

Summit leads renewed focus on patient safety

LEADING PATIENT SAFETY EXPERTS BRAINSTORMED on new patient safety programs and resources for ACOG in January. The ACOG Patient Safety Summit, led by renowned patient safety expert Lucian L. Leape, MD, is just one aspect of the College's renewed emphasis on patient safety.

ACOG also recently established a Department of Patient Safety and Quality Improvement at its headquarters and hired its first director of that department. In addition, the College upgraded the position that manages the College's Voluntary Review of Quality of Care program, which provides peer consultations to hospital ob-gyn departments, and the College is planning several patient safety sessions for the Annual Clinical Meeting, May 6-10, in Washington, DC.

"The Executive Board has directed the College to expand the size and scope of our patient safety efforts, recognizing the important role that ACOG can have in reducing bad outcomes and improving women's health care," said Stanley Zinberg, MD, MS, ACOG vice president of practice activities.

The summit participants are listed on the right. Also taking part were ACOG President Elect Douglas W. Laube, MD, MEd; Paul G. Stumpf, MD, chair of the ACOG Committee on Patient Safety and Quality Improvement;

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PATIENT SAFETY SUMMIT PARTICIPANTS

- ▶ **Lucian L. Leape, MD (below, left)**, health policy analyst at Harvard School of Public Health
- ▶ **James P. Bagian, MD**, director of the US Department of Veterans Affairs National Center for Patient Safety
- ▶ **Timothy R.B. Johnson, MD**, an ACOG Fellow and chair of the ob-gyn department at the University of Michigan
- ▶ **Shukri F. Khuri, MD (below, right)**, professor of surgery at Harvard Medical School
- ▶ **Bernard M. Rosof, MD**, senior vice president for corporate relations and health affairs, North Shore-Long Island Jewish Health System, NY
- ▶ **Amy O'Meara Stevens, MD**, a Junior Fellow and assistant professor in the department of surgery at the University of Florida College of Medicine



COLORECTAL CANCER FACTS

- ▶ 90% preventable
- ▶ 90% treatable when detected early
- ▶ Second leading cause of cancer deaths in US
- ▶ 145,000+ US women and men are diagnosed each year
- ▶ 55,000 to 56,000 US women and men die each year

Source: the Cancer Research and Prevention Foundation and the American Cancer Society

Fellows can allay colorectal cancer test fears

MANY WOMEN CONTINUE TO not be screened for colorectal cancer despite the fact that it's one of the most preventable cancers if caught early.

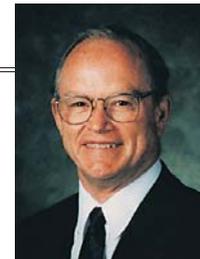
Colorectal cancer is 90% preventable and, if detected early, 90% treatable, but it continues to be the second leading cause of cancer deaths among US women and men. Studies have shown that Americans are uncomfortable discussing the disease, underestimate their risk of getting colon cancer, and are unaware that they should be screened starting at age 50.

The American Cancer Society estimates that more than 148,000 US women and men will get colorectal cancer in 2006, and more than 55,000 will die. Early screening can uncover polyps, which can be removed before they turn into cancer, and if colorectal cancer is discovered at an early stage, more than 90% of patients will survive five years after diagnosis.

"The idea of having colon cancer screening can cause fear and embarrassment in many women," said Fellow Chrysten E. Cunningham, DO, vice chair of California Section 8. "Patients

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◀ Electron micrograph of colon cancer



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EXECUTIVE DESK

Congress neglects to fix formula for Medicare reimbursement

CONGRESS HAS AGAIN FAILED TO fix the flawed Sustainable Growth Rate formula that is used to determine payment for Medicare services. The 2006 budget bill—which wasn't passed until February—freezes 2006 Medicare reimbursement rates at 2005 levels. Because the bill was not passed by the time Congress recessed in December, rates actually fell 4.4% as of January 1. The Centers for Medicare and Medicaid Services has indicated that it will reprocess claims for services in January to reimburse providers the difference between the 4.4% decreased rate and the rate now in place.

It is hard to understand how a system that is recognized as flawed by both Congress and CMS still remains unchanged. Congress seems reluctant to address the real issue because of the fiscal implications and, instead, just addresses it year to year.

One aspect to this dilemma that arose this year was the concept that any change must be accompanied by a commitment to better quality of care. This has evolved as “value-based purchasing” or “pay-for-performance” and appears to be inevitable if we are to ever change the payment system. Because the federal government now pays for 40% of the health care expenses in the US, it is able to greatly influence the system.

It is hard to understand how a system that is recognized as flawed by both Congress and the Centers for Medicare and Medicaid Services still remains unchanged.

ACOG recognizes that some method of review is now inevitable. ACOG President Michael T. Mennuti, MD, has appointed a working group to evaluate ACOG practice documents and develop appropriate performance measures, which will begin to be published and distributed to ACOG members in the near future.

As this is still an ongoing development, we will be posting periodic information and updates on the member side of the ACOG website, www.acog.org, to keep you informed. In addition, this year at the College Advisory Council meeting prior to the ACM, there will be a panel on pay-for-performance to help our section and district officers understand the issue. ♀

Ralph W. Hale MD

Ralph W. Hale, MD, FACOG
Executive Vice President

IN MEMORIAM

- Anthony H. Bartolo, MD** • Tipton, MI • 12/05
- Melvyn A. Bayly Jr, MD** • Chicago • 10/05
- John Wolf Goldkrand, MD** • Savannah, GA • 1/06
- Marilyn F. Graham, MD** • Indianapolis • 5/05
- Kirk Hasanee, MD** • Edgewater, NJ
- J. Patrick McCarty, MD** • Dallas • 12/05
- David B. Partlow, MD** • Tuscaloosa, AL
- Mohamad Parvin, MD** • Dorval, QC • 9/05
- Herbert H. Rawnsley, MD** • Washington, PA
- David J. Shannon, MD** • Corpus Christi, TX • 7/05
- Clarence E. Woodward, MD** • Sarasota, FL • 9/05

Obstetrics & Gynecology
HIGHLIGHTS



The March issue of the Green Journal includes the following ACOG document:
Tracking and Reminder Systems
(Committee Opinion #329, new)

Dr. Laube to be sworn in as new president at ACM

DOUGLAS W. LAUBE, MD, MEd, of Madison, WI, will be sworn in as the College's 57th president on May 10 in Washington, DC, where he will deliver his inaugural address. Dr. Laube is chair of the department of ob-gyn at the University of Wisconsin.

"Seeking alternatives to medical liability reform and continuing to advocate for federal MICRA-like reform will require a variety of legislative efforts and will continue to be a top priority for ACOG," Dr. Laube said. "I will also work closely with the Executive Board toward enhancing the College's position on pay-for-performance and initiatives related to patient safety education.

"To better prepare our future women's health care physicians, I hope to be able to assist in strengthening specific areas of women's health care education while helping to develop innovative educational strategies for our current practitioners." ♀



EDUCATION

MD: University of Iowa

RESIDENCY: University of Iowa Hospital and Clinics

MASTER'S IN EDUCATION:

University of Iowa College of Education

ACOG ACTIVITIES

NATIONAL: vice president; assistant secretary; CREOG chair; chair, Committee on Grievance; chair, Presidential Task Force on Student Recruitment; member, committees on Primary Care, Nominations, Technical Bulletins; member, *Precis* and *Clinical Updates* editorial boards; member, Task Force on Primary Care in Ob-Gyn; member, Female Circumcision/Genital Mutilation Task Force; vice chair, Education Commission

DISTRICT VI: scientific program chair; Wisconsin Section chair and vice chair

NATIONAL BOARD OF MEDICAL EXAMINERS: board member

APGO: foundation board member

New osteoporosis research grant available

ACOG IS PLEASED to announce the new ACOG/Eli Lilly and Company Research Award for the Prevention and Treatment of Osteoporosis. This \$15,000 grant will provide seed grant funds for a junior investigator to advance the knowledge of ob-gyns in the area of osteoporosis. Applicants for the award must be a Junior Fellow or Fellow and in an approved ob-gyn residency program or within three years post-residency. The application must include:

- ▶ A research proposal written in eight pages or less that includes hypothesis, objective, specific aims, background and significance, experimental design, and references
- ▶ One-page budget
- ▶ Curriculum vitae
- ▶ Letter of support from program director, departmental chair, or laboratory director
- ▶ Six copies of all application components

May 31 deadline

Applications must be postmarked by May 31. The award will begin July 1, and conclude on Jun 30, 2007. A final written report is required, which must include a final account of financial expenditures.

Any paper developed as a result must first be submitted to *Obstetrics & Gynecology* for consideration. ♀

Mail applications to:

ACOG/Eli Lilly and Company Research Award
Attn: Lee Cummings, director of corporate relations
ACOG, PO Box 96920, Washington, DC 20090-6920
Street Address:
409 12th Street SW, Washington, DC 20024-2188

Career Connection disaster website now permanent resource

IN RESPONSE TO THE DEVASTATION and displacement caused by Hurricane Katrina, *HEALTHeCAREERS* Network created a web page dedicated to emergency relief efforts on the ACOG Career Connection website.

The site has now been made a permanent part of Career Connection and will continue to provide information to health care professionals during all future disasters. Reflecting this change, the site has been renamed, from "Hurricane Katrina Emergency Relief Site" to "Emergency Relief Site."



The new site is designed to provide health care professionals with a resource to locate both temporary and permanent jobs if they're displaced. Additionally, it allows members to search for opportunities to apply their medical expertise to different relief efforts throughout the country or the world. Employers and relief organizations can post volunteer and relief-related positions at any time through the emergency relief site.

During a three-month period after Hurricane Katrina, more than 15,000 user sessions were logged on the emergency relief site. The most visited page within the site was "I've been displaced," with more than 4,000 visitors, followed by "I want to help" and "I have an opportunity," both with between 3,400 and 3,600 user sessions. ♀

info

- On the ACOG website, www.acog.org, click on the ACOG Career Connection logo on the left
- 888-884-8242

Summit leads renewed focus on patient safety

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and past chairs of the committee, Mark D. Pearlman, MD, and Paul A. Gluck, MD.

Challenges of implementing patient safety programs

Dr. Leape asked summit participants to name the top patient safety challenges. Answers included:

- ▶ Lack of problem recognition: Health care professionals think “I practice safely; it’s the other person”
- ▶ Lack of understanding in health care about what “system errors” really means when patient safety advocates say that system errors, not “bad doctors” lead to more adverse outcomes
- ▶ Health care professionals don’t see the connection between patient safety and professional liability—they feel that they practice “safely,” yet they feel vulnerable to lawsuits
- ▶ Lack of communication and teamwork
- ▶ The cost of implementing patient safety programs

The participants brainstormed on effective awareness and education programs and resources that ACOG could develop to advance patient safety. The summit concluded with participants ranking their proposals by order of importance and discussing the next steps ACOG should take.

“The summit provided ACOG a remarkable opportunity to pick the brains of the country’s top patient safety experts,” said Carol Liss, ACOG’s new director of patient safety and quality improvement. “ACOG will keep Fellows updated as we turn these ideas into reality, developing resources that aim to minimize adverse outcomes, improve health care for women, and reduce professional liability risks.” ♀

More patient safety news:
FDA changes format of drug labels
See page 14

SOGC establishes obstetrics patient safety program

THE SOCIETY OF OBSTETRICIANS and Gynaecologists of Canada has launched a patient safety program that aims to reduce adverse events in obstetrical care by promoting a culture of patient safety and teamwork.

MORE^{OB} (Managing Obstetrical Risk Efficiently) is predicated on the idea that improving patient safety is the fundamental principle in health care and that by replacing traditional hierarchy and facilitating an atmosphere of working and learning together, clinical errors can be reduced.

A pilot program was launched in Ontario in 2002, with the national launch of the program in Alberta in the fall of 2004. The program has since been implemented in 112 hospitals in Canada and made its US debut in Syracuse, NY, in November 2005.

“The MORE^{OB} program has improved communication by building trust and respect among health care providers,” said ACOG Fellow J.K. Milne, MD, SOGC associate executive vice president, patient safety division. “The data also support that we have had a positive impact on changing the culture of blame and

focusing the model of practice on team function and the development of communities of practice that have a multidisciplinary approach to solving the identified gaps in patient safety. We look forward to working with health care professionals in birthing units throughout the United States in this exciting and challenging venture.”

The program includes four modules meant to be completed over a three-year period, beginning with an interactive web-based educational program, interactive and hands-on workshops, emergency and skill drills, and data collection. In the second and

third years, teams focus on practice modification and reflective learning to build a culture of patient safety.

SOGC has evaluated data from 30 of the 33 pilot sites and observed that MORE^{OB} has:

- ▶ Improved cross-professional knowledge
- ▶ Reduced the number of harm events
- ▶ Reduced reporting times for events
- ▶ Reduced the amount of hospital reserves needed for obstetric payouts ♀

info

→ www.moreob.com/en/index.htm

Learn about MORE^{OB} at the ACM

**How to Reduce OBs’ Risks—
The MORE^{OB} Program—
A Canadian Experience
Brown Bag Seminar**

Monday, May 8 • 12:30–1:45 pm

A ticket is required; sign up when you register for the ACM at www.acog.org/acm.



◀ The MORE^{OB} patient safety program made its US debut in Syracuse, NY, in November. Gathering at the end of a two-day training session are Dennis A. Ehrich, MD, vice president for medical affairs for the St. Joseph’s Hospital Health Center in Syracuse; J.K. Milne, MD, SOGC associate executive vice president, patient safety division; and Theodore M. Pasinski, president of St. Joseph’s Hospital Health Center.

June 1 deadline

Districts, sections seek nominations for officers

DURING MARCH OR APRIL all Fellows eligible to vote in a section or district holding elections for the 2007–10 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 by June 1.

During the summer, all voting Fellows will receive a list of the individuals who were nominated by the June 1 deadline, along with the roster of the nominating committee and the date when the committee will meet. ACOG encourages Fellows to contact members of the nominating committee to offer comments about the candidates.

Nominating committees determine slate of candidates

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

District Meeting and will name a slate of at least one, but no more than two, candidates for each office. The committee will not accept floor nominations but will choose candidates from the list mailed to all members during the summer.

For district elections, the same rules apply, but the committee meeting will occur either at the Annual District Meeting 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 Apr 1, 2007, and publicly at ACOG's Annual Business Meeting in May 2007. ♀

info

- Megan Willis: 800-782-1828
- On the ACOG website, www.acog.org, under "Membership," click on "District and Section Activities"

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

OFFICER TERMS

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 2006, with terms beginning after their Annual District Meeting in 2007.

DISTRICTS

District III
District VI
Armed Forces District

SECTIONS (DISTRICT)

Alberta (VIII)
Atlantic Provinces (I)
California Section 1 (IX)
California Section 7 (IX)
Central America (VIII)
Idaho (VIII)
Kansas (VII)
Kentucky (V)
Maine (I)
Maryland (IV)
Minnesota (VI)
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)
North Carolina (IV)
Ohio (V)
Pennsylvania (III)
Saskatchewan (VI)
South Dakota (VI)
Texas (VII)
Utah (VIII)
Vermont (I)
Washington (VIII)
West Indies (IV)
West Virginia (IV)

April webcast: fetal heart rate interpretation

Webcasts offer continuing education directly to your office

ACOG'S MONTHLY WEBCASTS answer your most pressing questions about coding, professional liability, and clinical issues. The 2006 webcasts are offered on the second Tuesday of each month instead of the first Tuesday as in the past.

The webcasts allow physicians and their staff to stay updated on important issues without leaving the office.

Presentations are given in real time over the telephone with accompanying slide presentation on the Internet. All webcasts are held

from 1 to 2:30 pm Eastern Time to accommodate time zones from Hawaii to Maine.

On April 11, the webcast will be "Fetal Heart Rate Interpretation," with ACOG Fellow David A. Miller, MD, serving as faculty.

Pay-for-performance

The May and June webcasts will focus on coding, while the July 11 webcast will address pay-for-performance, examining the trend toward quality-driven programs as they relate to pay-for-performance.

Patient safety

ACOG's first webcast from the Patient Safety and Quality Improvement Department will be "Changing Physician Behavior: Issues and Approaches" on August 8. The webcast will be presented by John P. Keats, MD, faculty for the ACOG postgraduate course on quality improvement and management skills. ♀

info

- To register for a webcast: On the ACOG website, www.acog.org, under "Meetings," click on "Postgraduate Courses and CPT Coding Workshops"

Children have a ball at ACM's Camp ACOG

WASHINGTON, DC, IS A GREAT city for kids, and Camp ACOG and the youth field trips promise to entertain and take care of your children while you're attending Annual Clinical Meeting sessions.

Camp ACOG, which is run by ACCENT on Children's Arrangements Inc, is available each day of the meeting from 7:30 am to 5:30 pm for children ages six months to 15 years. Youth field trips are available for kids ages 6-12.

Thanks to a grant from Berlex Laboratories—which is sponsoring the camp for the 12th year—parents need only pay a one-time registration fee of \$20 per child for the camp and \$5 per child for each field trip. ♀

info

- The registration form is available under "Events" at www.acog.org/acm
- Registration forms must be received by April 21
- 504-524-0188; registration@accentoca.com

YOUTH FIELD TRIPS

Saturday, May 6

Six Flags America Washington (Largo, MD)
9 am-5 pm

Sunday, May 7

Smithsonian National Air and Space Museum with IMAX
9 am-5 pm

Monday, May 8

Washington Monuments and International Spy Museum
9 am-5 pm

Tuesday, May 9

National Aquarium and Fort McHenry (Baltimore, MD)
9 am-5 pm

Wednesday, May 10

Colonial Days at Mount Vernon
9 am-5 pm

Georgetown waterfront in DC



ACM Spouse/Guest Tours

Exploring the historical treasures of Washington, DC, and its surrounding area is essential when you visit the nation's capital. Fellows, spouses, and guests can explore the city on their own or choose one of the half-day, all-day, and evening tours that are a part of the ACOG Spouse/Guest program at the Annual Clinical Meeting.

SATURDAY, MAY 6

- ▶ 9 am-12 pm
Whirl-Around Washington
- ▶ 9:45 am-12:45 pm
International Spy Museum
- ▶ 10 am-3 pm
Georgetown Lifestyles
- ▶ 12:45-4:45 pm
The Mansions of Dupont Circle
- ▶ 1-5 pm
America's Military Heroes
- ▶ 6-10 pm
An Evening on the Potomac
- ▶ 7-9:30 pm
"Shenandoah" at Ford's Theatre
- ▶ 7:05 pm
A Night at the Ballpark: Washington Nationals

SUNDAY, MAY 7

- ▶ 9 am-1:30 pm
Bike the Sites
- ▶ 9:30 am-3:30 pm
Colonial Virginia
- ▶ 8:45 am-12:45 pm
America's Military Heroes
- ▶ 1:05 pm
At the Ballpark: Washington Nationals
- ▶ 1:15-4:15 pm
High Society Historic Homes
- ▶ 1:30-4:30 pm
Whirl-Around Washington
- ▶ 2-5 pm
Digital DC

MONDAY, MAY 8

- ▶ 6:15-10:15 pm
Mt. Vernon Candlelight Tour and Dinner
- ▶ 8-11 pm
Washington by Moonlight

TUESDAY, MAY 9

- ▶ 9 am-5 pm
Annapolis, MD
- ▶ 10:45 am-2:45 pm
Hillwood Gardens and Estate
- ▶ 10:30 am-2:30 pm
Bellissimo! Italian Cooking Lesson
- ▶ 11 am-4 pm
Old Town Alexandria, VA
- ▶ 1:15-5:15 pm
Artistic Treasures of Washington
- ▶ 1:30-4:30 pm
International Spy Museum

WEDNESDAY, MAY 10

- ▶ 9:45 am-12:45 pm
High Society Historic Homes
- ▶ 10:45 am-2:45 pm
Hillwood Gardens and Estate

info

- Complete descriptions and the registration form are under "Events" at www.acog.org/acm
- Registration deadline: April 14



2006 ACM clinical seminars

MONDAY, MAY 8

11 am–12:15 pm

- ▶ Human Papillomavirus: The Road to a Cancer Vaccine (CMA01)
- ▶ Laparoscopic Hysterectomy (CMA02)
- ▶ Selecting a Urinary Incontinence Procedure for Your Patient—A Review of the Evidence (CMA03)
- ▶ The Changing Practice of Obstetric Anesthesia: Current Controversies and Future Trends (CMA04)
- ▶ Tales from the Witness Chair (CMA05)
- ▶ Nausea and Vomiting During Pregnancy (CMA06)
- ▶ Adapting to the New Environment: Redefining the Annual Visit (CMA07)
- ▶ Complementary and Alternative Medicine (CAM) in Ob-Gyn: Dealing with Chronic Diseases in Women (CMA08)
- ▶ The “State-Of-The-Art” Examination of the Adult Female Sexual Assault Victim (CMA09)
- ▶ Patient Safety for the Practicing Ob-Gyn (CMA10)
- ▶ The Older the Better, Gynecologic Care for the Chronologically Gifted (CMA11)
- ▶ Communication of Unanticipated Outcomes and Medical Errors (CMA12)
- ▶ Operative Hysteroscopy: The Management of Intrauterine Lesions (CMA13)

2:30–4 pm

- ▶ Asset Protection for the Ob-Gyn (CMP14)
- ▶ Emergency Contraception: A Well-Kept Secret (CMP15)
- ▶ How to Get Published—Pearls for Authors (CMP16)
- ▶ Course and Treatment of Depression During Pregnancy, Postpartum, and Lactation (CMP17)
- ▶ Surviving the Despair of Liability Litigation (CMP18)
- ▶ Female Sexual Dysfunction: The Challenge of Diagnosis and Treatment (CMP19)
- ▶ Obesity: A Weighty Problem for the Obstetrician-Gynecologist (CMP20)
- ▶ Treatment of Uterine Fibroids: Noninvasive Therapy for the 21st Century (CMP21)
- ▶ Evidence-Based Medicine: How to Apply it to Your Practice (CMP22)
- ▶ Early Pregnancy Failure Management (CMP23)
- ▶ Clomiphene Citrate with IUI: The Who, What, How, and Why (CMP24)
- ▶ Menstrual Management in Adolescent Women: The How To’s and the What For’s (CMP25)
- ▶ Menstrually Related Mood Disorders (CMP26)
- ▶ Medical Drug Use in Pregnancy (CMP27)
- ▶ Medical Aspects of Surgical Urogynecology (CMP28)

TUESDAY, MAY 9

2:30–4 pm

- ▶ Ovulation Induction for the Generalist (CTP29)
- ▶ Developing Cultural Competence with Hispanic Patients: A Practical Guide (CTP30)
- ▶ An Update on Sexually Transmitted Diseases and Vaginitis (CTP31)
- ▶ Managing Abnormal Pap Tests Today and Tomorrow: A Case-based Review (CTP32)
- ▶ Cervical Insufficiency and Treatment: An Evidence-Based Review (CTP33)
- ▶ Team Training in Labor and Delivery: An Innovative Approach for Improving Patient Safety (CTP34)
- ▶ Myths and Truths of Cesarean Delivery Technique (CTP35)
- ▶ Key Moments in the History of Obstetrics and Gynecology: “The Chamberlens’ Secret” (CTP36)
- ▶ Choosing Incision and Wound Closure Techniques (CTP37)
- ▶ Tap into the Information Age: How to Identify and Access High-Quality Clinical Information at the Point of Care (CTP38)
- ▶ Contraception for Adolescents and Young Women: Meeting their Real Needs (CTP39)
- ▶ Facing Ethical Challenges in Ob-Gyn Clinical Practice (CTP40)
- ▶ Domestic Violence: Effective Identification and Response in Your Clinical Practice (CTP41)

Course to prepare for first-trimester risk assessment

CLINICIANS INTERESTED IN offering patients first-trimester risk assessment can begin the process to become credentialed in nuchal translucency at a special course being offered at the Annual Clinical Meeting.

The Nuchal Translucency Quality Review will present “Nuchal Translucency and First-Trimester Risk Assessment” on Tuesday, May 9, 1–5:30 pm. The course will provide participants with the didactic basis to complete the credentialing process by taking an online exam and submitting images to NTQR. Sign up for the course when you register for the ACM.

Launched in 2005, the education and monitoring program educates providers on how to obtain reproducible NT measurements and provides ongoing quality review of individual clinicians’ NT measurements.

In some parts of the country maternal-fetal medicine specialists are currently doing all NT measurements, according to course leader Ronald J. Wapner, MD, chief of maternal-fetal medicine at Columbia University.

“But there’s nothing to say that obstetricians can’t do this in their office,” he said, adding that there are not enough MFM specialists to meet demand.

Dr. Wapner pointed out that if physicians have an ultrasonographer perform their NT measurements, both the sonographer and the supervising physician must be credentialed in NT.

“It’s important that clinicians realize that, yes, this is a course, but it’s also part of a process they will be joining to ensure reproducible, high-quality NT measurement,” Dr. Wapner said. “Anyone who wants to offer the most efficient form of Down syndrome screening to their patients will benefit from this course.” ♀

info

- Conduct a search for course number “EV10” at www.acog.org/acm. Click on “Special Events” and scroll down to EV10
- www.ntqr.org

2006 ACM hands-on courses

FIVE DIFFERENT HANDS-ON COURSES will be offered at this year's Annual Clinical Meeting, providing the chance to learn new techniques through lectures and then practice what you've learned. Register for the courses when you register for the ACM.

SATURDAY, MAY 6

8:15 am–5 pm Hands-On Midurethral Slings and Cystoscopy

See article on the right for more information on this course, which will be held off site.

SATURDAY, MAY 6 OR SUNDAY, MAY 7

8:15 am–5 pm Hands-On Operative Hysteroscopy

As the emphasis on minimally invasive surgery has increased, hysteroscopy has become a more important part of gynecologic practice. The role of hysteroscopy in the diagnosis and treatment of abnormal uterine bleeding and infertility will be discussed. Techniques such as hysteroscopic myomectomy, endometrial ablation, and hysteroscopic sterilization will be covered. Participants will be able to practice techniques using a combination of virtual reality simulators and/or inanimate models. Global endometrial ablation techniques will be included in the laboratory session.

Hands-On Obstetrical Ultrasound: A Look at the Basics

This course will cover aspects of second- and third-trimester obstetrical ultrasound. All the components of a basic exam will be covered, including biometry and a thorough survey of fetal anatomy. Faculty will guide participants through exams with live models.

Hands-On Laparoscopic Techniques in Advanced Gynecologic Surgery

As minimally invasive gynecologic surgery has rapidly evolved, so has the technology surrounding it. This course is designed to provide participants with practical tips regarding current technology and their proper application in daily surgical practice. The gamut of laparoscopic surgery and its associated complications will be addressed by using both didactic lectures and a combination of low- and high-fidelity surgical simulators. Techniques such as laparoscopic suturing, specimen retrieval, and the proper use of new electro-surgical technology will be covered.

TWO-DAY COURSE

TUESDAY, MAY 9

8:15–10:45 am

WEDNESDAY, MAY 10

10:45 am–12:15 pm and 1:50–3:50 pm Obstetrical Anal Sphincter Lacerations: Anatomy, Prevention, Sequelae, and Repair: A Course with Hands-On Repair Models

This course will discuss the current evidence-based understanding of the pathophysiology, evaluation, and surgical repair of obstetrical anal sphincter lacerations, as well as the long-term impact of such lacerations on anal incontinence. Lectures and videos will be used to describe and demonstrate the surgical management of obstetrical lacerations, and two sphincter repair models will allow participants to practice repairs.



◀ An OB ultrasound hands-on course at the 2005 ACM

Hands-on course to teach midurethral sling placement

ALIMITED NUMBER OF registrants at the Annual Clinical Meeting will receive practical training in cystoscopy and the placement of midurethral slings. The postgraduate course “Hands-On Midurethral Slings and Cystoscopy” will be offered on Saturday, May 6, from 8:15 am to 5 pm in a simulation lab at an offsite location.

“The ideal participant for this course is an experienced gynecologic surgeon who would like to add this procedure to the treatment options he or she can offer patients,” said course director Dee E. Fenner, MD, director of gynecology at the University of Michigan, Ann Arbor.

Participants will have the opportunity to practice with several different types of midurethral slings.

“This procedure has the advantage of high efficacy and minimal side effects, and it appears to have good long-term results,” Dr. Fenner said.

She noted that midurethral sling placement is the most common procedure done today for treatment of stress incontinence. Candidates for the procedure are women without a bleeding disorder, pelvic pain, or history of radiation.

“This is a good surgical option for patients in which fluid management, pelvic floor exercises, or other nonsurgical approaches have not been successful,” Dr. Fenner said.

In addition to presenting both lecture and hands-on training in cystoscopy and placement of transabdominal and transobturator tapes, Dr. Fenner and three other faculty members will cover anatomy and the indications and work-up of a patient for midurethral sling. Cadavers will be used as part of the anatomy review, and participants will use plastic models to learn and practice the procedures.

The course registration fee includes lunch and transportation to the offsite location. Register when you register for the ACM. ♀

2006 ACM history sessions

THE J. BAY JACOBS, MD, LIBRARY for the History of Obstetrics and Gynecology in America is sponsoring four events at the 2006 Annual Clinical Meeting, May 6-10, in Washington, DC.

Oral History Project **Monday, May 8, 2:30-5 pm**

For each of the past 22 years, with support from Wyeth Pharmaceuticals, the History Library has coordinated recorded interviews with two individuals of importance to the College and the specialty. The aim of the project is to capture recollections of ob-gyns, nurses, and ACOG staff, including the early leaders of ACOG.

This year, former ACOG Executive Director Warren H. Pearse, MD, will interview two long-time staff members of ACOG: Stanley Zinberg, MD, MS, vice president of practice activities, and Pamela Van Hine, MSLS, AHIP, former director of the ACOG Resource Center. Suggestions of topics to discuss or individuals to interview are always welcome. Email suggestions to history@acog.org.

Beginning with the 2005 ACM in San Francisco, ACOG has switched from videotape to DVD to record the interviews. Past interviews are available for viewing at the

History Library at ACOG headquarters in Washington, DC, and a complete list is available upon request.

The 10th Annual Breakfast of the History Special Interest Group **Wednesday, May 10, 6:30-8 am** **Renaissance Hotel**

Robert E. Greenspan, MD, a leading US collector of medical antiques, will speak on the art of collecting and display some of the exquisite and unique items from his collection.

The breakfast is free, but space is limited, so be sure to register at the ACOG booth in the ACM exhibit hall.

"Key Moments in the History of Obstetrics and Gynecology" **Clinical Seminar**

Tuesday, May 9, 2:30-4 pm

John T. Queenan, MD, deputy editor of *Obstetrics & Gynecology*, has been working on a book depicting the Chamberlen family of 17th-century London and the family's importance as the inventors of the obstetric forceps.

Dr. Queenan is professor and chair emeritus of the department of ob-gyn, Georgetown University, Washington, DC.

During the clinical seminar, Dr. Queenan will discuss childbirth conditions occurring in 1600s London and the effect the Chamberlens had in improving the safety of childbirth, through their invention of the forceps and advocacy of training for midwives and greater involvement in childbirth by male "barber-surgeons," who were better trained than midwives and were licensed and monitored by the Royal College of Physicians.

Tickets are required. Register for the seminar when you register for the ACM.

"Using the ACOG History Library" Luncheon Conference **Wednesday, May 10, 12:30-1:45 pm**

New this year, the History Library is sponsoring a luncheon conference on the resources and services available in the History Library. Former ACOG Executive Director Warren H. Pearse, MD, will moderate the discussion with assistance from Debra Scarborough, MLS, AHIP, history librarian/archivist. Register for the luncheon when you register for the ACM.

info

→ history@acog.org

New ACM course just for medical students

info

→ To register for the medical student course, email your name to student@acog.org



MEDICAL STUDENTS considering a career in ob-gyn can gain valuable insight from ob-gyn leaders during the first-ever Annual Clinical Meeting medical student course: "Ob-Gyn as a Career: Residency Training and Dimensions of Practice." The session will be held on Monday, May 8, beginning with lunch from 1 to 2 pm, followed by the course from 2 to 5 pm. Both the course and the overall ACM registration are free for medical students.

The course includes panel discussions on:

- ▶ Ob-Gyn as a Career
- ▶ What it Takes to Secure and Succeed in an Ob-Gyn Residency

The panels will include residents, subspecialty fellows, Junior Fellows in practice, practitioners, clerkship directors, and program directors. Following each panel discussion, medical students will have the opportunity to ask

questions during an open forum.

The course was developed by the Junior Fellow College Advisory Council.

"This unique course furthers ACOG's efforts to enhance recruitment to our specialty and will provide an opportunity to directly engage students in the ACM," said Patrick S. Ramsey, MD, MSPH, course director and vice chair of the JFCAC.

Medical student booth and lounge

ACOG will once again provide a medical student lounge and booth at the ACM. The booth will be near the ACOG booth in the exhibit hall. The lounge, which will be in the convention center, will allow medical students to relax, mingle with other med students, and meet ACOG Junior Fellow leaders. Complimentary continental breakfast and boxed lunches will also be available for medical students. ♀

Nominees for 2006-07 ACOG officers

The following slate will be voted on at the 2006 Annual Business Meeting in Washington, DC, on May 8. Fellows and Senior Fellows who cannot attend should vote by proxy, using the card sent in a separate mailing in March.

President Elect Nominee	Treasurer Nominee
 <p>Kenneth L. Noller, MD Boston</p> <p>Professional Position Louis E. Phaneuf Professor and Chair, Department of Ob-Gyn, and professor, Department of Family and Community Medicine, Tufts University Medical School, Boston; chair, Ob-Gyn Department, Tufts-New England Medical Center</p> <p>Education MD: Creighton University, Omaha, NE RESIDENCY: Mayo Graduate School of Medicine, Rochester, MN</p> <p>ACOG Activities NATIONAL: chair, <i>Precis</i> Advisory Committee, committees on Gynecologic Practice, Scientific Program, Clinical Document Review Panel-Gynecology; member, committees on Nominations, Professional Standards, Industrial Exhibits, Coding and Nomenclature; liaison to AAFP; member, Education Commission; member, Residency Review Committee; consultant editor and editorial board member, <i>Obstetrics & Gynecology</i>; editor, <i>Precis: Gynecology</i> DISTRICT VI: chair, Program Committee; member, Membership Committee DISTRICT I: member, Advisory Council; chair, Program Committee; co-chair, Practice/Quality Improvement Committee</p>	 <p>James T. Breeden, MD Carson City, NV</p> <p>Professional Position Private group practice; president, Carson Medical Group</p> <p>Education MD: Marquette University, Milwaukee RESIDENCY: Mercy Hospital, San Diego</p> <p>ACOG Activities NATIONAL: chair, Council of District Chairs; member, committees on Nominations, Coding and Nomenclature, Finance; member, Task Force on Strategic Planning DISTRICT VIII: chair; vice chair; treasurer; newsletter editor; chair, vice chair, Nevada Section</p>
<p>Vice President Nominee</p>  <p>Sandra A. Carson, MD Houston</p> <p>Professional Position Professor of ob-gyn, Baylor College of Medicine</p> <p>Education MD: Northwestern University, Chicago RESIDENCY: Prentice Women's Hospital, Northwestern University</p> <p>ACOG Activities NATIONAL: ex officio representative on Executive Board for American Society for Reproductive Medicine; chair, LCOG Task Force on Student Recruitment; chair, committees on Patient Education, Scientific Program; member, Task Force on Strategic Planning and Task Force on Student Recruitment; member, Liaison Committee for Ob-Gyn; associate editor, <i>ACOG Current Journal Review</i></p>	<p>Assistant Secretary Nominee</p>  <p>Peter A. Schwartz, MD Reading, PA</p> <p>Professional Position Director, Department of Ob-Gyn, and director of residency in ob-gyn, Reading Hospital and Medical Center; clinical professor of ob-gyn, Drexel University School of Medicine</p> <p>Education MD: Boston University RESIDENCY: Yale-New Haven Hospital, CT</p> <p>ACOG Activities NATIONAL: chair and vice chair, Committee on Ethics; member, Committee on Government Relations; member, Task Force on Residency Issues; ACOG delegate to AMA; member, Residency Review Committee; CREOG Region II program director representative DISTRICT III: member, Advisory Council; recipient, Outstanding District Service Award; chair, vice chair, Pennsylvania Section</p>

Fellow-At-Large Nominee



Steven J. Fleischman, MD

New Haven, CT

Professional Position

Private group practice

Education

MD: Albany Medical College, NY

RESIDENCY: Yale-New Haven Hospital, CT

ACOG Activities

NATIONAL: chair, vice chair, Junior Fellow College Advisory Council; member, committees on Grievance, Electronic Medical Records; member, Donald F. Richardson Memorial Prize Paper Committee; member, Task Force on Expert Witnesses

DISTRICT I: Junior Fellow chair, vice chair; Junior Fellow chair, Connecticut Section

Public Member Nominee



Jane L. Peterson, PhD

Oakton, VA

Professional position

Associate director, Division of Extramural Research; program director, Comparative Genomics Program, National Human Genome Research Institute, NIH.

Note: Dr. Peterson will serve as ACOG's Public Member as a private citizen, not as a representative of NIH

Education

BA: Western College, Oxford, OH

PHD: University of Colorado, Cellular and Developmental Biology

POSTDOCTORAL TRAINING: Yale University

Women's Health Activities

co-chair, Trans-NIH Genomics Resources Working Group; organizer and promoter of numerous scientific and educational activities, including the Cancer Genome Atlas, Genome Resource and Sequencing Priority Panel, International Strategy Meetings for Human Genome Sequencing, and symposium series, "Insights from the DNA Sequence of the Human Genome;" member, NIH Committee on Women's Health; member, NIH Roadmap Group on Public-Private Partnerships; chair, Women in Cell Biology, American Society for Cell Biology

ACOG Activities

NATIONAL: public member, Executive Board (2004–06); member, Task Force on Genetic Screening

Annual Business Meeting May 8

ACOG MEMBERS IN ALL CATEGORIES OF membership should check their mailbox for the March ACOG Resource Packet, which will include the minutes of the 2005 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 2006–07 national officers, the fellow-at-large, the public member, and the proposed amendments.

If you do not plan to attend the Annual Business Meeting in Washington, DC, on May 8, 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 8, 2006, in the Washington Convention Center in Washington, DC, 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 13, 2006

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

At the Annual Business Meeting on Monday, May 8, in Washington, DC, 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



Members in fellowship training programs make key contributions

FELLOWS IN SUBSPECIALTY training programs are in an excellent position to become actively involved in Junior Fellow activities, whether it's mentoring medical students or representing young ob-gyns on the Junior Fellow College Advisory Council.

"Fellows in training have a lot more time than the average resident to become mentors for medical students," said Cynthia Gyamfi, MD, District II Junior Fellow chair. "I think it's beneficial for ACOG to use fellows in training to help recruit and teach medical students."

Dr. Gyamfi finished a fellowship in maternal-fetal medicine last year at Mt. Sinai in New York City and is now an assistant clinical professor at Columbia University Medical Center. During her MFM fellowship, Dr. Gyamfi served as an advisor to the Mt. Sinai Ob-Gyn Student Interest Group and now serves as a preceptor to students at Columbia's pregnancy diabetes clinic.

District IX Junior Fellow Chair Rene B. Allen, MD, said fellows in training can offer medical students important perspectives about the specialty.

"Most medical students are focusing just on the big picture—'do I like ob-gyn?'" he said. "They don't necessarily look beyond that to subspecialty opportunities. We can give students more information about the avenues available in the specialty."

Dr. Allen, who is a first-year reproductive endocrinology and infertility fellow at the University of Southern California, attended two medical student mixers at different medical school campuses in February.

Subspecialty fellows' involvement important to ACOG

"Fellows in training may encounter issues specific to their training that ACOG can help with, such as encouraging ABOG to make more slots available for fellows to accelerate their oral boards," said Beth W. Rackow, MD, District I Junior Fellow chair and a second-

year REI fellow at Yale University School of Medicine. "It's important for those starting subspecialty training to feel supported by ACOG—this early relationship will hopefully contribute to lifelong involvement with the College."

Dr. Allen also sees value in ACOG maintaining close ties to fellows in training.

"It seems that once you enter a fellowship, you work more with your subspecialty organization than with ACOG," he said. "We want to let fellows in training know that they have representation within ACOG and that ACOG is trying to address their issues. I want to be an advocate for fellows in training as well as for residents and Junior Fellows who are practicing."

District III Junior Fellow Chair Armando E. Hernandez-Rey, MD, thinks fellows in training who are officers can help facilitate that process.

"We can help involve other subspecialty fellows in College activities, and as members of the Junior Fellow College Advisory Council, we have a different perspective to offer on issues," he said. Dr. Hernandez-Rey is a third-year REI fellow at the University of Medicine and Dentistry of New Jersey.

Dr. Gyamfi is working within the JFCAC to look for opportunities to help increase communication about ACOG's advocacy efforts and programs to those in fellowships—who may remain Junior Fellows longer than average. "Many physicians who go into fellowship programs are Junior Fellows for close to 10 years," she said.

JFCAC Chair May Hsieh Blanchard, MD, thinks the JFCAC can only benefit by having Junior Fellows from all areas—residency, fellowship, and practice—providing different perspectives.

"Everyone around the table is great about trying to consider and address the needs of *all* Junior Fellows," she said. "Nevertheless, it's good to have different experiences and backgrounds when considering the issues under discussion. It promotes a healthy balance and encourages dialogue." ♀

Junior Fellows in subspecialty fellowships pay reduced fees

JUNIOR FELLOWS IN subspecialty fellowships can attend ACOG meetings and courses for the same reduced fees as Junior Fellows in residency.

Last year, ACOG changed the Junior Fellow membership categories from "Junior Fellow in residency" and "Junior Fellow in practice" to:

- ▶ Junior Fellow in training
- ▶ Junior Fellow in practice

The new "in training" category better encompasses Junior Fellows in subspecialty fellowships who have finished their residency but are not yet in practice.

In the past, some Annual District Meetings and ACOG courses charged more for Junior Fellows in practice than for those in residency, but it was unclear which category subspecialty fellows fit into and which rates they should pay.

Fellows can play key role in colorectal cancer screening

► PAGE 1 do not like to talk about colonoscopy. Once we have that conversation and they are tested, they are happy that they were screened. Fellows can play a critical role in explaining to their patients 50 and older the importance of screening and help allay their fear of testing.”

Dr. Cunningham is representing District IX on the planning committee for the California Dialogue for Action in Colorectal Cancer Screening conference, which will be held June 1–2 in San Diego. The focus of the conference is increasing awareness of screening among health care professionals and spotlighting the racial and ethnic disparities in screening, according to Dr. Cunningham. A national Dialogue for Action conference will be held March 16–17 in Baltimore. An ACOG representative is on the planning committee for the national conference, which is sponsored by the Cancer Research and Prevention Foundation.



Screening for women 50 and older

As outlined in the College's Committee Opinion #292, *Primary and Preventive Care: Periodic Assessments*, ACOG recommends that women age 50 and older be screened by one of the following:

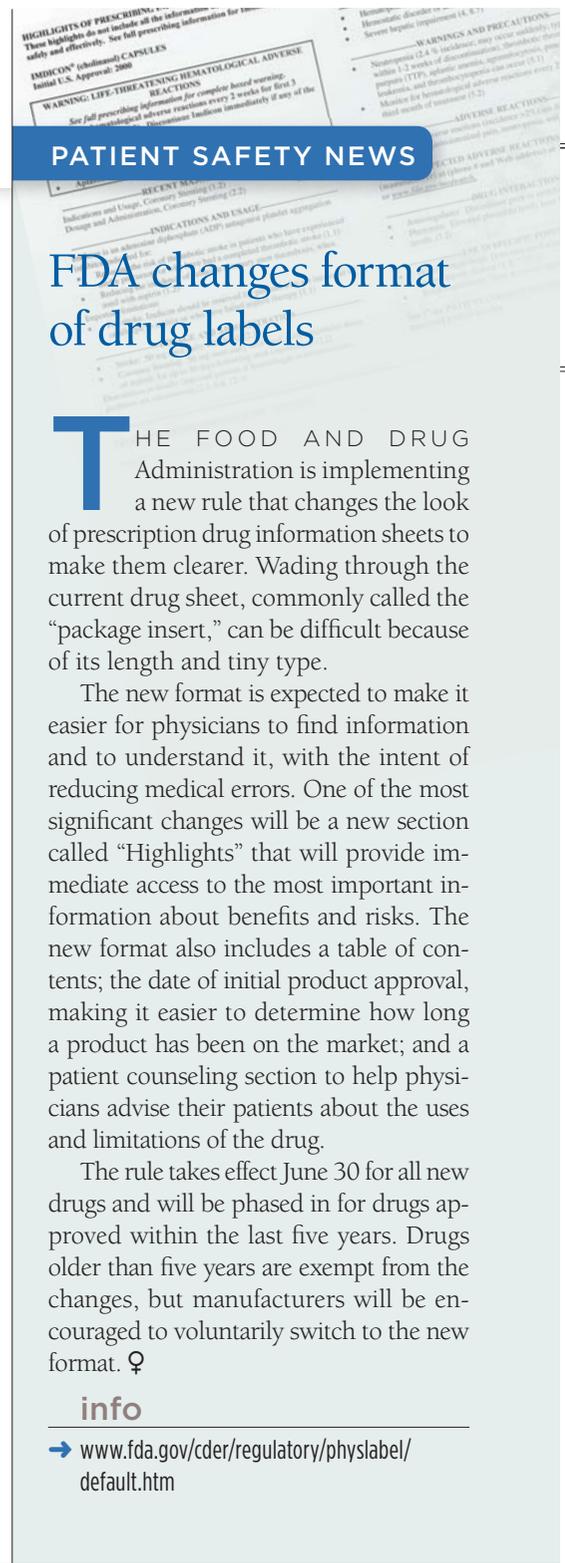
- ▶ Fecal occult blood testing every year or
- ▶ Flexible sigmoidoscopy every five years or
- ▶ FOBT every year plus a flexible sigmoidoscopy every five years or
- ▶ Double-contrast barium enema every five years or
- ▶ Colonoscopy every 10 years

Some women in high-risk groups should be screened before age 50 (see Committee Opinion #292 for more information).

In-office digital rectal exams not recommended

Screening recommendations are confusing to both physicians and patients. The American Cancer Society recommends that FOBT be conducted with a home-testing kit that instructs patients to collect stool samples for laboratory testing. However, studies have shown that some ob-gyns are performing digital rectal exams in the office.

“A recent large clinical trial demonstrated that FOBT performed at the time of DRE missed 95% of polyps and cancers that were found at subsequent colonoscopy,” said Durado Brooks, MD, MPH, the American Cancer Society's director of prostate and colorectal cancer. “In the same individuals, FOBT with home-testing kits led to a five-fold improvement in detecting these abnormalities. These results make it clear that in-office FOBT is essentially worthless as a screening test for colorectal cancer and should no longer be used for this purpose.” ♀



PATIENT SAFETY NEWS

FDA changes format of drug labels

THE FOOD AND DRUG Administration is implementing a new rule that changes the look of prescription drug information sheets to make them clearer. Wading through the current drug sheet, commonly called the “package insert,” can be difficult because of its length and tiny type.

The new format is expected to make it easier for physicians to find information and to understand it, with the intent of reducing medical errors. One of the most significant changes will be a new section called “Highlights” that will provide immediate access to the most important information about benefits and risks. The new format also includes a table of contents; the date of initial product approval, making it easier to determine how long a product has been on the market; and a patient counseling section to help physicians advise their patients about the uses and limitations of the drug.

The rule takes effect June 30 for all new drugs and will be phased in for drugs approved within the last five years. Drugs older than five years are exempt from the changes, but manufacturers will be encouraged to voluntarily switch to the new format. ♀

info

➔ www.fda.gov/cder/regulatory/physlabel/default.htm

MARCH IS NATIONAL COLORECTAL CANCER AWARENESS MONTH

LEADED BY THE CANCER RESEARCH and Prevention Foundation, Colorectal Cancer Awareness Month educates Americans about the prevention, early diagnosis, and treatment of colorectal cancer. The campaign has revamped its website and created a new toolkit for this year's event. Visit www.preventcancer.org/colorectal.

COLORECTAL CANCER RESOURCES

- ▶ www.preventcancer.org/colorectal; 877-35-COLON
- ▶ www.cancer.org
- ▶ National conference: www.preventcancer.org/programs/dialogue_national.cfm
- ▶ California conference: www.thecdoc.com/dfa; 916-449-5540

ACOG RESOURCES

- ▶ *Reducing Your Risk of Cancer* Patient Education Pamphlet: Order at <http://sales.acog.org>; 800-762-2264, ext 192
- ▶ ACOG Committee Opinion *Primary and Preventive Care: Periodic Assessments* (#292, November 2003)
- ▶ *New Clinical Updates: Lower Gastrointestinal Tract Disorders*; see page 16

2006 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

MARCH

2-5

CREOG and APGO Annual Meeting

Orlando, FL
CREOG: 800-673-8444, ext 2558
APGO: 410-451-9560

12-14

ACOG Congressional Leadership Conference

Washington, DC
800-673-8444, ext 2566

13-17

American Society for Colposcopy and Cervical Pathology Biennial Meeting

Las Vegas
www.asccp.org/biennial.shtml
800-787-7227

14

ACOG WEBCAST: Global Obstetrical Package

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

16-19

Society for Sex Therapy and Research 31st Annual Meeting

Philadelphia
www.sstarnet.org/
2006meeting.cfm
800-673-8444, ext 1644

17-18

Council of Medical Specialty Societies Spring Meeting

Chicago
www.cmss.org
847-295-3456

22-25

Society for Gynecologic Investigation Annual Meeting

Toronto, ON
www.sgionline.org
800-673-8444, ext 2544

22-26

Society of Gynecologic Oncologists: 37th Annual Meeting on Women's Cancer

Palm Springs, CA
www.sgo.org
312-321-4099
[Please note that this meeting was originally scheduled for Mar 4-8 in New Orleans.]

27-29

NIH State-of-the-Science Conference on Cesarean Delivery on Maternal Request

National Institutes of Health
Bethesda, MD
www.consensus.nih.gov

30-April 1

77th Annual Meeting of the Texas Association of Ob-Gyn and the ACOG Texas Section

San Antonio
www.txobgyn.org
866-935-1959

APRIL

3-5

Society of Gynecologic Surgeons 32nd Annual Scientific Meeting

Tucson, AZ
www.sgsonline.org
901-682-2079

5-8

19th European Congress of Obstetrics and Gynaecology

Torino, Italy
www.ebcog2006.it

11

ACOG WEBCAST: Fetal Heart Rate Interpretation

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

26-30

Pacific Coast Reproductive Society

Indian Wells, CA
www.pcrsonline.org
562-947-7068

MAY

2

ACOG WEBCAST: CPT Surgical Modifiers and Multiple Procedures (Modifiers -51 and -59)

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

6-10

ACOG 54th Annual Clinical Meeting

Washington, DC
800-673-8444, ext 2442
www.acog.org/acm

18-20

North American Society for Pediatric and Adolescent Gynecology 20th Annual Clinical Meeting

Orlando, FL
www.naspag.org

31-June 3

The Western Association of Gynecologic Oncologists

Olympic Valley, CA
800-673-8444, ext 1648

JUNE

10-14

American Medical Association Annual Meeting

Chicago
www.ama-assn.org
800-673-8444, ext 2515

13

ACOG WEBCAST: Coding for Female Reproductive Services

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

22-27

The Society of Obstetricians and Gynaecologists of Canada 62nd Annual Clinical Meeting

Vancouver, BC
www.sogc.org/acm2006/
index_e.shtml
613-730-4192

JULY

11

ACOG WEBCAST: Pay-for-Performance

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

23-29

Second Annual Summer Institute in Maternal-Fetal Pharmacology

Sponsored by the National Institute of Child Health and Human Development and the Office of Research on Women's Health at NIH and the Canadian Institutes of Health Research
Denver
www.circlesolutions.com/
summerinstitute

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

10-12

CPT and ICD-9-CM Coding Workshop

San Antonio

24-26

CPT and ICD-9-CM Coding Workshop

Atlanta

APRIL

1-2

No Frills—Operative Hysteroscopy

Las Vegas

7-9

CPT and ICD-9-CM Coding Workshop

Chicago

MAY

11-13

CPT and ICD-9-CM Coding Workshop

Washington, DC

JUNE

2-4

CPT and ICD-9-CM Coding Workshop

Portland, OR

22-24

The Art of Clinical Obstetrics

Kohala Coast, HI

AUGUST

4-6

CPT and ICD-9-CM Coding Workshop

Secaucus, NJ

10-12

Screening in Obstetrics and Gynecology

Vancouver, BC

25-27

CPT and ICD-9-CM Coding Workshop

Kansas City, MO

SEPTEMBER

8-10

CPT and ICD-9-CM Coding Workshop

San Diego

14-16

Quality Improvement and Management Skills for Leaders in Women's Health Care

San Francisco

OCTOBER

13-15

CPT and ICD-9-CM Coding Workshop

Chicago

NOVEMBER

8-11

Obstetrical and Gynecological Pearls

Kohala Coast, HI

16-18

Fetal Assessment: Ultrasound, Doppler, Heart Rate Monitoring

Coronado, CA

17-19

CPT and ICD-9-CM Coding Workshop

New Orleans

30-Dec 2

Office Procedures for the Clinician

New York City

DECEMBER

7-9

New Surgical Approaches to Incontinence and Prolapse

Chicago

Extra benefit from Green Journal publisher



AS PUBLISHER OF *OBSTETRICS & GYNECOLOGY*, Lippincott Williams & Wilkins offers an added benefit to ACOG Fellows. ACOG members can access many of the world's premier medical journals online through Ovid. Ovid offers full-text online access to selected Lippincott Williams & Wilkins publications and access to Ovid Medline. ♀

info

→ To access, on the ACOG website, www.acog.org, under "Information," click on "Search Ovid"



NIH develops alternative medicine education series

AS PATIENTS INCREASINGLY turn to alternative medicine to improve their health, it's important that physicians are aware of the products and practices their patients are seeking out.

The National Center for Complementary and Alternative Medicine at the National Institutes of Health has developed a free online continuing education series that allows health care professionals to earn continuing education credits as they learn about complementary and alternative medicine.

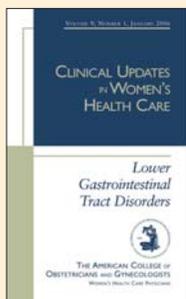
The series has seven chapters, focusing on:

- ▶ Overview of complementary and alternative medicine
- ▶ Herbs and other dietary supplements
- ▶ Mind-body medicine
- ▶ Acupuncture: an evidence-based assessment
- ▶ Manipulative and body-based therapies: chiropractic and spinal manipulation
- ▶ Complementary and alternative medicine and aging
- ▶ Integrative medicine

Each chapter includes a video lecture by an expert in the field, a review of research results and ongoing research, and discussion of historical and practice perspectives. ♀

info

→ <http://nccam.nih.gov/videlectures>



Clinical Updates addresses lower gastrointestinal tract disorders

LOWER GASTROINTESTINAL TRACT DISORDERS IS THE first monograph in 2006 in the *Clinical Updates in Women's Health Care* series.

Lower gastrointestinal tract disorders range from occasional diarrhea, constipation, and irritable bowel syndrome to more severe conditions such as Crohn's disease and ulcerative colitis. Such disorders are common in women, who often report these conditions to their ob-gyn.

The monograph is written by two ob-gyns who have an interest in gastrointestinal tract disorders. The authors address how these disorders affect women and present diagnostic and management approaches. The publication also includes a section on screening for colorectal cancer. ♀

info

→ www.clinicalupdates.org; 800-762-2264, ext 192



**The American College of
Obstetricians and Gynecologists**

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