Double dose of HPV vaccine sessions at ACM

Two back-to-back scientific sessions at this year’s Annual Clinical Meeting will address the myriad of questions ob-gyns are asking about HPV vaccination.

“Human Papillomavirus Vaccines: Development and Clinical Usage” will be the topic for the John I. Brewer Memorial Lecture, which will be held from 11 am to 12 pm, Wednesday, May 9, as well as the John and Marney Mathers Lecture immediately following from 12 to 1 pm.

The US Food and Drug Administration approved the first HPV vaccine, Gardasil, from Merck and Co, last year, and the federal Advisory Committee on Immunization Practices then recommended that girls routinely receive the vaccine between the ages of 11 and 12. A second HPV vaccine, Cervarix, has been developed by GlaxoSmithKline, which is expected to seek FDA approval in 2007 or 2008.

ACM session to spotlight new Down syndrome screening guidelines

An annual clinical meeting session will address new ACOG guidelines that call for a paradigm shift in the way Down syndrome screening is offered. The guidelines recommend that age 35 no longer be used as a cut-off to determine which pregnant patients are offered aneuploidy screening vs. which are offered invasive testing. Instead, all women, regardless of age, should be offered aneuploidy screening before 20 weeks of gestation, and all women should have the option of invasive testing.

At the ACM in May, the 2nd Scientific Session, “Update on Down Syndrome Screening,” will address the new guidelines and review the advantages, disadvantages, and limitations of screening methods. The session will be presented by ACOG Fellow Deborah A. Driscoll, MD, professor and chair of the ob-gyn department at the University of Pennsylvania in Philadelphia.

In the last decade, numerous strategies for Down syndrome screening have been developed. For example, nuchal translucency,
EXECUTIVE DESK

Executive Board begins 2007 with busy agenda

In February, ACOG’s Executive Board held the first of five meetings it holds every year. Along with the July meeting, the February meeting is the longest and covers the most issues.

The meeting began with an update from ACOG’s Committee on Government Relations and Outreach, which presented information on the new US Congress—now led by Democrats in both the House and Senate—and how issues important to ACOG, such as the uninsured, Medicaid, and women’s health research, will be addressed.

The Committee on Credentials presented to the Executive Board as it fulfilled its function of overseeing the College. A final review of the 2006 finances, pending the audit, indicated that ACOG finished in the “black,” making a dues increase for 2007 unnecessary.

ACOG’s officers and Executive Board members are crucial for ACOG to remain an effective organization. They spend enormous effort and time in fulfilling their duties, and ACOG members should wholeheartedly thank them for their commitment. ACOG’s ethics documents were carefully studied. The College is updating all chapters in the book Ethics in Obstetrics and Gynecology and reissuing the chapters as Committee Opinions.

Several bylaw changes were approved for the second time and will be presented at the Annual Business Meeting on May 7 during the Annual Clinical Meeting in San Diego. A large number of ACOG’s active committees submitted reports to the Executive Board, and each division presented status reports.

ACOG’s officers and Executive Board members are crucial for ACOG to remain an effective organization. They spend enormous effort and time in fulfilling their duties, and ACOG members should wholeheartedly thank them for their commitment. Without them, ACOG would not be the proud, successful organization it is today.

Ralph W. Hale, MD, FACOG
Executive Vice President

IN MEMORIAM

N.C. Denton, MD
Anniston, AL

George C. Douglas, MD
Grove Hill, AL

Hal Ferguson, MD
Birmingham, AL

Henry Clay Frick II, MD
New York City ● 2/07

Eugene H. Howe, MD
Birmingham, AL

Edward A. Karl, MD
Birmingham, AL

Tom C. King, MD
Jacksonville, AL

Philip D. Martin, MD
Mobile, AL

Charles P. McCartney, MD
Wheaton, IL ● 10/06

Thomas C. Monroe, MD
Montgomery, AL

Robert J. O’Connor, MD
Lansdale, PA

David W. J. Reid, MD
Edmonton, AB ● 10/06

William H. Robertson, MD
Birmingham, AL

Harvey R. Rutstein, MD
New York City ● 9/06

Aquiles Jose Sobrero, MD
Chicago ● 1/07

Kathleen Wickman, MD
Montgomery, AL

Obstetrics & Gynecology

HIGHLIGHTS

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

Premature Rupture of Membranes
(Practice Bulletin #80, revised)

Patient Testing: Ethical Issues in Selection and Counseling
(Committee Opinion #363, revised)
Members support ACOG through donations

THROUGH PERSONAL CONTRIBUTIONS, ACOG members are providing ongoing support for vital programs and projects and ensuring that the College remains in the forefront on issues facing ob-gyns and their patients. ACOG recognizes and thanks the following members for their generous financial contributions and personal commitment to ACOG:

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Ken Noller, MD, and Mary Noller

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Members support ACOG through donations

As of Feb 8, 2007

Donations made between Jan 1, 2006, and the 2006 ACM must be renewed before the 2007 ACM to retain your society membership and benefits.

ACOG Grievance Committee reports on actions

RICHARD P. GREEN, MD, chair of ACOG’s Grievance Committee, provides this report to the Fellowship in accordance with the College complaint process. Under ACOG’s Code of Professional Ethics, a Fellow can be issued a warning, censured, suspended, or expelled from the College for unethical behavior.

To determine whether a Fellow has engaged in a violation of the ACOG By-laws or Code of Professional Ethics, the committee reviews complaints submitted by Fellows of the College against other Fellows, severe disciplinary actions taken by state medical boards, and any adverse actions taken against a Fellow’s medical license in any jurisdiction based on sexual misconduct.

Executive Board final actions

The College censured two ACOG Fellows. The College also issued four warnings to ACOG Fellows.

Grievance Committee activities

The Grievance Committee reviewed 17 complaints and conducted nine hearings in 2006. The committee has scheduled nine hearings so far in 2007.

For more about the complaint process of ACOG’s Code of Professional Ethics: visit www.acog.org/goto/grievance or contact the Office of the General Counsel at 202-863-2584; grievance@acog.org
ACOG is seeking a thoroughly researched and referenced background paper of 50–100 pages on the 2007 Issue of the Year: "The Future of Residency Education in Obstetrics and Gynecology—How Should We Prepare Doctors for Tomorrow’s Demands in Women’s Health Care Services?"

Every year ACOG selects a topic of current significance and invites applications from members to develop a paper on it. Any ACOG Fellow or Junior Fellow may apply.

The Issue of the Year carries a stipend of $10,000. The winner receives $5,000 on selection and $5,000 when ACOG receives the final paper. The winner will also receive a $1,000 travel stipend to attend the February 2008 Executive Board meeting to make a presentation. Deadline for applications is June 1.

**How to apply**

Send your curriculum vitae and your approach outline (maximum two pages) to:

Lee Cummings
Director of Corporate Relations
ACOG
PO Box 96920
Washington, DC 20090-6920
800-673-8444, ext 2577
lcummings@acog.org

**June 1 deadline**

ACOG accepting applications for Issue of the Year
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 2008–11 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 District 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 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 March 1, 2008, and publicly at ACOG’s Annual Business Meeting in May 2008.

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 |

Jurisdictions with elections in 2008

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 2007, with terms beginning after their Annual District Meeting in 2008.

DISTRICTS
District II
District V
District VIII
District IX

SECTIONS (DISTRICT)
Air Force (AFD)
Alabama (VII)
Alaska (VIII)
Arizona (VIII)
California Section 4 (IX)
California Section 5 (IX)
California Section 8 (IX)
Delaware (III)
District of Columbia (IV)
Florida (IV)
Illinois (VI)
Louisiana (VII)
Massachusetts (I)
Michigan (V)
Nebraska (VI)
Nevada (VIII)
New York Section 3 (II)
New York Section 6 (II)
New York Section 10 (II)
Oklahoma (VII)
Quebec (I)
Rhode Island (I)
South Carolina (IV)
Wisconsin (VI)
Wyoming (VIII)
West Indies (IV)
West Virginia (IV)

Join Ob-Gyns for Women’s Health
Make a difference on Capitol Hill

Help shape decisions in Washington, DC, that affect the future of the ob-gyn specialty. Join Ob-Gyns for Women’s Health, ACOG’s advocacy arm on Capitol Hill.

ACOG leads the way in representing ob-gyn and women’s health interests in the US Congress. ACOG leaders created Ob-Gyns for Women’s Health seven years ago.

OGWH dedicates its entire operations to lobbying and political work, helping elect ob-gyn supporters to the US Congress.
OGWH membership is $40 a year. Join the thousands of ob-gyns who have already added their names to this powerful organization, and take charge of your future.

info
➤ www.obgynsforwomenshealth.org
AFTER FLYING HALFWAY around the world for 24 hours, ACOG Fellow Allan T. Sawyer, MD, woke up the next morning ready to put his ob-gyn skills to use. It was June of 2006, and Dr. Sawyer was about to begin his volunteer position for the second time at the Kudjip Nazarene Hospital in the Western Highlands Province of Papua New Guinea, filling in for one of the regular volunteer physicians.

Leaving his ob-gyn practice in Glendale, AZ, for one month, Dr. Sawyer would make it his mission to provide quality health care to people living in the southern hemisphere on the other side of the globe.

A new experience

After a brief tour of the hospital the night before, Dr. Sawyer began his first day making rounds with another volunteer, John Brothwell, MD, a general surgeon also from Glendale, AZ. The two soon approached a two-year-old boy named Oken to check his progress after an exploratory laparotomy.

Oken had fallen on his bush knife, causing a large laceration in his abdomen. According to Dr. Sawyer, it is common for young children in the area to begin carrying a bush knife at an early age.

By being in Kudjip, I came across many things that were not common to me, and this excited me.

After a second surgical procedure, Oken slowly recovered, staying in the hospital through much of Dr. Sawyer’s time in Kudjip and capturing the ob-gyn’s heart.

“It was difficult to examine him because we could not tell if he was in pain or just frightened by the white doctors,” Dr. Sawyer said. But with the help of lollipops, they soon won Oken’s trust.

Learning the culture

Papua New Guinea is located on the eastern half of the island of New Guinea, which borders Indonesia. It comprises both the mainland and some 600 offshore islands and has approximately 5.9 million inhabitants, according to the US Department of State.

Although medical records at Kudjip Nazarene Hospital were written in English, there were language barriers when speaking with patients and their family members.

“Tok Pisin is the main language, but there are over 860 dialects, and Tok Place is the name given when referring to all of the dialects collectively that stem from a specific clan or community,” Dr. Sawyer said. “The
The implications of perinatal HIV infections here are horrible. There are not enough medications even to give appropriate antiretroviral therapy, zidovudine, during pregnancy.”

Women’s health
As the only ob-gyn at the hospital, Dr. Sawyer handled many gynecologic surgeries and cesarean and vaginal deliveries. Dr. Sawyer also assisted his colleague, Dr. Brothwell, in many general surgery and orthopedic procedures.

“By being in Kudjip, I came across many things that were not common to me, and this excited me,” Dr. Sawyer told ACOG Today. “I soon realized that I do have the medical and surgical skills that are needed to treat many of the problems that we faced.”

The biggest setback was not having proper medications for pregnant patients who had HIV/AIDS.

“The implications of perinatal HIV infections here are horrible,” Dr. Sawyer wrote in one of his journal entries. “There are not enough medications even to give appropriate antiretroviral therapy, zidovudine, during pregnancy. There is no nevirapine to give to the babies born to HIV mothers. Breastfeeding is the only option for giving adequate nutrition to babies for the first 4–6 months of life, but doing so [increases] the likelihood of transmission of HIV.”

Dr. Sawyer is determined to return to Kudjip this year and provide antiretroviral medications to the hospital. His Arizona church has donated $34,000 to help provide the needed medicine. Previously, Dr. Sawyer donated microscopes to the hospital that belonged to his late father, a pathologist.

“They were using old Japanese microscopes and you really could not see anything,” he explained.

“Being a volunteer in this capacity is definitely the most professionally satisfying opportunity that I have ever experienced in my lifetime,” Dr. Sawyer told ACOG Today. “It really has stretched me to provide care beyond the scope of routine obstetrics and gynecology and has taken me out of my comfort zone.”

PAPUA NEW GUINEA

- Total population: 5.9 million
- Size: about the size of California
- Capital: Port Moresby
- Terrain: Mostly mountains with coastal lowlands and rolling foothills
- Climate: Tropical
- Languages: English, Tok Pisin, and Motu are official languages; approximately 860 other languages
- Government: Constitutional monarchy with parliamentary democracy

HEALTH STATISTICS

- Life expectancy at birth: 58 for males, 61 for females
- Child mortality: 98 per 1,000 for boys; 87 per 1,000 for girls
- Estimated number of people living with HIV/AIDS: 25,000 to 69,000
- About 50% of all mortality is due to communicable disease, including malaria
- HIV is the leading cause of adult mortality at Port Moresby General Hospital

*INFORMATION COURTESY OF THE WORLD HEALTH ORGANIZATION AND THE US DEPARTMENT OF STATE*
ACM session to spotlight new Down syndrome screening guidelines

which uses an ultrasound exam to measure a sonolucent space at the back of a fetus’ neck, has allowed for earlier, noninvasive screening and, when combined with serum screening in the first trimester, has comparable detection rates as standard second-trimester screening. But with so many testing options, how do providers and patients decide which test is best?

“Todays Down Syndrome screening guidelines is a lead author of the new guidelines and vice chair of ACOGs Committee on Practice Bulletins-Obstetrics.

Dr. Driscoll will use cases to illustrate how screening can be used in practice and address factors that will help ob-gyns decide which tests to offer, such as whether nuchal translucency and chorionic villus sampling are offered in their region, whether their patient population seeks early prenatal care, and whether insurers in their area are covering first-trimester screening.

“There are individuals who would question why we even screen for Down syndrome, and I hope to address these issues as well,” Dr. Driscoll said. “I want to make sure our Fellows are well informed about Down syndrome so they can provide their patients with an accurate description of Down syndrome and help them make informed decisions.”

Nuchal translucency course at the ACM

Physicians interested in offering patients first-trimester risk assessment can begin the process to become credentialed in nuchal translucency at a special course at the Annual Clinical Meeting.

For the second straight year, the ACM will include the course “Nuchal Translucency and First-Trimester Risk Assessment,” presented by the Nuchal Translucency Quality Review, a program of the Maternal-Fetal Medicine Foundation.

The course, to be held on Tuesday, May 8, from 1 to 5:30 pm, will provide the didactic basis to begin the credentialing process. Sign up for the course when you register for the ACM.

The $350 course includes:

- Credit for registration in the online NT education and monitoring program
- Image proficiency review and feedback
- Starting the credentialing process, which provides eligibility to participate in ongoing NT quality review and reporting; some analyte labs accept samples only from credentialed providers

Faculty will be course director Richard L. Berkowitz, MD, Mary E. D’Alton, MD, Ronald J. Wapner, MD, and Lawrence D. Platt, MD.

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.

info

Visit www.acog.org/acm and click on “Postgraduate Courses” and “Tuesday/Wednesday Postgraduate Courses”

www.ntqr.org
Double dose of HPV vaccine sessions at ACM

The ACM sessions will address the epidemiology of HPV infection, ACOG’s HPV vaccine recommendations, the US vaccine approval process, and potential barriers for patient acceptance of the vaccine.

“Gynecologists are the most knowledgeable physicians concerning HPV, cervical cancer, and Pap smears. We are in a unique position to give this vaccine to our patients,” said session faculty Kevin A. Ault, MD, associate professor of ob-gyn at Emory University, Atlanta.

Dr. Ault was an investigator on three randomized trials for the Gardasil vaccine and for a phase 3 trial for the Cervarix vaccine.

“We’ll talk about some of the finer points of ACOG’s HPV recommendations, such as what to do for young women who have had an abnormal Pap test,” Dr. Ault said.

Epidemiology of HPV
Eileen F. Dunne, MD, MPH, medical epidemiologist at the Centers for Disease Control and Prevention, will discuss the epidemiology of HPV. Dr. Dunne was the lead researcher for a study published in the February 28 issue of the Journal of the American Medical Association that showed that HPV infection among females is greater than previously estimated, especially among women in their early 20s.

Vaccine approval process
In the second session, Larry K. Pickering, MD, senior advisor to the director at the National Center for Immunization and Respiratory Diseases at CDC and a professor of pediatrics at Emory University, will discuss the licensing and approval process that led to the HPV vaccine’s approval in the US.

“My presentation will include a discussion of the structure, function, and responsibilities of the Advisory Committee on Immunization Practices, the interaction of the ACIP with organizations and societies in the private and public sectors, and a review of key issues that faced the ACIP in recommending the HPV vaccine,” Dr. Pickering said.

Patient, parental attitudes
Susan L. Rosenthal, PhD, a psychologist who researches the acceptability of vaccines, will focus on acceptance of the vaccine and the attitudes of patients and parents.

Dr. Rosenthal is the director of the Division of Adolescent and Behavioral Health and a professor of pediatrics at the University of Texas Medical Branch Children’s Hospital in Galveston.

“Having a safe and effective vaccine, as in the case of the HPV vaccine, is not sufficient. Additional steps include addressing provider attitudes, parent and patient attitudes, and strategies designed to enhance uptake,” Dr. Rosenthal said.
Laparoscopic films take top prizes in ACM Film Festival

The three winning films in this year’s Annual Clinical Meeting Film Festival all highlight a type of laparoscopic surgery. Twelve films, including the three top films, will be shown from 2 to 5 pm on Tuesday, May 8, in the San Diego Convention Center.

The three award-winning films will be reshow on Wednesday from 7:30 to 8:30 am, immediately before the Presidential Inauguration and Convocation.

FIRST PRIZE
Laparoscopic Lateral Ovarian Transposition
Chi Chiung Grace Chen, MD
Cleveland Clinic, OH
Secondary authors:
• A. Marcus Gustilo-Ashby, MD
• Justin Juliano, MD
• Tommaso Falcone, MD

SECOND PRIZE
Criteria for Choosing the Optimal Myometrial Incision during Laparoscopic Myomectomy
Andrew Ian Sokol, MD
Washington Hospital Center, DC
Secondary author:
• Tommaso Falcone, MD

THIRD PRIZE
Laparoscopic Excision of Bladder Endometriosis
Amy J. Park, MD
Cleveland Clinic, OH
Secondary authors:
• Humphrey O. Atiemo, MD
• Howard Goldman, MD
• Jeffrey M. Goldberg, MD
• Tommaso Falcone, MD

Search new ob-gyn research at ACM

Learn about new ob-gyn research when clinical and basic research papers are presented at the Annual Clinical Meeting in San Diego. Papers will be presented from 2 to 4 pm on Monday and Tuesday in the San Diego Convention Center.

Each researcher will present his or her findings in seven minutes, and the audience will have three minutes to ask questions. The session will be moderated by a prominent specialist in the field.

FIRST PRIZE
How Relevant are ACOG/SGO Guidelines for Referral of Adnexal Mass?
• Amy C. Dearking
• Giovanni D. Aletti, MD
• Marla-Kay Sommerfield
• William A. Cliby, MD
Presented 3:20–3:30 pm

SECOND PRIZE
Final Results from the EURAS Study: Impact of Oral Contraception on Public Health
• Jürgen C. Dinger, MD, PhD
• Lothar AJ Heinemann, MD, PhD, MSc
• Carolyn L. Westhoff, MD
Presented 3:10–3:20 pm

THIRD PRIZE
Provider Differences in Violence Screening Practices: A Comparison to Toxoplasmosis Risk Screening
• Jennifer E. Ballard Dwan, MD
• Yang Long
Presented 3–3:10 pm

ACM on-site Career Connection extends hours

Find new position or recruit employees

ACOG’s Career Connection Center at the Annual Clinical Meeting will open a day earlier this year and have extended hours throughout the ACM to help attendees take advantage of new features and benefits.

The center, which features ACOG’s online career site for women’s health care professionals, will be open Saturday through Tuesday from 8 am to 4 pm and on Wednesday from 8 am to 1 pm. The center will be in the ACOG Registration Area in the San Diego Convention Center.

Set up on-site interviews

“Conference Connection,” a feature of the Career Connection website, allows both candidates and employers to indicate online that they are attending the ACM and set up face-to-face interviews ahead of time.

Employers are encouraged to post all of their available opportunities online prior to the ACM, while those searching for a new position should post their resumes. Both employers and candidates can then indicate online whether they will be an ACM attendee or exhibitor and provide their local contact information (cell phone, booth number, hotel number, etc.). As employers search resumes and candidates search jobs, they will be able to see who will be attending the ACM.

Special ACM pricing will be extended to ACOG members who have a career opportunity available. Career Connection is free to job seekers and allows them to search by position type, location, and keywords. Candidates can also email a CV and cover letter online and receive email notifications of new listings that meet their specified criteria.

ACOG Career Connection is a part of HEALTHcareERS Network.

info

⇒ On the ACOG website, www.acog.org, click on the ACOG Career Connection logo on the left
⇒ For assistance posting your resume or opportunity, contact customer service at info@healthecareers.com; 888-884-8242
YOU ASKED, WE ANSWERED

Shopping for a liability carrier

WHAT KINDS OF THINGS should I consider when shopping for an insurance carrier?

WITH PROFESSIONAL liability insurance costs at an all-time high, doctors shopping for professional liability insurance often look to price as the standard for choosing a carrier. However, there are a range of other considerations.

Types of carriers
There are basically two types of carriers for doctors in small- and medium-size practices:
- Commercial carriers, which are for-profit, public corporations
- Mutual or reciprocal carriers, most of which are physician owned and operated

The major benefit of commercial carriers is often a more competitive premium. But the major flaw of commercial carriers is that they may be too driven by the bottom line, making them more eager than physician-owned companies to settle claims in order to save on legal fees.

Financial stability
One crucial element in choosing an insurance company is its fiscal health. To assess an insurer’s standing, check with one or more of the three best-known insurance rating agencies: A.M. Best Company, Standard & Poor’s, or Weiss Ratings.

Verify with your state insurance commission that your company is an “admitted carrier,” which means that it has passed financial muster and has been authorized to sell insurance in your state. Many hospital bylaws now require that doctors with admitting privileges be insured by such carriers.

Contact the state insurance commissioner’s office to find out whether any complaints have been registered against a particular insurance carrier or whether an insurance carrier is licensed to write business in your state.

Types of policies
Today, most carriers offer only claims-made policies, which cover you for any adverse event that is reported while your policy is in effect. You won’t be covered for any claims reported after your policy is terminated. To cover such claims, you’ll need to buy expensive “tail” coverage.

The rapidly disappearing alternative to the claims-made policy is occurrence coverage, which insures for any adverse event that occurs while your policy is in effect, regardless of when it’s reported or becomes a claim. Because occurrence policies include tail coverage, they are often more expensive than claims-made policies.

Should you use a broker?
There are times when it makes sense to use a broker. For example, a physician who applies for his own policy and is rejected by an insurer must reveal that rejection the next time he looks for a carrier. A broker can evaluate your situation before submitting your information to a group of likely prospects and then help you evaluate their responses.


Take advantage of ACOG’s professional liability resources

Live and archived webcasts
ACOG now offers pay-per-view access to archived webcasts, allowing registrants to view online courses from the convenience of their home or office at any time.

You will need a computer with Internet capability and speakers. Each webcast lasts approximately 90 minutes. Live webcasts continue to be offered on the second Tuesday of each month.

Professional liability book
The publication Professional Liability and Risk Management: An Essential Guide for Obstetrician-Gynecologists is a must-have book for ob-gyns that recognizes the need to both reduce medical errors and be prepared for the reality of civil litigation.

Free teaching guide
A free teaching guide for the ACOG publication Professional Liability and Risk Management is available on the ACOG website. The guide consists of seven PowerPoint modules and scripts, each highlighting key content areas from the book. Each module is intended to be used for a 20–30-minute didactic presentation and discussion between program instructors and ob-gyn residents in training.

Professional liability CD-ROM
The CD-ROM “From Exam Room to Courtroom: Navigating Litigation and Coping with Stress” addresses the mechanics of civil litigation—from incident to verdict—as well as the emotional impact that litigation can have on one’s personal and professional life.

Professional liability resources: On the ACOG website, www.acog.org, under “Practice Management,” click on “Professional Liability”
Personal convictions evident in family planning fellows

The level of passion and commitment comes through when current and past fellows of the Fellowship in Family Planning talk about their career choice. It’s clear that the fellowship draws people who have ardent beliefs about women’s reproductive rights and that they have found a satisfying way to wed their choice of a profession with their strong personal convictions.

ACOG Fellow Mitchell D. Creinin, MD, explained his choice to pursue a career in family planning instead of maternal-fetal medicine: “Here was a specialty that gave me the ability to truly help people whom a significant portion of the medical community had turned their back on. I later heard someone comment, ‘We give women the chance to have the day of the rest of their lives,’ and that’s just how I feel.”

Dr. Creinin completed the family planning fellowship at the University of California, San Francisco, in 1993. He is now the director of the fellowship at the University of Pittsburgh.

The two-year fellowship, which includes the opportunity to earn a master’s degree in public health or science, is offered at 16 academic health centers across the country. Many activities, including the matching program for applicants, are coordinated by a central fellowship office at UCSF, where the first fellowship began in 1991 under the direction of ACOG Fellow Philip D. Darney, MD, MSc.

“There are a lot of misconceptions about the fellowship,” said Fellow Katharine O’Connell, MD, MPh, who completed a family planning fellowship at Columbia University and is now on the program’s faculty there. “People have said to me, ‘You do two years of training in birth control?’—they have no clue as to what family planning is.”

Researching and teaching
The fellowship is definitely not two years of training in birth control, but fellows do become specialists in contraception, often focusing their research in that area.

Junior Fellow Paula H. Bednarek, MD, MPH, is conducting research on the safety and efficacy of immediate vs. delayed IUD insertion following uterine aspiration.

She began the research as a fellow at Oregon Health & Science University and expanded the project to a multicenter randomized controlled trial when she joined the OHSU faculty in 2006.

The fellowship also focuses on teaching residents about contraception.

“Contraception really gets short shrift in a lot of residencies,” Dr. O’Connell said. “There’s not a lot of formal teaching, but instead there’s the expectation that you’ll just ‘pick it up.’”

Dr. Creinin believes more emphasis should be placed on contraception in residency training.

“We spend a great deal of time dealing with pregnancy. But women spend a lot more years trying to avoid pregnancy. The unintended pregnancy rate alone should be an impetus to focus more on contraception.”

Fellows receive advanced training in abortion and also teach abortion skills to residents. Again, the personal commitment comes through: “As hard as many people are fighting to keep abortion available, if there is no one left who knows how to provide abortions, having the right to one will no longer matter,” Dr. O’Connell said.

In addition to teaching surgical skills, educating people about abortion is an important goal.

“We take it as our mission to teach every medical student and resident about abortion—who is having them and why and how it can be done safely,” Dr. O’Connell said.

Fellowship programs also serve as referral centers.

“Our abortion clinic at San Francisco is a referral site for all of northern California,” Dr. Darney said. “We’re trained and accustomed to care for women in difficult circumstances—some who are very ill with life-threatening conditions such as bleeding disorders or severe preeclampsia. They couldn’t have service anywhere else—only 5% of abortions are provided in hospitals nationwide. We expect that [level of care] to be available in all of the institutions that have a fellowship program.”

Rotation in developing country
A unique aspect of the family planning fellowship is the requirement to do an international rotation, which may last from three weeks to two months. The purpose of the rotation is to provide perspective on both the clinical and research sides of reproductive health care in a
different cultural setting.

Junior Fellow Patricia A. Lohr, MD, a second-year fellow in the University of Pittsburgh program, described her current rotation in an email from Uganda, where she has been working at two refugee settlements with the clinical staff of the International Rescue Committee: “I have been conducting lectures, workshops, and practical sessions on family planning counseling and methods (especially long-term methods like IUD and Norplant), postabortion care, and syndromic management of STIs.”

Other fellows in Dr. Creinin’s program have completed their rotation in Indonesia, Ukraine, and Vietnam.

Networking high among current and former fellows

The faculty and fellows in the family planning programs maintain close ties, through both informal and formal mechanisms, including collaborative research, a consulting service, and a clearinghouse for all research protocols conducted by fellows and faculty.

One structured networking mechanism is the fellowship’s annual meeting, where second-year fellows present their research results and first-year fellows present their research ideas.

Junior Fellow Deborah A. Bartz, MD, a first-year fellow at Harvard Medical School, highly values the camaraderie. “The personal and professional connection among those in the fellowship cannot be matched,” Dr. Bartz said. “There is a warm community of other providers, and I’m able to surround myself with other people who have the same hopes and dreams for comprehensive women’s health.”

Fellows participate in national workshops

Fellows are invited to four workshops, in addition to their annual meeting, during their training. The international workshop helps fellows plan their rotation in a developing country. Another, the PALM workshop, covers Policy, Advocacy, Legislation, and Media.

“Our role extends much beyond the operating room, and we are trained in how to talk to legislators and reporters,” Dr. O’Connell said.

A third workshop addresses emotional and social issues that family planning specialists face, including the potential for violent acts and dealing with the stigmatization of abortion.

“This is not talking about the patients, but talking about our own emotions,” said Dr. O’Connell, who has been one of the workshop facilitators.

The fourth workshop, “Building a Ryan Program,” teaches how to start a residency program that trains residents in both contraception and pregnancy termination (see box). The Ryan workshop covers basics such as billing, staffing, relating with other departments, starting an outpatient service in a hospital setting, and negotiating for an academic position.

Current fellows praise program

Many of the fellows are delighted with their decision to go into a family planning fellowship.

“I honestly think that entering the fellowship is one of the best decisions I’ve made,” Dr. Bartz said. “It provides an excellent training in all facets of promoting family planning values—clinical care, research, education, policy and advocacy, and international involvement.”

Dr. Lohr offered this advice to residents: “If you are interested in family planning as a career, the fellowship can take you anywhere you want to go—academics, clinical practice, public health—the doors that can be opened by this fellowship are probably endless.”

info:

- www.familyplanningfellowship.org
- http://reprohealth.ucsf.edu/training/training/kenneth_j_ryan_training.html
- Uta Landy, PhD, director of both the fellowship and the Ryan program: landyu@obgyn.ucsf.edu

THE RYAN PROGRAM

SISTER TO THE FELLOWSHIP IN FAMILY PLANNING

The Kenneth J. Ryan Residency Training Program in Abortion and Family Planning is a national program in which ob-gyn residencies receive start-up funding and technical expertise to establish or expand hospital-based abortion services.

To qualify for the funding, programs must incorporate family planning training as an integrated rotation that is offered to residents on an “opt-out” basis, meaning it is a planned rotation unless the resident specifically requests to opt out of the training.

There are currently 35 Ryan programs in 21 states.
Junior Fellow prize paper winners announced

The winners of the 2006-07 Donald F. Richardson Memorial Prize Papers are Junior Fellows Susan R. Stein, MD, of District VIII, and Christopher T. Lang, MD, of District V. Their papers were selected from Junior Fellow papers nominated by each district and will be presented on the Tuesday of the Annual Clinical Meeting.

Gestational diabetes screening

Dr. Lang’s paper is “False-Positive Gestational Diabetes Screening—Is There an Association with Large-for-Gestational-Age Fetuses and the Attendant Complications?”

The retrospective review of 914 pregnant patients showed that women with a false-positive glucose challenge test have an increased risk for cesarean delivery, shoulder dystocia, and dysfunctional labor without an increased incidence of large-for-gestational-age fetuses. These outcomes were independent of prepregnancy BMI and pregnancy weight gain.

GCT false-positive women are those who test positive on a glucose challenge test but test negative on a glucose tolerance test. Women who test GCT positive but GTT negative typically undergo the same management as women with normal glycemic levels.

This and other similar studies suggest that a false-positive test does not mean the ob-gyn should label the patient as “normal” or euglycemic, according to Dr. Lang.

Dr. Lang is a maternal-fetal medicine fellow at Ohio State University. He received his MD from the State University of New York at Buffalo and completed his ob-gyn residency at Riverside Methodist Hospital in Columbus, OH.

Pregnancy after bariatric surgery

Dr. Stein’s paper, “Pregnancy after Bariatric Surgery,” found that pregnancy after bariatric surgery appears to be a safe option when compared with pregnancy in an obese patient.

In the retrospective cohort study, 19 women who became pregnant after bariatric surgery were compared with morbidly obese pregnant women with the same presurgery BMI, parity, and age.

Women who had bariatric surgery before pregnancy were significantly more anemic and gained less weight, and their infants weighed significantly less at delivery. Obese women were more likely to have chronic hypertension and oligohydramnios and were more likely to develop preeclampsia.

There were no significant differences in instances of chronic diabetes or gestational diabetes between the two groups of women.

Dr. Stein is chief ob-gyn resident at Banner Good Samaritan Medical Center, Phoenix. She received her MD from Georgetown University, Washington DC.

ACGME case log

A common concern or citation in program review is the variability and inadequacy of experiences in surgical and primary care categories. At times, this is a reflection of inaccuracies in reporting and not the actual experiences themselves.

Program directors are responsible for regularly monitoring the cases recorded by their residents, and many programs have established an internal system to detect any case log inaccuracies.

I encourage every resident to be diligent in case entry as the case log serves as a crucial tool for the RRC in the accreditation process. Efforts are ongoing to make the case log more user-friendly and to reevaluate how experiences are counted to better reflect the type of education residents are receiving.

OB, medical genetics residency

Consideration of a five-year combined obstetrics and medical genetics residency is under way. The residency would provide training to board certify residents in both ob-gyn and medical genetics in a shorter amount of time. Programs may be able to apply for a temporary increase in resident complement to accommodate this training.

info

→ For questions or to bring forth residency issues to the RRC, contact tamaratho@yahoo.com
→ www.acgme.org/acwebsite/navpages/nav_220.asp
## 2007 Calendar

### April

10

**ACOG Webcast:** Shepherding the Second Stage of Labor 1-2:30 pm ET 800-673-8444, ext 2498

12-14

Society of Gynecologic Surgeons 33rd Annual Scientific Meeting Orlando, FL www.sgsonline.org 901-682-2079

18-23

Pacific Coast Reproductive Society 54th Annual Meeting Rancho Mirage, CA www.pcrsonline.org 561-947-7068

19-21

North American Society for Pediatric and Adolescent Gynecology Annual Clinical Meeting Atlanta www.naspag.org 205-978-5011

### May

1

**ACOG Webcast:** Coding for Misadventures and Complications of Care 1-2:30 pm ET 800-673-8444, ext 2498

5-9

ACOG 55th Annual Clinical Meeting San Diego www.acog.org/acm 800-673-8444, ext 2460

### June

5-10

Western Association of Gynecologic Oncologists Annual Meeting Surriev, OR www.wagogynonc.org 800-673-8444, ext 1648

### August

8-12

ACOG District VI Annual Meeting Victoria, BC 800-673-8444, ext 2530

### ACOG Courses

1. For Postgraduate Courses, call 800-673-8444, ext 2540/2541, weekdays 9 am-4:45 pm ET or visit www.acog.org and click on “Postgraduate Courses and CPT Coding Workshops” under “Meetings.” Telephone registration is not accepted for Coding Workshops. On-site registration subject to availability. Registration must be received one week before the course.

2. For Coding Workshops, visit www.acog.org and click on “Postgraduate Courses and CPT Coding Workshops” under “Meetings.” Telephone registration is not accepted for Coding Workshops.

**April**

5-7

**Hands-On Operative Hysteroscopy** Hilton Head, SC

**ICD-9-CM and CPT Coding Workshop** Chicago

**SEPTEMBER**

12-15

**ICD-9-CM and CPT Coding Workshop** Houston

**May**

10-12

**ICD-9-CM and CPT Coding Workshop** San Diego

**June**

22-24

**ICD-9-CM and CPT Coding Workshop** Baltimore

**July**

13-15

**ICD-9-CM and CPT Coding Workshop** Seattle

**August**

10-12

**ICD-9-CM and CPT Coding Workshop** Atlanta, GA

**December**

6-8

The Mature Woman: From Perimenopause to the Elderly Years Chicago
ACOG supports National Day to Prevent Teen Pregnancy

PROMOTIONAL MATERIALS AND IDEAS ON HOW to promote the National Day to Prevent Teen Pregnancy on May 2 are now available. ACOG is a partner in the annual event, organized by the National Campaign to Prevent Teen Pregnancy.

A National Day brochure and customizable article, press release, and advertisements can be downloaded at no charge from the campaign website. Bundles of wristbands, temporary tattoos, and pens are available through the campaign’s online store. The website also includes a list of events in communities across the US.

On the National Day to Prevent Teen Pregnancy, teens are asked to go online to take an educational quiz that presents them with real-life sexual situations and asks them to choose a course of action. More than 800,000 teenagers participated in National Day events last year. 

info ➜ www.teenpregnancy.org/national

Chronic Fatigue Syndrome campaign launched

THE CENTERS FOR DISEASE CONTROL and Prevention has launched a new public education campaign about Chronic Fatigue Syndrome. Called “Get Informed. Get Diagnosed. Get Help.,” the campaign is designed to increase awareness among clinicians and the public because 80% of Americans afflicted with CFS illness may not know they have it, according to CDC.

The campaign will provide the latest information regarding the diagnosis and treatment of CFS and includes national print and broadcast advertising and a new website, which provides easy-to-understand, downloadable educational tools for health care professionals and patients.

info ➜ www.cdc.gov/cfs

US health rankings

A MERICANS’ OVERALL HEALTH improved only 0.3% last year, according to the annual health rankings from the United Health Foundation.

The report includes state-by-state rankings and a commentary lauding the National Fetal and Infant Mortality Review program in identifying and addressing disparity issues in infant health outcomes. ACOG established the National FIMR program resource center in partnership with the federal Maternal and Child Health Bureau.

info ➜ www.americashealthrankings.org