

Ob-gyns get motivated to lead healthier lives

QUICK—DO YOU KNOW YOUR BMI? YOUR CHOLESTEROL level? Your blood pressure? Have you had a colonoscopy? Did you get your annual flu shot? If you're a reproductive-age woman, are you taking 400 micrograms of folic acid every day?

As an ob-gyn, you discuss these issues on a daily basis with your patients, but what about your own health? Are you following your own recommendations and the health guidelines for your age and gender? With hectic schedules, you may not realize that your weight has crept up or that you're overdue for a colonoscopy.

Like millions of other Americans, you may struggle with healthy eating and trying to fit exercise into your daily schedule, but by taking small steps you can improve your heart health, your energy level, even your posture and flexibility, changes that can come in handy for physicians on their feet all day.

"In medicine, we pride ourselves on intel-

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Junior Fellow Catherine Cansino, MD, MPH, uses her new bike to run errands.



"Fellows will have the two best professional organizations in obstetrics and gynecology working on their behalf."

—ACOG Executive Vice President
Ralph W. Hale, MD, FACOG

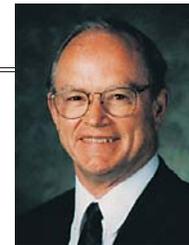
ACOG's new business organization created to meet members' needs

AS ANNOUNCED IN THE JANUARY ISSUE OF *ACOG TODAY*, THE College's Executive Board created a new "business league" or "trade association" called The American Congress of Obstetricians and Gynecologists. The Executive Board formed this new organization to best respond to members' changing needs, including the promotion of the business and socioeconomic needs of Fellows. In addition, the Congress will foster and stimulate improvements in all aspects of women's health care and establish and promote policy positions on issues affecting the specialty.

Information on the development of the Congress was presented at the College Advisory Council Meeting at the 2008 Annual Clinical Meeting and at each of the 2008 Annual District Advisory Council meetings.

"The feedback from Fellows has been tremendous," said ACOG Executive Vice President Ralph W. Hale, MD, FACOG. "The College will continue to provide exceptional educational

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EXECUTIVE DESK

Maintenance of Certification enters second year

AS WE BEGIN THIS NEW YEAR, we have entered into the second year of the American Board of Obstetrics and Gynecology Maintenance of Certification program, or MOC. We have analyzed the 2008 data for part IV, the self-assessment component, and this part of the program is accomplishing its goals. We have received a lot of feedback at ACOG from those who have taken part IV, and, almost universally, we have heard that it was easy to perform, did not take a lot of time, and was very educational. For most Fellows, it substantiated that they were practicing just as they should; for a few, it introduced them to improvements in their practice in an educational and nonthreatening way.

through a final evaluation by two or three independent reviewers. The important task of all of this scrutiny is to ensure that the modules are accomplishing the goals for which they are intended: self assessment and self learning.

If you are required to initiate MOC in 2009, please do so. Failure to maintain certification can result in loss of Fellow status in ACOG, as certification is one of the primary membership requirements. ACOG believes all our Fellows practice the most up-to-date and appropriate medicine. By maintaining your certification, you are supporting yourself and your patients. ♀

Ralph W. Hale MD

Ralph W. Hale, MD, FACOG
Executive Vice President

"If you are required to initiate MOC in 2009, please do so. Failure to maintain certification can result in loss of Fellow status in ACOG, as certification is one of the primary membership requirements."

Currently, committees of ACOG members are meeting to develop new modules and to modify older modules as patient care information continues to change. The committee members are all Fellows, who, like most ACOG members, are on the front lines of practice. Each committee also has a senior practitioner who reviews and helps oversee the committee's activities. Finally, each module, once completed, goes

IN MEMORIAM

Byron H. Dunn, MD
Jersey, GA • 11/08

Norman O. Gauvreau, MD
Lewiston, ME • 9/08

Alvin F. Goldfarb, MD
Philadelphia • 11/08

Hugh G. Grimes, MD
Northfield, IL • 6/08

Joseph A. Lucci Jr, MD
Houston • 11/08

Joseph P. Martocci, MD
Beverly Hills, FL • 8/08

John B. Roberts, MD
Red Bluff, CA • 10/08



**Obstetrics & Gynecology
HIGHLIGHTS**

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

Critical Care in Pregnancy
(Obstetrics Practice Bulletin #100, new)

Ultrasonography in Pregnancy
(Obstetrics Practice Bulletin #101, new)

The Role of Transvaginal Ultrasonography in the Evaluation of Postmenopausal Bleeding
(Gynecologic Committee Opinion #426, new)

Misoprostol for Postabortion Care
(International Committee Opinion #427, new)

Legal Status: Health Impact for Lesbian Couples
(Underserved Women Committee Opinion #428, new)

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.

ACOG's new business organization created to meet members' needs

► PAGE 1

opportunities and thoroughly researched practice guidelines, and the Congress will focus on the business side of being a practicing ob-gyn and on political activity. Fellows will have the two best professional organizations in obstetrics and gynecology working on their behalf.”

The Congress should be in operation starting January 2010 and will be a companion organization to the College, if College bylaws amendments are approved at the May 4 Annual Business Meeting during the ACM in Chicago. Voting members should watch their mailboxes in March for a special mailing detailing the proposed amendments to the College bylaws and a proxy to approve the amendments. ♀

The difference between 501(c)(3) status and 501(c)(6) status

The American College of Obstetricians and Gynecologists was incorporated on Aug 4, 1951, as an Illinois not-for-profit corporation. The College is an organization recognized by the Internal Revenue Service as exempt from federal income taxation under 501(c)(3) of the Internal Revenue Code and is also classified as a public charity.

There are numerous benefits to being a 501(c)(3) tax-exempt organization, and there are also certain limitations placed on such organizations. For example, one benefit is that contributions and gifts to the College are deductible by the donor as charitable contributions. A limitation is that College assets are required to be used only for its exempt purposes, and although the College can lobby on issues, there is an absolute prohibition on any political campaign or candidate activity.

The American Congress of Obstetricians and Gynecologists is also incorporated as an Illinois not-for-profit corporation. However, the Congress is requesting from the IRS to be recognized as a 501(c)(6) organization. This designation will allow the Congress more flexibility in promoting the interests of its members. 501(c)(6) organizations have no limit on socioeconomic activities, and the Congress may carry on political campaign activities and may sponsor a political action committee, or PAC.

FREQUENT QUESTIONS

Why is the name Congress used?

ACOG is incorporated in Illinois, but the main office is in the District of Columbia. Neither jurisdiction will allow two separate organizations to have an identical name. The Executive Board and Fellows offered a lot of suggestions for new names, and after careful consideration it was felt that “Congress” was the best fit. “Congress” by definition is a group of members who come together for a mutual purpose. The name also maintains the “ACOG” acronym.

As a member of the College, what do I have to do to be a member of the Congress?

Nothing. When the Congress commences operations, every member in the College will automatically become a member in the same membership category in the Congress. All future members will have dual membership in the two organizations. Members will join the Congress by an application process that will be similar to the one that currently exists, and membership in the Congress will automatically confer College membership.

Will I pay two sets of dues?

No. There will be only one national dues payment. Internally, some funds will be for Congress activities, while others will be used for College activities.

Which organization will collect my dues?

Dues will be collected by the Congress starting with the fall 2009 dues statement so that the Congress will begin operation in January 2010.

Will my dues still be tax deductible?

Generally, membership dues are tax deductible as a business expense. However, the percentage of dues related to lobbying activities is not deductible, and this amount will be noted on your dues statement.

Will I lose any benefits of College membership?

No, all of the current benefits of membership will remain. Some will come from the College and others from the Congress.

Will I still have an Annual District Meeting?

Yes. The activities of the districts and sections will be in the Congress. Having districts and sections in the Congress gives the districts and sections the most flexibility for carrying out socioeconomic and political activities.

Will there be two Executive Boards and two sets of officers?

Under the dual membership approach, all officers (except for those in the Armed Forces District) will be elected in the Congress and will also serve on the Executive Board of the College. Because of Armed Services restrictions, Armed Forces officers will be elected in only the College and serve on the College's Executive Board.

How can I get more information?

More information is on the ACOG website. Next month, *ACOG Today* will address the changes in the 501(c)(3) bylaws that are necessary for the transition. You may also email Executive Vice President Ralph W. Hale, MD, FACOG, at rhale@acog.org. ♀

Submit your nomination for national office

ALL VOTING MEMBERS OF ACOG WILL RECEIVE A letter from the College later this month outlining the process for nominating national officers who will serve as officers of both The American College of Obstetricians and Gynecologists and The American Congress of Obstetricians and Gynecologists (see article on page 1). Participation in national, district, or section activities is an important prerequisite to serving as a national officer.

April 1 deadline

Individuals may nominate themselves or someone else; ACOG districts and sections may also nominate individuals. Nominations for the offices of president elect, vice president, secretary (three-year term), assistant secretary, or Fellow-at-Large (restricted to qualified applicants for a two-year term) must be submitted by April 1.

Nominations must include:

- ▶ A letter stating the office(s) of interest
- ▶ A one-page CV in a specified format
- ▶ A complete CV
- ▶ A signed "Candidate Agreement" (available on the ACOG website)

Candidates must make a presentation about their qualifications at the National Officer Candidates Forum on May 6 during the Annual Clinical Meeting in Chicago. ♀

info

→ For officer position descriptions, contact Elsa Brown at 800-673-8444, ext 2517, or ebrown@acog.org, or download the position descriptions from ACOG's website, www.acog.org

Timetable for election of national officers

2009

- February** ACOG sends letter outlining nomination process to Fellows
- March** Candidates are announced on the ACOG national and district websites
- April 1** Nominations deadline
- May 6** Committee on Nominations interviews candidates at the ACM in Chicago
- July** Personal statements and brief bios of candidates are published in *ACOG Today* and on the ACOG national and district websites
- Fall** Candidates are discussed at Annual District Meetings
- November** Committee on Nominations selects slate of candidates

2010

- February** Executive Board receives and accepts final slate
- March** Slate and proxy ballots are mailed for use by Fellows who do not plan to attend the Annual Business Meeting
- May 17** Slate voted on at Annual Business Meeting in San Francisco

Take liability survey online

ACOG'S 2009 SURVEY ON PROFESSIONAL LIABILITY is under way. 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. ♀

Pay ACOG dues online

HAVE YOU PAID YOUR 2009 ACOG DUES? YOU CAN now pay your membership dues online at www.acog.org. Under "Quick Links" on the left side of the home page, click on "Renew Membership." A receipt will generate automatically.

Change address online

Do you need to change your address? You can also change your address online at www.acog.org. Log on to the members-only portion of the website and click on "Personal Page" on the upper right side. Then, scroll down and click on the "Change Address" button. ♀



First section meeting in Chile

ACOG Fellows from the US gather with members in Chile during the new Chile Section's first annual meeting in November. During the meeting, ACOG Executive Vice President Ralph W. Hale, MD, FACOG, became the first and only honorary member of the Chile Section. From left to right, Nelson Rodríguez, MD; Luis Martínez Maldonado, MD; Chile Section Chair Eghon Guzmán, MD; Immediate Past Chair of District VIII Luis B. Curet, MD; Dr. Hale; Mercedes Ruiz-Flores, MD; ACOG Secretary James N. Martin Jr, MD; Chile Section Vice Chair Eugenio Suárez, MD; and ACOG President Douglas H. Kirkpatrick, MD.

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pause®, which is produced by ACOG's Office of Communications, is the essential must-read for all women approaching menopause and beyond. Informative articles focus on osteoporosis, heart health, hot flashes, breast cancer, sexuality, incontinence, exercise and diet, and much more. ♀

info

→ At www.acog.org, scroll down and click on the pause® magazine cover on the left side of the page

Prized medical atlas presented to ACOG History Library

ACOG'S HISTORY LIBRARY IS the new home to an original 19th century French atlas on the human anatomy that includes more than 700 color folio plates.

Fellow Anthony P. Tizzano, MD, of Cleveland, delivered the nine-volume set of the *Complete Treatise of Human Anatomy* to the J. Bay Jacobs, MD, Library for the History of Obstetrics and Gynecology in America. The books were written by French physician Jean-Baptiste Marc Bourgery and beautifully illustrated by French painter Nicolas-Henri Jacob.

In near-perfect condition, this second edition is known for its more vivid colors and the addition of a supplemental volume called *Treatment of Diseases of the Uterus* that includes 24 plates showing mid-19th century gynecologic surgery. The prints are considered masterpieces in medical literature.

Dr. Bourgery spent 20 years completing his treatise, which he did just before his death in 1849. He conducted meticulous observations



Looking through the ACOG History Library's new atlas on human anatomy are Anthony P. Tizzano, MD; ACOG Executive Vice President Ralph W. Hale, MD, FACOG; and ACOG History Fellow Thomas F. Basket, MB.

based on numerous dissections and anatomical preparations. Dr. Bourgery depicted each procedure from the point-of-view of the surgeon because he believed it was the best way to learn how to perform the procedure. ♀

Past President Dr. William Andrews dies

ACOG PAST PRESIDENT William C. Andrews, MD, of Norfolk, VA, died unexpectedly on December 31 at the age of 84. He served as president of the College in 1994–95.



In private practice from 1953 to 1995 in Norfolk, Dr. Andrews was also a professor at Eastern Virginia Medical School from 1975 to 1995, then becoming a professor emeritus.

He was also a past president and former executive director of the American Fertility Society.

Dr. Andrews served in several advisory capacities for the US Food and Drug Administration; for 10 years, he was a member of the FDA ob-gyn devices panel and was chair of the Fertility and Maternal Health Drugs Advisory Committee in 1982–83. He was also involved in the Planned Parenthood Federation of America, serving as president of the Norfolk Chapter from 1966 to 1968 and as chair of the National Medical Committee from 1982 to 1984. Dr. Andrews was a past president of the Tidewater Ob-Gyn Society, the Eastern Virginia Medical School Faculty Senate, and the International Federation of Fertility Societies. In 1967, he was named an honorary officer of the Most Excellent Order of the British Empire by Queen Elizabeth II.

Dr. Andrews came from a family of ob-gyns, and for many years he and his brother, the late Mason C. Andrews, MD, ran the private group practice started in Norfolk by their father, Charles James "C.J." Andrews, MD. Now called The Group for Women, the practice celebrated its 100th anniversary in 2005.

Dr. Andrews received his medical degree from Johns Hopkins University and completed his residency at The New York Hospital. ♀

2009 ACM scientific sessions

MONDAY, MAY 4

1st Scientific Session | 8:45 am

PRESIDENT'S PROGRAM

Moderator:

ACOG President Douglas H. Kirkpatrick, MD

▶ **Samuel A. Cosgrove Memorial Lecture**

What We Need to Know and Do to Cure Our Epidemic of Medical Mistakes

Robert M. Wachter, MD, professor and chief of the hospitalist program, University of California, San Francisco

▶ **The Anna Marie D'Amico Lecture**

Speaker TBA

- ▶ *Jean Chamberlain Froese, MD, assistant professor of ob-gyn at McMaster University, Hamilton, ON, and executive director of Save the Mothers, an international organization committed to reducing maternal mortality rates worldwide*

2nd Scientific Session | 1:30-2:30 pm

John I. Brewer Memorial Lecture

- ▶ **The Road to the Cancer Vaccine**
Stanley A. Gall, MD

3rd Scientific Session | 2:30-3:30 pm

The Edith Louise Potter Memorial Lecture

- ▶ **Pushing the Limits of Viability: Obstetric Predictors of Neonatal Outcome at 22-24 weeks**
Jon Tyson, MD

4th Scientific Session | 3:45-4:45 pm

The March of Dimes Lecture

- ▶ **The Preterm Birth Problem in the United States: Underlying Mechanisms and Search for Effective Solutions**
Jerome F. Strauss III, MD

TUESDAY, MAY 5

5th Scientific Session | 8-9:15 am

The Irvin M. Cushner Memorial Lecture

- ▶ **Direct-to-Consumer Genetic Testing**
Kathy Hudson, PhD

6th Scientific Session | 9:30-11 am

The Gerald and Barbara Holzman Stump the Professors session

Fascinating clinical cases submitted by Junior Fellows of the College are presented to a panel of professors.

Moderator:

Mark D. Pearlman, MD

Professors:

*Lee P. Shulman, MD
Harriet O. Smith, MD
Louis Weinstein, MD
Katharine D. Wenstrom, MD*

7th Scientific Session | 11:15 am-12:30 pm

Howard Taylor Symposium: Patient Safety

- ▶ *Timothy D. O'Leary, MD
Paul A. Gluck, MD*

8th Scientific Session | 2:30-4:45 pm

The Donald F. Richardson International Symposium

- ▶ **Racial Disparity in Women's Health Outcomes through Research**
*Raymond L. Cox Jr, MD, MBA
Eve Lackritz, MD
Vivian Pinn, MD
Worta McCaskill-Stevens, MD*

WEDNESDAY, MAY 6

9th Scientific Session | 11 am -12 pm

The Morton and Diane Stenchever Lecture

- ▶ **The Obesity Epidemic**
Vivian M. Dickerson, MD

10th Scientific Session | 12-1 pm

The John and Marney Mathers Lecture

- ▶ **Reproductive and Psychosocial Issues in Women with the BRCA Mutation**
Karen Hsieh Lu, MD



Annual Clinical Meeting • May 2-6
2009

CHICAGO

The ACM Preliminary Program is now available online:
www.acog.org/acm

2009 ACM current issues updates

MONDAY, MAY 4

1st Current Issues Update 2-3 pm

- ▶ **Cosmetic Medicine in Gynecologic Practice**
Douglas W. Laube, MD, MEd

TUESDAY, MAY 5

2nd Current Issues Update 2-3 pm

- ▶ **STD Epidemic in Teens**
Kevin I. Fenton, MD

WEDNESDAY, MAY 6

3rd Current Issues Update 7:30-8:30 am

- ▶ **Robotic Surgery in Gynecology: Use and Abuse**
Arnold P. Advincula, MD
Javier F. Magrina, MD

ACM RECEPTIONS

Welcome Reception

Chicago may be known for its pizza, cold winters, and famous sports teams, but it is also known as the home of the blues. Kick off the 2009 ACM in the Windy City with some Chicago-style music, entertainment, and cuisine.

Shuttles will be available from certain ACM hotels that are not within walking distance from the Hilton Chicago.

When: Sunday, May 3 • 7-10 pm
Where: Hilton Chicago—International and Grand Ballrooms
Cost: Complimentary to registrants

Luncheon to Honor All ACOG Spouses and Partners

Joanie Kirkpatrick, wife of ACOG President Douglas H. Kirkpatrick, MD, invites spouses and partners of ACOG members to a special luncheon. Join Mrs. Kirkpatrick for this enjoyable afternoon. Early registration is strongly encouraged.

When: Monday, May 4 • 1-3 pm
Where: McCormick Place South—S405
Cost: Complimentary to registrants

Medical Students and Junior Fellow College Advisory Council Reception

To promote interest in women's health, ACOG sponsors a reception for medical students and Junior Fellow officers. All officers of ACOG are also invited.

When: Monday, May 4 • 5:30-7 pm
Where: Hilton Chicago
Cost: Complimentary to registered medical students and ACOG officers

Party with the President—Dining, Dancing, and Dinosaurs

Come party with ACOG President Douglas H. Kirkpatrick, MD, and his wife, Joanie—and Sue, the world's largest, most complete, and most famous T. Rex. Bring the family to this fun and educational night at The Field Museum, where you can learn about animals (current and prehistoric), fossils, and rocks; visit different countries and cultures; and much, much more.

Dress for the evening will be casual. Shuttles will be available from all hotels in the ACOG block.

When: Tuesday, May 5 • 6:30-10 pm
Where: The Field Museum, 1400 S. Lake Shore Drive
Cost: See registration forms online for more information.
Advance registration is required. Tickets will not be available on site.

Farewell Reception

A light lunch will be served for attendees in the Exhibit Hall on the last day of the ACM. Take this opportunity to meet with the exhibitors in a relaxed and social atmosphere, while learning more about their products and services.

When: Wednesday, May 6 • 12-2 pm
Where: McCormick Place Lakeside Center Exhibit Hall
Cost: Complimentary to registrants

don't miss out

OPENING CEREMONIES



EXHIBIT HALL



INTERACTIVE SESSIONS





Samuel N. Lederman, MD, managing partner of Palm Beach Obstetrics & Gynecology, and nurse manager Doris Rodriguez use a tablet PC in their office.

Making the decision

- ▶ Before investing in a system, demand an estimated return on investment from your vendor. This will help ease fears and challenges throughout the process because you will understand the financial benefits
- ▶ Look for systems that have been proven in their specialty before committing to a product. Basing an EMR system solely on price can seriously affect your return on investment in the long run
- ▶ Make sure to invest in the proper hardware. Choices of computer servers, tablet PCs, wireless setup, and Internet speed are critical in decreasing frustration and improving efficiency
- ▶ Instead of implementing the system all at once, consider a phased-in approach. Palm Beach Obstetrics & Gynecology implemented its system over time, an approach that allowed the practice to keep up its case load
- ▶ Be willing to invest your time. Learning the system through company-provided training sessions offered at the start of implementation will save you the cost and hassle of asking trainers to come back and explain things
- ▶ Fully utilize your system in order to get your money's worth. Some practices "stall out" on the process and don't use the system to its full potential
- ▶ Ask vendors if any of the EMR costs are tax deductible. Generally, they are

Information provided by Dr. Lederman and Justin Barnes, vice president of marketing and government affairs at Greenway Medical Technologies

Small practice makes worthy investment in EMR system

IMPLEMENTING AN ELECTRONIC medical record system can lead to better patient care and more efficient practice management. However, physician practices, especially smaller practices, may hesitate, questioning if EMRs are affordable and whether or not the financial investment is worth it.

In 2006, Fellows at Palm Beach Obstetrics & Gynecology, in Palm Beach, FL, decided to give an EMR system a try and found a \$125,000 return on investment within the first full year of implementation.

"We wondered if EMRs would make a financial impact, help with office efficiency, and improve patient care," said Fellow Samuel N. Lederman, MD, managing partner of Palm Beach Obstetrics & Gynecology. "And the answers were yes, yes, and yes." At the time, the practice had four physicians, one nurse practitioner, and one midwife.

"We wondered if EMRs would make a financial impact, help with office efficiency, and improve patient care, and the answers were yes, yes, and yes."

—Fellow Samuel N. Lederman, MD

Dr. Lederman had wanted to implement an EMR system at his practice for years but didn't feel the technology was ready until about four years ago. After site visits to four different practices and three on-site demos by vendors, the Palm Beach implementation team selected a vendor.

Along with paying for new software and training, the practice needed to replace all of its hardware. Dr. Lederman admits the investment was very expensive. The practice bundled the costs into a three-year lease costing around \$5,000 per month. Additional and recurring costs in the first year created a total investment of \$277,532 for the practice.

In addition, during the first three months of implementation, the practice took a hit in profits, due in part to a decrease in revenue during the initial training and the cost of temporary staff to aid in the transfer of medical records. However, in the long run, using the system reversed those effects with increased revenue and a smaller, more efficient staff. Two and a half years after implementation, Dr. Lederman said the system has paid for itself nearly twice over.

A more efficient office

Prior to implementing the EMR system, the Palm Beach practice had trouble keeping track of information efficiently.

"With six clinicians and two offices, there were 10 different places a paper chart could be," Dr. Lederman said. "We needed a small army of people just to keep track of everything."

In addition to decreasing staff size, the practice was also able to utilize office space previously allocated to medical records and decrease its paper consumption considerably. These changes added a significant amount to the practice's return on investment.

The practice also saw a dramatic increase in coding accuracy; the level of care calculated by the software led to an increase in reimbursement.

EMRs can have patient safety benefits as well, by reducing error and allowing physicians to better customize care with each patient. Palm Beach Obstetrics & Gynecology recently received an award of excellence in implementation and value of health information technology from the Healthcare Information and Management Systems Society for its successful EMR system.

"Implementing the system was the most challenging experience of my career," Dr. Lederman said. "Be prepared for a tough year, but your practice will come out better on the other end. EMR systems are a great advancement of medicine, allowing you to significantly improve patient care." ♀

Nominations due June 1

Nominations sought for Junior Fellow district officers

BECOME AN ACTIVE LEADER and an energetic voice for Junior Fellows in your district. Every year, each district elects a Junior Fellow district vice chair and district secretary/treasurer.

Junior Fellow vice chairs progress to chair after one year; after a year as chair they continue to serve as immediate past chair (for a total commitment of three years).

Qualifications for Junior Fellow district officers

Vice chair

- ▶ Junior Fellow member of the district (but may become a Fellow during term of office)
- ▶ History of service to ACOG at section, district, or national level as an officer or committee/task force member
- ▶ Able to attend required national and district meetings (about four per year)

Secretary/treasurer

- ▶ Junior Fellow member of the district

info

- If you are interested in an office or in nominating someone, contact Chris Himes: 800-673-8444, ext 2561; chimes@acog.org
- On the ACOG website, www.acog.org, click on "Junior Fellows" in the "Quick Links" box on the left side of the home page

Process for submitting nominations

Submit a letter stating the office that you are seeking and a one-page summary of your CV to chimes@acog.org. ♀

ELECTION SCHEDULE

June 1

Nominations due

June

District Nominating Committee develops slate of up to three candidates for each office

July

Slate of candidates posted on Junior Fellow website

August 1-31

Online polls open

Annual District Meetings

Elected officers will begin their terms after their ADM



Junior Fellow Breakfast and Business Meeting at the 2008 ACM

Junior Fellow ACM events

JUNIOR FELLOWS ATTENDING the Annual Clinical Meeting have a number of educational and fun events specifically geared toward them. Be sure to take advantage of these activities at the ACM, May 2-6 in Chicago. ♀

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→ www.acog.org/acm

MONDAY, MAY 4

Junior Fellow Luncheon Seminar "The ABCs of Applying for Subspecialty Training"

11:30-1 pm

Medical Student and Junior Fellow College Advisory Council Reception

5:30-7 pm

Business of Medicine Symposium for Junior Fellows

Session I

12:15-2:30 pm

TUESDAY, MAY 5

Junior Fellow Breakfast and Business Meeting

7-8:30 am

Stump the Professors

9:30-11 am

Ob-Gyn Residency Fair

11 am-2:30 pm

Business of Medicine Symposium for Junior Fellows

Session II

11:30 am-2 pm

Donald F. Richardson Prize Paper Award Presentations

2 pm

Junior Fellow Officer Orientation

NEW JUNIOR FELLOW CHAIRS AND VICE CHAIRS ATTENDED A JUNIOR Fellow Officer Orientation in January, before attending the Junior Fellow College Advisory Council meeting the next day.



▲ District IX Junior Fellow Vice Chair Jennifer Salcedo, MD, and District IX Junior Fellow Chair Yair J. Blumenfeld, MD



▲ District VIII Junior Fellow Vice Chair Nicole E. Marshall, MD, and District VIII Junior Fellow Chair Randy B. Bourne, MD

Ob-gyns get motivated to lead healthier lives

► PAGE 1

ligence and intellect a lot. I think we should focus just as much on our health,” said Fellow Michele G. Curtis, MD, MPH, associate professor of ob-gyn at the University of Texas, Houston. “It’s a lifelong commitment. There are times in your life when you’re under so much stress, you fall off the wagon for awhile, but you get right back on.”

Dr. Curtis said she has always been diligent about getting routine Pap tests and, because of a family history of colorectal cancer, had a colonoscopy before age 50, but day to day she wasn’t living the most healthful lifestyle that she could. Her wake-up call came when her mother was diagnosed with colon cancer and later died. While her mom underwent chemotherapy, Dr. Curtis’s father began poring through information about complementary medicine that could augment his wife’s treatments. He came across the China Study, which showed that those who ate more of a meat-based diet were more likely to have chronic diseases than were those who ate more of a plant-based diet.

Based on her father’s research and conversations with her family, Dr. Curtis decided to become a vegetarian about a year ago, while also exercising regularly.

“Becoming a vegetarian made a difference in how I felt, and that simple step of saying, ‘I’m not going to eat meat,’ made me cognizant of what I am eating,” she said. “I don’t really do a main meal. I snack and graze throughout the day. . . . I don’t miss the meat. A lot of the recipes you can adapt, and you can use some of the meat substitutes.”

She also discovered a surprise benefit when she goes out to a nice restaurant: “It’s amazing to me how many restaurants will allow me to quietly ask the waiter, ‘Could you ask the chef if he would mind making me a vegetarian meal?’ I’ve gotten some great meals that way.”

Losing weight with family support

ACOG Fellow Sharon T. Phelan, MD, professor of ob-gyn at the University of New Mexico, decided to address her eating habits after menopause came with an unwelcome weight gain.

“I hit menopause and started hitting the

middle-age spread, gaining about 30 pounds,” Dr. Phelan said. “I was rapidly approaching 60, and my primary care physician was noting that I was gaining weight each year.”

Dr. Phelan was also concerned about her brother’s weight gain and approached him about his obesity.

“He had never thought of himself as obese until I said it,” she said. “That’s pretty common. There’s a tendency to think with obesity, ‘He’s got to know he’s obese; I don’t need to say anything,’ but if all the people around you are obese, you start thinking of yourself as normal, and if society pushes food for when you’re unhappy or when you’re celebrating, it’s very easy to have it creep up on you.”

After their conversation, the two siblings decided to commit to losing weight together, by using Weight Watchers’ points system, and their mom joined in. A year later, Dr. Phelan had lost the 30 pounds and now, two years later, she has kept it off, and her brother has lost 100 pounds. Her mother hit her 20-pound weight-loss goal as well.

“The sentinel event in all of this is my brother’s comment that he never thought of himself as obese. Suddenly, it dawned on me that I need to be more sensitive, but clear, with patients that their weight has really got to a point where I’m worried,” Dr. Phelan said.

Making exercise a part of your day

Junior Fellow Catherine Cansino, MD, MPH, became more focused on physical activity last year thanks to a cross-country move from the East Coast to sunny Albuquerque, NM, where she is now a family planning specialist at a local clinic. Dr. Cansino and her husband noticed that everyone seemed to be playing outdoors: biking, running, hiking. The healthy lifestyle was contagious, and Dr. Cansino bought a bike and started taking yoga classes.

“When we were living on the East Coast, I belonged to a gym and only used it for the first few months of the membership,” she admits. “Now, I’m finding other ways to stay active while doing things that I enjoy and can commit to more easily.”

She attached a basket to her new bike, which she uses to run errands and as transpor-



AMA Healthier Life Steps™
A physician-patient alliance for a longer, healthier life

AMA launches campaign to get Americans healthy

SMALL STEPS CAN LEAD TO big health benefits, according to the American Medical Association’s new Healthier Life Steps campaign. New resources and tools for both physicians and patients are available online to help Americans reduce risky health behaviors.

Individuals can download tracking calendars and action plans/tip sheets on healthy eating, physical activity, reducing risky drinking, and quitting smoking. Physicians can also download a patient self-assessment questionnaire, a poster for their office, and a physician’s guide with tools and techniques on patient screening, intervention, and motivation. ♀

info

→ www.ama-assn.org/go/healthierlifesteps

tation to the yoga studio. She has been practicing yoga twice a week for about four months, and it has helped her tremendously with the aches and pains after a long day of surgery.

“Yoga has helped increase my awareness of tension and allows me to identify ways to minimize it. Specifically, I have a better understanding of how I should sit, stand, and distribute weight on my body, especially when engaging in activities associated with prolonged postures,” she said. “With yoga, I am learning to identify postures during procedures that may precipitate pain and so I then adopt a better posture.”

Dr. Cansino said the meditative aspect of yoga helps her deal with stress better, and she now emphasizes to patients the importance of being more in tune with their mental, emotional, and physical needs. ♀

Focus on women's heart health in February



HEART DISEASE IS THE NO. 1 KILLER OF WOMEN IN THE US, ACCOUNTING FOR 38%

of all deaths among females, a fact that many women are still unaware of despite more emphasis on women's risk of heart disease in recent years.

In recognition of American Heart Month in February and National Wear Red Day on February 6, *ACOG Today* spoke with Nanette K. Wenger, MD, professor of medicine in the division of cardiology at the Emory University School of Medicine and chief of cardiology at Grady Memorial Hospital in Atlanta. Dr. Wenger has been studying and treating women with heart disease for nearly five decades. She was a coauthor of the *Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women: 2007 Update*, released by the American Heart Association and cosponsored by ACOG. The *Evidence-Based Guidelines* are at <http://circ.ahajournals.org/cgi/content/full/115/11/1481>.

ACOG TODAY: Ob-gyns are often the primary care physician for their patients. What should ob-gyns be telling their patients about their risk of heart disease?

DR. WENGER: "The reference should be the *Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women*. In the back of the guidelines, there's a table, a 'follow-the-yellow-brick-road' algorithm, that [physicians] can incorporate in their care. It addresses smoking cessation, waist circumference, physical activity, a heart healthy diet. ... First approach is lifestyle measures, then pharmacotherapy."

The AHA women's heart guidelines identify a woman's individual risk of heart disease as either high risk, at risk, or optimal risk. The classification recognizes that the average lifetime risk of cardiovascular disease for women is very high, making prevention important for all women.

ACOG TODAY: How do symptoms of heart attacks differ in women than in men?

DR. WENGER: "Women (as well as older men) will have extreme fatigue; shortness of breath; back, arm, neck pain. They often have chest discomfort, but sometimes the description of this chest discomfort is lost in the other descriptions of all symptoms. Angina is the most common initial presentation of coronary heart disease in women; the challenge is to detect it early and undertake all the risk interventions that are needed."

ACOG TODAY: Should physicians be screening all patients for heart disease?

DR. WENGER: It's important to screen everyone, Dr. Wenger said. She pointed out that studies have shown that when physicians evaluate case scenarios of patients, identical except for the patient's gender, more physicians rate women at a lower risk of heart disease than they do men. It's important to check all the risk attributes per the algorithm in the heart guidelines.

ACOG TODAY: How should physicians discuss heart disease with overweight and obese patients?

DR. WENGER: "Most of us say to patients, 'The weight didn't come on rapidly, so it's going to come off slowly.' You don't say to patients, 'You have to lose 55 pounds.' Give them short-term goals.

"Obesity has become an American epidemic, and some research shows that in an economic recession obesity increases because we're seeing a depressed, eating population."

ACOG TODAY: Why is obtaining a waist circumference so important?

DR. WENGER: "Waist/hip ratio, or waist circumference, is important because obesity that is deposited around the abdominal organs, the so-called central obesity, is associated with a higher risk of heart disease, hypertension, diabetes, and lipid abnormalities."

Measure waist circumference at the level of the iliac crest at the end of a normal expiration of breath.

ACOG TODAY: How does aspirin therapy differ in women than in men?

DR. WENGER: "For women young-

er than 65, there's no preventive benefit for heart attack. In [these] women, aspirin does prevent stroke but has no effect on heart disease. This is in contrast to men, where aspirin prevents heart attack but not stroke. Over age 65, there's a benefit for both stroke and heart disease, but there's an increased bleeding risk. Our message is to individualize in older women [based on risk and age]."

ACOG TODAY: Should patients be taking Vitamin A, C, and E, folic acid, or beta-carotene for heart health?

DR. WENGER: Patients often take antioxidant vitamins because they think it will improve their heart health, Dr. Wenger said, but these vitamins have been shown not to provide any benefit for the heart and should not be used for prevention of cardiovascular disease. In addition, folic acid has shown no heart health benefits in clinical trials.

ACOG TODAY: What more do we need to understand about women and heart disease?

DR. WENGER: "All of us are searching for better ways of risk assessment and thus far we've not come up with any. Why is it that women in general develop their heart disease at least a decade later than men? Why is the young woman [with heart disease] at much greater risk of dying than her age-matched male [counterpart]? We need to learn why women have a higher bleeding risk with heart attack, heart procedures, and bypass surgery than men—this is an area we really need to understand." ♀

Fellows aim to remove barriers to IUDs, hormonal implant contraception

AS LONG-LASTING AND “forgettable” forms of contraception, intrauterine devices and the hormonal implant appeal to many women—once they learn about them. But the barriers to obtaining them can be daunting.

Some ACOG Fellows are working to reduce these barriers. In Washington, DC, Fellow Mark J. Hathaway, MD, MPH, wanted to improve patient access to the copper-releasing IUD, the hormone-releasing IUD, and the hormonal implant, together known as “long-acting reversible contraception,” or LARC. Dr. Hathaway is the section director of outreach programs for women and infant services at the Washington Hospital Center. He is also the medical director of ob-gyn services at Unity Health Care, a network of community health centers in Washington, where he ensures that Unity’s 13 health centers and the city’s jail always have the LARC options in stock, paying the upfront costs with Title X family planning funding.

It took a couple of years of working with the city’s Medicaid program and DC Healthcare Alliance, a program for uninsured DC residents, to ensure that LARC was covered in their prescription formularies. The initial \$200–\$500 cost of an IUD or implant, plus the cost of the insertion, is prohibitive for

many patients, and it can be difficult for patients to find out if their health insurer covers the device or the procedure. The options may not be listed in the formulary, and when some insurers hear the words “device” or “implant,” they don’t consider LARC a prescription drug and they may require preauthorization, according to Dr. Hathaway.

“Once the contraception is explained to them, the insurer usually gets it; they realize it’s still contraception, not a device in the traditional sense,” he said, adding that LARC is more cost effective, even after just two years, than many oral contraceptives.

Dr. Hathaway is also improving access by training clinicians. At least once a year, he provides IUD insertion training in Title X clinics in his region. He’s trained ob-gyns, family medicine physicians, and some pediatricians. Dr. Hathaway has also provided training for the hormonal implant. The US Food and Drug Administration requires that providers are trained in implant insertion and removal through the manufacturer’s training program.

“There’s definitely a dearth of providers who are trained to put in [IUDs and the implant]. If you have a provider who’s trained, they’re more likely to offer it as a family planning option,” Dr. Hathaway said.

The IUD myths

A lot of myths exist about which patients can use IUDs or the hormonal implant, and it’s important that clinicians keep up-to-date on the latest recommendations.

“They’re all very safe and incredibly effective, almost to the equivalent of a sterilization procedure,” Dr. Hathaway said.

Data support the safety of IUDs for most women, including adolescents and nulliparous women. Problems with the Dalkon Shield IUD in the 1970s have perpetuated the myth that IUDs cause pelvic infections. The studies that showed a causal relationship between pelvic infection and IUDs were fraught with methodologic errors, and ongoing research continues to demonstrate the safety of modern IUDs, according to ACOG’s Committee Opinion *Intrauterine Device and Adolescents* (#392, December 2007). The risk of pelvic inflammatory disease is increased only around the time of insertion. See also ACOG Practice Bulletin *Intrauterine Device* (#59, January 2005).

What women want

In St. Louis, Fellow Jeffrey F. Peipert, MD, MPH, MHA, is leading a study of patient satisfaction and continuation rates for contraception. Dr. Peipert is the Robert J. Terry Professor in Washington University’s ob-gyn department. The study educates the participants about their contraception options and asks them to try a new method, at no charge. With the access and cost barriers removed, a majority of the 2,500 reproductive-age females who have been enrolled so far have opted to try an IUD.

“Our hope is that by providing long-acting methods—and all methods—to 10,000 women, we’ll see a reduction in the unplanned pregnancy rate,” Dr. Peipert said. “The knowledge of providers needs to be improved. We need to dispel the myths. IUDs are not only for parous women. Long-acting methods are not only for older women. These methods require some training, and doctors need to be willing to change their practice.” ♀



ACOG’S NEW LONG-ACTING REVERSIBLE

Contraception Program is focused on increasing access to a full range of contraceptive options for women and ultimately reducing the unintended pregnancy rate.

To help break down the barriers to obtaining IUDs and the hormonal implant, clinical guidance and educational programs and materials for Fellows and patients are being developed with input from an expert work group of Fellows.

info

→ For more information, contact Alicia T. Luchowski, MPH, at 800-673-8444, ext 2321; aluchowski@acog.org

Flu vaccination rates remain low, even among health care workers

IN A SURVEY CONDUCTED NEAR the start of flu season, more than half of all adults polled had no intention of getting a flu shot, and of those who fell into a special recommended category for vaccination, 46% had no intention of getting the vaccine.

The online survey of 4,000 adults in the US was conducted Nov. 7–19 by the RAND Corporation on behalf of the National Foundation for Infectious Diseases, with support from GlaxoSmithKline, one of the manufacturers of influenza vaccine.

The results showed that just 30% of the adults surveyed had been vaccinated by mid-November and that another 17% planned on getting vaccinated.

Approximately 57% of health care workers/caregivers had no plans to get a flu vaccine, although ACOG and the Centers for Dis-

ease Control and Prevention recommend all health care workers be vaccinated. For those polled who planned on getting vaccinated but hadn't yet done so, lack of time was cited as the biggest reason. The survey did not specifically poll pregnant women.

While the ideal time to vaccinate patients is early in the flu season, the important thing is that people get vaccinated at some point—the flu season runs from October 1 through mid-May, usually peaking in February.

The inactivated influenza vaccine is safe for people six months and older, including those with high-risk conditions. The live, attenuated influenza vaccine, marketed as FluMist, is approved for use among healthy people ages two to 49 but is not recommended for pregnant women. Breastfeeding mothers can choose either vaccine. ♀



ACOG recommends flu vaccines for the following groups:

- ▶ **Pregnant women.** ACOG recommends that an intramuscular, inactivated flu vaccine should be given, in any trimester, to women who will be pregnant during the flu season. Flu shots should be a part of routine prenatal care
- ▶ **Anyone age 50 and older**
- ▶ **Health care workers,** including office staff
- ▶ **Children ages five to 18.** CDC added this recommendation beginning with this year's flu season, and ACOG will include it in its future recommendations
- ▶ **Anyone who wishes to reduce the chance of getting the flu**
- ▶ **Residents and employees of nursing homes** or other long-term care facilities
- ▶ **Individuals likely to transmit influenza to high-risk individuals,** such as caregivers of the elderly, or of newborns and children up to age 59 months, or of adults with high-risk conditions
- ▶ **Those with chronic cardiovascular or pulmonary disorders,** including asthma
- ▶ **Those with chronic metabolic diseases,** including diabetes mellitus, renal dysfunction, hemoglobinopathies, and immunosuppression
- ▶ **Those with conditions that compromise respiratory function** or the handling of respiratory secretions or that increase the risk of aspiration

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- ACOG generally adopts the CDC's immunization recommendations. The current adolescent and adult immunization schedules are available at www.cdc.gov/vaccines/recs/schedules
- Committee Opinion *Influenza Vaccination and Treatment During Pregnancy* (#305, November 2004): www.acog.org/publications/committee_opinions/co305.cfm
- Committee Opinion *Primary and Preventive Care: Periodic Assessments* (#357, December 2006): www.acog.org/publications/committee_opinions/co357.cfm
- ACOG Patient Education Pamphlet *Immunizations for Women*: <http://sales.acog.org>; 800-762-2264
- ACOG Immunizations Wheel: <http://sales.acog.org>; 800-762-2264
- www.cdc.gov/flu/professionals/vaccination

CHRONICALLY ILL AMERICANS SKIP CARE BECAUSE OF COSTS

MORE THAN HALF OF THE chronically ill patients in the US did not get recommended care, fill prescriptions, or see a doctor when sick because of costs, according to a new survey. Chronically ill adults in the US were far more likely to forgo care because of costs when compared with patients in seven other countries.

The survey from the Commonwealth Fund questioned 7,500 chronically ill patients in the US, Australia, Canada, France, Germany, the

Netherlands, New Zealand, and the UK.

The survey showed that adults in the US also reported the highest rate of medical errors, coordination problems, and high out-of-pocket costs.

They also experienced long waits to see their primary care physician, had difficulty getting care after hours, and often turned to emergency rooms for care. In the past two years, 59% of US patients and 64% of Canadian patients visited an emergency room.

In good news, US patients reported short waits to see specialists. Three-quarters of US patients were able to get an appointment with a specialist within a month. Waits for specialists were highest in Canada, New Zealand, and the UK. ♀

info

- At www.commonwealthfund.org/surveys, click on "The 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults"

YOU ASKED, WE ANSWERED

Managing liability risk when your patients are hospitalized



Q OUR OFFICE HAS IMPLEMENTED several risk management strategies as part of routine practice, but how can I reduce my liability exposure when one of my patients is admitted to the hospital?

A WHEN YOUR PATIENT IS hospitalized, you can be held liable for the actions of others—even hospital employees. Two legal doctrines apply to your responsibility for the acts or omissions of a hospital employee:

- ▶ Under the “captain-of-the-ship” doctrine, you may be responsible for the actions of everyone under your supervision and control, such as members of the surgical team when you are the primary surgeon
- ▶ Under the “borrowed servant” doctrine, you may be held liable for the negligent actions of someone else’s employee, such as a labor and delivery nurse, when he or she works under your direction, particularly if your

directions are at variance with hospital standards and/or procedures or the dictates of the nurse’s professional training

You can take reasonable precautions to protect yourself against others’ negligence:

- ▶ Make sure you adequately communicate with and supervise other health care professionals who come into contact with your patients
- ▶ Be sure you know the capabilities and legal scope of practice for hospital staff to whom you delegate duties
- ▶ If you delegate duties to someone unqualified to perform them, you could be found to be negligent in a medical liability claim

Consultation with other doctors

Though less common, vicarious liability can also come up in consultative relationships. Delaying or mishandling referrals and consultation requests can leave you exposed to medical liability claims if the patient experiences an adverse outcome. Do not delay asking for a consultation or making a referral when the

patient would benefit from another physician’s skills and knowledge.

The involvement of multiple physicians in a patient’s hospital care can lead to confusion. The patient and her family may become anxious and might be uncomfortable with another physician. Nursing staff may be unsure who is in charge, what orders to follow, and whom to contact about the patient. Take the following precautions:

- ▶ Make sure the patient and her family know that another physician will become involved in her care
- ▶ Notify hospital staff about a consulting physician and his or her role
- ▶ Provide specific instructions about who is in charge of the patient’s care and who can write orders

Referral to another doctor

In some instances you might refer a patient’s care to another physician. Even when you have decided that another physician is better qualified to care for your patient, do not drop out of the picture. You should discuss with the patient your reasons for wanting another physician to take over her care, obtain her consent to the transfer of care, and document it in her record. Continue to monitor her care and progress to the extent practical, and ask the other physician to keep you informed. If she is admitted to your hospital, stop by to see her.

An appropriate level of continuing involvement in the care of a patient you referred to another physician can have several benefits. The patient probably will feel more comfortable with the care she is receiving and will appreciate your interest in her welfare, and she may receive better care because of the additional oversight. ♀

The information in this article should not be construed as legal advice. As always, physicians should consult their personal attorneys about legal requirements in their jurisdiction and for legal advice on a particular matter.

Register for FHR interpretation webcast in April

LEARN A SYSTEMATIC, STANDARDIZED APPROACH TO FETAL HEART rate interpretation during an ACOG webcast on April 14. “Intrapartum Fetal Heart Rate Monitoring—The Evolution of Consensus” will be held online from 1 to 2:30 pm Eastern time. The course program director is Fellow David A. Miller, MD, professor of clinical ob-gyn and pediatrics at the University of Southern California.

Electronic fetal heart rate monitoring was introduced into clinical practice with limited prospective evidence of efficacy and no consensus regarding terminology, interpretation, or management. Recently, significant progress has been made toward the acceptance of standardized terminology to communicate FHR observations. Standardized FHR terminology proposed by the National Institute of Child Health and Human Development has been endorsed by ACOG; the Association of Women’s Health, Obstetric and Neonatal Nurses; and the American College of Nurse-Midwives, setting the stage for much-needed standardization of FHR interpretation and management. ♀

info

→ www.acog.org/postgrad/pgpage.cfm?recno=494

2009 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

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

2-5

Society for Sex Therapy and Research Annual Meeting

Arlington, VA
www.sstarnet.org/
AnnualMeeting.cfm

3-5

ACOG District XI Joint Meeting with the Texas Association of Obstetrics and Gynecology

Austin, TX
www.txobgyn.org

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

JUNE

9

ACOG WEBCAST: Quality and Safety in the Office Setting

1-2:30 pm ET
800-673-8444, ext 2498

13-17

American Medical Association Annual Meeting

Chicago
www.ama-assn.org

17-21

Society of Obstetricians and Gynaecologists of Canada 65th Annual Clinical Meeting

Halifax, NS
www.sogc.org

24-27

Western Association of Gynecologic Oncologists Annual Meeting

Vancouver, BC
www.wagogynonc.org/
annualmeeting.cfm
202-863-1648

JULY

17-19

Gynecologic Oncology Group Semi-Annual Meeting

Baltimore
www.gog.org

ACOG COURSES

- 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"
 - 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



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RESOURCES

New *Tool Kit for Teen Care* available

AN UPDATED, MORE COMPREHENSIVE edition of ACOG's *Tool Kit for Teen Care* is now available to assist ob-gyns in caring for adolescent patients. Developed by the ACOG Committee on Adolescent Health Care, the kit is designed to help clinicians incorporate adolescent primary and preventive health care into their practices and to provide the necessary resources.

ACOG recommends adolescent girls first visit an ob-gyn between the ages of 13 and 15, followed by annual visits. This helps establish a relationship between the doctor and young patient and presents opportunities for discussion of the patient's development. The *Tool Kit for Teen Care* contains resources for an adolescent-friendly office and adolescent assessment, as well as CPT coding information and educational materials on health care for girls.

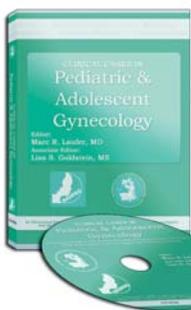
Among the new materials is a parent questionnaire, in addition to an adolescent visit

questionnaire, and a new vaccine administration record for the clinician's use. Educational materials include six ACOG Patient Education Pamphlets and 36 fact sheets—27 for teens and nine for parents—covering a wide range of topics from birth control to eating disorders and Internet safety. Nine of the teen fact sheets are new and focus on topics such as body art, safe driving, HPV, and cosmetic surgery and go into more detail on issues such as substance abuse, menstruation, and PMS. ♀

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- The entire *Tool Kit for Teen Care* plus individual PEPs, the adolescent visit record, and the fact sheets: ACOG Bookstore, <http://sales.acog.org>; 800-762-2264
- Individual fact sheets are available at no charge to members at www.acog.org/goto/teens

Teen gynecology CD-ROM available



ACOG HAS COLLABORATED WITH THE NORTH AMERICAN Society for Pediatric and Adolescent Gynecology to develop a CD-ROM on pediatric and adolescent gynecologic health.

"Clinical Cases in Pediatric & Adolescent Gynecology" presents 32 clinical cases in areas such as congenital anomalies, puberty, dysfunctional uterine bleeding, sexually transmitted diseases, and endocrine disorders. ♀

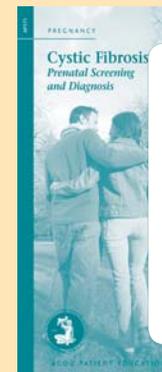
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- ACOG Bookstore: <http://sales.acog.org>; 800-762-2264

ACOG PATIENT EDUCATION

Information you and your patients can trust

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