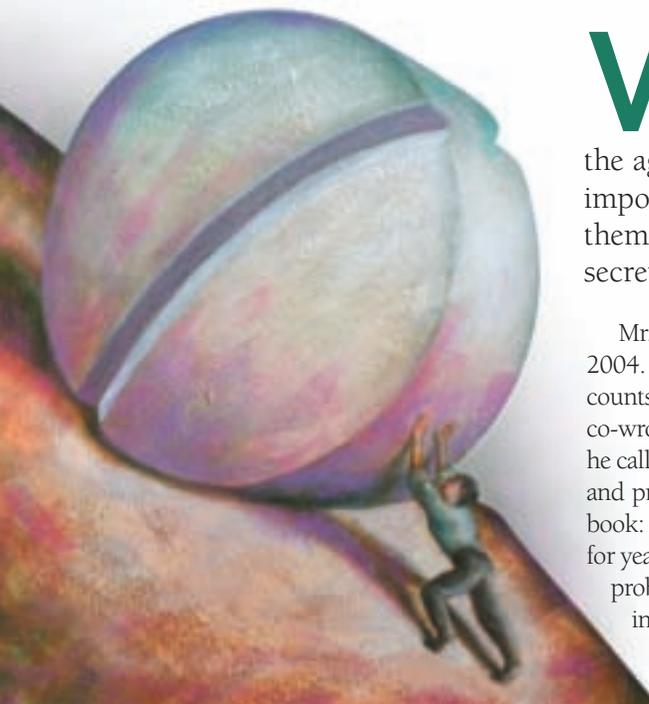


New administration to tackle health care reform



WHILE PRESIDENT-ELECT BARACK OBAMA'S FIRST days in office will likely be focused on implementing an economic recovery plan, health care reform will also be high on the agenda. Following the November election, several signs pointed to the importance that health care reform would have in the new year. Among them was the selection of former Senate Majority Leader Tom Daschle as secretary of the US Department of Health and Human Services.

Mr. Daschle was a democratic senator from South Dakota until he lost his reelection bid in 2004. He is a distinguished senior fellow at the Center for American Progress, a think tank that counts the creation of a universal health care system as one of its leading national issues. He co-wrote a book in 2008 called *Critical: What We Can Do About the Health-Care Crisis*, in which he calls for the creation of an independent federal health board that would integrate the public and private health care systems. Then-Sen. Obama is quoted on the back cover, praising the book: "The American health-care system is in crisis, and workable solutions have been blocked for years by deeply entrenched ideological divisions. Sen. Daschle brings fresh thinking to this problem, and his Federal Reserve for Health concept holds great promise for bridging this intellectual chasm and, at long last, giving this nation the health care it deserves."

► PAGE 4

President-Elect Obama urged to protect women's reproductive rights

WITH DEMOCRATS TAKING control of both the White House and Congress, women's reproductive rights will see a more progressive focus at the national level.

Advocates are hoping that a President Obama will send a strong message in support of comprehensive family planning services by repealing the "global gag rule" in his first week

in office. The rule bars nongovernmental organizations abroad from receiving US family planning funds and assistance if they counsel on or provide abortions with their own funds.

The ban was instituted in the 1980s by Republican President Ronald Reagan. When President Bill Clinton took office, he rescinded the order, but President George W. Bush

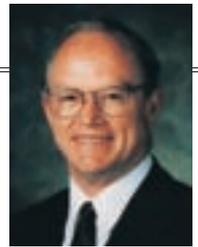
► PAGE 4



Volume 53, Issue 1

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EXECUTIVE DESK

ACOG forms new organization
to meet needs of Fellows

THE YEAR 2009 MARKS A TRANSITION period for ACOG with proposed changes to ACOG's organization and structure. These are the first major changes since 1956, when the American Academy of Obstetrics and Gynecology became The American College of Obstetricians and Gynecologists.

ACOG is a tax-exempt, 501(c)(3) organization, which is a charitable, educational organization that is allowed to conduct only limited socioeconomic activity and is prohibited from political activity and from sponsoring a political action committee, or PAC. Because of the changing climate of medicine and wanting to do more for our Fellows, over the past year the ACOG Executive Board reviewed, debated, and investigated how to best help the membership. As a result, in January the Executive Board will form a 501(c)(6) or "business league" organization to best respond to and promote the business and socioeconomic needs of Fellows.

This new organization, named "The American Congress of Obstetricians and Gynecologists," should be in operation a year from now, in January 2010. The Congress will expend more effort in socioeconomic activities and on lobbying, will be involved in political activity, and will form a PAC.

However, in order for this new organization to take shape, changes need to be made to our existing configuration. Fellows will be asked to vote on amendments to ACOG's bylaws at the College's Annual Business Meeting, to be held at the Annual Clinical Meeting in Chicago on May 4.

In March, all voting Fellows will receive a special mailing detailing the proposed amendments to the bylaws, a proxy to approve the amendments, and more detailed information about the Congress. All members are now able to review more information about the Congress and changes to the College on the ACOG website at www.acog.org.

Not to worry, ACOG is not going anywhere. This new organization will parallel the existing structure and, if approved by the Fellowship, come 2010, you will be a member of both the College and the Congress. The College, as you know it, will continue to provide the exceptional services you have come to expect, including cutting-edge educational meetings,

outstanding educational materials for you and your patients, and thoroughly researched practice guidelines and ethical opinions. Furthermore, the Congress will strive to match the College in the quality and quantity of service it will provide. We are looking forward to the new possibilities that The American Congress of Obstetricians and Gynecologists will bring. ♀

Ralph W. Hale, MD, FACOG
Executive Vice President

**Obstetrics & Gynecology
HIGHLIGHTS**

The January issue of the Green Journal includes the following ACOG documents:

**Motivational Interviewing:
A Tool for Behavior Change**
(Underserved Women Committee Opinion #423, new)
For more information, see page 9.

Abortion Access and Training
(Gynecologic Committee Opinion #424, new)

Health Care for Undocumented Immigrants
(Underserved Women Committee Opinion #425, new)

The December issue of the Green Journal included the following ACOG documents:

At-Risk Drinking and Illicit Drug Use: Ethical Issues in Obstetrics and Gynecologic Practice
(Ethics Committee Opinion #422, revised)

Management of Abnormal Cervical Cytology and Histology
(Gynecologic Practice Bulletin #99, revised)

Sonohysterography
(Gynecologic Technology Assessment #5, revised)

Each issue of the Green Journal lists the latest ACOG documents (and their website address) that have been reaffirmed by their respective committees. Documents are reviewed by ACOG on a routine basis and are either revised, withdrawn, or reaffirmed as is.

New ACOG officers nominated

THE ACOG COMMITTEE ON NOMINATIONS MET ON NOVEMBER 15 AND nominated the following slate of national officers for 2009–10. Brief bios of the nominees are on the ACOG website. *ACOG Today* will publish a profile of each nominee in the March issue, along with the official notice of ACOG's May 4 Annual Business Meeting in Chicago, which is when the slate will be voted on. New officers will begin their terms on May 6 at the post-Annual Clinical Meeting Executive Board meeting. ♀



President Elect nominee
Richard N. Waldman, MD
(District II)



Vice President nominee
J. Craig Strafford, MD
(District V)



Treasurer nominee
Kevin C. Kiley, MD
(Armed Forces District)



Assistant Secretary nominee
Ramon A. Suarez, MD
(District IV)



Fellow-at-Large nominee
May Hsieh Blanchard, MD
(District IV)

Annual Clinical Meeting
May 2–6
2009



CHICAGO

REGISTRATION NOW OPEN

- ▶ Register on the ACOG website at www.acog.org/acm
- ▶ The ACM Preliminary Program will be available online in January

www.acog.org/acm

Complete online liability survey and win

ACOG'S 2009 SURVEY ON PROFESSIONAL LIABILITY IS UNDER WAY. Effective January 5, all Fellows and Junior Fellows in Practice are urged to log on to ACOG's website at www.acog.org and click on the survey announcement. Everyone's participation is essential for the accuracy and credibility of the survey results. Those who complete the survey by March 6 will be eligible to win a \$100 gift certificate to the ACOG Bookstore. Five winners will be randomly selected.

"All Fellows are encouraged to complete this survey, which is vital in educating lawmakers and the public about the ongoing medical liability crisis and the devastating effects the crisis can have on women's health and access to care," said ACOG President Douglas H. Kirkpatrick, MD. ♀

Member Resource Mailing goes green

AS OF JANUARY, ACOG'S monthly Member Resource Mailing has gone green. The ACOG materials that members receive each month will now be available online instead.

Around the 15th of each month, you will receive an email notice with a link that will direct you to the ACOG website when the monthly information is available to review online. There will be a table of contents of the newest ACOG materials, and a link will take you to the materials that you choose to access. You will receive the same types of publications, but they will now be available as downloadable PDFs.

"The decision to go green will have a positive effect on the environment. Just think of the impact that 55,000 envelopes of materials had, as the materials eventually ended up being recycled or tossed out," said Ralph W. Hale, MD, FACOG, ACOG executive vice president. ♀

IN MEMORIAM

Philip J. Bailey, MD
Fort Worth, TX • 4/08

Kelly P. Burkhart, MD
Corsicana, TX • 6/08

Franklin J. Cannizzaro, MD
Westbury, NY

Howard C. Duckett, MD
Jacksonville, FL • 8/08

Charles F. Fougousse, MD
Galveston, TX • 1/08

A. Hugh Haynes, MD
Slaton, TX • 3/08

James Richard Jones, MD
Orlando, FL • 8/08

Ben Robert Keller Jr, MD
Arlington, TX • 7/08

Donald D. Masse, MD
Lakeland, FL • 6/08

Lynn D. Montgomery, MD
Missoula, MT • 10/08

Leslie Jeanne Mueller, MD
San Angelo, TX • 5/08

Allan G. Rosenfield, MD
Hartsdale, NY • 10/08

James H. Smith, MD
San Antonio • 9/08

Christopher L. Waites, MD
Abingdon, VA • 4/08

William H. White Jr, MD
Sanford, NC • 3/08

Alan W. Winshel, MD
New York City

Correction

William H. White Jr, MD, of Gainesville, GA, was incorrectly listed as deceased in the October issue of *ACOG Today*. The deceased Fellow is William H. White Jr, MD, of Sanford, NC, as listed above. ACOG apologizes for the error.



“Sen. Daschle brings fresh thinking to this problem, and his Federal Reserve for Health concept holds great promise for bridging this intellectual chasm and, at long last, giving this nation the health care it deserves.”

—Then-Sen. Barack Obama, praising Mr. Daschle’s health care book

New administration to tackle health care reform

► PAGE 1

During his Senate tenure, Mr. Daschle was a good friend to American Indians, and tribal leaders are hoping that as HHS secretary he can push Congress to adequately fund the severely underfunded Indian Health Service.

In the US House of Representatives, the House Democratic Caucus has elected Rep. Henry Waxman (D-CA), a longtime champion of reforms in health care, energy, and the environment, as the new chair of the House Energy and Commerce Committee. Rep. Waxman will replace Rep. John Dingell (D-MI), a supporter of Detroit automakers and the longest-serving House member.

Rep. Dingell has served as chair or ranking member of the committee for more than 25 years and has introduced health care reform legislation in every Congress he’s served in. Rep. Waxman is expected to push more ambitious legislation.

In the Senate, ailing Sen. Edward M. Kennedy (D-MA), who chairs the Senate Committee on Health, Education, Labor and Pensions, established three working groups to address health care reform issues. The groups will focus on prevention and public health, improvements in quality of care, and insurance cover-

age. Sen. Kennedy and Senate Finance Committee Chair Max Baucus (D-MT) and the top members of their committees have pledged to work together early in the new Congress to achieve comprehensive health care reform.

Just a week after the election, Sen. Baucus released a 98-page health care reform call to action. His plan is similar to ACOG’s Health Care for Women, Health Care for All reform proposal in many respects, calling for health coverage for all Americans, improved health care quality and value, and shared responsibility for coverage through expanded public plans and employer and individual mandates. During the campaign, Obama said he was against individual mandates.

The Baucus plan promotes implementation of health information technology and reforms the payment system, abolishing the flawed Medicare sustainable growth rate (SGR) formula that determines physician payment. His plan acknowledges the need for medical liability reform, and he is a cosponsor of the Fair and Reliable Medical Justice Act, which would fund state pilot projects on alternative dispute resolution and administrative compensation models for medical injury cases. ♀

Obama urged to protect women’s reproductive rights

► PAGE 1

reinstated it on his second day as president. Obama could rescind it again through an executive order.

“Repealing the global gag rule quickly would illustrate that President Obama understands the importance of protecting women’s reproductive rights in the US and internationally,” said Luella Klein, MD, ACOG vice president of women’s health issues. “For too long, policymakers have been curtailing these rights, placing restrictions on women’s access to contraception, reducing family planning funding, and promoting abstinence-only sex education.”

In November, ACOG joined more than 60

other organizations in recommending the reproductive rights priorities for Obama’s first 100 days in office. The priorities include increasing Title X family planning funding to \$700 million, expanding coverage of Medicaid-funded family planning services, investing in comprehensive sex education and defunding abstinence-only programs, rescinding the global gag rule and providing funds for international family planning programs, reviewing policies that restrict emergency contraception access, and putting forward a health care reform plan that guarantees equal access to comprehensive, high-quality, affordable health care for all.

The list also calls for restoring incentives to provide affordable birth control at college health centers and family planning clinics. Traditionally, Congress has made low-priced drugs available to college health facilities and certain family planning clinics to assist vulnerable populations. Many of these facilities depended on the discounts to be able to provide deeply discounted birth control to college students and underserved women. However, a technical error in the Deficit Reduction Act of 2005 eliminated these discounts, causing birth control prices at these clinics and on campuses to skyrocket, and Congress has yet to fix the problem. ♀

The role of ‘medical homes’ in health care reform

THE CONCEPT OF “PATIENT-centered medical homes” has generated tremendous buzz among health care policymakers and in the halls of Congress. President-Elect Barack Obama’s advisers have looked at the medical home model, and Senate Finance Committee Chair Max Baucus (D-MT) addressed the concept in his health reform call to action released shortly after the election. (For more on Sen. Baucus’ call to action, see the health care reform article on page 1.)

The medical home model calls for a primary care practice to become a comprehensive case manager, assuming the responsibility of providing or arranging all health care for a patient, while working with other physicians when necessary to provide coordinated care. In turn, payors compensate the medical home for care management.

Proponents see the medical home model as a way to bring order to a fragmented primary care system, reduce exorbitant health care costs, and, ultimately, improve patients’ health. But do medical homes have a role to play in health care reform?

“It’s definitely the buzzword on Capitol Hill,” said Hal C. Lawrence III, MD, ACOG vice president of practice activities. “Supporters see it as a way to save money and to improve health care, but whether that’s real or not is not at all clear.”

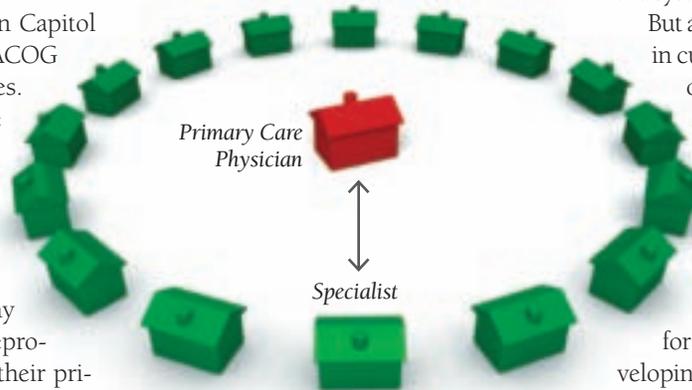
It’s also unclear whether ob-gyns would be seen as primary care physicians or specialists. Many women, especially during their reproductive years, see their ob-gyn as their primary care physician. But in the medical home model, it’s not yet known what the ob-gyn’s role might be. Currently, no medical home pilot projects are focusing on ob-gyn care.

Wide interest in the concept

In 2007, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, and the American Osteopathic Association released joint principles of a patient-centered medical

home. The concept is also supported by the Patient-Centered Primary Care Collaborative, a 200+-member coalition of major employers, consumer groups, patient quality organizations, health plans, labor unions, hospitals, physicians, and others. The National Committee for Quality Assurance elaborated on the concept by defining specific quality standards and reporting measures.

There are some proven success stories. A medical home project for North Carolina’s Medicaid patients is touted as a model program, saving the state millions while improving access to care. But the program offers extremely low fees to physicians, less than Medicare rates. A successful medical home project at Geisinger Health System in Danville, PA, saved money and reduced hospital admissions, and surveys from the Commonwealth Fund have shown that patients with a medical home had better access to needed care, were offered routine preventive screenings, and had improved management of chronic conditions.



ACOG Fellow Janet L. McCauley, MD, MHA, has studied the medical home concept and is the lead regional medical director at Blue Cross-Blue Shield of North Carolina.

“Physicians are still reimbursed for episodic care, not care coordination, and the medical home concept promotes a different philosophy, payment for comprehensive care along a continuum,” Dr. McCauley said.

Currently, patients with chronic diseases may see several different specialists, with no one

MORE ABOUT MEDICAL HOMES

American College of Physicians:
www.acponline.org/advocacy/where_we_stand/medical_home

Patient-Centered Primary Care Collaborative:
www.pcpcc.net/content/patient-centered-medical-home

National Committee for Quality Assurance standards:
www.ncqa.org/tabid/631/default.aspx

Centers for Medicare and Medicaid Services demonstration project:
www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MedHome_FactSheet.pdf

coordinating their care or leading the team.

“With a medical home, the emphasis is coordinated care management,” Dr. McCauley said. “The rewards include better communication between providers, continuity of care, expanded access to care, practice redesign, and the use of evidence-based medicine. It’s something we should be doing anyway, but the system isn’t set up for it.”

But an overhaul of the system and a change in culture are not small hurdles, and many other challenges exist. Solo and small-group practices may not have the computer resources, staff, and time needed to serve as medical homes.

And there’s debate about whether medical homes should focus solely on patients with chronic conditions or on all patients. The Centers for Medicare and Medicaid Services is developing a demonstration program to establish medical homes across the country but is focusing only on adults with chronic conditions. (CMS plans to solicit groups to participate in January, eventually recruiting about 50 practices in eight areas, for a total of 400 practices.)

“ACOG is monitoring the legislative activity very closely and studying how the idea would work in ob-gyn,” Dr. Lawrence said. “As the new Congress and new president begin to look at health care reform, discussion about medical homes will likely intensify.” ♀



New Green Journal website more interactive

OBSTETRICS & GYNECOLOGY has launched a new website that offers an enhanced interactive experience. The website, www.greenjournal.org, allows users to customize information and tailor material to fit their interests. Users will continue to be able to access full articles or abstracts from the current or previous issues. “Featured Articles” and “Editor’s Picks,” which appear on the home page each month, represent the content deemed to be especially important for readers.

“The new website is the result of careful thought and a thorough evaluation process over the past several years,” said James R. Scott, MD, the journal’s editor-in-chief. “Our goal is to adapt to changes in the way physicians are learning and to make the Green Journal as practical and useful as possible.”

The “My Collections” feature allows users to save articles on the website, instead of printing them out or saving them as PDFs to their hard drives. The “Article Collections” section includes articles arranged by journal editors into like categories, such as a collection of the journal’s “Clinical Expert Series.” ♀

info

- To activate your personalized account at www.greenjournal.org, click on “Register” at the top of the screen. Enter the information. Your subscriber ID number appears on the top left corner of the mailing label of your print Green Journal and is also your ACOG member ID
- To provide feedback on the new website, email obgyn@greenjournal.org

New endowment and lectureship program

EACH SPRING, THE ANNUAL Clinical Meeting plays a vital role in providing ACOG members with the resources necessary to meet the ever-changing challenges facing their specialty.

Whether offering information on new surgical techniques, the appropriate application of diagnostic testing, or the use of new pharmaceutical medications or devices, the ACM scientific program addresses ob-gyns’ diverse educational needs. To advance ACOG’s commitment to excellence in education, advocacy, practice, and research, the College has created the Annual Clinical Meeting Endowment and Lectureship Program. This giving program will allow ACOG to further its educational and scientific independence, promote quality, and ensure financial stability.

Available opportunities include everything

from 120-level courses to current issues updates and luncheon conferences and range in price from \$5,000 to \$500,000. ACOG has created two options for participation: endowments and lectureships. Both giving vehicles offer members the opportunity to have their names, or the name of a loved one, mentor, or colleague, linked to an area of special interest. A gift of cash is the easiest and most direct way to create an endowment or lectureship. Endowments and lectureships may also be established with gifts of appreciated securities, stipends, or real estate. Some commitments to the College may be fulfilled over a period of up to three years, while others are in perpetuity. ♀

info

- Contact Katie O’Connell at 800-673-8444, ext 2546; koconnell@acog.org

ENDOWMENTS:

Your gift is invested, and only a portion of the average annual investment return is used. To guard against the eroding consequences of inflation, the remaining investment return is added to the principal. The goal is to ensure that the principal maintains its value over time. Thus, a donor who creates an endowed gift today can be confident that it will grow and continue to support the College in years to come.

LECTURESHIPS:

Your gift funds the direct expenses for the duration of a naming opportunity. This allows a donor to fund a specific program or presentation for a limited number of years.



March 1-3 • Washington, DC

Attend ACOG’s 2009 Congressional Leadership Conference

info

- Contact your district or section chair if you’re interested in attending. For more information, contact ACOG’s Government Affairs staff at 800-673-8444, ext 2509

JOIN ACOG MEMBERS MARCH 1-3 in Washington, DC, for ACOG’s 27th Annual Congressional Leadership Conference, The President’s Conference.

Following two days of advocacy training at the CME-accredited conference, ACOG Fellows and Junior Fellows will urge congressional action on key issues. Selected Fellows and Junior Fellows are sponsored by their district or section chairs to attend the conference. Others can choose to self-sponsor for a \$300 registration fee. ♀

DIABETES

Caring for the pregnant patient

PRECONCEPTION CARE OF WOMEN WITH diabetes is essential to reducing risk in pregnancy for both the mother and the baby, but too often the first time the ob-gyn sees a patient with diabetes is after she is already pregnant. A condition related to diabetes, such as retinopathy, atherosclerotic disease, or nephropathy, may already be present, according to Fellow Diana E. Ramos, MD, MPH.

“Pregnancy can further complicate diabetes, and diabetes puts her at higher risk for preeclampsia, preterm delivery, and stillbirth,” said Dr. Ramos, medical director of a community clinic in southern California that has a successful gestational diabetes program in a high-risk population.

Although effective contraception and optimal glycemic control are key elements in planning for pregnancy, often the clinician managing a woman’s diabetes is not thinking about pregnancy.

“There is a disconnect between primary care and obstetric care,” Dr. Ramos said. “A partnership between the ob-gyn and the family physician or internist is needed to plan for pregnancy.”

Both the patient and her family physician, internist, or endocrinologist should be aware of appropriate prepregnancy goals. Education about the complications and risks associated with pregnancy is also an important part of preconception care. ♀

info

- ACOG Practice Bulletin: *Pregestational Diabetes Mellitus* (#60, March 2005): www.acog.org/publications/educational_bulletins/pb060.cfm
- *Clinical Updates in Women's Health Care* monograph *Diabetes Mellitus: Early Detection, Prevention, and Management*: www.clinicalupdates.org. Click on “Select Issue” and look under “2007”

MONITORING THE PATIENT

Retinopathy. A patient with diabetes should have a comprehensive eye examination in the first trimester, and her eye health should be closely monitored throughout pregnancy, according to ACOG’s Practice Bulletin *Pregestational Diabetes Mellitus* (#60, March 2005, reaffirmed 2007).

Nephropathy. Renal function should also be evaluated at regular intervals throughout pregnancy. If the test results show diabetic nephropathy, watch closely for hypertensive disorders and fetal growth abnormalities.

Hypoglycemia. Patients should know how to recognize when their glucose level falls to less than 60 mg/dL. Both patients and their families should be educated about how to respond quickly and appropriately: ACOG’s Practice Bulletin recommends drinking a glass of milk rather than fruit juice. Patients should have glucagon on hand for severe hypoglycemia and loss of consciousness.

MONITORING THE FETUS

Ultrasound. A targeted ultrasound exam at 18–20 weeks of gestation can be used to help detect major fetal anomalies and help assess the cardiac structure. If cardiac defects are suspected or the heart cannot be adequately seen using sonography, echocardiography may be used. After the initial exam, periodic ultrasound exams can be used to help confirm appropriate fetal growth.

Fetal status. Daily kick counting, nonstress testing, the biophysical profile, and the contraction stress test are all valuable approaches to fetal monitoring in pregnancy of a woman with pregestational diabetes. Testing is recommended to begin at 31–34 weeks of gestation, but earlier testing may be appropriate if additional high-risk conditions exist.

‘Motivational interviewing’ can elicit changes in behavior

STUDIES HAVE SHOWN THAT patients can change unhealthy behaviors through effective communication with their physicians. However, physician advice alone is usually not enough. ACOG’s Committee on Health Care for Underserved Women has developed a new Committee Opinion outlining an effective technique called “motivational interviewing.” *Motivational Interviewing: A Tool for Behavior Change* was published in the January issue of *Obstetrics & Gynecology*.

Randomized clinical trials have shown that motivational interviewing can be effective in changing behaviors such as smoking, risky sexual practices, and lack of exercise. Other possible uses are to increase duration of breastfeeding, improve compliance with medication regimens, and reduce fear of childbirth. Motivational interviewing is defined as “a directive, client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence.”

In motivational interviewing, the tradi-

tional “advice-giving” approach gives way to one of “reflective listening.” While physicians may be offering sound advice, the patient can be inwardly resisting that advice. But motivational interviewing addresses patient concerns better and helps identify the thoughts and feelings that are keeping a patient from changing her unhealthy behaviors.

The Committee Opinion outlines the motivational interviewing technique and offers information on training and what codes to use for reimbursement. ♀

Ob-gyns share love of the specialty in new medical student recruitment video

TO ENHANCE MEDICAL STUDENT recruitment efforts, ACOG has developed a new video about the specialty, "Choose Ob-Gyn for Women's Health."

The 10-minute video features actual Fellows, Junior Fellows, and medical students explaining why they chose ob-gyn and what they love about the specialty and discussing the field's diversity, flexibility, and how they manage a work-life balance.

The video shows attending physicians and residents in their hospitals, interacting with patients and colleagues, doing obstetric ultrasounds, performing surgeries, and delivering babies.

Fellow Sherri A. Longo, MD, of Ochsner Clinic in New Orleans, explains in the video why she loves the specialty: "We have a great opportunity in obstetrics and gynecology to take care of women, to make their lives better, and by making their lives better, we become better physicians."

Residents and medical students share their stories of when they knew they wanted to be an ob-gyn. Ryan, a first-year resident at Drexel University, talks about how he was allowed to assist in an abdominal hysterectomy, a rarity

for an intern.

"And just the excitement of finishing that case, I knew at that moment that I had picked the right specialty," he says.

Rajiv B. Gala, MD, immediate past chair of the Junior Fellow College Advisory Council, discusses how he and his wife, also an ob-gyn, maintain their work-life balance and share in the joy of raising their son.

"Ob-gyn can be whatever you want it to be, and I think that's what you have to remember," Dr. Gala says. "The beauty of ob-gyn is that you can mix it into the perfect career, however you define it."

Medical student recruitment tools

The video is the latest in a long list of ACOG medical student recruitment efforts, led by the JFCAC, that include hosting at the Annual Clinical Meeting an ob-gyn residency fair and medical student course, booth, reception, and hands-on workshops. The College has also developed a medical student brochure and poster, which can be displayed in student lounges at medical schools.

ACOG's medical student web page has a wealth of information for medical students, including an online newsletter. On the ACOG

ACCESS NEW VIDEO



To view the new medical student recruitment video, go to the ACOG medical student web page. At www.acog.org, click on "Medical Students" in the "Quick Links" box on the left side of the home page. To request a DVD copy to show to medical students, email ACOG Medical Student Manager Colleen Flood at student@acog.org.

website, www.acog.org, click on "Medical Students" in the "Quick Links" box on the left side of the home page. ♀



Advance your career with ACOG's online job bank

CAREER CONNECTION, ACOG'S OFFICIAL online job bank, has several features to make your career search or career advancement easier than ever. All features are free to job seekers.

An easy-to-use resume builder allows you to create a resume online or upload your existing resume. You can also store multiple resumes and create and send a cover letter along with your resume.

A "My Site" section allows you to easily create and maintain your own password-protected career website, where you can:

- ▶ Create a home page

- ▶ Upload a photo
- ▶ Post your resume
- ▶ List references
- ▶ Upload or link to articles you've written or published
- ▶ Provide your unique website address to anyone you wish, including potential employers
- ▶ Brand your site as a member of ACOG ♀

info

- Click on the ACOG Career Connection logo on the ACOG home page, www.acog.org
- 888-884-8242; info@healthcareers.com

DISTRICT I • BREWSTER, MA



▲ Nancy Makin, wife of District I Treasurer John B. Makin Jr, MD; Eugenio Suárez, MD, Chile Section vice chair; Eghon Guzmán, MD, Chile Section chair; and Helen DeFrancesco, wife of District I Chair Mark S. DeFrancesco, MD, MBA

On the left, Erica Bove, a John Gibbons Medical Student Award winner from the University of Vermont, practices suturing techniques during the medical student training session. Instructing her is Rhode Island Junior Fellow Vice Chair Nadine C. Kassis, MD.



◀ Quebec Section Immediate Past Chair Lucie Morin, MD, and Quebec Section Chair Markus C. Martin, MD

DISTRICT II • NEW YORK CITY



▲ A session on simulation exercises



District II Annual Meeting general session

DISTRICT III • BANFF, AB



◀ District Vice Chair Richard W. Henderson, MD; Patricia F. Arnett, DO, president of the American College of Osteopathic Obstetricians and Gynecologists; and District Chair Owen C. Montgomery, MD



▲ Delaware Section Chair Estelle H. Whitney, MD; District Vice Chair Richard W. Henderson, MD; Delaware Section Secretary/Treasurer Janice E. Tildon-Burton, MD; Delaware Section Vice Chair Kirsten M. Smith, MD; and Delaware Section Immediate Past Chair Gregory W. DeMeo, DO

DISTRICT IV • ORLANDO, FL



◀ Roger C. Toffle, MD, on the left, receives the Outstanding Faculty Award from District Secretary Haywood L. Brown, MD.



Fellow Cheryl Ann ▶
Ferrier, MD, and her
husband, David Rose, MD



District IV Annual Meeting general session

DISTRICT V • CINCINNATI

Ohio Section Chair Thomas H. ▶
Burwinkel, MD; Ohio Section
Secretary-Treasurer Wayne C.
Trout, MD; and District V Vice
Chair Donald K. Bryan, MD,
at the District V Advisory
Council Meeting



◀ Fellow Philip Samuels, MD,
and District V Young Physician
Representative Wanjiku Musindi, MD

Outgoing District V Chair ▶
J. Craig Strafford, MD, during the
District Business Meeting



DISTRICT VI • BANFF, AB



▲ Junior Fellows at the ADM: Front row, My-Le To, MD; Radha Malapati, MD; and Elena Bronshtein, MD. Back row, incoming District VI Junior Fellow Chair Jennifer L. Griffin, MD; outgoing District VI Junior Fellow Chair Heather B. Bankowski, MD; and Junior Fellow College Advisory Council Chair Eric J. Hodgson, MD



▲ South Dakota Section Chair Rochelle M. Christensen, MD, with her husband, Jens



◀ Abigail A. Meyer, recipient of the John Gibbons Medical Student Award, with her mom, Nancy

DISTRICT VII • LOS CABOS, MEXICO



▲ Los Cabos, Mexico, site of the ADM



ADM attendees enjoy dinner on the beach.

DISTRICT VIII • LOS CABOS, MEXICO

Incoming District VIII Chair ▶ Joshua Kopelman, MD, on the left, presents a plaque to outgoing Chair Luis B. Curet, MD.



◀ ACOG President Douglas H. Kirkpatrick, MD, with his wife, Joanie, on the left, and New Mexico Section Vice Chair Eve Espey, MD

ANNUAL DISTRICT MEETINGS

DISTRICT IX • BANEE, AB



◀ Outgoing Junior Fellow Chair Alejandrina I. Rincon, MD, with incoming Chair Yair J. Blumenfeld, MD



District IX Fellows, Junior Fellows, and medical students at a dinner and dance

DISTRICT XI • LOS CABOS, MEXICO



◀ Carl Anthony Dunn, MD, secretary/program chair, on the left, presents District XI Chair John C. Jennings, MD, with a handmade official District XI gavel made of native Texas mesquite wood from Dr. Dunn's property in Crawford.



District XI Annual Meeting Welcome Reception

ARMED FORCES DISTRICT • NORFOLK, VA



◀ Junior Fellow Hector M. Gonzalez, MD, presents his poster at the poster session.



Fellows Fernando ▶ Moreno Jr, MD, and Michael F. McNamara, DO, at the Welcome Reception



▶ District Chair Christopher M. Zahn, MD; District Vice Chair George B. McClure, MD; and District Secretary/Treasurer Thomas G. Gaylord, MD, at the District Advisory Council Meeting

2009 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

JANUARY

13

ACOG WEBCAST:
Principles of Correct Coding for Infertility Diagnosis and Treatment
1-2:30 pm ET
800-673-8444, ext 2498

14-16

ACOG Michigan Section Annual Clinical Meeting
Thompsonville, MI
313-745-0499
shendrix@dmc.org

17-18

ACOG's 11th Annual Treasurers Conference
Orlando, FL
scathcart@acog.org
800-281-1551

23-25

ACOG Maine Section Winter Meeting
Sugarloaf, ME
207-778-6394
jnaliboff@fchn.org

23-25

Gynecologic Oncology Group Semi-Annual Meeting
Garden Grove, CA
www.gog.org
215-854-0770

26-31

Society for Maternal-Fetal Medicine 29th Annual Meeting—The Pregnancy Meeting
San Diego
www.smfm.org
800-673-8444, ext 2476

FEBRUARY

4-7

North American Society for Psychosocial Obstetrics and Gynecology 35th Annual Meeting
New Haven, CT
www.naspog.org
202-863-2570

5-8

Society of Gynecologic Oncologists 40th Annual Meeting on Women's Cancer
San Antonio
www.sgo.org

10

ACOG WEBCAST:
Correct Coding for Laparoscopic/Hysteroscopic Procedures
1-2:30 pm ET
800-673-8444, ext 2498

MARCH

1-3

ACOG 27th Annual Congressional Leadership Conference, The President's Conference
Washington, DC
800-673-8444, ext 2509

4-6

Royal College of Obstetricians and Gynaecologists Obstetric and Gynaecology Conference
Port of Spain, Trinidad and Tobago
www.rcog.org.uk/meetings
conference@rcog.org.uk
020-7772-6245

5-7

Society of Gynecologic Oncologists 13th Annual Winter Meeting—“New Paradigms in Gynecologic Oncology”
Olympic Valley, CA
www.sgo.org

10

ACOG WEBCAST:
To OB or Not To OB: Dropping Obstetric Services
1-2:30 pm ET
800-673-8444, ext 2498

11-14

CREOG and APGO Annual Meeting
San Diego
www.apgo.org

16-19

American College of Osteopathic Obstetricians and Gynecologists 76th Annual Conference
Tucson, AZ
www.acoog.org
817-377-0421

17-21

Society for Gynecologic Investigation Annual Scientific Meeting
Glasgow, Scotland
www.sgonline.org

30-Apr 1

Society of Gynecologic Surgeons 35th Annual Scientific Meeting
New Orleans
www.sgsonline.org

APRIL

3-5

ACOG District XI Joint Meeting with the Texas Association of Obstetrics and Gynecology
Austin, TX
www.txobgyn.org

2-5

Society for Sex Therapy and Research Annual Meeting
Arlington, VA
www.sstarnet.org/
AnnualMeeting.cfm

14

ACOG WEBCAST:
Intrapartum Fetal Heart Rate Monitoring—The Evolution of Consensus
1-2:30 pm ET
800-673-8444, ext 2498

22

New England Obstetrical and Gynecological Society 80th Annual Spring Meeting
Sturbridge, MA
www.neogs.org

22-26

Pacific Coast Reproductive Society 57th Annual Meeting
Indian Wells, CA
www.pcrsonline.org

23-25

American College of Physicians Internal Medicine 2009
Philadelphia
www.acponline.org

23-25

North American Society for Pediatric and Adolescent Gynecology 23rd Annual Clinical Meeting
San Antonio
www.naspag.org

23-26

ACOG North Carolina Section Meeting
Asheville, NC
nlowe@ncmedsoc.org

MAY

2-6

ACOG 57th Annual Clinical Meeting
Chicago
www.acog.org/acm

8-9

Council of Medical Specialty Societies Spring Meeting
Chicago
www.cmss.org

12

ACOG WEBCAST:
Coding with Colposcopies
1-2:30 pm ET
800-673-8444, ext 2498

21-27

American College of Nurse-Midwives 54th Annual Meeting & Exposition
Seattle
www.midwife.org/am
240-485-1800

ACOG COURSES

1. For Postgraduate Courses, call 800-673-8444, ext 2540/2541, weekdays 9 am-4:45 pm ET or visit www.acog.org and click on "Postgraduate Courses and CPT Coding Workshops" under "Meetings"
2. For Coding Workshops, visit www.acog.org and click on "Postgraduate Courses and CPT Coding Workshops" under "Meetings." Telephone registration is not accepted for Coding Workshops.

Registration must be received one week before the course. On-site registration subject to availability.

FEBRUARY

12-14

Emerging Issues in Office Practice: Sexuality, Body Image, and Psychological Well-Being
St. Thomas, US Virgin Islands

27-Mar 1

Coding Workshop
Chandler, AZ

MARCH

6-8

Coding Workshop
Atlanta

26-28

Quality and Safety for Leaders in Women's Health Care
Washington, DC

27-29

Coding Workshop
Houston

MAY

7-9

Coding Workshop
Chicago

JUNE

26-28

Coding Workshop
Minneapolis

JULY

10-12

Coding Workshop
Baltimore

AUGUST

7-9

Coding Workshop
Kansas City, MO

New structure, sessions for ACOG's patient safety postgraduate course

LEARN KEY PATIENT SAFETY AND quality improvement principles and techniques at ACOG's updated patient safety postgraduate course, March 26–28, in Washington, DC. This popular offering, "Quality and Safety for Leaders in Women's Health Care," was revised in 2008 to be more interactive, and faculty were added to present new sessions on simulation and ethics.



The course teaches core patient safety and quality improvement principles, while focusing on techniques that enhance patient safety through prevention, interception, and mitigation of medical errors. Participants are encouraged to bring real-world patient safety issues from home to discuss.

The course is ideal for incoming and current department chairs, other hospital and private practice leaders, and medical staff involved in quality improvement efforts, such as chairing a patient safety committee.

Special invite to nurse leaders, residents, young physicians

This year, ACOG is encouraging Fellows to attend as a team with their nurse leaders. Improving patient safety by instituting team training in labor and delivery units is a key emphasis of the postgraduate course. Continuing education units will be available for nurses, as well as ACOG Fellows and Junior Fellows.

ACOG is also issuing a special invitation to Junior Fellows and young Fellows and encouraging ob-gyn academic departments to fund their chief resident to attend the postgraduate course.

ACOG Fellow Kenneth E. Brown, MD, MBA, has participated in the course three times in the last 15 years.

"During the 2008 course, I was particularly impressed with the array of up-to-the-minute lectures on patient safety, conflict resolution, and negotiation," Dr. Brown said. "The breadth of knowledge of the speakers and in-depth coverage of each topic make this course a must for anyone in ob-gyn practice today and certainly should be attended by leaders of ob-gyn departments." ♀

info

→ For more information and the list of faculty, visit the ACOG website, www.acog.org. Under "Meetings," click on "Postgraduate Courses and CPT Coding Workshops"

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Routine Tests in Pregnancy (AP133)

- ▶ Tests that are done on all pregnant women
- ▶ Detailed explanation of genetic screening and diagnostic testing
- ▶ Limitations of testing



Postpartum Depression (AP091)

- ▶ Signs and symptoms of postpartum blues and postpartum depression (PPD)
- ▶ Causes of PPD
- ▶ When to seek help
- ▶ Treatment of PPD

info

- To preview these pamphlets: www.acog.org/goto/patients
- To order pamphlets: <http://sales.acog.org>; 800-762-2264 (use source code DM68 1006)
- To request a free sample: resources@acog.org



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