

Patient safety expert to lead off ACM President's Program

THE PRESIDENT'S PROGRAM AT THE ANNUAL CLINICAL Meeting in Chicago, May 2–6, will spur debate on how the ob-gyn specialty can tackle some of health care's utmost challenges. Leading patient safety expert Robert M. Wachter, MD, will offer practical solutions for the prevention of medical errors, while Canadian ob-gyn Jean Chamberlain Froese, MD, will detail her dramatic experiences working to make childbirth safer in the developing world.

The ACM's Opening Ceremonies, which will be followed immediately by the President's Program, will begin at 7:45 am on Monday, May 4. ACOG President Douglas H. Kirkpatrick, MD, will welcome meeting-goers and moderate his President's Program, which will include a presentation from his own congressional representative, Rep. Diana DeGette (D-CO). Attendees will also hear from women's cancer advocate Fran Drescher, president of the Cancer Schmancer Movement and star

of the television sitcom *The Nanny* (see below), and from Dorothy Shaw, MD, president of the International Federation of Gynecology and Obstetrics (FIGO).

"These speakers represent several of my medical interests, and their experience and messages are important to our specialty and all of health care," Dr. Kirkpatrick said. "The Cosgrove Lecture by Dr. Wachter supports my presidential initiative on patient safety. He is one of the nation's leading experts on this

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Changing medical culture to evaluate and improve systems can seem daunting, but it is necessary if we want to improve patient safety and quality.

—Robert M. Wachter, MD

Fran Drescher to speak at the ACM

ACTRESS AND WOMEN'S CANCER advocate Fran Drescher was misdiagnosed and mistreated for two years by eight doctors before being diagnosed with uterine cancer. Her experience propelled her to form the Cancer Schmancer Movement and the Cancer Schmancer Foundation to ensure that all women with cancer are diagnosed in stage 1, when it is most curable.

Ms. Drescher, president of the Cancer Schmancer Movement and star of the television sitcom *The Nanny*, will speak to attendees during the President's Program at the Annual Clinical Meeting in May. Nearing her ninth anniversary of wellness from cancer, she will present "Speaking Out for Women's Health" to ACM attendees.

"With reproductive cancer on the rise, it is imperative that obstetricians and gynecologists hear

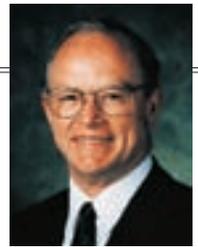
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EXECUTIVE DESK

Formation of new ACOG Congress

AS ACOG ANNOUNCED IN JANUARY, the College has formed a new professional association, The American Congress of Obstetricians and Gynecologists. The Congress now exists as a not-for-profit corporation incorporated in Illinois, and the new corporation had its first Executive Board meeting in February in Washington, DC. At this first Board meeting, the Congress adopted numerous resolutions to begin the corporation's functioning.

Although many want the Congress to be operational now, this is a complex process. It will take us the next nine months for the Congress to become truly operational and at least another year to continue to fine-tune it. One of the steps that must be accomplished in this process is the adoption of the revised College bylaws. This month, all voting Fellows of the College will receive a special mailing with the revised bylaw amendments and a proxy to approve the new bylaws. Please take the time to read these bylaws. I would also suggest you review the Congress bylaws, which are available on the College website.

Once again, the College is not going anywhere. For 2010 you will pay your dues to the Congress, and, with the payment of those dues, you will become a member of the College and the Congress. In essence, it will be two memberships for the price of one. As noted in the February issue of *ACOG Today*, information about the formation of the Congress was presented at the 2008 College Advisory Council Meeting and at each of the 2008 District Advisory Council meetings. At these meetings, a number of questions were asked. The February *ACOG Today* cover article addresses several of these questions, and I want to take the time now to answer a couple more questions members have asked.

- ▶ **What College activities will be stopped?**
None. The current College educational, scientific, and medical activities will continue. The Congress will focus on the business side of being a practicing ob-gyn and on lobbying activity.
- ▶ **Why not just change the 501(c)(3) nonprofit designation to 501(c)(6)?**
This was explored by the task force investigating the change, but there were several serious problems. I'll spare you the complicated, nitty-gritty legal and IRS barriers to changing the College's IRS status. Suffice to say, having two parallel organiza-

tions is the best option for our members.

- ▶ **What about the Green Journal?**
Obstetrics & Gynecology will remain an activity of the College, and the Green Journal will continue to be given to all members.
- ▶ **What happens to the districts?**
The district and section structure will transfer to the Congress and function similarly to how it does today. The Armed Forces District and its sections are the only exception; they will remain under the College because of Armed Services restrictions.
- ▶ **Which organization will hold elections?**
All elections will be through the Congress, except for the Armed Forces District and its sections.
- ▶ **Where can I go to get additional information?**
There will be an explanation letter sent with the proposed bylaw changes this month. Also, the ACOG website will have an explanatory PowerPoint presentation. For additional information, please email me at rhale@acog.org. ♀

Ralph W. Hale, MD, FACOG
Executive Vice President

**Obstetrics & Gynecology
HIGHLIGHTS**

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

Management of Stillbirth
(Obstetrics Practice Bulletin #102, replaces Committee Opinion #383)

Health Disparities for Rural Women
(Underserved Women Committee Opinion #429, new)
For more information, see page 3.

Preimplantation Genetic Screening for Aneuploidy
(Genetics Committee Opinion #430, 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.

ABOG endows ob-gyn fellowship at Institute of Medicine



Dr. Gant

THE INSTITUTE OF MEDICINE HAS ESTABLISHED A new fellowship for ob-gyns, named after the executive director of the American Board of Obstetrics and Gynecology, Norman F. Gant Jr, MD.

Recipients of the Norman F. Gant/American Board of Obstetrics and Gynecology Fellowship, which was endowed through a gift of \$650,000 from ABOG, will continue with their main academic responsibilities while engaging part time over a two-year period in IOM's health and science policy work.

Each fellow will receive a research stipend of \$25,000. ♀

info

→ For information, contact Marie E. Michnich, IOM's director of health policy educational programs and fellowships, mmichnich@nas.edu; 202-334-1506

Take ACOG website survey

ACOG WANTS TO KNOW how the College's website can be most beneficial to you. Please take a few minutes to fill out a short online survey—fewer than 10 questions.

Visit www.acog.org/survey and click on "ACOG Member Survey." ♀

Ob-gyns can help reduce rural health disparities

LACK OF ACCESS TO ADEQUATE women's health care is putting rural women in the US at a greatly increased risk of poor ob-gyn health outcomes compared with women in urban areas. The physician shortage in rural areas, limited resources at small community hospitals, and patient factors such as lack of insurance or the need to travel long distances to receive care contribute to major disparities that rural women face, according to a new Committee Opinion. The document, *Health Disparities for Rural Women*, was produced by ACOG's Committee on Health Care for Underserved Women and published in the March issue of *Obstetrics & Gynecology*.

US rural women experience higher rates of cervical cancer and receive fewer preventive screenings such as mammograms, Pap tests, and colorectal screening. Many of the least-populated communities do not have publicly funded family planning clinics, severely limiting a woman's contraceptive options.

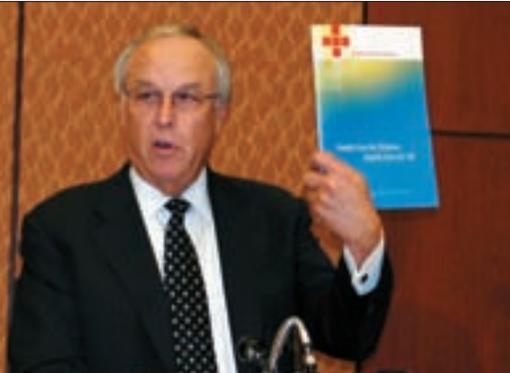
The Committee Opinion suggests ways ob-gyns can help by:

- ▶ Collaborating with state maternal-child and rural health agencies to identify health



needs and barriers to care

- ▶ Encouraging and participating in efforts to use effective telemedicine technologies
- ▶ Advocating comprehensive medical liability reform
- ▶ Conducting further research to understand acceptable conditions for performance of vaginal birth after cesarean and study the effect of VBAC delivery policies on access to care for rural women
- ▶ Advocating increased access to contraception, including emergency contraception
- ▶ Advocating the availability of safe, legal, and accessible abortion services ♀



Dr. Kenneth L. Noller on Capitol Hill

ACOG promotes health care reform to Congress

AT A CAPITOL HILL PRESS conference in February, ACOG Immediate Past President Kenneth L. Noller, MD, MS, applauded the congressional Health Care for Women resolution introduced by Sen. Debbie Stabenow (D-MI) and Rep. Jan Schakowsky (D-IL). The resolution would commit Congress to passing legislation that guarantees health care for women and all individuals.

"The resolution ... sends a strong signal to everyone involved in the health care reform debate that health care reform must be accomplished this year and that no reform is complete without fully and specifically addressing women's health," Dr. Noller said. ♀

Dr. Joseph to be sworn in at ACM

GERALD F. JOSEPH JR, MD, OF Ponchatoula, LA, will be sworn in as ACOG's 60th president on May 6 in Chicago, where he will deliver his inaugural address.

Dr. Joseph is a senior consultant in gynecology at the Ochsner Clinic Foundation in Covington, LA, and a clinical assistant professor at Louisiana State University and Tulane University.

"President Obama and the new Congress have indicated that health care reform is a priority. It's critical that ACOG, through its advocacy efforts, keeps this important issue at the forefront, using our reform blueprint Health Care for Women, Health Care for All," Dr.

Joseph said. "Our political leaders in Washington are confronted with so many issues every day, making it vital that we continue to sound the drumbeat for health care reform."

At the practice level, Dr. Joseph wants to increase awareness of postpartum depression among physicians and patients and their families.

"Postpartum depression is a very relevant practical concern for almost all ACOG members and their patients," Dr. Joseph said. "Outcomes can be devastating, and recognition and attention can be life-saving. ACOG can—and should—take a lead in promoting effective screening tools and patient education materials." ♀



MD:
Tulane University
RESIDENCY:
Louisiana State University

ACOG Activities NATIONAL:
member, Council of District Chairs; mem-

ber, Executive Board; chair, Committee on Scientific Program; member, committees on Gynecologic Practice, Nominations, Long-Range Planning, Credentials; chair, task forces on Enhancing Practice Satisfaction, District and Section Contributions; member, task forces on Abortion, Nominations Process (2), Scope of Practice, Medical Student Recruitment, Committees; member, Appeals Panel Committee; Executive Board liaison to Society for Maternal-Fetal Medicine board; member, medical advisory board for *Managing Menopause/pause*® magazine

DISTRICT VII:

chair; vice chair; secretary-treasurer; scientific program chair; recipient, Outstanding District Service Award; Louisiana Section chair, vice chair, secretary-treasurer; member, Missouri Section Advisory Council

JUNE 1 DEADLINE

Districts and sections seek officer nominations

DURING MARCH OR APRIL ALL Fellows eligible to vote in a section or district holding elections for the 2010–13 rotation will receive notice to nominate officers. Nominations must include a letter stating the office or offices being sought, a complete curriculum vitae, and a one-page summary of the individual's CV. Nominations are due June 1.

During the summer, a list of nominees, along with the roster of the nominating committee and the date when the committee will meet, will be made available online to all voting Fellows. ACOG encourages Fellows to contact members of the nominating committee to offer comments about the candidates.

Determining the candidate slate

For section elections, the section nominating committee will meet before the Annual Dis-

trict Meeting and will name a slate of at least one, but no more than two, candidates for each office. For district elections, the same rules apply, but the committee meeting will occur either at the ADM or within 30 days following it.

The slate adopted by the nominating committee will be sent to all Fellows for both district and section elections by the end of the year. The results will be announced to candidates and District Advisory Councils by Mar 1, 2010, and publicly at ACOG's Annual Business Meeting in May 2010. ♀

info

→ Megan Willis Mazur: 800-673-8444, ext 2531; mwillis@acog.org

→ On the ACOG website, www.acog.org, under "Membership," click on "District and Section Activities"

Jurisdictions with elections in 2010

Because all officers serve three years, to avoid having all College officers change at the same time, sections and districts hold elections on a three-year rotation. The following districts and sections will begin the new election process in 2009, with terms beginning after their Annual District Meeting in 2010.

DISTRICTS

District III Armed Forces District
District VI District XI

SECTIONS (DISTRICT)

Alberta (VIII) North Carolina (IV)
Atlantic Provinces (I) Ohio (V)
California Section 1 (IX) Pennsylvania (III)
California Section 7 (IX) Saskatchewan (VI)
Central America (VIII) South Dakota (VI)
Idaho (VIII) Texas Section 3 (XI)
Kansas (VII) Utah (VIII)
Kentucky (V) Vermont (I)
Maine (I) Washington (VIII)
Maryland (IV) West Indies (IV)
Minnesota (VI) West Virginia (IV)
Missouri (VII)
Montana (VIII)
Navy (AFD)
New York Section 2 (II)
New York Section 5 (II)
New York Section 8 (II)
New York Section 9 (II)

Timeline for election of district and section officers

MARCH 1	Nominating committees formed in sections and districts
MARCH-APRIL	Voting Fellows invited to submit nominations
JUNE 1	Nominations for section and district officers due

YOU ASKED, WE ANSWERED

What to do in response to a bad outcome

Q I HAVE A PATIENT THAT experienced a bad outcome not common for her condition, and today I received a letter from her attorney requesting a copy of the medical record. I'm afraid I'm about to be sued. Was there anything I could have done to stop this in its tracks?

A YOUR FIRST REACTIONS to an incident can be critical to the outcome of a potential or actual lawsuit. An incident can be defined as any event that suggests the possibility of a medical liability lawsuit.

It is essential to know what requirements and obligations your professional liability policy places on you. You will usually be required to notify your carrier as soon as a claim is made or suspected. Early notification, even as early as the occurrence itself, aids in early evaluation and preparation of a case, which, in turn, improves the chances of a successful defense should an actual claim develop. Such action affords the insurance company the opportunity to begin collecting and recording facts and evaluating the case for merit right away.

Signs of a potential lawsuit

There are several signs that a lawsuit is impending:

- ▶ **Complication:** An unexpected outcome during the treatment of your patient
- ▶ **Dissatisfaction:** Direct complaints or expressions of dissatisfaction with an outcome from the patient or the patient's family
- ▶ **Contact from an attorney:** A request from an attorney for information on a patient's treatment
- ▶ **Request for medical records:** A written or verbal request for medical records by an attorney, another physician, or the patient herself. If this happens, obtain written authorization from the patient before you release any information. Send copies of the requested records, and retain the originals

for your files. Keep a list of all records provided, those to whom they were sent, and the dates sent

- ▶ **Noncompliance:** Your patient refuses a medical test/procedure or even hospitalization. Note your informed consent discussion in the patient's file. You might even want the patient to sign a form indicating her refusal of the specific treatment
- ▶ **Failure to keep scheduled follow-up visits:** A patient misses a follow-up appointment. Document your efforts to contact the patient
- ▶ **Delay in payment:** A patient who fails to pay a bill or unnecessarily delays payment could be dissatisfied and contemplating a lawsuit. You might assuage such patients with personal inquiries reflecting your concern with their satisfaction and possibly offer to establish a payment schedule if that would assist them

Your first reactions to an incident can be critical to the outcome of a potential or actual lawsuit.

**Responding to an incident**

When an incident occurs that could lead to a lawsuit, the following actions are recommended:

- ▶ **Provide honest explanations and express empathy.** Sometimes the simplest of acts in response to an incident can help avoid a lawsuit. Some experts recommend that you honestly explain what happened to the patient and her family and express empathy. Don't avoid contact with the patient or her family at this stage. You would not want to be perceived as having something to hide. This is an extremely important point in patient care and risk management
- ▶ **Remember the difference between sympathy and apology.** Expressions of sympathy (acknowledgment of suffering) are always appropriate, but the appropriateness of an apology (accountability for suffering) will vary from case to case. State laws on apology and disclosure vary and may have an effect on the way disclosure is conducted. Consult with risk management and/or your liability carrier when considering whether an apology is appropriate

▶ **Notify insurance carrier.** Notify your insurance carrier about an unexpected outcome. Again, this will give you a head start in the event of litigation

- ▶ **Review the patient's records.** Be very familiar with the details of the specific case
- ▶ **Keep attorney informed.** Any written or recorded information given to your insurance company is not privileged and is subject to discovery. Direct all communication related to the claim to your defense attorney once

one has been assigned to your case because information given to your attorney is protected by the attorney-client privilege

▶ **Use caution in communications.** If a formal claim has been filed, you should not attempt to negotiate directly with the patient or her attorney because it could prejudice your position should a lawsuit follow. Make contemporaneous written notes of all oral communications with the patient or her family. Save any correspondence in a file separate from the patient's medical records ♀

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- *Disclosure and Discussion of Adverse Events* Committee Opinion(#380, October 2007): www.acog.org/publications/committee_opinions/co380.cfm
- *CD-ROM From Exam Room to Courtroom: Navigating Litigation and Coping with Stress:* Available in the ACOG Bookstore at <http://sales.acog.org>; 800-762-2264

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.

Fran Drescher at ACM

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the real-life experiences of a patient advocate who is leading the fight for stage 1 diagnosis of cancer, educating women about the earliest warning whispers of cancer, and raising awareness about the tests that are offered but are not always available," Ms. Drescher said.

Ms. Drescher has been an outspoken health care advocate, helping to pass Johanna's Law, the Gynecologic Cancer Education and Awareness Act, and she is a US State Department public diplomacy envoy for women's health issues.

"As a young woman in her early 40s, Fran presented with abnormal bleeding. As she had no risk factors for endometrial cancer—she wasn't obese, she wasn't diabetic, she didn't have elevated blood pressure—she saw multiple doctors before a diagnosis was made," said ACOG President Douglas H. Kirkpatrick, MD. "Fran is a strong and needed advocate for prevention and early diagnosis of women's cancers, and I'm pleased that she will be presenting her message at the ACM." ♀

Annual Clinical Meeting
May 2-6

2009

The ACM Preliminary Program
is now available online:

www.acog.org/acm

Patient safety expert to lead off ACM

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topic and is an outstanding and entertaining speaker."

Changing the culture of medicine

Dr. Wachter is professor and associate chair of medicine at the University of California, San Francisco, as well as chief of medical service at UCSF Medical Center. As the ACM Samuel A. Cosgrove Memorial Lecturer, he will present "What We Need to Know and Do to Cure Our Epidemic of Medical Mistakes." A leading authority on patient safety, Dr. Wachter was named one of the 20 most powerful physician executives in the US by *Modern Physician* magazine, and he is a recipient of the Eisenberg Award, the nation's top honor in safety and quality.

Changing medical culture to evaluate and improve systems can seem daunting, but it is necessary if we want to improve patient safety and quality, Dr. Wachter said.

"One way I try to explain this to clinicians is by getting them to think about a Broadway play," he said. "When things have gone badly, health care professionals have traditionally focused on changing the actors—either hiring new people or getting the old people to try harder or rehearse more. Over the last decade, we've learned that the best way to keep patients safe is to focus more of our energy on rewriting the script. In other words, we are more likely to ensure safety by improving error-prone systems—with checklists, computers, standardization, and redundancies—than by trying to perfect the human condition."

Dr. Wachter said health care professionals need to be embedded in a culture that allows them to speak up when they think something is wrong.

"You can't even begin to move forward unless people begin to think about their work in a different way," he said.

"We're coming up on the 10-year anniversary of the Institute of Medicine report *To Err is Human*, which marked the birth of the patient safety field," Dr. Wachter said. "It's a nice time to reflect on where we've been, the progress we've made, and the challenges that lay ahead."



Dr. Chamberlain Froese

Safe motherhood advocate will share her experience

Making pregnancy and labor and delivery safer in developing countries can seem a daunting task, but there are practical solutions and hope, says Jean Chamberlain

Froese, MD, executive director of the non-profit Save the Mothers and assistant professor of ob-gyn at McMaster University in Hamilton, ON. Dr. Chamberlain Froese will present "Where Have All the Mothers Gone?" during the ACM President's Program.

For the last four years, Dr. Chamberlain Froese has spent eight months of the year in Uganda, overseeing a master's of public health leadership program that is training Ugandan professionals from many disciplines to make motherhood safer. Improving maternal health can be a logical first step to improving a community's overall health care, she said.

"The needs in developing countries are so immense and seem overwhelming, but once you've got the basics for a good maternal health program, you've got a good structure that will help the general population as well," Dr. Chamberlain Froese told *ACOG Today*.

In Uganda, she is striving to make communities, families, and political leaders aware of safe motherhood issues. Four members of the Uganda Parliament have taken part in the MPH program, which has brought attention to the issue, and one of the members of Parliament has introduced new legislation to improve safe motherhood. In addition, a Uganda journalist from the national daily newspaper has completed the MPH program and has raised awareness through several articles.

"There was nothing on safe motherhood for three months in the national newspapers. And now there are regular features every one to two weeks that cover issues concerning safe motherhood and reproductive health," Dr. Chamberlain Froese said.

"We can bring about change in these developing countries, but we need to keep the message out there and keep hopeful," she said. ♀

ACM session to examine genetic testing marketing



AS THE NUMBER OF CLINICAL genetic tests requested by physicians increases, a new trend of direct-to-consumer genetic testing has emerged. These tests raise a number of concerns, including privacy and confidentiality issues for patients and difficulty in interpreting the tests by physicians.

The US Federal Trade Commission, US Food and Drug Administration, and the Centers for Disease Control and Prevention all advise consumers to be skeptical of the marketing claims of such tests. The ACOG Committee Opinion *Direct-to-Consumer Marketing of Genetic Testing* (#409, June 2008) says that direct-to-consumer testing should be discouraged because of the potential harm of misinterpreted or inaccurate results.

Direct-to-consumer testing challenges the

traditional paradigm of health care provider-ordered and interpreted tests, said Kathy Hudson, PhD, associate professor at the Johns Hopkins Berman Bioethics Institute, Institute of Genetic Medicine, and the department of pediatrics at Johns Hopkins University and founder and director of the Genetics and Public Policy Center, Washington, DC.

Dr. Hudson will address the issue at this year's Annual Clinical Meeting during the 5th Plenary Session, the Irvin M. Cushner Memorial Lecture, "Direct-to-Consumer Genetic Testing." In the session, which will be held Tuesday, May 5, from 8 to 9:15 am, Dr. Hudson will discuss the harms and benefits of direct-to-consumer testing, as well as the current landscape of the direct-to-consumer testing business. Dr. Hudson believes it is important for physicians to understand the

direct-to-consumer tests being offered and how reliable or unreliable they may be.

Though there are currently many direct-to-consumer tests being advertised, those specific to ob-gyn practice are primarily testing for infertility, breast and ovarian cancer, and early fetal sex prediction from maternal blood. The latter test's validity is being disputed by experts who are also concerned with inaccurate medical information being given to patients.

The FDA has yet to review any of these tests, and many of the tests have no scientific evidence to support their claims.

"The number of tests that are available has proliferated rapidly in recent years," Dr. Hudson said. "It is increasingly going to be a challenge for physicians when they have test results in hand they didn't order and patients who want to be treated." ♀

ACM PLENARY SESSION FOCUSES ON US PRETERM BIRTH PROBLEM

OB-GYNS ARE BECOMING increasingly concerned about the upsurge of preterm births in the US in recent years. The rate of preterm births grew 16.5% between 1990 and 2005. Currently, 12% of US births are preterm, and late-preterm births make up 71% of all preterm births.

According to the ACOG Committee Opinion *Late-Preterm Infants* (#404, April 2008), late-preterm birth infants—born between 34 weeks and zero days and 36 weeks and six days of gestation—are often mistakenly believed to be as physiologically and metabolically mature as term infants. However, mortality rates for late-preterm infants are three times higher than for term infants, according to the National Center for Health Statistics. Furthermore, these infants have much higher morbidity rates before initial hospital discharge.

The 4th Plenary Session at this year's Annual Clinical Meeting aims to address these

issues. The March of Dimes Lecture, "The Preterm Birth Problem in the United States: Underlying Mechanisms and Search for Effective Solutions," will be presented by Jerome F. Strauss III, MD, PhD, dean of the Virginia Commonwealth University School of Medicine, on Monday, May 4, from 3:45 to 4:45 pm.

Dr. Strauss will discuss the shortcomings of past preterm birth clinical trials and the challenges ob-gyns encounter in altering current trends in prematurity. ACOG states that deliveries should not be performed before 39 weeks without a medical indication unless there is documentation of lung maturity.

The session will include Dr. Strauss's personal analysis of health care policy's role in preterm birth and how it can be readjusted to benefit physicians and their patients.

"Preterm births are a multifaceted problem," Dr. Strauss said. "There are a number of



conflicting facts out there that we have to confront as ob-gyns and as a society. If we don't confront them, there will be a significant delay in the application of science to the problem and a restriction of policy that would be a useful advantage to ob-gyns dealing with preterm birth." ♀

Nominees for 2009-10 ACOG officers

The following slate will be voted on at the 2009 Annual Business Meeting in Chicago on May 4. Fellows and Senior Fellows who cannot attend should vote by proxy, using the card sent in a separate mailing in March.

President Elect Nominee



Richard N. Waldman, MD ● Syracuse, NY

Professional Position

Chair of ob-gyn and medical director of performance improvement, St. Joseph's Hospital Health Center; president, Associates for Women's Medicine; clinical associate professor of ob-gyn, Upstate Medical Center, the State University of New York

Education

MD: New Jersey College of Medicine & Dentistry

RESIDENCY: Upstate Medical Center, the State University of New York

ACOG Activities

NATIONAL: member, Executive Board; chair, Council of District Chairs; Junior Fellow College Advisory Council advisor; team leader,

Voluntary Review of Quality of Care program; member, committees on Finance, Nominations, Patient Safety and Quality Improvement; member, task forces on Safety in Residency Training, District and Section Donation Policy; member, Collaborative Practice Advisory Group and ACOG-ACNM Liaison Group; ACOG representative to Practicing Physicians Advisory Council National Committee for Quality Assurance

DISTRICT II: chair; vice chair; treasurer; chair, scientific program; chair, Nominating Committee; cochair, Quality Assurance Committee; member, Primary Care Committee, Practice Management Committee; Junior Fellow advisor; recipient, Outstanding District Service Award, Outstanding Section Service Award; Section 5 chair, vice chair

Vice President Nominee



J. Craig Strafford, MD, MPH ● Gallipolis, OH

Professional Position

Medical director, Planned Parenthood of Southeast Ohio; staff physician, Holzer Medical Center

Education

MD: The Ohio State University

RESIDENCY: Indiana University Medical Center

ACOG Activities

NATIONAL: member, Executive Board; member, Council of District Chairs; chair, vice chair, Committee on Practice Management; member, committees on Coding and Nomenclature, Gynecologic Practice, Government Relations and Outreach, Nominations, Electronic Medical Record; alternate delegate to AMA; McCain fellow

DISTRICT V: chair; vice chair; treasurer; member, Advisory Council; general arrangements chair, Annual District Meeting; Ohio Section chair, vice chair, secretary-treasurer, key contact

Treasurer Nominee



Kevin C. Kiley, MD ● Albany, NY

Professional Position

Chair and associate professor of ob-gyn, Albany Medical College

Education

MD: Georgetown University, Washington, DC

RESIDENCY: William Beaumont Army Medical Center, El Paso, TX

ACOG Activities

NATIONAL: member, Executive Board; member, Council of District Chairs; recipient, Distinguished Service award; chair, committees on Finance, Compensation; member, committees on Nominations, Course Coordination; member, Appeals Panel Committee; member, Task Force on Strategic Planning

ARMED FORCES DISTRICT: chair; vice chair; secretary-treasurer; recipient, Outstanding District Service Award, Zimmerman Award, Chairman's Award Presentation; Army Section chair, vice chair

Assistant Secretary Nominee



Ramon A. Suarez, MD • Atlanta

Professional Position

Private practice; medical director of ob-gyn graduate education at Piedmont Hospital; clinical professor of ob-gyn at Emory University

Education

MD: Emory University, Atlanta

RESIDENCY: Emory University, Atlanta

ACOG Activities

NATIONAL: member, Executive Board; chair, Council of District Chairs; member, committees on Government Relations and Outreach, Nominations; member, Subcommittee for Development; reviewer, Voluntary Review of Quality of Care program

DISTRICT IV: chair; vice chair; secretary; Georgia Section chair, vice chair; Georgia Section Junior Fellow chair, vice chair, program chair, local arrangements chair

Fellow-at-Large Nominee



May Hsieh Blanchard, MD • Baltimore

Professional Position

General ob-gyn division chief, residency program director, and assistant professor of ob-gyn, University of Maryland School of Medicine; medical director, Penn Street Women's Health Clinic, University of Maryland Medical Center

Education

MD: Case Western Reserve University, Cleveland

RESIDENCY: CWRU-MetroHealth/Cleveland Clinic

ACOG Activities

NATIONAL: member, Executive Board; chair, Junior Fellow College Advisory Council; member, Task Force on Medical Student Recruitment; member, committee on Government Relations and Outreach; member, Grievance Committee, ABOG/ACOG Liaison Committee; participant, Future Leaders in Ob-Gyn Conference, ACOG Leadership Institute

DISTRICT V: Fellow-at-large; Junior Fellow chair, vice chair, secretary; general arrangements chair, Junior Fellow Annual District Meeting

Annual Business Meeting May 4 in Chicago

ACOG MEMBERS IN ALL CATEGORIES OF MEMBERSHIP SHOULD check ACOG's website, www.acog.org, in March for the Monthly Member Info link, which will include the minutes of the 2008 Annual Business Meeting. In addition, Fellows will receive a special mailing in March that includes proposed bylaw amendments and a proxy card to vote for the 2009–10 national officers, the Fellow-at-Large, and the proposed amendments.

If you do not plan to attend the Annual Business Meeting in Chicago on May 4, please mail your proxy as soon as you receive it.

Notice of annual meeting

Notice is hereby given, in accordance with the Bylaws of the American College of Obstetricians and Gynecologists and the provisions of the General Not-for-Profit Corporation Act of the State of Illinois, that the Annual Meeting of the Fellows of said College will convene at 11 am, Monday, May 4, 2009, in the McCormick Place Convention Center in Chicago, IL, for the purpose of electing officers of the College and transacting such other business as may come before the meeting. ♀

James N. Martin Jr, MD

Secretary

Dated: March 16, 2009

Dr. Hale invites questions to be answered at the Annual Business Meeting

At the Annual Business Meeting on Monday, May 4, in Chicago, ACOG Executive Vice President Ralph W. Hale, MD, will answer questions submitted by Fellows about ACOG or ob-gyn issues.

Please mail or fax your questions by April 3 to:

Ralph W. Hale, MD
Executive Vice President
ACOG
PO Box 96920
Washington, DC 20090-6920
Fax: 202-863-1643

Parental leave during residency creates challenges

WHEN RESIDENTS TAKE maternity or paternity leave, residency programs often grapple with the balance between supporting the residents on leave and struggling to maintain coverage while they are gone. Similarly, the residents on leave may struggle with guilt for leaving faculty and residents behind while also feeling that they're not caring for themselves or their newborn enough when they return to work.

In 2003, soon after the implementation of the Accreditation Council for Graduate Medical Education's Common Resident Duty-Hour Standards, ACOG's Junior Fellow College Advisory Council began looking at the issue of parental leave and asked its members to share their residency programs' policies.

"It was clear that maternity and paternity leave policies varied tremendously among programs," said Meredith B. Loveless, MD, District IV Junior Fellow past chair. "Call was handled differently at different sites, and the challenge of complying with duty-hour restrictions was evident."

Before work-hour restrictions were implemented, maintaining coverage for patient care and meeting residents' educational goals were easier but came at a price. Residents, especially those returning from leave, often worked well above 80 hours a week to take care of patients and meet residency requirements. When work-hour restrictions began, program directors were forced to find alternatives.

Dr. Loveless took maternity leave in her year of chief residency in 2004. She says that at that time work-hour restrictions weren't yet being enforced and that it was not uncommon for her to work more than 100 hours a week to make up for lost time. Aside from experiencing fatigue from the demands of her job and as a new mother of twins, Dr. Loveless did not feel her experience as a resident was affected.

With work-hour restrictions, it seems to be harder for residents on leave not to affect their own experience or that of their fellow

residents. Jennifer L. Griffin, MD, District VI Junior Fellow vice chair, maintained her work level while pregnant and upon her return to the program in 2006 but admits it wasn't easy.

"I honestly don't know if my health was as good as it should have been during and after my pregnancy because of the demands of the profession I'm in," Dr. Griffin said.

At the same time, residency programs face difficulties in the residents' absence. Programs may struggle with coverage, and it can be challenging for them to keep their educational standards high, according to JFCAC Chair Eric J. Hodgson, MD.

"In order to complete all patient care duties, the residents left behind often find the balance tipped toward service and away from learning," Dr. Hodgson said.

Surveying program directors

This past December, the JFCAC drafted a maternity/paternity leave policy survey for program directors to aid the Council's discussion. The JFCAC aims to gather and evaluate policies used by program directors.

"There is always talk and speculation of how these situations are handled," said Rajiv B. Gala, MD, immediate past chair of the JFCAC. "We want to understand what's really going on in residency programs."

Another aim of the survey is to gather strategies that programs have used to ensure coverage of the duties of those on leave and to maintain the educational objectives for all residents.

"We want to make sure that policies are fair for all residents," Dr. Gala said. "We want to advocate for those who don't take leave as we advocate for those who do, to ensure that leave policies are educationally equitable for all."

While there is no standard when it comes to leave policies, the American Board of Obstetrics and Gynecology does have a set of requirements for residents that are generally followed or at least used as a guideline by most programs. Residents are allowed eight weeks of leave within their first three years of



District VI Junior Fellow Vice Chair Jennifer L. Griffin, MD, who took maternity leave during her residency, holds third-year ob-gyn resident Dr. Aimee M. Probasco's newborn, Mollie, whom Dr. Griffin delivered in December.

residency and six in their chief year but they can be on leave only a total of 20 weeks during their four years of education.

Residents may be eligible to take leave through the the Family and Medical Leave Act also, but most tend to take the six to eight weeks to ensure they can take their board exams without making up any extra time at the end of their residency. This goal puts pressure on new parents, contributing to shorter leaves and extra work during and after pregnancy.

"I think those of us going on leave feel we owe our fellow residents extra help," Dr. Griffin said. "We don't want our situation to burden our colleagues."

The issue of family and work-life balance is important to the JFCAC, which is also looking at ways to improve the experience of new parents reentering the program by including on-site child care, lactation rooms, and allotted time for breastfeeding. The Council sees addressing work force issues as crucial in recruiting for the ob-gyn profession.

"Creating a more family-friendly practice can only be beneficial," Dr. Hodgson said. "Good leave policies are just one piece of creating that environment." ♀

JFCAC creates section leadership program



By Eric J. Hodgson, MD, JFCAC chair

THE JUNIOR FELLOWS HAVE been hard at work. In January, the Junior Fellow College Advisory Council, a group comprising your Junior Fellow district leaders from all 11 districts, met to discuss, debate, and initiate projects and activities. We also discussed ways that Junior Fellows could contribute in some key happenings within ACOG at large.

There are exciting things to report. One of the most exciting is the completion of a new recruitment video intended for medical students, primarily those in the preclinical years. Our hope is to plant the seeds early in medical students' careers that ob-gyn is the right specialty for them.

Anyone can view the video on the ACOG website at www.acog.org/goto/medstudents. Click on "Choose Ob-Gyn for Women's Health" at the top.

Leadership development is one of the major focus areas of my term as JFCAC chair. We are looking forward to the inaugural session of a special training program geared toward Junior Fellow section leaders. The program, "Learning to Lead: Junior Fellows in Action," was scheduled for February 28 in Washing-

ton, DC, the day before the ACOG Congressional Leadership Conference began.

This national program is intended to get the newest ACOG leaders up and running soon after taking on their new responsibilities. The major theme focuses on learning the nuts and bolts of ACOG in order to become a "human highlighter" for the College and to get more people involved on the local level. Mentorship is also a main focus, and we hope to build on past efforts to create a more formalized mentorship pathway through ACOG.

Online 'project-in-a-box' will share successful initiatives

In conjunction with getting our section officers up to speed, we have been working on two initiatives to get more people involved in ACOG.

The first effort is a JFCAC project development working group intended to gather and promote great ideas for projects. We are working on a way for all Junior Fellows to upload their project ideas in a "project-in-a-box" format via the ACOG website, so that the projects' how-to information can be made available for all Junior Fellows to utilize. In

addition, we are considering the possibility of holding a national/district contest to encourage project submissions.

Educational resource will help with stress of adverse outcomes

One final, exciting initiative that is in the early stages is the creation of an educational resource focused on helping improve coping skills for residents dealing with the stress and personal ramifications of being involved in an adverse medical outcome. Our hope is to provide a hands-on resource that can be utilized as an "electronic mentor" in helping physicians-in-training to learn better ways to handle the stress that is inherent in the practice of ob-gyn.

Looking ahead to the Annual Clinical Meeting, May 2–6, we have exciting sessions and events planned for Junior Fellows and medical students (see below), so we hope you will join us in Chicago!

As always, if you have specific questions about ACOG Junior Fellow initiatives and/or want to find out how you can get involved, please do not hesitate to contact me at eric.hodgson@yale.edu. ♀

ACM EVENTS FOR MEDICAL STUDENTS

MEDICAL STUDENTS ARE ENCOURAGED to sign up now for the hands-on workshops created specifically for them at the Annual Clinical Meeting in May in Chicago. The workshops are offered on one day only, Sunday, May 3.

Medical student membership in ACOG is free, as is ACM registration and all medical student events. However, students must register for the workshops in advance and display their ACM name badge to attend.

The following two workshops are offered for third-year and rising fourth-year medical students:

▶ "Preparing your CV and Personal State-

ment: A Primer for Applying to Ob-Gyn Residency"

▶ "Finding the Shoes that Fit: Asking the Right Questions to Find the Residency Program That's Right for You"

The workshops will be offered at the same time on Sunday, from 3 to 4 pm and repeated from 4 to 5 pm.

First- and second-year medical students are invited to participate in a two-hour hands-on workshop, "What Can an Ob-Gyn Do? An Introductory Skills Workshop for Medical Students." The workshop will be held from 3 to 5 pm on Sunday and will include stations on knot tying, simulated IUD insertion, simulat-



2008 ACM medical student hands-on session

ed vaginal delivery, laparoscopy/hysteroscopy videos, and ultrasound. For more medical student events, visit www.acog.org/goto/medstudents. ♀

Colonoscopy remains gold standard for colorectal cancer screening and prevention

DESPITE A RECENT STUDY reporting the limitations of colonoscopy, it remains the most effective tool to prevent and detect colorectal cancer.

“It’s important that your patients know that at age 50, they should be screened for colorectal cancer. ACOG continues to recommend colonoscopy as the preferred screening method, but patients have other screening options also. What’s most important is that women get screened,” said Carol L. Brown, MD, past vice chair of ACOG’s Committee on Gynecologic Practice, which developed the ACOG Committee Opinion *Colonoscopy and Colorectal Cancer Screening and Prevention* (#384, November 2007).

Colonoscopy allows for direct visualization of the entire colon surface and allows for removal of any precancerous polyps. Colonoscopy has been thought to reduce the risk of colorectal cancer death by 90%. However, a case-control study in Ontario, Canada, published in the January 6 issue of the *Annals of Internal Medicine*, showed that colonoscopy may miss more cancer, particularly in the right side of the colon, than previously thought. An accompanying editorial says cancer reduction may be closer to 60% to 70%. While not as high as 90%, these are still high percentages,

much higher than breast cancer or prostate cancer screening, and “should not be considered disappointing,” according to the editorial.

The study’s researchers identified 10,292 case patients who died of colorectal cancer and matched each patient with five control patients who did not die. Seven percent of the case patients and 9.8% of the controls had undergone colonoscopy. Researchers found that colonoscopy was associated with lower death rates from cancer in the left side of the colon but not in the right. Evidence has shown that colorectal cancer that developed after a colonoscopy is more often right-sided than its incidence in the general population. The study explains that some “complete” colonoscopies don’t evaluate the entire right colon and that bowel preparation may be worse in the right colon. Furthermore, the neoplasia may differ biologically. Right-sided colonic adenomas can be harder to identify and remove because they are less often pedunculated and are sometimes flat, according to the study. The examiner’s experience and proficiency may also have played a role. In this study, internists and surgeons, not gastroenterologists, performed about 70% of the colonoscopies, according to the accompanying editorial. ♀



ACOG’S COLORECTAL CANCER SCREENING RECOMMENDATIONS

The following are the screening options for average-risk women starting at age 50:

Preferred method:

- ▶ Colonoscopy every 10 years

Other appropriate methods:

- ▶ Fecal occult blood testing or fecal immunochemical testing every year. The less-invasive FOBT and FIT require two to three samples to be obtained by the patient at home and returned for analysis. A single stool sample in the office during a digital rectal exam is not adequate
- ▶ Flexible sigmoidoscopy every five years
- ▶ FOBT or FIT every year plus flexible sigmoidoscopy every five years
- ▶ Double-contrast barium enema every five years

The American College of Gastroenterology advises African Americans, both men and women, to begin screening at age 45 due to increased incidence and earlier age of the onset of colorectal cancer.

ACOG does not recommend fecal DNA testing or computed tomography colonography—also known as “virtual colonoscopy”—for screening outside the research setting, pending further data on their effectiveness.

SCREENING TOOLS FOR YOUR OFFICE



- ▶ *How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidence-Based Toolbox and Guide 2008*: www.nccrt.org/Documents/General/IncreaseColorectalCancerScreeningRates.pdf

This free, evidence-based guide was developed by the National Colorectal Cancer Roundtable, of which ACOG is a member, and updated in 2008.

More resources

- ▶ ACOG Committee Opinion *Colonoscopy and Colorectal Cancer Screening and Prevention* (#384, November 2007): www.acog.org/publications/committee_opinions/co384.cfm
- ▶ American Cancer Society clinician tools: www.cancer.org/colonmd
- ▶ American Cancer Society’s *Colorectal Cancer Facts & Figures 2008–2010*: www.cancer.org/statistics
- ▶ March is National Colorectal Cancer Awareness Month: www.preventcancer.org/colorectal

2009 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

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
 800-561-2416

24-27
Western Association of Gynecologic Oncologists Annual Meeting
 Vancouver, BC
www.wagogynonc.org/annualmeeting.cfm
 202-863-1648

JULY

14
ACOG WEBCAST: Patient Safety and Best Practices: New Issues in Perinatal Initiatives
 1-2:30 pm ET
 800-673-8444, ext 2498

17-19
Gynecologic Oncology Group Semi-Annual Meeting
 Baltimore
www.gog.org

AUGUST

11
ACOG WEBCAST: Coding for Multiple Services on the Same Day
 1-2:30 pm ET
 800-673-8444, ext 2498

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.

MARCH

6-8
Coding Workshop
 Atlanta
SOLD OUT

26-28
Quality and Safety for Leaders in Women's Health Care
 Washington, DC
SOLD OUT

27-29
Coding Workshop
 Houston
SOLD OUT

MAY

7-9
Coding Workshop
 Chicago
SOLD OUT

JUNE

26-28
Coding Workshop
 Minneapolis

JULY

10-12
Coding Workshop
 Baltimore

AUGUST

7-9
Coding Workshop
 Kansas City, MO

27-29
Reawakening the Excitement of Obstetrics and Gynecology
 La Jolla, CA

28-30
Coding Workshop
 Seattle

OCTOBER

16-18
Twenty-First Century Obstetrics and Gynecology
 (In conjunction with the ACOG District I and III Annual Meeting)
 Lake Buena Vista (Orlando), FL



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RESOURCES

Post-abortion counseling hotline available

FOR WOMEN WHO HAVE HAD AN abortion and want to speak about their feelings, there is a national hotline available that offers free, confidential, nonjudgmental post-abortion counseling.

“Exhale” calls itself “pro-voice” and provides women—and family and friends of women who have had an abortion—with counseling without a religious or political bias. Spanish speakers are available upon request on Wednesday. Counselors who speak Cantonese, Mandarin, Vietnamese, and Tagalog are available upon request.

Exhale was founded in 2000 by five women who had either personally or professionally experienced the lack of resources for post-abortion support in the San Francisco



EXHALE POST-ABORTION COUNSELING HOTLINE

- ▶ 866-4-EXHALE
Mon-Fri: 5 to 10 pm Pacific Time
Sat-Sun: 12 to 10 pm Pacific Time
- ▶ www.4exhale.org

and Oakland, CA, area. The hotline went national in 2005. ♀

Family history health tool available online



THE US SURGEON GENERAL’S ONLINE FAMILY history health tool has been updated and improved. The tool makes it easier for consumers to assemble and share family health history with their doctors.

The convenient tool allows people to build a family health tree. The information is private and will remain in the consumer’s control because it is downloaded to the person’s own computer, not stored by the government or anyone else.

The website coding for the new tool is available for anyone to use, and health organizations are encouraged to download and customize the tool for their own needs. ♀

info

→ www.familyhistory.hhs.gov

ACOG PATIENT EDUCATION

Information you and your patients can trust

Save 20% for a limited time.
Take advantage of this special offer on ACOG’s new and revised pamphlets.



Uterine Fibroids (AP074)

- ▶ Types and causes of fibroids
- ▶ Symptoms and complications
- ▶ Diagnosis and treatment



Endometrial Ablation (AP134)

- ▶ What endometrial ablation is
- ▶ Endometrial ablation methods
- ▶ What to expect before and after the procedure
- ▶ Risks

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