	Questions and Answers
13:45 – 14:15	
14:15 – 14:20	Questions and Answers
14:20 – 14:50	
14:50 – 15:00	Questions and Answers

One day Postgraduate course (continued)

15:00 – 15:30	Break
15:30 – 16:05	
16:05 – 16:15	Questions and Answers
16:15 – 16:50	
16:50 – 17:00	Questions and Answers

Course Chair Syllabus Checklist

Is the following checklist for your course syllabus complete?

Individual Lecture Title Pages	
Lecture title in all capital letters, Arial, font size of 14 and in bold. Title is to be centered at the top of the first page.	
Below the lecture title and centered on the page, the author's full name and highest medical/academic degree are to be entered in lower case, Arial, font size of 12 and unbolded.	
The next line should include the author's professional title and affiliation.	
Learning Objectives (4 or 5 per lecture)	
Meeting Schedule	
Start at 8:15 a.m.	
Breaks at 10:00 – 10:30 a.m.; 3:00 – 3:30 p.m.	
Lunch at 12:00 – 1:00 p.m.	
End at 5:00 p.m.	
Syllabus Submission	
A final lecture schedule is included.	
Each lecture is saved as an individual PowerPoint document (version 97 or a more recent version) and labeled per Naming Convention. See Syllabus Preparation Instructions)	
References for every lecture are labeled per Naming Convention and submitted as a Word Document	
Test Questions	
One per lecture. At least half vignette-style	
Materials emailed to annualmeeting@yahoo.com by June 29, 2012	

PERMISSION REQUEST

Date: _____

To:

Publisher/Original Author: _____

Address: _____

City, State, Zip: _____

From:

Author Requesting Permission: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Dear Sir/Madam:

I am preparing an article to include in the syllabus of the postgraduate course to be presented on _____ sponsored by the American Society for Reproductive Medicine. This course is for health professionals who already have a working knowledge of reproductive endocrinology and fertility.

It is my understanding that you hold the rights to the material listed below, which I would like to include in my article. Therefore, I am hereby requesting permission to include the following material specified as tables, figures, author(s), title, date, volume, page(s), etc.:

Please indicate your permission by signing, dating and returning this letter to me as soon as possible. Please send a copy as indicated below to Cherie Holverstott at the American Society for Reproductive Medicine.

Thank you.

Author's Signature

Permission is hereby granted for use of the following material: (Specify exact material, tables and figures, author(s), title, date, volume, page(s), etc.)

Reference: _____

Signature

Title

Publisher/Original Author: Please send a copy of this completed form to:

Penelope Fenton
American Society for Reproductive Medicine
1209 Montgomery Highway
Birmingham, AL 35216
Fax: (205) 978-5005 or email: pfenton@asrm.org

Course Chair Syllabus Checklist

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Test Questions	
One per lecture. At least half vignette-style	
Materials emailed to annualmeeting@yahoo.com by June 24, 2011	

**Speaking Skills for
Medical Educators:
A Brief Guide**

Speaking Skills for Medical Educators: A Brief Guide

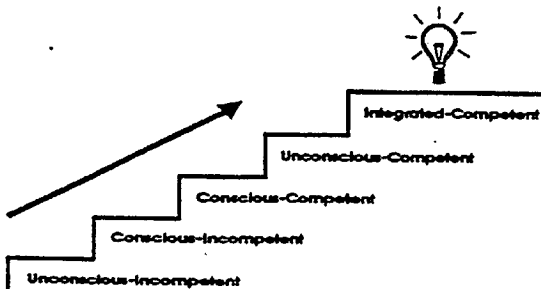
1. Your Role as a Medical Educator

Overview

The focus of this section is on you as a teacher. By the end of it, you should be able to:

- Identify how adults learn.
- Use visual aids effectively.
- Construct a high quality lesson.

2. How Adults Learn



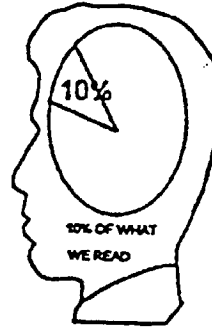
As a medical educator, you will be called on to help other physicians learn. Understanding the special learning needs of adults will help you to do this.

Adults learn best by actively doing something. For example, if you simply read this material, you will, according to research, learn about 10% of the content. When you actually use the skills described, your retention will jump to about 90%.

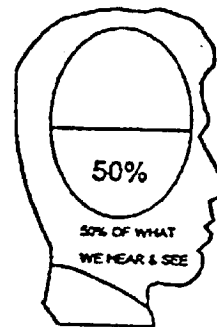
Your learners have needs that are similar to your own. Think back to the best and worst learning experience you've had as a doctor. What made them seem so good or bad?

3. Learning Retention

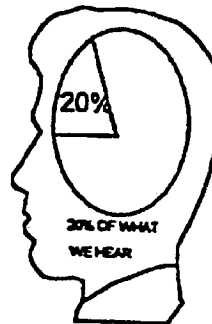
What Do We Retain?



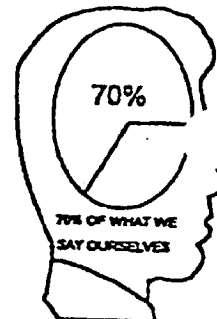
Ex: Read a book



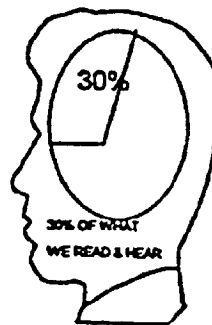
Ex: Watch demonstration as someone explains



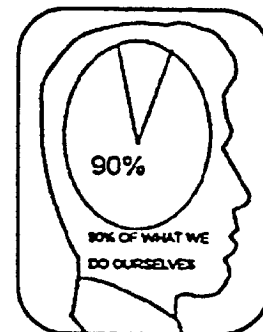
Ex: Listen to lecture



Ex: you discuss concepts



Ex: Lecturer reads slides to you



Ex: Do the skill. (either psychomotor or cognitive).

4. Principles of Adult Learning

1. Adults must want to learn. Adult learning is affected by adult experience. Most adult learning comes from making use of others' experiences.
2. Adults want respect. They want an instructor who has taken the time to ask what they need to learn and then tailored the learning specifically to them.
3. Adults learn best by doing. They prefer to deal with "real-life" examples and like a variety of presentation aids and teaching techniques.
4. Adults need feedback about their progress, but may fear tests and the possible results.
5. Adults learn best when they actively participate in the learning environment. The teacher must organize teaching activities that require students to share responsibility for mutual inquiry and response.

5. Very Brief Guide to Planning Presentations

Any good presentation has three elements: an **Open**, a **Body** and a **Close**. Each element should be structured and sequenced. This Guide incorporates one approach to structuring and sequencing a presentation, including the four principles known to enhance retention and recall in adult audiences.

OPEN

Attracts attention, states educational objectives and gives a rationale or statement of relevance.

- **Attention** – A mere greeting, brief synopsis, experience, or question. Usually something related but not essential. Intended to let audience stop talking and start listening.
- **Objectives** – Tell the audience what they will be able to do differently after your talk.
- **Relevance** – Show the learner why he needs to know. Stress practical application, clinical management or treatment.

BODY

The information your audience came to hear. Make a distinct transition from the opening.

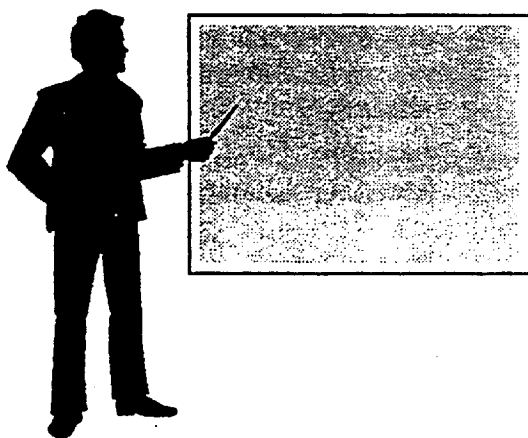
- **Review** – Bring your audience to common ground – review briefly what you think they already know.
- **Structure** – New material is retained best when delivered in a particular sequence. Plan the sequencing in advance and share it with the audience. Re-use the outline throughout the presentation when beginning new sections.
- **New material** – Offer new material in lecture or discussion format depending on the size of the audience.

CLOSE

Offers interaction. Important to your presentation's success so allow sufficient time.

- **Summarize** – Review key points.
- **Questions** – Leave enough time for questions and give brief answers. This interaction with the audience is crucial.

6. Tips for Effective Presentations



Speak Extemporaneously

Don't read a speech or presentation. Rely on charts or audio-visual aids to keep your place and to maintain organization of your presentation.

Stay Within Your Time Limit

Time-blindness may be a sign of other ills. It can mean incomplete preparation, poor organization, and/or a lack of respect for your audience.

Consider the Makeup of Your Audience

Know your audience and use this information to make your presentation more effective. Recognize the efforts and accomplishments of members of your audience or their organizations as examples in your presentation.

Be Sure You Can Be Heard

If people have to concentrate on hearing you, they will not remember what you are saying.

Speak into the microphone and talk to the audience, not the screen. If you are animated and enthusiastic, you usually will be loud enough to be heard.

Keep Eye Contact

When you are talking to one person, look at their eyes and maintain contact. When before a small group, look at the individuals or the whole group. Before a larger audience, focus on certain sections, and switch to another section. When you turn your eyes away from your audience, you break an important psychological bond.

Use Visual Aids Effectively

Visual aids demonstrate major points and give organization and variety to your oral presentation. The visual aid must be brief, clear, and to the point. Use the pointer with care - don't wave it around.

Use Meaningful and Natural Gestures

Your gestures should be sincere, natural, and meaningful. It's estimated that between 50% and 80% of communication is non-verbal. For your gestures to be effective, they must convey the same meaning as the words you are using.

Use Examples to Make Your Explanations Clear

Next to providing exercises or short interactive videos, examples are the most effective way to tell your story. Keep your explanation short, simple, and to the point, then follow it with a short, simple, and meaningful example.

Be Enthusiastic

If you are interested and enthusiastic about your subject, most of your audience will also become enthusiastic and will listen to you, and remember what you said. An old saying goes, "They don't care how much you know, until they know how much you care."

Learn to Live With "Stage Fright"

Virtually all the best speakers and teachers feel stage fright and learn to use it to make their performance better. Good speakers use this emotion to help prepare themselves. Be intense, sincere, enthusiastic, and entertaining and you will give a good presentation.

- Casual positions are distracting.
If there is a lectern, stand behind or away from it, don't lean against it. Make your movements purposeful – don't talk while you walk.
- Rules can be broken.
At the right time and place, any of these rules can effectively be broken.

7. Instructional Aids

You will find many occasions to use various instructional aids. An understanding of the purpose and proper use of instructional aids is helpful.

Functions of Instructional Aids

- To prompt.
- To gain interest.
- To enhance or clarify.
- To convince.

8. Effective Instructional Aids Should Be:

- Readable
- Appropriate
- Understandable
- Accurate
- Supplemental
- Skillfully presented

9. Commonly Used Instructional Aids:

- Slides
- Flipcharts
- Overhead transparencies
- Chalkboard/dry erase board
- Charts, posters
- Videotapes, videodiscs, films
- Handouts
- Models, simulations

Guidelines for Effective Slides

Remember this rule:

NO
MORE
THAN
SEVEN WORDS PER LINE
PER
SLIDE

- Slides should illustrate and/or summarize using pictures or words.

- Dark, cool colors (blues and greens) tend to recede, and light, warm colors (yellows, oranges and white) come forward. Thus, cooler colors make better backgrounds while warmer colors are best for lettering. Avoid the use of red.
- Avoid copying printed material as there is often too much information present on a typed page for legible projection.
- Slides should be horizontal in format; vertical images may project over the edge of a horizontal screen.

Flipchart Guidelines

- One idea per page.
- No more than 20 words/6 lines.
- Readable from anywhere in the room.

Overhead Transparency Projector Guidelines

- Make sure that everyone can see the screen.
- Provide handouts of your transparencies for taking notes.
- Read from the projection table, not facing the screen.
- Don't block the projected image; watch for shadows cast on the screen.
- Pre-focus the projector before using it in front of the class.
- Turn the projector off when a transparency has served its purpose; don't leave it projected while talking about other things.

- Keep a spare bulb with the projector.
- Put notes on transparency frame.

Chalk/Dry-Erase Board Guidelines

- Lettering must be legible.
- Make only one point at a time. Don't pre-write all lesson material.
- Erase any information that is no longer needed.
- Use only the upper half of the board. Your class may not be able to see the lower half.

Avoid

- Reading every word that appears on the screen!
- Dirty, scratched, or out-of-focus slides.
- Becoming "tied" to the projector.
- Turning your back to the class and looking to the screen or board.
- Glare from windows. Adjust window shades or lighting as necessary.
- Using red markers except to highlight points.

10. Twelve Do's and Don'ts

1. **Do state your objectives at the beginning.**
 - What will you say?
 - Why are you saying it?
 2. **Do distinguish between major and minor points.**
 3. **Do organize your lecture in a conversational form.**
 4. **Do use many examples, both positive and negative.**
 5. **Do use appropriate vocabulary**
 - Descriptive terms and definitions
 6. **Do use visuals or handouts for complex tables, data, diagrams, or graphs.**
 7. **Do refer back to your outline to keep your audience on track as you move on to the next main point.**

Do write key words on the board as you go.
 8. **Do ask questions, even if only rhetorical.**
 9. **Do speak loudly and clearly.**
 10. **Do state when and how you expect participation.**
 11. **Do show your enthusiasm for the topic.**
 12. **Do be yourself.**
1. **Don't make more than 5 main points in a one-hour lecture.**
 2. **Don't state major points just once.**
 3. **Don't organize your lecture like a journal article or CPC.**
 4. **Don't assume that just one example will adequately present a concept.**
 5. **Don't use technical terms or diagnostic labels without explanation.**
 6. **Don't use illegible slides, overhead transparencies, or blackboard writing.**
 7. **Don't go on without summarizing.**
 8. **Don't talk to the chalkboard or the window.**
 9. **Don't read to the class.**
 10. **Don't write and talk at the same time.**
 11. **Don't ignore apparent confusion or distraction.**
 12. **Don't speak in a monotone or "journalese".**

11. Levels of Learning

Descriptions of the Major Categories in the Cognitive Domain*	Illustrative Behavioral Terms for Stating Learning Outcomes*	Sample Questions*
<p>1. KNOWLEDGE is the remembering of previously learned material. This may involve recalling a wide range of material, but all that is required is bringing it to mind. Knowledge represents the lowest level of learning outcomes in the cognitive domain.</p>	<p>Defines, describes, identifies, labels, lists, matches, names, outlines, reproduces, selects, states.</p>	<ol style="list-style-type: none"> 1. What is the arthropod vector for Rocky Mountain spotted fever? 2. Name three ganglionic blocking agents used in the treatment of hypertension. 3. List four causes of aplastic anemia.
<p>2. COMPREHENSION is the ability to grasp the meaning of material. This may be shown by translating material from one form to another (words to numbers), by interpreting material (explaining or summarizing), or by estimating future trends (predicting consequences or effects). Comprehension goes one step beyond the simple remembering of material and represents the lowest level of understanding.</p>	<p>Converts, defends, distinguishes, estimates, explains, extends, generalizes, gives examples, infers, paraphrases, predicts, rewrites, summarizes.</p>	<ol style="list-style-type: none"> 1. Give an example of the effect of a strong alkali reacting with human tissue. 2. Tell me in your own words why a Bence-Jones protein is found in myeloma patients. 3. Distinguish between orthostatic hypotension and vasovagal syncope.
<p>3. APPLICATION is the ability to use learned material in new and concrete situations. This may include the application of such things as rules, methods, concepts, principles, laws, and theories. Application requires a higher level of understanding than comprehension.</p>	<p>Changes, computes, demonstrates, discovers, manipulates, modifies, operates, predicts, prepares, produces, relates, shows, solves, uses.</p>	<ol style="list-style-type: none"> 1. Calculate the amount of intravenous fluid necessary to replenish a patient 10% dehydrated. 2. Predict the arterial oxygen tension one might find in a normal person at an altitude of 10,000 ft.
<p>4. ANALYSIS is the ability to break down material into its component parts in order to understand its organizational structure. This may include identifying parts, analyzing the relationships between them, and recognizing the organizational principles involved. Analyzing requires an understanding of both the content and the structural form of the material.</p>	<p>Breaks down, diagrams, differentiates, discriminates, distinguishes, identifies, illustrates, infers, outlines, points out, selects, separates, subdivides.</p>	<ol style="list-style-type: none"> 1. Is the problem list justified by the data which were presented by student A? Give the reasons for your response. 2. What other inferences can you draw from the data which have been presented about the patient? Give reasons for those inferences. 3. Why is it incorrect to assume that the diagnosis is certain at this point?

11. Levels of Learning - continued

Descriptions of the Major Categories in the Cognitive Domain*	Illustrative Behavioral Terms for Stating Learning Outcomes*	Sample Questions*
<p>5. SYNTHESIS is the ability to form a new whole by putting parts together. This may produce unique communications, a plan of operation, or a set of abstract relations. Synthesis stresses creative behaviors, with major emphasis on the formulation of new patterns or structures.</p>	<p>Categorizes, combines, compiles, composes, creates, designs, explains, generates, modifies, organizes, plans, rearranges, reconstructs, relates, reorganizes, revises, rewrites, summarizes, tells, writes.</p>	<ol style="list-style-type: none"> 1. Give a succinct summary of the data base and the conclusions you reach from that summary. 2. Describe an experiment which would explain the abnormal data found in this case. 3. (Given a problem list) tell me your management plan for each problem.
<p>6. EVALUATION is the ability to judge the value of material based on definite criteria. These may be internal criteria (organizational) or external criteria (relevance to the purpose) and may be determined by the evaluator. Evaluation is highest in the cognitive hierarchy because it contains elements of all other categories, plus conscious value judgments based on clearly defined criteria.</p>	<p>Appraises, compares, concludes, contrasts, criticizes, describes, discriminates, explains, justifies, interprets, relates, summarizes, supports.</p>	<ol style="list-style-type: none"> 1. Given the known coronary risk factors of blood pressure, smoking, diet, and others, evaluate the data that led to these conclusions. 2. Criticize the problem list and plan developed by your peer. 3. Justify your plan for the evaluation of this anemia based upon the criteria you believe are most important.

*From: Gronlund, N.E., *Stating Behavioral Objectives for Classroom Instruction*. New York, MacMillan Publishing Co., 1970, pp.22-23

12. Scripting Your Presentation: A worksheet

Presentation Script

Visual Aids

OPEN

- Attract Attention
 - Set Objectives
 - Establish Relevance
-

BODY

- Review what is known
 - Explain Structure
 - Deliver new material
-

CLOSE

- Summarize key points
 - Q & A
-



ASRM Postgraduate Course Monitor Report

Course number and title: _____

Date(s): _____ Estimated number of attendees: _____

Instructions: Assess the compliance of this course by the following criteria. Write your comments in the comment column and on the lines below. Please write legibly or type your report.

		Yes	No	Comments
1	The purpose of this course was to present scientific information.			
2	Faculty disclosed verbally or in writing commercial and/or financial interests with manufacturers of pharmaceuticals, laboratory supplies and/or medical devices OR indicated there was no relationship to disclose.			
3	Verbal, written, or slide recognition was made as to whether off-label (FDA) uses of unapproved drugs or devices would or would not be discussed.			
4	Presentations were objective and balanced, i.e., a variety of products and/or treatments were discussed.			
5	The Needs Assessment and Description accurately described the content of the presentations.			
6	The presentations met the individual and overall course Learning Objectives.			

Please provide any comments regarding this course: _____

Please provide any constructive comments to the CME Committee: _____

Thank you! Please sign (legibly) below and return this form to ASRM c/o Education Department, 1209 Montgomery Hwy, Birmingham, AL 35216; fax 205-978-5005; pfenton@asrm.org.

Monitor name: _____ Date: _____

NOTES