TELEMEDICINE
BRINGING SPECIALTY CONSULTATION AND MEDICAL EDUCATION TO RURAL AREAS
MESSAGE FROM THE PRESIDENT

Transition to new leadership

This is a very exciting time for me to take office as president of ACOG and The College. July 1 marks the beginning of a new chapter in the life of our specialty and our professional organization as Dr. Hal C. Lawrence, III succeeds Dr. Ralph W. Hale to become our new executive vice president. Hal and I were residents together years ago in Chapel Hill, NC, and I knew him then as a very capable physician who had tremendous people and leadership skills. No doubt he will be a great asset to ACOG and The College.

We also welcome Gerald F. Joseph, Jr, MD, as our new vice president of practice activities. Jerry and I also know each other well, having been district officers together for more than a decade. Like Hal, Jerry is superbly equipped to serve the specialty in the years ahead.

We are fortunate to be led by these carefully chosen professionals. They are two stellar physicians who have dedicated their careers to the obstetric and gynecologic care of women.

From my perspective, I see several journeys that we will travel together as we transition to new leadership this year. First, a personal story: A favorite memento of mine is a gift from a mother who came to me after she was told by her ob-gyn that her prior pregnancy loss with severe preeclampsia as HELLP syndrome should not be followed by another pregnancy. After full review, I knew there were medical interventions available to help her have a successful pregnancy, even if she developed the syndrome again. The following year, she gave birth to her son. This story emphasizes several things, including the importance of each physician-patient contact, and of knowledge and experience as powerful foundations in our practices.

We need more information to provide high quality care to our patients with preeclampsia. Preeclampsia is my key presidential initiative, and we have put in place an expert task force on hypertension in pregnancy. Another key issue this year is the thoughtful, careful, and collaborative expansion of ACOG and The College’s role in advocating for improved maternal health and better care for all women around the globe. We also continue the work of our Neonatal Encephalopathy-Cerebral Palsy Task Force because we must better understand this serious issue. And medical liability reform remains imperative—we need a fair and less costly system for patients and providers.

At this time of transition, I challenge each of us to get involved and stay involved in ACOG and The College by participating in our initiatives and events, continuing to learn, and volunteering to serve. Let’s work together to strengthen our specialty and the care we provide.

Hal C. Lawrence, III, MD, appointed new executive vice president

Hal C. Lawrence, III, MD, officially assumed the helm of ACOG and The College on July 1 as the new executive vice president (EVP). Dr. Lawrence is a well-respected and well-known ob-gyn who has served as The College’s vice president for Practice Activities since 2007.

As EVP, Dr. Lawrence will oversee the management of the organization’s day-to-day operations, including the more than 200 employees, 11 regional districts, and 89 sections. He will work closely with the Executive Board and implement its mandates, policies, and procedures.

“I am truly privileged to lead the nation’s ob-gyns into the future as we navigate the many new—and old—challenges that face our specialty and our patients,” said Dr. Lawrence. “The implementation of health care reform and its impact on ob-gyns, our patients, and the overall delivery of health care will be a top priority. We will also continue pursuing medical liability reform because this remains a crucial unresolved issue for our members.”

Read more about Dr. Lawrence’s many achievements online at www.acog.org.
Changes and challenges

For my first “Executive Desk,” let me begin by saying I am deeply honored to serve as the executive vice president for our companion organizations, ACOG and The College. I am especially proud of and grateful to those who have preceded me, notably the past two executive vice presidents, Warren H. Pearse, MD, and Ralph W. Hale, MD, who guided our organization from 1975–2011. They set a very high standard for leadership and enabled our organization to be, without question, the leading organization for women’s health care.

Many of the challenges facing our specialty are affecting all of medicine. This was in evidence at the American Medical Association’s recent annual meeting in Chicago, where the ACOG Section is very active. The Patient Protection and Affordable Care Act portends many potential changes for how health care will be delivered and reimbursed. ACOG Today, particularly my “Executive Desk,” will provide future updates on this landmark legislation.

One of the strengths of the specialty of ob-gyn has been the diversity of focus within an individual practice, whether it’s obstetrics, gynecology, a subspecialty, or a combination of the three. Today we see continual change in practice styles and services. Physicians provide obstetric care for shorter periods of time during their careers. More individuals practice in part-time roles. Certain procedures once done only in hospitals or surgical centers can now be performed in office settings. These changes create many workforce issues. Moreover, the recent College workforce study, expertly done by William F. Rayburn, MD, projects a shortage of ob-gyns for the US that may reach as high as 8,800 by the end of this decade.

The need for our specialty to better document and measure procedures and outcomes is crucial. National standards for birth and death certificates; state-level, peer-protected maternal mortality reviews; patient registries; and electronic medical records will enable us to track outcomes in both the obstetric and gynecologic arenas. All of these will help improve patient safety and undoubtedly alter how we practice ob-gyn. At the same time, the way information is shared and education is provided will become more web-based, posing unique benefits and constraints. And, the way we develop practice guidelines continues to evolve.

We hope that better data also will enable us to achieve tort reform. Medical liability reform remains at the top of our “to do” list.

While these are the most important issues we face, there are many others. Your ACOG and College staff is working hard for you every day. This truly is an exciting and challenging time in health care. ACOG and The College will keep our members informed on these and other issues.

Hal C. Lawrence, III, MD
Executive Vice President

Gerald F. Joseph, Jr, MD, is new College vice president of practice activities

The College welcomes Gerald F. Joseph, Jr, MD, as our new vice president of Practice Activities, with prime responsibility for supervision of the development of clinical practice guidelines and opinions. He will work closely with committees, subcommittees, and task forces under the Division of Practice Activities, and also contribute his clinical perspective to other divisions and committees.

“I’m extremely honored and excited to be joining The College as vice president of Practice Activities. This division is central to why ob-gyns become our Fellows in the first place,” Dr. Joseph said. “Ob-gyns use College recommendations to help treat their patients every day, just as I have during the 30-plus years I’ve practiced medicine. Having walked in their shoes, I’m looking forward to the opportunity to represent the best interests of our Fellows.”

An ACOG Fellow since 1978, Dr. Joseph was elected ACOG’s 60th president and served from 2009–2010, when he championed awareness of perinatal and postpartum depression. “I wanted to focus attention on a specific problem that is prevalent in women and that contributes to so many of the symptoms we see in our patients,” Dr. Joseph said.

Read more about Dr. Joseph online at www.acog.org.

Gerald F. Joseph, Jr, MD
Vice President of Practice Activities

Hal C. Lawrence, III, MD
Executive Vice President

Teledmedicine benefits patients and providers in underserved areas. Read the story on page six.
In March, the Colorado Supreme Court affirmed a Court of Appeals’ decision to allow defense experts to give testimony in a shoulder dystocia case based on a theory supported by research and accepted in the scientific community. The decision in *Ford v. Eicher* was an excellent result for the obstetric community. The Supreme Court adopted, almost verbatim, much of the reasoning of an amicus brief submitted by The College supporting the obstetrician in the case.

*Ford v. Eicher* involves a child born with brachial plexus injury to the posterior shoulder. The delivery was complicated by shoulder dystocia to the anterior shoulder. At trial, the trial court had precluded the defense from presenting expert testimony that the maternal intrauterine contraction caused the brachial plexus injury.

However, the Court of Appeals of Colorado found that the trial court abused its discretion in precluding the defense experts from offering the alternative explanation for the injury, and found that the maternal intrauterine contraction theory was scientifically reliable. The Court grasped the distinct nature of this case in which the injury occurred in the posterior arm, but the infant had an anterior dystocia.

Relying heavily on The College’s amicus brief, the Supreme Court found it persuasive that it is unethical to test the intrauterine forces theory on human subjects, and for this reason, held that the theory “is supported by research, clinical study, and a body of peer-reviewed literature spanning almost 20 years. It is accepted in the scientific community as illustrated by the fact that it has been adopted in authoritative texts and in the medical practice guidelines.” The Court went even further and held that the two defense experts’ opinions were reliable and, therefore, admissible in this case.

The trial court had found that the intrauterine contraction theory was not scientifically reliable, and allowed the plaintiff’s attorney to present expert testimony that the doctor’s use of excessive traction caused the injury.

ACOG and The College often receive requests to file briefs or join other medical societies on briefs as amicus curiae in ongoing litigation. These briefs are used to advise the court of medical and public policy interests that may be affected by the court’s decision, and urge the court to decide the case in a way consistent with ACOG’s or The College’s policies or guidelines. During the past two years alone, nine amicus briefs, in cases related to issues ranging from patent law to Freedom of Access to Clinic Entrances (FACE), have been filed.

Residency match remains strong for ob-gyn specialty

The percentage of ob-gyn residency positions filled by US medical seniors continues to remain steady, as it has since 2007. According to data released by the National Resident Matching Program (NRMP), 98.9% of ob-gyn residency positions were filled on the March 16, 2011 Match Day, with 74% filled by US medical students. The 2011 Match offered 1,205 ob-gyn slots in 237 programs. According to Sterling B. Williams, MD, MS, College vice president of education, ACOG and The College are doing an excellent job recruiting medical students to our specialty. “Eight years ago, The College launched a chain of initiatives to strengthen medical student recruiting,” he said. The College provided forums to bring students together with teachers and practitioners, mobilized our Junior Fellows to interact with students, and emphasized “the great rewards of our unique specialty,” he noted. The Gibbons Award was established to fund student travel to ACOG meetings. “Our sustained work to strengthen recruiting is showing continuing positive results,” Dr. Williams said. “This includes hosting our ob-gyn residency fair and the ACM student reception, and offering more hands-on medical student courses.”

The 2011 Residency Match was the largest in NRMP history, with more than 26,000 positions and almost 38,000 applicants. Dermatology, orthopaedic surgery, otolaryngology, plastic surgery, radiation oncology, thoracic surgery, and vascular surgery were the most competitive fields for applicants. At least 90% of those positions were filled by US medical school seniors. For the second year in a row, more US medical school seniors will train as family medicine residents. The number of US seniors matched to family medicine positions rose by 11% over 2010. The two other primary care specialties that increased in popularity among US seniors were pediatrics and internal medicine. US seniors matched to 1,768 of the 2,482 pediatric positions offered, a 3% increase over 2010. In internal medicine, US seniors filled 2,940 of 5,121 positions, an 8% increase. Other specialties that increased the number of residency positions filled by US seniors in this year’s Match included emergency medicine, anesthesiology, and neurology.
In memoriam:
James P. Youngblood, MD

Former ACOG President James P. Youngblood, MD, died at the age of 78 on March 9 in Kansas City, MO. Dr. Youngblood served as ACOG president from 1998–99 and as District VII chair from 1991–94.

Dr. Youngblood completed his undergraduate studies at the University of Michigan. He received his medical degree from the University of Michigan Medical School in Ann Arbor in 1957, where he was elected to the Alpha Omega Alpha Medical Honor Society, and completed his residency training in ob-gyn in 1962. He joined the Air Force after graduating and was stationed at Schilling Air Force Base in Salina, KS, for two years. Dr. Youngblood is best known in Kansas City for his long medical career in both private practice and academic medicine. During his years in medicine, he delivered more than 5,000 babies.

In 1983, Dr. Youngblood left private practice to become chair of the ob-gyn program at the University of Missouri-Kansas City Truman Medical Center. In the course of his 23-year tenure there, he advanced the ob-gyn residency program to a preeminent position in the country and saw more than 150 residents graduate.

Dr. Youngblood held many leadership positions throughout his career. In 1992, as president of the Central Association of Ob-Gyns, his inaugural address “Suffer the Little Children” made such an impact that it was entered into the US Congressional Record. Within ACOG, before serving as president and District VII chair, Dr. Youngblood chaired the Council on Resident Education in Ob-Gyn (CREOG). He was also chair of the Missouri Section and the Committee on Nominations. He was a member of the Committee on Health Care for Underserved Women and served on the CREOG Education Committee.

Dr. Youngblood’s passion for ob-gyn education spurred The James P. Youngblood Society, an alumni affiliate of the University of Missouri-Kansas City School of Medicine. The society named its medical simulation laboratory after Dr. Youngblood, who was present at its inauguration. He is survived by his wife Sara (Bower) Youngblood, his seven children and 13 grandchildren.

Memorial contributions may be made to The Youngblood Society, c/o UMKC School of Medicine, 2411 Holmes Street, Kansas City, MO, 64108.

Join the National Race to End Women’s Cancer

Every seven minutes, a woman in the US is diagnosed with a gynecologic cancer. These cancers touch more than 78,000 women in the US each year, and the Foundation for Women’s Cancer wants your help in reducing that number.

The foundation will be hosting its second National Race to End Women’s Cancer in Washington, DC, on Sunday, November 6. It will be a 10k race with an option to run or walk a 5k or one-mile route. The goal of the foundation is to attract 5,000 participants to raise funds and awareness for women’s cancers this year. ACOG is supporting the race as a community sponsor.

“As ob-gyns, we care deeply about the outcomes of women affected by gynecologic cancers,” said Eva Chalas, MD, ACOG District II vice chair, director of clinical cancer services at Winthrop University Hospital in Mineola, NY, and former board member of the Foundation for Women’s Cancer. “The overwhelming majority of patients referred to gynecologic oncologists are diagnosed by their gynecologists. Supporting cancer research and patient education are worthy endeavors for us to undertake.”

Dr. Chalas participated in the inaugural National Race to End Women’s Cancer with colleagues, family members, and friends.

Robert L. Coleman, MD, professor and vice chair of clinical research, department of gynecologic oncology, at the University of Texas MD Anderson Cancer Center in Houston and board member of the Foundation for Women’s Cancer, also participated, as a member of the “Surgeons Team.” This year, he is leading the Surgeons Team, which includes physician participants from across the country.

“We want women who have been affected by cancer and their families and friends to see physicians out there supporting this effort,” said Dr. Coleman. “We would love ACOG members to align themselves with the foundation and its goals and get involved with the race.”

The Foundation for Women’s Cancer (formerly the Gynecologic Cancer Foundation) promotes public awareness of gynecologic cancers and educates women about prevention, early detection, and post-diagnosis treatments. It also supports crucial research about cancers unique to women and fosters this through its annual funding of research grants. In addition to the National Race, the foundation will be offering three concurrent courses for survivors of cervical, ovarian, and uterine cancer on Saturday, November 5. The courses, taught by expert gynecologic oncologists, are free to cancer survivors and their family members and friends.

Learn more information about the Foundation and the National Race at foundationforwomenscancer.org.

Junior Fellow online elections
POULLS OPEN AUGUST 1

Online voting for Junior Fellow District Officers is open from August 1–31. Visit https://eballot4.votenet.com/acog and enter your ACOG ID number and last name. (Find your 7-digit ACOG ID number on ACOG mailings and email notifications, or contact the Membership Department at membership@acog.org or 800-673-8444.) Visit ACOG’s Junior Fellow web page at www.acog.org for election updates. Questions? Contact Wanda Proctor at 202-314-2344 or jfelect@acog.org.
Telemedicine applications benefit both patients and providers in underserved areas and represent a tool that might be harnessed to help meet the potential workforce shortage of ob-gyns.

In Arkansas, a state with only one tertiary referral center, 38 rural towns have access at 61 sites to maternal-fetal medicine specialists at the University of Arkansas for Medical Sciences (UAMS) in Little Rock. In 2010, the Antenatal and Neonatal Guidelines, Education and Learning System program (ANGELS) performed nearly 3,500 telemedicine consultations. During the next few years, ANGELS will expand to offer access to more than 400 health care locations in Arkansas, with funding from an American Recovery and Reinvestment Act grant.

Each faculty member in the UAMS obstetrics department covers the telemedicine clinic one day a week. “We have four screens, and I see a patient’s ultrasound exam in real time,” said Fellow Paul Wendel, MD, UAMS director of obstetrics, who staffs the telemedicine clinic every Tuesday. “I can ask the caregiver to lay the patient flat and measure the fundal height, or put the Doppler on so I can hear the heartbeat. I talk to the patient and her caregiver, who can be an ob-gyn, family physician, nurse practitioner, or emergency physician.”

Before UAMS launched ANGELS, patients and providers in rural Arkansas often went without consultation for high-risk pregnancies. “Telemedicine is a very good application for our state, where the average patient is poor and has no car. The doctor can say ‘you need to go to Little Rock to get a level 2 ultrasound,’ but many patients don’t have transportation. Without telemedicine it often just didn’t happen,” Dr. Wendel said.

Since 2003 when the ANGELS program started, Medicaid beneficiaries who have low-birthweight infants are now 42% more likely to deliver in a tertiary medical center, and the statewide 60-day infant mortality rate has dropped 0.5%.

Prenatal consultation and level 2 ultrasound exams are just part of the telemedicine services UAMS offers. Other applications include a weekly interactive educational conference and “ANGELeyes,” a program allowing a mother who needs to be at home to observe her neonate in the nursery. UAMS also has telemedicine contracts with state prisons and large employers in Arkansas.

Indian Health Service uses telemedicine to meet need for specialists

In Arizona, the Indian Health Service also uses telemedicine to provide consultations to obstetric patients as well as to conduct interactive grand rounds. The Native American population, with high rates of type 2 diabetes, cardiovascular disease, and substance abuse, has a high rate of high-risk pregnancies.

Fellow Amanda Leib, MD, who practices at Tuba City Regional Health Care Corporation, explained that level 2 ultrasound exams are performed at Tuba City and then transmitted to a maternal-fetal medicine (MFM) specialist in Phoenix, 250 miles away. The MFM specialist discusses the findings and formulates a management plan with the ob-gyn and the patient. Serving part of the Navajo and Hopi Reservations, the Tuba City hospital has about 500 deliveries annually.

In addition to saving the patient the 500-mile round trip, telemedicine has other advantages, Dr. Leib pointed out. “Suppose the patient drove to Phoenix by herself and learned about a poor prognosis or even a fetal demise. Then she would have to drive all the way home alone. Telemedicine lets her stay here, near family and friends.”

Dr. Leib added that telemedicine conferences are also very helpful to providers, who can be very isolated in rural areas. “We’re always looking for ways to expand telemedicine applications, because it’s a great tool.”

Providers and patients benefit from telemedicine in New Mexico

The University of New Mexico Health Sciences Center has two telemedicine programs for obstetric patients and providers. The educational component, begun in 2006, initially focused just on diabetes in pregnancy. Now expanded in scope and offered three times a month, the High-Risk Pregnancy TeleECHO Clinic features a didactic presentation followed by discussion and case presentations by caregivers at sites across the state.

“The ECHO program is geared toward providers—family physicians, nurse practitioners, dieticians, ob-gyns, nutritionists,” said the program’s medical director, Luis (Ben) Curet, MD. “It is particularly useful in rural states like New Mexico, with long distances to travel. It would take a day of travel each way, plus a hotel stay. This approach is very practical.”

The clinical component of the telemedicine program is similar to that in Arkansas and the Indian Health Service, with the provider and patient at a remote site, performing an ultrasound exam and having a live discussion with the MFM specialist in Albuquerque. About 60 remote sites use the telemedicine program to consult with specialists at the university.

The program improves care for patients all over the state, Dr. Curet noted. Consultation is provided to patients who might not otherwise have had it, and it precludes the patients’ being referred unnecessarily. While it is not geared to eliminate the need for adequately trained individuals in remote areas, telemedicine can help reduce the total number of ob-gyns needed there, he said. “You can have one ob-gyn working with five midlevel providers, instead of having five physicians. If you have 100 patients, you don’t have to refer 100 to a specialist.”
Candidate quotes are in response to: “Medical liability reform is still a top priority for The Congress (ACOG) and The College. Have you seen any progress on the issue, and do you have ideas for improving this chronic crisis?”

**PRESIDENT ELECT**

**Jeanne A. Conry, MD, PhD**  
**Roseville, CA**

“Progress in medical liability reform reflects national awareness and state action. Success requires balance with appropriate, prompt patient remuneration, decisions by expert panels, and reasonable limits to non-economic damages all placed in the context of reduced health care costs.”

**Professional Position**  
Assistant Physician in Chief, North Valley, The Permanente Medical Group, Roseville, CA

**Education**  
MD: University of California, Davis, CA  
Residency: University of California, Davis, CA

**ACOG Activities**

**National:** member, Executive Committees; chair, Council of District Chairs; co-chair, Task Force on the Executive Board and Council of District Chairs Retreat; member, task forces for Medicine in the 21st Century and for the Medical Home; vice chair, Finance Committee; member, Compensation Committee, Strategic Planning Work Group; Outstanding District Service Award; attendee, ACOG Leadership Institute, ACOG Congressional Leadership Conference

**District IX:** chair; vice chair; treasurer; chair, ADMs; chair, vice chair for Junior Fellows; section chair; vice chair for Junior Fellows; member, Task Force for Primary Care, Legislative Committee; chair, Center for Disease Control Preconception Care Committee

**John C. Jennings, MD**  
**Odessa, TX**

“To accomplish medical liability reform, ob-gyns must work with a strong coalition of professional, business, and consumer interests that have been negatively impacted by the liability crisis. Understanding the crisis and subsequent activism by our patients can make a gigantic difference in passing reform measures.”

**Professional Position**  
Regional Dean, School of Medicine, Ted Roden Endowed Chair, Professor of Ob-gyn, Texas Tech University Health Sciences Center

**Education**  
MD: University of Tennessee, College of Medicine  
Residency: University of Tennessee, City of Memphis Hospitals; University of Texas Health Sciences Center, Houston

**ACOG Activities**

**National:** assistant secretary; member, Executive Committees, Executive Boards; chair, Council of District Chairs; chair, Working Group on Midwifery; vice chair, Grievance Committee; member, MOMS Task Force, Issue of the Year Ad-hoc Subcommittee, Subcommittee on Projects to Advance Women’s Health, committees on Government Affairs and on Credentials, State Legislative Subcommittee, Task Force on Strategic Planning; participant, Chantilly II conference on future of residency training; representative, AMA State Legislative Conference; formal discussant, National Maternal Mortality Committee; ACM prize paper; Outstanding District Service Award

**Districts VII and XI:** District XI chair; member, Advisory Council; Texas Section chair, vice chair, legislative chair, Advisory Council member; District VII Educator of the Year

**Paul G. Tomich, MD**  
**Omaha, NE**

“There has been some progress. We need to support meaningful tort reform both nationally and locally, such as Dr. Gingrey’s HR 5, and look at innovative solutions like the legislation passed in Texas recently. We need to use our Ob-GynPAC.”

**Professional Position**  
Professor and Director, Division of Maternal Fetal Medicine, Obstetrical Medical Director, University of Nebraska College of Medicine and The Nebraska Medical Center

**Education**  
MD: Loyola University Stritch School of Medicine, Chicago, IL  
Residency: The Mayo Clinic, Rochester, MN

**ACOG Activities**

**National:** assistant secretary; member, Executive Committees, Executive Boards; chair, Council of District Chairs; vice chair, Grievance Committee; member, committees on ACM Scientific Program, Obstetric Practice, Continuing Medical Education, Nominations, editorial board for PRECIS, “Planning Your Pregnancy” editorial board; member, task forces on Section Activities, Meetings Management, Nominations, Women and Young Fellows; liaison to AAP Committee on Drugs; McCain Fellow; Outstanding District Service Award

**District VI:** chair; vice chair; program chair; assistant secretary, secretary, treasurer for Junior Fellows
Professional Position
Private practice ob-gyn, President and Chief Executive Officer, Mount Kisco Medical Group, PC; attending gynecologist, Northern Westchester Hospital Center, Mount Kisco, NY; consultant, Vincent Memorial Ob-gyn Service, Massachusetts General Hospital; Assistant Clinical Professor, Mount Sinai School of Medicine

Education
MD: Cornell University Medical College, New York, NY
Residency: The Mount Sinai Hospital, New York, NY

ACOG Activities
National: member, Executive Boards, Council of District Chairs; vice chair, committees on Finance, Compensation; member, committees on Bylaws, Compensation, Finance, Coding and Nomenclature, Ad hoc Subcommittee on Quality Measurement Planning; presenter, Annual Clinical Meeting; Outstanding District Service Award
District II: chair, vice chair, treasurer, secretary; general chair, scientific co-chair, ADM; chair, Practice Management Committee; chair, vice chair, Section 7; program chair, Health Policy and Practice Management Conference

PATRICK J. SWEENEY, MD, MPH, PhD
PROVIDENCE, RI

“Until we get meaningful and durable legislative liability reform (which is not on the horizon), we need to continue to help our members decrease their risk of litigation via mechanisms like practice guidelines, safety task forces, simulation exercises, and team training.”

Professional Position
Full-time faculty, Brown University/Women & Infants Hospital, Providence, RI

Education
MD: St. Louis University, St. Louis, MO
Residency: Temple University Hospital, Philadelphia, PA

ACOG Activities
National: chair, vice chair, Committee on CME, Finance Committee; chair, Audit Committee, Compensation Committee; member, Committee on Practice Bulletins-Gynecology, Financial Services Center Oversight Committee; McCain Fellow
District I: treasurer; chair, ADM General Program, ADM Scientific Program; member, Gynecologic Practice Committee

LOUIS WEINSTEIN, MD
CHARLESTON, SC

“Reforming the medical liability system has met with limited success. A new approach has ACOG and The College developing a list of medical experts who have been vetted for knowledge and honesty and making this list available to any attorney requesting an unbiased review or opinion of a medical case.”

Professional Position
Past Professor and Chair, Department of Ob-gyn, Thomas Jefferson University, Philadelphia, PA

Education
MD: Wake Forest University, Winston-Salem, NC
Residency: University of Colorado, Denver, CO

ACOG Activities
National: chair, PROLOG Advisory Committee, Committee on Course Coordination, CD-ROM on Obstetrics, Subcommittee on Accreditation Activities; co-chair, PROLOG Unit 1 Obstetrics (5th edition); member, task forces on Pain Management, on Neonatal Encephalopathy, and on Office Evaluation, Committee on Quality Improvement and Patient Safety, PROLOG Unit 5 (1st, 2nd, and 3rd editions); course director, Update on Obstetrics (2), Medical Diseases in Pregnancy, High Risk Obstetrics
District VIII: representative, Committee on Course Coordination; postgraduate education advisor to district

2012 Election Process

ACOG encourages Fellows to participate in the national officer elections by discussing candidates with Committee on Nominations members, and at fall district meetings. In November, the committee will meet to select the slate to be voted on at the Annual Meeting in San Diego, CA, on May 7, 2012. Information on how to vote electronically by proxy will be provided in March. You may vote by proxy, or vote in person at the annual meeting.
THOMAS M. GELLHAUS, MD
BETTENDORF, IA

“Progress has been made in medical liability reform because ACOG and its members have never given up. For meaningful reform, we must continue to grow our grassroots and Ob-GynPAC to support and elect more physicians and true champions of medical liability reform to Congress.”

Professional Position
Clinical Associate Professor, Department of Ob-gyn, Carver College of Medicine, University of Iowa Hospitals and Clinics, Iowa City, IA; Division Director, General Ob-gyn, University of Iowa Hospitals and Clinics

Education
MD: University of Oklahoma, College of Medicine, Oklahoma City, OK
Residency: University of Iowa Hospitals and Clinics, Iowa City, IA

ACOG Activities
National: assistant secretary; member, Executive Committees, Executive Boards, Council of District Chairs; chair, Committee on Credentials; member, Appeals Panel, Ob-GynPAC, committees on Grievance, Government Affairs, International Affairs; McCain Fellow; Primary Care Policy Fellow; Outstanding District Service Award; International Service Award; founder, Gellhaus Resident Advocacy Fellowship
District VI: chair, vice chair, treasurer; chair, Legislative Committee; member, Advisory Council; member, Committee on Underserved Women; Iowa Section chair, vice chair, Junior Fellow vice chair, Junior Fellow section advisor

WILMA I. LARSEN, MD
GRAND JUNCTION, CO

“I have seen minimal improvement in medical liability. In order to effect change, physicians must equal trial lawyers in advocating for reform. This means donating both time and money on national or local levels in order to influence the process.”

Professional Position
Gynecology Division Director, Scott & White Hospital, Temple, TX

Education
MD: Uniformed Services University of the Health Sciences, Bethesda, MD
Residency: Madigan Army Medical Center, Tacoma, WA

ACOG Activities
National: chair, vice chair, ACM Committee on Industrial Exhibits; vice chair, Committee on Obstetric Practice; member, committees on Grievance, ACM Scientific Program; ACOG representative to the AAP “Safe First Week of Life” Task Force
Armed Forces District: chair, vice chair, Junior Fellows; chair, vice chair, Army Section; chair, vice chair, Army Section Junior Fellows

OWEN C. MONTGOMERY, MD
PHILADELPHIA, PA

“Yes, President Obama has called for new bipartisan efforts on medical liability reform. ACOG now has our mission driven responsibility to create the highest quality evidence based guidelines to serve as the foundation for an affirmative defense for our Fellows and improve quality for our patients.”

Professional Position
Chair, Department of Ob-gyn, Drexel University College of Medicine, Philadelphia; Chief of Service, Hahnemann University Hospital, Philadelphia, PA

Education
MD: Hahnemann University, Philadelphia, PA
Residency: Jefferson Medical College, Philadelphia, PA

ACOG Activities
National: member, Executive Boards; chair, Council of District Chairs; Executive Board Junior Fellow Advisor; vice chair, Committee on Patient Education; member, committees on Ambulatory Practice Operations, Finance, Adolescent Health Care, Electronic Medical Records Nominations; member, Advisory Committee, Sexual Assault Prevention; member, task forces on Maternal Mortality, Governance, Strategic Planning, and District and Section Activities; member, MOMS Work Group—Issue of the Year 2011
District III: chair; vice chair; secretary; assistant secretary; member, Advisory Council; scientific co-chair, ADM; vice chair, Scientific Program; chair, vice chair, secretary, Pennsylvania Section; National Junior Fellow Resident Representative RRC; chair, vice chair, secretary, Junior Fellows

 Offices to be Filled

The national offices to be filled for May 2012 – May 2013 are President Elect, Treasurer (3-year term), Assistant Secretary (2-year term), one Fellow-at-Large (2-year term), and two Young Physicians-at-Large (one for a 3-year term and one for a 2-year term).
THOMAS M. GELLAU, MD  
BETTENDORF, IA  
(see information on page 10)

FRANK N.H. HARRISON, Jr, MD  
CHARLOTTE, NC  
“Senate bill 33 has passed both houses. This medical liability reform bill offers some limited protection for emergency care providers, permits separate trials for liability and damages, caps noneconomic damages and allows periodic payment for large future damages.”

Professional Position
Vice Chairman for Administrative Affairs, full time faculty, Department of Ob-gyn, Carolinas Medical Center, Charlotte, NC; Clinical Associate Professor, Department of Ob-gyn, University of North Carolina, Chapel Hill, NC

Education
MD: The Medical College of Georgia, Augusta, GA  
Residency: Charlotte Memorial Hospital, Charlotte, NC  

ACOG Activities
National: attendee, ACOG Leadership Institute, ACOG, Congressional Leadership Conference  
District IV: chair, vice chair, administrator, North Carolina Section; member, Advisory Council

WILMA I. LARSEN, MD  
GRAND JUNCTION, CO  
(see information on page 10)

MARYANN E. MILLAR, MD  
JAMESVILLE, NY  
“The 2011 New York State Democratic governor’s proposed budget included provisions for a cap on non-economic damages and an indemnity fund for neurologically-impaired infants. Unfortunately, political influence caused the cap to be removed. Unrelenting education of legislators and the public must continue.”

Professional Position
The Woman’s Place, St. Joseph’s Medical PC, Fayetteville, NY

Education
MD: State University of New York at Buffalo, School of Medicine, Buffalo, NY

Residency: State University of New York, Health Science Center, Syracuse, NY

ACOG Activities
National: member, Committee on Government Affairs, Ob-GynPAC Governing Committee, Physicians for Women’s Health PAC Governing Committee; ACOG representative to Doctors for Medical Liability Reform; McCain Fellow  
District II: chair, Well Woman Educational Initiative; member, Government Relations Committee

WILLIAM F. RAYBURN, MD, MBA  
ALBUQUERQUE, NM  
“Negligible progress. I suggest that professional liability insurance be nationally based, equitably cover part-time practitioners, and offer discounts for practitioners who maintain their certifications and use electronic medical record systems that document adherence to evidence-based protocols.”

Professional Position
Professor and chair, Department of Ob-gyn, University of New Mexico School of Medicine; maternal-fetal medicine, general ob-gyn, University of New Mexico Hospital, Women’s Hospital, Albuquerque, NM

Education
MD: University of Kentucky, Lexington  
Residency: University of Kentucky, Lexington  

ACOG Activities
National: consultant, workforce analysis and planning; chair, ACM Committee on Scientific Program; chair, ACOG/Healthdyne Perinatal Research Fellowship; member, Committee on American Indian Affairs; participant, Chantilly conferences on future of residency education  
District V: Junior Fellow chair, Kentucky Section
MAUREEN E. FARRELL, MD, CDR, MC, USN
SAN DIEGO, CA
“There are states (California, Texas) that have enacted legislation to address medical liability reform, but we have yet to see substantial progress at the federal level. I am optimistic that with bipartisan commitment for change, meaningful legislation will ensue.”

Professional Position
Assistant Professor, Uniformed Services, University of the Health Sciences, Assistant Director of Ob-gyn Residency Program, Naval Medical Center, San Diego, Department of Ob-gyn

Education
MD: Washington University School of Medicine, St. Louis, MO
Residency: Naval Medical Center, San Diego, CA

ACOG Activities
National: member, committees on Electronic Medical Records, Ambulatory Practice Operations, and continuing medical education; ACM Committee on Scientific Program, Continuing Medical Education; attendee, ACOG Leadership Institute; attendee, Future Leaders in Ob-Gyn

Armed Forces District: chair, ADM; Junior Fellow chair, vice chair, Navy Section; award-winning essay for district

EDUARDO LARA-TORRE, MD
ROANOKE, VA
“I have seen progress in Virginia, but not at the federal level. I foresee the combination of improving the patient safety culture of our physicians and trainees with further negotiation with the federal government to achieve results, while reducing medical errors.”

Professional Position
Associate Professor, Residency Program Director, Virginia Tech-Carilion School of Medicine, Director of Simulations, Resident Research and Ambulatory and Pediatric Adolescent Gynecology

Education
MD: Monterrey Institute of Technology School of Medicine, Mexico
Residency: University Hospitals of Cleveland, Case Western University, Cleveland, OH

ACOG Activities
National: member, committees on Health Care for Underserved Women, Gynecologic Practice, CREOG Education; ACM course director; ACM faculty

Districts I and VII: District I Junior Fellow chair and vice chair; Washington Section secretary; Vermont Section Junior Fellow chair and vice chair

SARAH W. PRAGER, MD, MAS
SEATTLE, WA
“Instead of focusing solely on medical liability reform, we should also focus on decreasing medical errors, improving patient safety and improving communication between doctors and patients, especially around disclosure of complications. This would decrease legal action and help physicians.”

Professional Position
Assistant Professor, Department of Ob-gyn, University of Washington, Seattle, WA

Education
MD: University of Texas, Southwestern
Residency: Fletcher Allen Health Care/University of Vermont

ACOG Activities
National: member, committees on Health Care for Underserved Women, Gynecologic Practice, CREOG Education; ACM course director; ACM faculty

Districts I and VIII: District I Junior Fellow chair and vice chair; Washington Section secretary; Vermont Section Junior Fellow chair and vice chair

PATRICK S. RAMSEY, MD, MSPH
SAN ANTONIO, TX
“Little progress has occurred federally with partisan politics and exclusion from the 2010 Affordable Care Act. Texas and California have implemented successful reform inclusive of non-economic damage caps. These local approaches need to be used as models for other states.”

Professional Position
Texas Perinatal Group, Methodist/Baptist/Christus Santa Rosa Hospitals, San Antonio

Education
MD: University of Wisconsin-Madison, WI
Residency: Mayo Graduate School of Medicine, Rochester, MN

ACOG Activities
National: member, Executive Board, Grievance Committee, Committee on Nominations, Appeals Panel Committee; chair, Junior Fellow College Advisory Council; founder/director ACM medical student course; ACOG Leadership Institute; medical student recruitment award

Districts VII and XI: District VII vice chair, chair, secretary-treasurer for Junior Fellows; District XI medical student advisor
“Continuing progress for medical liability reform is critical and opportunities should include creating evidence-based guidelines for clinical practice, providing incentives for quality care and cost containment, and beginning medical liability reform education at the medical student and resident levels.”

Professional Position
Assistant Professor, Division of Gynecologic Oncology, Department of Ob-gyn, Ohio State University Comprehensive Cancer Center–Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, Columbus, OH

Education
MD: Northeastern Ohio Universities College of Medicine, Rootstown, OH
Residency: Emory University School of Medicine, Atlanta, GA

ACOG Activities
National: Donald F. Richardson Memorial Prize; ACM presenter
District IV: First place Junior Fellow scientific oral presentation at ADM

New resource

Guidelines for Adolescent Health Care, a revision of Health Care for Adolescents, provides information on caring for adolescent patients in a comprehensive fashion. Now available free to members at www.acog.org/publications/guidelines For Adolescent Health, the Guidelines contain a statistical overview on adolescent health and behavior, as well as new information on adolescent development, contraception, immunization, mental health disorders, substance abuse, and body modification, among many other topics. Also included are revised and expanded versions of Committee Opinions #302, Guidelines for Adolescent Health Research (October 2004); #310, Endometriosis in Adolescents (April 2005); #350, Breast Concerns in the Adolescent (November 2006); and #351, The Overweight Adolescent: Prevention, Treatment, and Obstetric-Gynecologic Implications (November 2006).

MAKING THE ROUNDS

The following documents are published in the July Green Journal and are online at www.acog.org under Publications.

Practice bulletin

• 121 Long-Acting Reversible Contraception: Implants and Intrauterine Devices

Committee opinion

• 495 Vitamin D: Screening and Supplementation During Pregnancy

ACOG COURSES AND CODING WORKSHOPS

AUGUST 5–7 ACOG Coding Workshop, Dallas, TX (sold out)
AUGUST 9 ACOG Webcast: ICD-9 to ICD-10: What to Expect
AUGUST 26–28 ACOG Coding Workshop, Richmond, VA
SEPTEMBER 9–11 ACOG Coding Workshop, Las Vegas, NV
SEPTEMBER 13 ACOG Webcast: Communication & Cultural Sensitivity
OCTOBER 11 ACOG Webcast: Global Surgical Package Coding
OCTOBER 21–23 ACOG Coding Workshop, Seattle, WA
NOVEMBER 8 ACOG Webcast: Thrombophilias in Pregnancy
NOVEMBER 10–12 Quality and Safety for Leaders in Women’s Health Care, New Orleans, LA

Working effectively with your liability insurer to manage a potential claim

Q: One of my patients recently experienced an unexpected outcome and I am concerned that she may sue me. Am I obligated to notify my liability insurer even though a claim has not been filed against me? Should I take a “wait and see” approach?

A: It is important to familiarize yourself with the specifics of your medical liability insurance policy. The language may state that you are required to notify the carrier as soon as a claim is filed, or as soon as you suspect a claim might be filed. You may be concerned that early notification of a potential claim could lead to a premium increase, or in rare cases, a cancellation of your policy. However, there are benefits to early notification:

- Having more time for evaluation and preparation of a case improves the chances for a successful defense if a claim is actually filed.
- The insurer and defense attorney can start to collect and record evidence and begin evaluating the merits of the case.
- It may be possible to negotiate an early settlement and avoid the stresses and costs of litigation.

Remember that any written or recorded information you provide to the insurer is subject to discovery. As soon as your insurer assigns a defense attorney, be sure to direct all communications about the case to the attorney so the information will be protected by attorney-client privilege.

Your policy will require that you cooperate in the defense of your case. If you do not cooperate with the insurer, your coverage could be voided. Try to establish a good rapport with the insurer and your assigned attorney at the beginning. Developing a collegial relationship can help ensure that the case is conducted to your satisfaction. It will also avoid adding the unnecessary stress of an adversarial relationship to an already stressful and unpleasant process. Be candid and forthcoming about the case from the start. Your attorney will be disadvantaged if surprised by facts you did not disclose at the outset of the case.

To settle or not to settle
Cooperate with and be active in discussions about settling the case. Even if the insurer has the right to settle the case without your consent, most insurers would prefer to have your agreement. If you feel pressure to settle the case because of expense, lost practice time, or mental or emotional strain, discuss those issues with the insurer and your attorney. Ask for an explanation and justification for any recommended settlement, and request the opportunity to concur with any settlement offer even if your policy does not include a right-to-consent-to-settlement clause.

Hiring your own attorney
Although your insurer will assign a defense attorney to your case, you may wonder whether you should hire your own attorney—one who is accountable only to you, not to your insurer. There are some circumstances when hiring personal defense counsel is a good idea:

- Inadequate coverage—If the insurer believes your policy limits are not adequate, the insurer is obligated to inform you that you have the right to hire your own attorney at your expense to protect personal financial exposure.
- Reservation of rights—If there is any question about whether you were insured for a procedure or whether the policy was in effect, the insurer will send you a letter agreeing to defend you but reserving the right to contest the coverage issue after the case is resolved.
- Conflict of interest—In the event that codefendants are insured by the same liability insurance company and the interests of the respective insureds are adverse to one another, an insurer will typically assign separate and independent counsel to each party-defendant. In the event of an insurer’s refusal to do so, it is strongly advised that you retain separate counsel.

DISCLAIMER: The information in this article should not be construed as legal advice. As always, physicians should consult their personal attorney about legal requirements in their jurisdiction and for legal advice on a particular matter.
Doctor, can you hear me?

Effective patient-physician communication

When Diana S. Curran, MD, an associate professor of ob-gyn and director of the ob-gyn residency program at the University of Michigan, goes on rounds with her residents, the young doctors will often compete to use the most impressive medical terminology.

Meanwhile, the patient’s eyes are rolling back in her head!” Dr. Curran declared. “I know residents have gone through years of academic training to use those words, but I pull them out of the room and tell them to use them with me, not with the patient.”

Overuse of “medical speak” is just one of many potential barriers to effective communication between physicians and their patients. Others include widely varying levels of health literacy among patients, ever-growing demands on doctors that limit the time they can spend with each patient, increasingly complex medical technology and treatment options, lack of awareness of the cultural context of a patient’s health-related behavior, and the anxiety and apprehension that many people experience when going to the doctor. Four new Committee Opinions from The College address this important issue, and provide guidance for ob-gyns on how to talk and how to listen so their patients can get the most out of every encounter.

Patients and physicians should work together as partners, says the opinion titled Effective Patient-Physician Communication. Two models that can help them reach that goal are the GATHER (Greet, Ask, Tell, Help, Explain, and Return) and RESPECT (Rapport, Empathy, Support, Partnership, Explanations, Cultural Competence, and Trust) models.

Both of these models promote respectful patient-provider communication—basically, breaking it down for the doctor into simple steps,” said Wanda K. Nicholson, MD, MPH, MBA, associate professor of ob-gyn at the University of North Carolina-Chapel Hill.

“For example, ‘Greet’ means introducing yourself respectfully to the patient and hearing her introduce herself to you, making her more comfortable with you. Then you ‘Ask’ what problem the patient is presenting with, listening not just to the hard core medical facts, but also to the psychosocial issues that the patient is presenting with.”

Perhaps the most important element of the GATHER model, said Dr. Nicholson, is the ‘Return’ element. That’s when the physician finds out if she really was listening to her patient, and if her patient really understood what she had to say. “You ask the patient what questions she has and make sure that she can repeat back to you, in her own words, her understanding of what you talked about and what the next steps will be.”

Often, the doctor will be surprised by what the patient heard, versus what the doctor said, or tried to communicate. As another recent College Committee Opinion on health literacy points out, nearly half of all Americans have difficulty understanding health information.

This isn’t necessarily because they’re uneducated. When Dr. Curran’s husband, also a physician, developed three slipped discs in his neck, she went with him to a neurosurgeon’s appointment. Later “he got on the phone and started saying things to people that were totally wrong,” she said. She realized that he was so overwhelmed by what he was hearing that he hadn’t understood half of it. “Even highly educated people can have difficulty understanding what their doctors are saying to them.”

The responsibility for ensuring that a patient understands the information her doctor gives her lies squarely with the doctor, says the Committee Opinion. For example, doctors should tailor their language to the individual patient; use open-ended questions rather than yes-or-no questions (Ask “What questions do you have for me?” rather than, “Do you have any questions?”); use visual aids like drawings or models; and avoid medical speak.

To gain a patient’s trust and establish a real partnership, Dr. Curran will also do something many physicians might find heretical: she lets her patients keep their clothes on. “Have you ever heard Jerry Seinfeld’s routine about going to the doctor? ‘Pants always beats no pants,’” she said. “People feel very vulnerable being in an exam gown, so I’ll talk to my patients with their clothes on first, and then have them undress and examine them. Afterward, if I have more follow-up, I’ll let them get dressed before we chat more.”

“All physicians are looking for tools, like these opinions, that they can use to help each patient experience a high degree of satisfaction,” said Dr. Nicholson.

Committee Opinions #490, Partnering With Patients to Improve Safety; #491, Health Literacy; #492, Effective Patient-Physician Communication; and #493, Cultural Sensitivity and Awareness in the Delivery of Health Care are published in the May 2011 issue of the Green Journal, and are online under Publications at www.acog.org.
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<th>Name</th>
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<td>Nancy Rowe</td>
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<td>Enid, OK</td>
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<td>Colin B. Schack, MD</td>
<td>Omaha, NE</td>
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<td>Jerrold L. Sharoff, MD</td>
<td>Boynton Beach, FL</td>
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In memoriam

Nancy Rowe

Nancy Rowe, the managing editor of the ACOG Clinical Review and production editor of Clinical Updates in Women’s Health Care, died suddenly on July 9 at the age of 56. Nancy received her education from Washington State University, where she taught for several years. Subsequently she was employed by the University of Washington, where she worked for four years in the departments of ob-gyn and surgery. In 1997 she became an editorial assistant for The Green Journal and in 2001 she assumed her most recent positions at ACOG.

“Nancy and I worked together for the past 14 years, first editing The Green Journal and then editing the ACOG Clinical Updates in Women’s Health and the ACOG Clinical Review,” said Morton A. Stenchever, MD, editor of the two publications.

“She was an exceptional colleague, terrific editor, and wonderful friend. I will miss her greatly.”

The College would like to thank our generous ACM sponsors

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Annual Clinical Meeting
San Diego, CA • May 5-9, 2012 • www.acog.org/acm
The following individuals were honored at the Presidential Inauguration and Convocation in May at the ACM in Washington, DC. They received the Outstanding District Service Award for their notable contributions to their ACOG districts.

Stephen J. Woodruff, MD
District I
Private practice, Barre, VT

Cynthia Chazotte, MD
District II
Professor and vice chair of ob-gyn and women’s health, Albert Einstein College of Medicine, and director of obstetrics and perinatology, Montefiore Medical Center, Bronx, NY

Jack Ludmir, MD
District III
Professor and chair of ob-gyn, Pennsylvania Hospital; vice chair of ob-gyn and director of obstetrical services, Hospital of the University of Pennsylvania; and president of Women and Children’s Health Services, Philadelphia, PA

Luella Klein, MD
District IV
Charles Howard Candler Professor of gynecology and obstetrics, Emory University School of Medicine, and director of the Maternal and Infant Care Project, Grady Memorial Hospital, Atlanta, GA

Susan L. Hendrix, DO
District V
Private practice, Detroit, and clinical professor of ob-gyn, Michigan State University College of Osteopathic Medicine, East Lansing, MI

Thomas M. Gellhaus, MD
District VI
Clinical associate professor of ob-gyn, University of Iowa Hospitals and Clinics, Iowa City, IA

Ernesto Castelazo-Morales, MD
District VII
Program director, Hospital Angeles Lomas, Mexico City

Lee W. Parsons, MD
District VIII
Private practice, Eagle, ID, and adjunct professor of biology, College of Idaho, Caldwell, ID

John S. Wachtel, MD
District IX
Adjunct clinical professor of ob-gyn, Stanford University School of Medicine, Stanford, CA

Christopher M. Zahn, MD
Armed Forces District
Professor and interim chair of ob-gyn, Uniformed Services University of the Health Sciences, Bethesda, MD

John C. Jennings, MD
District XI
Regional dean and professor of ob-gyn, Texas Tech University Health Sciences Center, Permian Basin, Odessa, TX
Alberta and California win service recognition award

District VIII’s Alberta Section and District IX (California) were both recipients of the 2011 Council of District Chairs Service Recognition Award. The awards were presented on May 1 during the annual industry and awards ceremony at the ACM in Washington, DC.

“The MORE® (Managing Obstetric Risks Efficiently) Experience,” a project of the Alberta Section, is a patient safety, quality improvement, and professional development initiative for caregivers and administrators with a goal to create a model of care where patient safety is the priority and everyone’s responsibility. Karen J. Bailey, MD, chair of the Alberta Section, said “All of us who worked on the program are greatly honored by the award.” Launched in 2002 in Ontario, MORE began with the Society of Obstetricians and Gynaecologists of Canada, and soon expanded to three other provinces. In 2005, it moved into the US, starting with St. Joseph’s Hospital Health Center in Syracuse, NY. During the past 18 months, it has grown to include more than 230 hospitals.

The District IX project, “Less-Than-39-Weeks Toolkit,” provides guidance and support to obstetric providers, clinical staff, hospitals, and health care organizations to eliminate non-medically indicated deliveries at less than 39 weeks gestation. Jeanne A. Conry, MD, PhD, chair of District IX, noted that “academic and clinical leaders in California and across the nation contributed as writers and reviewers on this important project.” The toolkit development task force, with co-chairs Brenda Chagolla, RNC, MSN, CNS, Elliott K. Main, MD, and Bryan T. Oshiro, MD, worked collaboratively with the March of Dimes, California Maternal Quality Care Collaborative (CMQCC), and the California Department of Public Health. The toolkit is online at ACOG’s District IX website, http://ca.acog.org.

Luella Klein, MD, receives inaugural lifetime achievement award

In honor of a career devoted to the advancement of women’s health, ACOG presented the first ever Luella Klein Lifetime Achievement Award to the award’s namesake, Luella Klein, MD, in May at ACOG’s Council of District Chairs meeting in Washington, DC. The award recognizes an ob-gyn who has dedicated his or her life in a significant way to women’s health.

Dr. Klein is the Charles Howard Candler Professor of gynecology and obstetrics, Emory University School of Medicine, and director of the Maternal and Infant Care Project, Grady Memorial Hospital, Atlanta, GA. She recently retired as the director of ACOG’s Women’s Health Issues division. Dr. Klein has held leadership positions at a number of women’s health organizations including the Atlanta Obstetrical and Gynecological Society, the Georgia Obstetrical and Gynecological Society, Planned Parenthood of Atlanta, and the Guttmacher Institute.

As director of Women’s Health Issues for the past 16 years, she was a champion for equality in health care for minority, adolescent, incarcerated, lesbian and bisexual, and disabled women, transgendered individuals, and women with HIV. Dr. Klein also oversaw ACOG’s infant mortality review, and domestic violence, substance abuse, and smoking cessation initiatives.

Read more about Dr. Klein online at www.acog.org.