<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>9:00—9:30 a.m.</td>
<td>Registration</td>
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<tr>
<td>9:30—10:00</td>
<td>ABC4WT Project Introduction</td>
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<tr>
<td></td>
<td>Don Nicholson</td>
</tr>
<tr>
<td>10:00—10:15</td>
<td>Break</td>
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<tr>
<td>10:15—10:40</td>
<td>Group Activity</td>
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<tr>
<td></td>
<td>Leticia Goodrich</td>
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<tr>
<td>10:45—11:30</td>
<td>Session 1: Overcoming Barriers</td>
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<td></td>
<td>The 6 Hats Strategy</td>
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<td>Sharon Felts</td>
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<tr>
<td>11:30—12:15 p.m.</td>
<td>Group Discussion</td>
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<tr>
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<td>• Recognize the role of financial and social barriers for women to</td>
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<td>obtain screenings/care.</td>
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<td>• Discuss the use of 6 thinking hats to maximize the outcome of a</td>
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<td>program (C-STOPP).</td>
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<td>• Identify how to maximize the available resources to the benefit of</td>
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<td></td>
<td>their community.</td>
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<td>• Discuss the autonomy that each community has for their circumstances</td>
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<td>to maximize delivery of care.</td>
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<tr>
<td>12:15—1:00</td>
<td>Lunch (Provided)</td>
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<tr>
<td>1:00—1:45</td>
<td>Session 2: Screening for Breast Cancer</td>
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<tr>
<td></td>
<td>Dr. Rakhshanda Rahman</td>
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<td>1:45—2:30</td>
<td>Group Discussion</td>
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<tr>
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<td>• Define the role of screening mammograms in saving lives.</td>
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<td>• Discuss the controversy regarding screening mammograms.</td>
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<td>• Identify the current guidelines for screening.</td>
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<td>• Understand the special situations where screening may or may not be</td>
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<td>beneficial.</td>
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<td>2:30—2:45</td>
<td>Break</td>
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<tr>
<td>2:45—3:30</td>
<td>Session 3: Risk Assessment and Prevention of Breast Cancer</td>
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<td></td>
<td>Dr. Rakhshanda Rahman</td>
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<tr>
<td>3:30—4:15</td>
<td>Group Discussion</td>
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<td>• Discuss the role of multiple factors associated with breast cancer.</td>
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<tr>
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<td>• Define the risk factors that are modifiable (compared to non-</td>
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<tr>
<td></td>
<td>modifiable).</td>
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<td>• Identify the strengths and weaknesses of various risk scoring systems.</td>
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<td>• Discuss the threshold for referral and available services.</td>
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<tr>
<td>4:15—4:30</td>
<td>Question/Answer/Evaluations</td>
</tr>
</tbody>
</table>
Overview:
To provide evidence-based standards for screening and prevention of breast cancer and information on the available resources for the underserved population.

Audience:
Nurses, educators, social workers, healthcare professionals, and nursing students.

Location:
Amarillo College West Campus Building D
6222 West 9th Avenue — Amarillo, Texas

Length: Registration begins at 9:00 a.m.
9:30 a.m. to 4:30 p.m.

Course Director and Coordinator:
- Rakshanda Layeequr Rahman, MD
  Director, TTUHSC Breast Center of Excellence
- Karen Yarbrough
  Coordinator, TTUHSC Breast Center of Excellence

Facilitators:
- Jennifer Campos, RN, BSN, OCN—Texas Oncology
- Leticia Goodrich—Amarillo Area Breast Health Coalition
- Don Nicholson, M.Ed—DSHS
- Carolyn Witherspoon—Coalition of Health Services, Inc.
- Kim Crowley, MSN, RN, OCN—Amarillo College
- Carolyn Jansa, NP
- Sharon Felts

Continuing Education Credit:
Nursing Contact Hours: 6.0
Social Workers, LPCs CEUS: 0.6

Registration Fee (Lunch Included):
Per Person: $20.00
Nursing Students: $10.00

Registration Deadline: October 14th

REGISTRATION CONTACT:
Karen Russell
Panhandle Area Health Education Center
WTAMU Box 61003
Canyon, TX 79016-0001
Phone: 806-651-3482
Fax: 806-651-3489
Email: krussell@mail.wtamu.edu

Continuing Nursing Education:
Amarillo College Center for Continuing Healthcare Education is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Sponsored By:

ABC4WT “Train the Trainer” Seminar
Saturday, October 16, 2010

REGISTRATION FORM

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REGISTRATION FORM

Last Name: __________________________________________
First Name: __________________________________________
Social Security Number: ____________________________ Date of Birth: __________
City: ___________________________________ County: ________ State: _______
Zip Code: ____________ Primary Phone Number: __________
Employer: __________________________________________
Work Address: ______________________________________
City: ___________________________________ County: ________ State: _______
Zip Code: ____________ Work Phone: ____________________
Job Title/Credentials: _________________________________
Gender: _______ Male _______ Female
Age: 0-9 _______10-19 _______20-29 _______30-39 _______40-49 _______50-59 _______60+
Ethnicity: (check one) _______ African American/Black _______ White
__________ American Indian/Alaskan Native _______ Hispanic _______ Latino
__________ Native Hawaiian/Other Pacific Islander _______ Other: _______________________

Method of Payment: (check one) _______ Cash _______ Check
Make checks payable to: Panhandle AHEC (Please include driver’s license number)
Credit Card: _______ Discover ______ Visa ______ Master Card ______ American Express
Card Holder’s Name: __________________________________________
Card Number: __________________________ Expiration Date: __________
Amount Charged: ____________ Daytime Phone: __________
Billing Address: __________________________________________ CSZ: __________
I authorize that the charges for the above person be paid by credit card as indicated and I accept full responsibility for these charges.
Card Holder’s Signature: ___________________________________
Date: __________

*See “Registration Contact” for mailing and fax number information*