NPIC/QAS is a non-profit membership organization of perinatal centers across the United States. Our Perinatal Center Data Base (PCDB) has collected over 12 million inpatient perinatal discharges since it was established in 1985. NPIC/QAS is dedicated to the improvement of perinatal health through comparative data analysis, health services research, and professional continuing education.

If you would like more information on NPIC/QAS please email mservices@npic.org.
Nurse Planner:
Carolyn L. Wood, PhD, RN, Clinical Nurse Consultant

Purpose/Goal(s) of this Education Activity:
The purpose/goal(s) of this activity is to enable providers of women’s health care to have a greater knowledge of the management and treatment of female victims of sexual abuse.

1.0 Contact Hour:
This continuing nursing education activity was approved by the Northeast Multistate Division (NE-MSD), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

1.0 AMA PRA Category 1 Credit™:
Accreditation: Women & Infants Hospital is accredited by the Rhode Island Medical Society to sponsor intrastate continuing education for physicians. Women & Infants Hospital designates this online educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
Evaluation and Management of Female Victims of Sexual Assault

February 28, 2017
Roxanne Vrees, MD

Upon graduating residency, Dr. Vrees joined a local private practice confident that she wanted to be a Generalist in Obstetrics and Gynecology. However, it soon became clear that while enjoying patients and the relationships with colleagues, her career was missing a very important aspect: teaching and academics. Shortly after restructuring her career as an Academic Generalist, she became the Associate Residency Program Director at one of the top Ob/Gyn Programs in the country and since that time has been heavily invested in medical education. Her primary areas of interest include remediation and diversity. Giving feedback and teaching challenging learners has been her passion and expertise for the past 8 years. However, her involvement with students started well before residency, working with students at the undergraduate level when they are merely considering a career in medicine and then following them through the decision to pursue a career in Obstetrics and Gynecology. Dr. Vrees is the Director of a unique women’s Emergency Department and she works collaboratively with a multidisciplinary team to teach learners across varying disciplines and levels of training. This specialty Emergency Department provides acute care for obstetrical and gynecological urgent and emergency issues including sexual assault victims. Dr. Vrees is a member of the board of Day One, which is the only agency in Rhode Island with the primary focus of dealing with issues of sexual assault as a community concern. She has been the recipient of local and national teaching awards and is recognized as a local expert in the area of feedback in medical education as well as sexual assault. She has been an invited speaker on both topics for trainees and faculty.

Learning Objectives:
Upon completion of this activity, participants should be able to:

- Describe the clinical and forensic components of the initial evaluation of a female victim of sexual assault
- Counsel and treat patients for sexually transmitted infections and HIV following a sexual assault
- Determine immediate and long-term follow up needs of victims of sexual assault

Media used for activity:
- Live event – webinar
- Archived event – electronic

Method of Participation:
- Participants are required to attend the live event through webinar format.

Estimate time required for completion:
- One hour

Date of original release:
- February 28, 2017

Activity termination date:
- 1 Year after date of original release

Scope of Practice:

- This activity is appropriate for the current and future scopes of practice for attending physicians and other clinicians and Allied Health professionals involved in perinatal care.

Core Competencies:
- Medical Knowledge and Patient Centered Care

Accreditation:
- Women & Infants Hospital is accredited by the Rhode Island Medical Society to sponsor intrastate continuing education for physicians. Women & Infants Hospital designates this online educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure:
- Roxanne Vrees, MD has no relevant financial relationships to disclose.
- No other persons responsible for the planning or implementation of this activity have any financial interests to disclose.

Policy on Privacy and Confidentiality:
To obtain the Women & Infants Continuing Medical Education Policy on Privacy and Confidentiality, call the WIH CME office at 401-274-1122, ext. 4-2383.

Further Information:
For more information regarding this program please email education@npiic.org or call 401-274-0650.
Disclosures and Successful Completion of this Activity

No commercial support has been provided for this activity.

No one involved in planning or presenting this program has a conflict of interest.

There will be no discussion of off-label usage of any products.

In order to successfully complete this activity and receive 1.0 Contact Hour(s) or 1.0 AMA PRA Category 1 Credit™, you must attend/watch the webinar and return the completed post-test/evaluation to NPIC/QAS.
EVALUATION AND MANAGEMENT OF FEMALE VICTIMS OF SEXUAL ASSAULT

Roxanne Vrees, MD
February 28th, 2017
Medical Director of Emergency Ob/Gyn Division
Assistant Professor
Department of Obstetrics & Gynecology
Women & Infants Hospital
Warren Alpert Medical School of Brown University
I have no financial relationships with any commercial organization that may have a direct or indirect interest in the content of this presentation.
OBJECTIVES

• Describe the clinical and forensic components of the initial evaluation of female victims of sexual assault

• Counsel and treat patients for sexually transmitted infections and HIV following an assault

• Determine immediate and long-term follow-up needs of victims of sexual assault
Wide range of behaviors that involve unwanted sexual contact:

- Pornography
- Fondling
- Molestation
- Incest
- Rape
- Sex trafficking
CLASSIFICATION

• Based on Victim
  - Child sexual assault
  - Incest
  - Marital rape
  - Male rape

• Based on Perpetrator
  - Date rape
  - Acquaintance rape
  - Stranger rape
CATEGORIES OF ASSAULT

- 1\textsuperscript{st} degree sexual assault
- 2\textsuperscript{nd} degree sexual assault
- 3\textsuperscript{rd} degree sexual assault
CHILD MOLESTATION

• 1\textsuperscript{st} degree child molestation - sexual penetration of a person under 14

• 2\textsuperscript{nd} degree child molestation - sexual contact with a person under 14

• No \textbf{requirement} of force/coercion
EXAMINATION OF CHILDREN

• Often chronic abuse

• Even when there is admission of a crime, less than 25% will have physical findings

• ChildSafe programs
  – Comprehensive care and collaboration with Child Protective Services & Law Enforcement
1 in 5 women in the US will be a victim of some form of sexual assault during her lifetime (FBI)

1 in 6 women in US will be a victim of attempted or completed rape

84% of rapes go unreported

36% seek medical care
  - 81% seek medical care in a hospital
RISK FACTORS

- Female gender
- Age
- Prior assault
- College women
- Military
- Institutionalized, developmentally delayed, disabled
When is this required?
MANDATORY REPORTING

- Victim younger than age of consent
- Weapon used
- Special Populations
  - Mentally disabled, physically disabled
- Elderly
  - Over age 60
PATIENTS vs. VICTIMS

• ACUTE MEDICAL NEEDS
  – Medical screening examination
  – Psychological assessment and support
  – Pregnancy assessment and prevention
  – Evaluation, treatment and prevention of STIs

• LEGAL
  – Evidence collection with documentation of injuries
  – Maintain chain of evidence
• Provided by the state DOH to emergency rooms, health care providers
• Free of charge to patient
• Can be collected on men, women, and children
• Should be performed within 72 hours of assault
• 96 hour time limit
• Police involvement is NOT required for adult
• Call ADVOCATE, *if patient wishes*
• Advocates are available 24 hours a day through the victims of crime helpline (1-800-494-8100)
• Call police *if patient wishes*
• Wait until victim is ready
• Explain to victim what to expect
• MINIMIZE INTERRUPTIONS!
INITIAL HISTORY – Not on State Form

• General medical history
  - PMH, PSH, Meds, Allergies, Immunization status (Hep B, Tetanus)

• Gynecologic history
  - GsPs, LMP, last voluntary coitus, current contraceptive use
PEARLS OF THE HISTORY

• Provide general description of the victim
• Be descriptive, use lots of adjectives
• Use quotes: The victim states, “……”
• Never ever use “alleged”
• Read back to patient
• Completely fill out state form
• Must include ALL pages in the kit
TWO IMPORTANT SIGNATURES

- *Witness* to patient’s signature
- *Parent/guardian* if patient is under age 18
ASSAULT HISTORY

- Date, Time, Place
- Number and detailed description of assailant(s)
- Types of force and threats
- Use of alcohol and drugs
- Loss of consciousness (amnesia)
- Type of assault
  Fondling, oral/vaginal/anal penetration, foreign bodies used, ejaculation on or in body, use of condoms/lubricant
POST ASSAULT TIMELINE

- Changes in clothes
- Urination/defecation
- Bathing/washing/douching
- Tampon use
- Eating/drinking
- Brushing teeth/mouthwash
- Medications
- Drugs/alcohol used
- Consensual intercourse
IMPORTANCE OF CLOTHING

• Contact with the assailant
• Underwear is critical
• Stains/tears
• If patient does not have original clothing with her, the police can go to the home to obtain the items (separate chain of evidence--cannot be part of the kit).
EXAM PATTERNS

• NECK - strangling injury appears as ecchymosis
• BREASTS - bite marks, bruising
• FOREARMS - ecchymoses and lacerations from defense wounds
• THIGHHS - inner thighs common place for ecchymoses, also bruising/tenderness
FORCED ORAL INTERCOURSE

• Time is of the essence
• DO NOT let the victim drink
• Petechiae at base of hard and soft palate
• Ecchymoses of the lips
• Lacerations of the upper and/or lower labial frenulum
FORCED ORAL INTERCOURSE
Oral Swabs and Smear

- Do not moisten swab prior to collection
- Using both swabs, swab upper and lower areas of lips and gum line
- Use both swabs to prepare one smear
- Let swabs dry in labeled rack
- Avoid buccal area (pt’s DNA sample)
DNA REFERENCE SAMPLE

- Collect and identify the patient’s own DNA

- Give patient a cup of tap water to swish and spit out

- Using both swabs vigorously rub on the inside of both cheeks for at least 10 seconds
PHOTOGRAPH INJURIES

- Take with and without measuring device
- Place patient labels on back of image
- Make at least 2 copies of images
- Place in sealed, labeled envelope
  - 1 set for the hospital record
  - 1 set for the SAECK
  - 1 set for law enforcement (if involved)
• Wear gloves
• Begin with swabs provided in kit
• Supplement with hospital supplied sterile cotton swabs if needed
• Let swabs air dry in labeled rack
• Let smears air dry in open slide case
NON-GENITAL INJURIES

• Requires head to toe exam
• HEAD
  – check for lumps, bumps from head trauma
  – look for debris in hair
  – look for petechiae or hemorrhage in eyes
  – look for “hickies” or bruising
    • Note patterns (e.g. ropes, fingers, teeth)
UPPER EXTREMITIES

• Look for bruising

• Describe patterns

• Forearms - may have scratches, bruising

• If there is a history of the victim fighting
  – Obtain finger nail clippings
• Upper thighs
  – common to see bruising or redness from thighs being held open

• Knees
  – redness or bruising from being forced down
INJURY TYPES

• **Abrasion** - Outer layer scraped from the surface
• **Avulsion** - something torn off
• **Contusion** - blood under the skin without a cut; a bruise
  (NOTE color)
• **Excoriation** - scratch
• **Ecchymosis** - patch caused by blood under the skin; bruise
  (NOTE color, shape, location)
• **Laceration** - tear usually jagged
  (NOTE length)
• **Cut/Incision** - tear from a sharp object
DESCRIPTORS

- **Edematous** - swollen, usually soft and compressible

- **Indurated** - swollen but firm

- **Shapes** - round, oval, irregular, punctate, stellate, linear
CAVEAT with BRUISING

- At times, lawyers might try to get you to commit to the age of a bruise
- Bruises all heal at different times due to the patient's medical history, medications, age, liver function status, etc
- ONLY describe size, color and shape
- **DO NOT** guess age or cause of bruise!
- OK to document non-assault related injuries
EXTERNAL GENITALIA

- Vaginal and Anal exam are only required if the patient was assaulted vaginally or anally or does not remember the assault.

- If the victim states that vaginal or anal penetration did not occur, you do not need to check for injuries.
LABIAL INSPECTION

Redundant prepuce
Labia minora, hypertrophy
• Patient reclines to the lithotomy position
• Remove paper towel and comb from envelope
• Slide towel gently under her pelvis
• Using the comb provided, comb hair in downward position
• Refold paper with collected debris and comb and place in envelope
**ANATOMY OF THE FEMALE EXTERNAL GENITALIA**

- **Vestibule** - space between the labia minora (Urethra and vagina open into vestibule)

- **Posterior Fourchette** - Where the two labia minora come together

- **Fossa navicularis** - space of tissue from where the hymen attaches to the vagina to the posterior fourchette
VAGINAL SWABS/SMEAR

- Perform speculum exam
- Photograph and document injuries on body map
- Swab vaginal vault with 2 swabs
- Prepare one slide smear in concentrated area in the center of slide. Do NOT smear in zig-zag fashion over length of slide
- Repeat with second set of swabs and second slide
• Reassure patient that this is the last part of the exam and that you will be gentle
• Photograph and document any injuries on the body map
• Using two swabs, carefully swab rectal canal; and prepare one slide smear
• Using the other two swabs, carefully swab the length of the peri-anal area
• IF a foreign object was inserted anally, need to consult a doctor

• Intraabdominal contents only centimeters away
How often can you find EVIDENCE OF GENITAL TRAUMA in an adult?
Only 1/3 of the time is genital trauma documented on SAECK exam
- History of what happened to patient
- How much time elapsed
- Age of the patient
- What technique used for examination
INJURY PATTERNS

Post. fourchette (70%)
Labia minora (53%)
Hymen (29%)
Fossa navicularis (25%)
Vagina (11%)
Cervix (13%)
Periurethral (9%)
Labia majora (7%)
• Examine the hymen and perineum for signs of trauma
HYMENEAL CLEFTS

- Young adolescent brought in for sexual assault exam
- Clefts typically seen at 4 and 8 o’clock
- Clefts from the vaginal opening to the base of the hymen = vaginal penetration (could be from a tampon)
CAN YOU DIAGNOSE IF SOMEONE IS A VIRGIN?

This hymen appears to be intact, but the teen may have had sex already and has very elastic tissue, that stretches
ECTROPION
Techniques for Examination

- Naked Eye
- Colposcopy
- Toludine Blue
- Wood’s Lamp/UV light
ULTRAVIOLET LIGHT SOURCE
• Ultraviolet light wavelength
• NOT specific (semen, saliva, blood, detergents, clothing fibers, etc.)
• Moisten swabs with sterile water and lightly roll over areas that fluoresce
• Document each area of collection on the body map
• May adjunct DNA collection
Nuclear stain - 1% aqueous solution that stains squamous cells in deeper epidermis exposed with laceration

Should be used to highlight lacerations seen by colposcopy

Not a screening method

Must be performed prior to the speculum exam

Semen must be sampled first

McCauley et al. 1987- ANN ER MED

- 4% gross evidence of posterior fourchette tears grossly
- 54% evidence of tears with toluidine blue
• “Normal Female External/Internal Genitalia-without evidence of bleeding, lacerations, abrasions or bruising”

• Consider swabbing for DNA with sterile water as semen may have leaked
  – UV light may be helpful
TAKE HOME POINTS

• Don’t forget medical screening examination
• Don’t forget emergency contraception
• Document all injuries on anatomic diagrams
• Include ALL pages in the SAECK even if exam wasn’t applicable
• Be descriptive
• Include patient labels on all copies of photographs
FACTORS ASSOCIATED WITH STD ACQUISITION

• Underlying prevalence of STDs

• Type and site of assault

• Presence of mucosal trauma

• STD involved

• Number of assailants
STDs and Sexual Assault

- Few prospective studies
- Most studies have examined prevalence at the time of examination for assault (infection may predate assault)
- Summary of results from a meta-analysis (‘71–’94)
  - Gonorrhea 0 - 26.3%
  - Chlamydia 3.9 - 17%
  - Syphilis 0 - 5.6%
  - Trichomonas 0 - 19%
  - HPV 0.6 - 2.3%

Testing vs Empiric treatment

- STD treatment guidelines – both options acceptable\(^1\)
- Reasons to treat empirically:
  - Follow-up poor after sexual assault
  - Infection acquired during assault may not be established immediately
    - Guidelines recommend repeat testing at 1-2 wks if no empiric treatment given
    - Necessary to test all exposed sites
  - Laws limit use of survivors previous sexual history, but in some situations, STD diagnoses may be accessed

1. MMWR Aug 4, 2006/55(RR11);1-94
CHLAMYDIA:

- Azithromycin 1 gm PO single dose* for adults, adolescents and children ≥45 kg

- Alternative: Doxycycline 100 mg PO twice a day for 7 days for adults, adolescents and children ≥8 years of age

- Alternative: Amoxicillin 500 mg PO TID for 7 days* for adults, adolescents and children ≥45 kg

* Acceptable in pregnancy
STD PROPHYLAXIS

GONORRHEA:
- Ceftriaxone 250 mg IM single dose for adults, adolescents and children ≥45 kg
- Alternative: Cefixime 400mg PO single dose (update as of April 2008)
- Alternative: Azithromycin 2 gm PO single dose
  - expensive, significant GI sx, sustained low drug levels → resistance concern
- As of 2006 CDC Guidelines:
  - Fluoroquinolones no longer recommended for treatment of GC
- As of 2016 CDC Guidelines:
  - Dual therapy with Ceftriaxone and Azithromycin recommended
TRICHOMONAS:

- Metronidazole 2 gm PO single dose for adults and adolescents
- Alternative: Tinidazole 2gm PO single dose
- Alternative: Metronidazole 500mg PO twice daily x 7 days

Avoid alcohol up to 24 hours post-metronidazole, 72 hours post-tinidazole
Offer HIV PEP After SA?

• Should be discussed with all sexual assault survivors

• At risk for HIV transmission if:
  – Exposure of vagina, rectum or mouth (any mucous membrane) with blood, semen, or vaginal/rectal secretions AND
  – Presentation for care within 72 hours of exposure
Higher risk of HIV transmission if:

- Multiple assailants
- Mucosal trauma (lacerations/abrasions)
- Rectal mucosal exposure
- Assailant with known HIV risk factors (history of IVDU, multiple sexual partners)
- Known HIV infected assailant – IF KNOWN HIV INFECTED ASSAILANT, MUST CONTACT INFECTIOUS DISEASE SPECIALIST FOR PEP GUIDANCE
### Sample Algorithm

#### TABLE 8. Suggested Approach* to PEP on the Basis of Exposure Risk Category and HIV Infection Status of the Source

<table>
<thead>
<tr>
<th>Exposure Risk Category†</th>
<th>HIV Infection Status of Source‡</th>
<th>Suggested Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>No risk identified</td>
<td>Any</td>
<td>No PEP</td>
</tr>
<tr>
<td>Any</td>
<td>Not HIV infected</td>
<td>No PEP</td>
</tr>
<tr>
<td>Low, intermediate, or high</td>
<td>Unknown</td>
<td>Consider PEP</td>
</tr>
<tr>
<td>Low or intermediate risk</td>
<td>HIV infected</td>
<td>Consider PEP</td>
</tr>
<tr>
<td>High risk</td>
<td>HIV infected</td>
<td>Recommend PEP</td>
</tr>
</tbody>
</table>

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Havens and AAP Committee on Pediatric AIDS. *Pediatrics* 111(6):1475-89, 2003
Post-Exposure Prophylaxis: Core Principles

- Evidence limited
- Balancing risks vs benefits
- Sooner the better but interval beyond which there is no benefit is unclear
- **28d recommended**, optimal duration unclear
  - Truvada 200mg po daily x 28 days
  - Dolutegravir 50mg po daily x 28
- Decision making complex when source HIV+

• Slide courtesy of NW AETC
Logistics of NPEP

• “Starter packs” for 4 days
• Protocol forms helpful for ED, multiple providers
• Scheduled follow-up in structured program
  – Dedicated physician(s) familiar with protocols, ARVs, side effects and their management
  – Integrated programs with psychological support resources beneficial
  – Common reactions to trauma can affect medical adherence, ongoing encouragement, reinforcement
  – Follow-up testing!
• Barrier contraception during NPEP
• Prevention, risk-reduction counseling
DFSA?
Drug Facilitated Sexual Assault

• Rape or sexual assault facilitated by the use of drugs to incapacitate the victim

• Perpetrator purposely puts a substance into a victim’s drink
  – Without victim knowing
  – Intent to take advantage
  – Unsolicited sexual contact
  – While under the influence of the drug
- GHB
- Ketamine
- Ketamine
- M
- D
- M
- A
Why is it Popular?

- Easily accessible
- Effects on the victim
- Used recreationally
- Very hard to detect in toxicology testing
  - Up to 40% of tests come back negative
  - As time increases, the results decrease
- No proof that victim did not voluntarily ingest the drug
50% of acquaintance rapes involve alcohol consumption by perpetrator, victim or both

82% of college students who reported being sexually assaulted stated that they were under the influence when assaulted

Top 5 drugs reported being used: Alcohol, GHB, Ketamine, Benzodiazepines, and Sedatives

Top 5 drugs found in toxicology studies: Alcohol, Marijuana, Benzodiazepines, Amphetamines, and Cocaine
SIGN/SYMPTOMS

- Seeming drunk and confused within minutes of ingestion
- Sudden vomiting
- Memory loss
- Feeling that they had sex but not being able to remember any or all of the incident
What Should You Do?

- Urine and blood need to be taken as soon as possible and sent to appropriate lab for testing

- FIRST urine, drip dry

- Two grey or lavender top vials of blood

- No alcohol for prep

- Document victim’s behavior in medical report and SAECK paperwork
CONSENT ISSUES

• A separate consent must be filled out for DFSA screening

• DFSA screening is different than a “tox screen”

• DFSA screening only admissible in court if it is part of the SAECK kit and chain of evidence is followed
All specimens must be air dried and placed in paper bags

Evidence is sealed and stored by DOH

If charges are filed, the evidence is transferred to a forensic lab

Must Maintain “CHAIN OF EVIDENCE” in order for evidence to be admissible in court
### MEDICAL FOLLOW-UP

<table>
<thead>
<tr>
<th>Time Point</th>
<th>See Provider for</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 WEEKS</td>
<td>↑ STI Check</td>
</tr>
<tr>
<td></td>
<td>↑ Counselling as indicated</td>
</tr>
<tr>
<td></td>
<td>↑ Assess healing of injuries</td>
</tr>
<tr>
<td>6 WEEKS</td>
<td>↑ Pregnancy Test</td>
</tr>
<tr>
<td></td>
<td>↑ HIV</td>
</tr>
<tr>
<td></td>
<td>↑ Syphilis</td>
</tr>
<tr>
<td></td>
<td>↑ Hepatitis C</td>
</tr>
<tr>
<td></td>
<td>2nd Hepatitis B Series if previously given</td>
</tr>
<tr>
<td>12 WEEKS</td>
<td>↑ Syphilis</td>
</tr>
<tr>
<td></td>
<td>↑ HIV</td>
</tr>
<tr>
<td></td>
<td>Hepatitis C</td>
</tr>
<tr>
<td></td>
<td>2nd HPV vaccine if previously given</td>
</tr>
<tr>
<td>24 WEEKS</td>
<td>↑ HIV</td>
</tr>
<tr>
<td></td>
<td>↑ 3rd Hepatitis B Series if previously given</td>
</tr>
</tbody>
</table>
TAKE HOME POINTS

• Various categories of sexual assault
• Exam includes treatment of injuries and evidence collection
• Remember DFSA agents and effects
• Provide prophylaxis and referrals for follow up care
TAKE HOME POINTS

- Wear gloves at all times
- Don’t lick envelopes
- Maintain chain of evidence
- Dry all samples
- MANDATORY REPORTING
  - child abuse (<14)- 1800-RI-CHILD
  - elder abuse (>60)- 401-461-3000
  - group home, gun or knife involved
- Avoid lubricants until evidence has been collected
Helpful Resources

- National Clinicians’ Postexposure Prophylaxis Hotline (PEPline)
  - 888-448-4911
  - http://www.ucsf.edu/hivcntr
- Needlestick!
  - Web-based tool to manage BF exposures
  - http://www.needlestick.mednet.ucla.edu
- Hepatitis Hotline
  - 888-443-7232
  - http://www.cdc.gov/hepatitis
- CDC reporting (HIV seroconversions and PEP failures)
  - 800-893-0485
- HIV/AIDS Treatment Information Service
  - http://www.hivatis.org
- SafeLink: Statewide Domestic Violence Hotline (24hrs)
  - 877-785-2020
Participants are encouraged to ask questions and share comments.

- Please use the chat box for questions or comments.
- Questions and comments are visible only to presenters.
- Questions will be answered in the order in which they are submitted.
- Should there not be enough time to address your question(s), please email education@npic.org so we may follow-up with you.
Thank You for Attending!

ATTENTION:

For 1.0 Contact Hour or
1.0 AMA PRA Category 1 Credit™

*DO NOT CLOSE YOUR BROWSER WINDOW*

POST-TEST WILL AUTOMATICALLY APPEAR WHEN
THE WEBINAR HAS ENDED

Please complete the post-test within 24 hours

Certificates of Attendance & Completion will be emailed within 14 business days