



**Defense Health Agency, J-7, Continuing Education Program Office  
Clinical Communities Speaker Series:  
Clinical Considerations and Current Trends in Women's Health**

**Thursday, February 22, 2024  
0715 – 1515 (ET)**

**Purpose**

The Defense Health Agency, J-7, Continuing Education Program Office Clinical Communities Speaker Series events are designed to address the professional practice gaps of our learners to improve the care that our health care professionals deliver. This continuing education (CE)/continuing medical education (CME) event is conducted to achieve results that reflect a change in skills, competence, and performance of the health care team, and patient outcomes. Collaboration occurs with the Department of Defense, several government agencies, and other civilian experts for recruitment of academic subject matter experts, clinicians, and researchers to present on current promising, evidence-based research and best practices, thus enhancing the overall educational experience. Participants are expected to apply what they learned in providing patient care individually and collaboratively as a team towards improved patient outcomes.

**Target Audience**

Physicians, Nurses, Pharmacists, Pharmacy Technicians, Physician Assistants, Dentists, Dental Hygienists, Dental Technicians, Optometrists, Social Workers, Psychologists, Registered Dieticians, Dietetic Technicians, Occupational Therapists/Occupational Therapy Assistants, Athletic Trainers, Case Managers, Certified Counselors, Physical Therapists/Physical Therapist Assistants, Kinesiotherapists, Healthcare Executives, and other health care professionals who support/ care for U.S. active-duty service members, reservists, Coast Guard, Public Health Service, National Guardsmen, military veterans and their families.

**Program Overview**

This event will explore the evidence-based practices in women’s health care from the Department of Defense, Defense Health Agency, Walter Reed National Military Medical Center, Johns Hopkins University School of Medicine, Catholic University, Florida Atlantic University, the Veterans Health Administration, and other top community practice groups. The educational content will be created by Subject Matter Experts in the ethics, research, academia, and medical domains of military and civilian health care sectors. The primary focus of this event aims to enhance the quality of patient outcomes and population health by providing advanced continuing education opportunities to improve the practice, skills, and knowledge of health care providers across the Military Health System.

**Program Agenda**

Time (ET)	Titles/Speakers	Learning Objectives (If Applicable)
0715 – 0720	<p><b><i>Welcome Remarks</i></b>  <b>Lolita T. O’Donnell, Ph.D., M.S.N., R.N.</b>            Division Chief, Leadership Education Analysis Development Sustainment Division            Academic Superintendent, Continuing Education Program Office, J-7, Education and Training Directorate, Defense Health Agency            Falls Church, Va.</p>	-

Time (ET)	Titles/Speakers	Learning Objectives (If Applicable)
0720 – 0730	<p><b>Opening Remarks</b></p> <p>Army Col Maria Molina, M.D., F.A.C.O.G., F.A.C.S., C.H.S.E. Acting Director, J-7, Education and Training Defense Health Agency Falls Church, Va.</p>	-
	<p><b>Moderator</b></p> <p><b>Army Lt. Col. Noelle Dove, D.N.P., R.N., C.N.M.</b> Deputy Director U.S. Army Obstetrics and Gynecology Nursing Course Fort Cavazos, Texas</p>	-
0730 – 0830	<p><b>S01: An Analysis of Cardiovascular and Hypertensive Disease in Pregnancy: Outcomes and Disparities</b></p> <p><b>Rita W. Driggers, M.D., F.A.C.O.G.</b> Associate Professor of Gynecology and Obstetrics Johns Hopkins University School of Medicine Medical Director, Maternal Fetal Medicine Sibley Memorial Hospital Johns Hopkins Medicine Washington, D.C.</p>	<ol style="list-style-type: none"> <li>1. Describe physiologic changes in pregnancy that affect the cardiovascular system.</li> <li>2. Summarize risk factors for cardiovascular and hypertensive disease in pregnancy.</li> <li>3. Discuss signs and symptoms of cardiovascular and hypertensive disease in pregnancy.</li> <li>4. Outline the most common presentations of cardiovascular disease in pregnancy.</li> <li>5. Explain general management of chronic hypertension, preeclampsia, and cardiovascular disease in pregnancy.</li> </ol>
0830 – 0840	<b>Break</b>	
0840 – 0940	<p><b>S02: Assessment of Ethical Issues Related to the Health Care of Women and Children: A Lookback at Recent Conflict Zones</b></p> <p><b>Army Lt. Col. (Ret) Janice Agazio, Ph.D., C.R.N.P., R.N., F.A.A.N.P., F.A.A.N.</b> Associate Dean for Doctoral Programs Ordinary Professor, School of Nursing The Catholic University of America Washington, D.C.</p> <p><b>Air Force Col. (ret) Candy Wilson, Ph.D., A.P.R.N., W.H.N.P.-B.C., F.A.A.N.P., F.A.A.N.</b> Interim Associate Dean of Research and Scholarship, Schmidt Family Distinguished Professor Associate Professor, Christine E Lynn College of Nursing Florida Atlantic University Boca Raton, Fla.</p>	<ol style="list-style-type: none"> <li>1. Discuss at least two major ethical issues related to the care of women and children that emerged during the recent conflicts.</li> <li>2. Summarize ethical principles that informed health care providers' practice during the conflict for appropriate actions.</li> <li>3. Describe implications to prepare healthcare providers who will encounter wartime situations in the future.</li> </ol>
0940 – 0950	<b>Break</b>	
0950 – 1050	<p><b>S03: Implementation Journey of Postpartum Hemorrhage Bundle and Walk-in Contraception Services</b></p> <p><b>Susanna Didrickson Ph.D., R.N.C.-O.B., W.H.N.P.-B.C.</b> Nurse Consultant, Women's Health Clinical Management Team Directorate of Medical Affairs, Office of Clinical Support</p>	<ol style="list-style-type: none"> <li>1. State the three infrastructure components needed to implement an enterprise-wide policy with compliance and outcome metrics.</li> <li>2. Interpret performance trends in implementing various components of a leading practice bundle or administrative instruction and how feedback loops assist with creating tools or resources to further implementation and create sustainment.</li> </ol>

	Assistant Director for Healthcare Administration Defense Health Agency Falls Church, Va.	3. Describe the importance of creating an electronic sustainable data collection method and supporting tools that can be integrated into enterprise-wide data tracking and reporting mechanisms.
<b>1050 – 1100</b>	<b>Break</b>	
<b>1100 – 1200</b>	<p><b>S04: Clinical Perspectives on the Complex Intersection of Pelvic Floor Disorders and Mental Health</b></p> <p><b>Air Force Col. Heather M. Barbier, M.D., M.P.H., F.A.C.O.G., F.A.C.S.</b> Gynecologic Surgery &amp; Obstetrics (GS&amp;O) Residency Program Director Female Pelvic Medicine &amp; Reconstructive Surgery Physician Associate Professor of GS&amp;O, Uniformed Services University of the Health Sciences Walter Reed National Military Medical Center Bethesda, Md.</p> <p><b>Katherine Miles, D.P.T., P.T., W.C.S.</b> Pelvic Health Physical Therapist Walter Reed National Military Medical Center Female Pelvic Medicine &amp; Reconstructive Surgery Fellowship Program Assistant Professor of Obstetrics &amp; Gynecology at the Uniformed Services University of the Health Sciences Bethesda, Md.</p> <p><b>Danielle Worthington, Ph.D.</b> Women’s Health Psychologist Clinical Psychologist Walter Reed National Military Medical Center Bethesda, Md.</p>	<ol style="list-style-type: none"> <li>1. Identify pelvic floor disorders and be familiar with initiating treatment or referral for patients with pelvic floor disorders.</li> <li>2. Explain the role and function of Pelvic Health Physical Therapy (PHPT) in the multidisciplinary care of women’s health and wellness.</li> <li>3. Describe patient diagnoses, signs, and symptoms consistent with appropriate Pelvic Floor Physical Therapy (PFPT) consults.</li> <li>4. Summarize the interaction between pelvic floor dysfunction and mental health.</li> <li>5. Discuss how Women’s Health Psychology supports integrated care of pelvic floor disorders.</li> </ol>
<b>1200 – 1300</b>	<b>Break</b>	
<b>1300 – 1400</b>	<p><b>S05: 2023 Veterans Affairs /Department of Defense Clinical Practice Guidelines for the Management of Pregnancy: Updates to Clinical Care and Application</b></p> <p><b>Carrie Kairys, D.N.P., F.N.P.-B.C.</b> Deputy Field Director, Area 2 Office of Women’s Health (10W) Veteran Health Central Office Durham, N.C.</p> <p><b>Michael Clark, M.D., F.A.C.O.G.</b> Staff Physician, Department of Gynecologic Surgery &amp; Obstetrics Associate Director, Obstetrics &amp; Gynecology Residency Program Madigan Army Medical Center Joint Base Lewis-McChord, Wash.</p>	<ol style="list-style-type: none"> <li>1. Identify the proper routine obstetric recommendations.</li> <li>2. List key elements of evidence-based pharmacologic treatment options in the management of pregnancy.</li> <li>3. Summarize key elements of complicated obstetric recommendations in the management of pregnancy.</li> <li>4. Describe mental health recommendations in the management of pregnancy.</li> </ol>
<b>1400 – 1410</b>	<b>Break</b>	

1410 – 1510	<p><b>S06: Research, Interventions and Equitable Care Updates in Premenstrual and Perimenopausal Women: A Focus on Improving Mental Health</b></p> <p><b>Navy Capt. Paulette Cazares, M.D., M.P.H.</b>          Psychiatrist, Navy Medicine Readiness and Training Command          Naval Medical Center San Diego          San Diego, Calif.</p> <p><b>Laura J. Miller, M.D.</b>          Medical Director of Reproductive Mental Health          Women’s Mental Health, Office of Mental Health and Suicide Prevention          Veterans Health Administration</p>	<ol style="list-style-type: none"> <li>1. Describe treatment options for premenstrual dysphoric disorder (PMDD).</li> <li>2. Describe at least three contributory factors to risk of perimenopausal depression.</li> <li>3. List at least three interventions for treating perimenopausal depression.</li> <li>4. Discuss the role of bias in the recognition and treatment of both PMDD and perimenopausal mental health symptom clusters/illnesses.</li> <li>5. Summarize the epidemiology and symptoms of premenstrual syndrome, premenstrual dysphoric disorder, and premenstrual exacerbation.</li> </ol>
1510 – 1515	<p><b>Closing Remarks</b></p> <p><b>Air Force Col. Larissa Weir, M.D., F.A.C.O.G.</b>          Air Force Surgeon General Chief Women’s Health Consultant          Air Force Readiness Analysis Comprehensive Evaluation Team          Falls Church, Va.</p>	-

This agenda is subject to change.

**Continuing Education**

This CE/CME activity is provided through the Defense Health Agency, J-7, Continuing Education Program Office and is approved for a total of 6.0 CE/CMEs.

**Commercial Support:**

No commercial support was provided for this activity.

**Participation Costs:**

There is no cost to participate in this activity.

**CE/CME Inquiries:**

For all CE/CME related inquiries, please contact us at: [dha.ncr.j7.mbx.cepo-cms-support@health.mil](mailto:dha.ncr.j7.mbx.cepo-cms-support@health.mil).