THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

ACOSTODAY AUGUST 2006

NEWS AND
INFORMATION
IMPORTANT
TO YOU
AND YOUR
PRACTICE

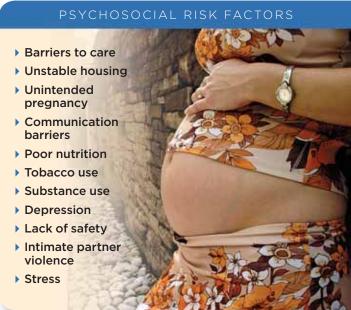
All pregnant patients should undergo psychosocial screening

HYSICIANS SHOULD CONDUCT PSYCHOSOCIAL screening of all women who present for pregnancy evaluation or prenatal care, according to a new Committee Opinion, *Psychosocial Risk Factors: Perinatal Screening and Intervention.* The document, published in the August issue of *Obstetrics & Gynecology*, was developed by the ACOG Committee on Health Care for Underserved Women.

The document advises that "because problems may arise during the pregnancy that were not present at the initial visit, it is best to perform psychosocial screening at least once each trimester to increase the likelihood of identifying important issues and reducing poor birth outcomes."

The document includes a well-regarded screening tool developed by the Healthy Start Program of the Florida Department of Health.







Shingo Exchange participants enjoy a Japanese breakfast: clockwise from left front, Drs. Catherine Cansino, Maureen M. Busher, Christine S. Goudge, and Caela R. Miller.

Residents embrace exchange opportunity in Japan

meeting of the Japan Society of Obstetrics and Gynecology, 10 ACOG Junior Fellows took part in debates with their Japanese counterparts, learned about the Japanese residency and health care systems, and attended scientific sessions conducted in English. But perhaps one of the greatest benefits was the opportunity to connect with other Junior Fellows and become inspired to continue or increase their involvement in ACOG.

COLLEGE NEWS



Volume 50, Issue 7

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EXECUTIVE DESK

Fellows can play crucial role in AMA

'VE JUST RETURNED FROM THE ANNUAL Meeting of the American Medical Association and am pleased to report that ACOG Fellow Joseph M. Heyman, MD, of West Newbury, MA, has been reelected to the AMA Board of Trustees. Joe has been a

Dr. Hevman

member of the AMA board since 2002 and has been a strong supporter of women's health issues. We are pleased that he will return to the board, where he joins ACOG Fellow Robert M. Wah. MD, to further the needs of our patients.

During one of the discussions on the House of Delegates floor,

I was approached by an ACOG Fellow who is a delegate for her state. She wanted to express her support of ACOG on a pending issue and to assure me that her state supported ACOG's position. This was an important message for me and for you.

ACOG is certainly not the largest specialty society. We currently rank sixth on the basis of membership. However, in the AMA we are second in the number of specialty society delegates. This is important and one of the many reasons I strongly urge each of our Fellows to join the AMA. When issues that have an impact on ob-gyn practice are debated, it is critical that we are able to influence the direction of the AMA. In Congress, in regulatory bodies, and in the health care industry, the AMA is viewed as the voice of medicine. We, as ob-gyns, need to help shape that voice, and we can do so only by being a strong component of our AMA.

It is also necessary to support your state societies. Our recent success in a few states in achieving medi-

IN MEMORIAM

Ariel G. Gudmundson, MD

cal liability reform was due to the combined efforts with the state medical societies. We need your membership in your state society to continue this effort.

As a fan of Western movies, I remember many that showed people "circling the wagons" during an attack. They did this to protect all sides and to increase the ability to defend. We are at that time in medicine today. Attacks are coming from all sides that are increasing costs, decreasing reimbursement, and interfering with practice. We need to circle our wagons, and the AMA is a critical ally in this fight. We need the AMA, and it needs us.

The motto of the AMA, "Together We Are Stronger," is more relevant today than at any time in the past. I know that you are facing economic pressures of increased costs and decreased reimbursement so you feel the need to pull back. But, I urge you to continue to remain an AMA member and, if you are not a member, please join. The benefits and support are worth the price. ™

Ralph W. Hale MP

Ralph W. Hale, MD, FACOG **Executive Vice President**

Obstetrics & Gynecology



The August issue of the Green Journal includes the following **ACOG documents:**

Induction of Labor for Vaginal Birth after Cesarean Delivery (Practice Bulletin #342, revised)

Psychosocial Risk Factors: Perinatal Screening and Intervention (Committee Opinion #343, revised) For more information, see article on page 1.

Management of Alloimmunization in Pregnancy (Practice Bulletin #75, revised)

B.L. Pederson, MD Bay City, MI • 6/06

Bountiful, UT • 5/06

Robert L. Kent, MD Burlington, IA • 5/06

ACOG Today recognized for excellence

COG TODAY HAS BEEN RECognized as a leading association newsletter. In the Excel Awards "Newsletters-General Excellence" category, ACOG Today took home top honors, a Gold Award. The Excel Awards program is sponsored by the Society of National Association Publications and is the only journalism and design awards program exclusively for association publishing. This year the awards program received 1,056 entries.

ACOG Today was also recognized recently with an APEX Award of Excellence in the "Most Improved Newsletter" category from Communications Concepts Inc. The award recognizes the newsletter's redesign and improved content that debuted in March 2005.

In a third competition, the Communicator Awards, an international awards competition that recognizes outstanding work in the communication field, the newsletter received an Award of Distinction, which is awarded to projects that exceed industry standards in design or communication skills.

"ACOG Today is always looking for ways to better serve you, the members, so while it's exciting to win awards, I'd like to hear from you also," said ACOG Today Editor Melanie Padgett. "Please let me know if you have any ideas or suggestions for the newsletter, so that we can continue to improve." ™

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→ mpadgett@acog.org

Plum perfect for moms-to-be 35+

ELLOWS WHO AREN'T ALREADY receiving Plum magazine for their pregnant patients 35 and older should subscribe now to receive the upcoming issue, available this fall.

Since its debut in 2005. Plum has reached thousands of moms-to-be 35 and older. The unique name refers to "something especially prized," which defines the pregnancies of these women. As the first magazine to respond to the special needs of one of the country's fastest growing demographic groups, Plum offers women a unique blend of an informative health journal and a full-color, large-format, glossy, lifestyle magazine.

The magazine was developed by the ACOG

Office of Communications in cooperation with Groundbreak Publishing Inc.

The 200-page magazine is available free to ACOG Fellows, Junior Fellows, and Educational Affiliates in the US, who distribute it directly to their patients. Every article written for Plum is reviewed by an ACOG medical advisory board, chaired by ACOG President Douglas W. Laube, MD, MEd, to ensure that the content is accurate and relevant for today's moms. ™

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→ To order free copies of *Plum* for your patients, visit www.plummagazine.com. Download an order form, and fax it to ACOG's Office of Communications at 202-479-6826



The next issue includes articles on:

- ▶ Points of view from mothers and moms-tobe 35 and older
- Nutrition and exercise while pregnant
- Prenatal testing
- ▶ Fertility issues
- ▶ Coping with the range of emotions during pregnancy
- ▶ Conditions and discomforts
- ▶ Postpartum primer
- ▶ Traveling while pregnant
- Workplace rights
- Breast vs. bottle feeding
- ▶ Choosing a pediatrician
- Baby buggies and nursery decoration

Dr. Felicia Stewart, EC advocate, dies

OMEN'S HEALTH ADvocate and pioneer Felicia H. Stewart, MD, died April 13 from cancer. Dr. Stewart was recognized for bringing emergency contraception to the attention of national leaders and advocating for women's reproductive rights. ACOG recognized Dr. Stewart for her significant contributions to ob-gyn in 2003 with the ACOG Distinguished Service Award.



Dr. Stewart was a former co-director of the University of California, San Francisco Center for Reproductive Health Research and Policy and an adjunct professor in the department of

obstetrics, gynecology, and reproductive sciences. Before joining UCSF, Dr. Stewart directed the Reproductive Health Program at the Henry J. Kaiser Family Foundation; in that capacity she oversaw grant development in reproductive health and supported the foundation's work with media and in public education.

From 1994 through 1996, Dr. Stewart served as deputy assistant secretary for population affairs for the US Department of Health and Human Services, where she was responsible for management of the National Family Planning Program (Title X) and the Adolescent Family Life Program (Title XX) and for implementation of US and international policies on family planning and population.

Dr. Stewart was board chair for the Association of Reproductive Health Professionals and was well known as the author of the textbook Contraceptive Technology. Dr. Stewart received her MD from Harvard University. ™

COLLEGE NEWS

Postgraduate courses improve skills, provide pearls

HYSICIANS AND HOSPITAL management can gain valuable leadership skills in ACOG's revised and updated postgraduate course "Quality Improvement and Management Skills for Leaders in Women's Health Care." The course will be offered September 14-16 in San Francisco.

The purpose of the course is to provide attendees with the critical performance improvement and management tools necessary to address the many responsibilities and challenges they face in leadership positions.

Ob-gyn pearls

In November, ACOG will host the first combined annual district meeting to feature four districts: District III, VI, VIII, and IX. The meeting will include the postgraduate course "Obstetrical and Gynecological Pearls," held November 8-11 in Kohala Coast, HI.

Fetal assessment

ACOG will present "Fetal Assessment: Ultrasound, Doppler, and Heart Rate Monitoring" November 16–18 in Coronado, CA. The course is designed to update participants on current technology to detect, diagnose, and manage congenital abnormalities and to understand fetal adaptation to stress.

Office-based diagnostic and operative procedures

From November 30 to December 2, in New York City, ACOG is offering the postgraduate course "Diagnostic and Operative Procedures Clinicians Can Do in the Office to Enhance Efficiency and Income."

With increasing problems concerning reimbursement for all procedures, it becomes incumbent on clinicians to greatly increase their efficiency and improve their utilization of time. Nothing does this better than converting procedures, previously performed in hospitals or surgicenters or being referred out to specialists, to being performed in clinicians' offices. ™

→ See "ACOG Courses" on the calendar on p. 15

Young Fellows: Use your voice

By Laura A. Dean, MD, Executive Board Fellow-at-Large representative



HE ACOG BYLAWS DEFINE an ACOG "Fellow-at-Large" as a Fellow 40 years old or younger or within the first eight years of Fellowship. It is exciting that young Fellows now have Executive Board representation with two voting members. This is just one way that the College is working to ensure that the concerns of young physicians are addressed. I am joined on the board by Fellow-at-Large Steven J. Fleischman, MD, of New Haven, CT, who took office in May (see below).

Communication is our biggest challenge. A website has been developed specifically for young Fellows and can be accessed through the member-access section of the ACOG website, www.acog.org. Under "Membership," click on "Young Fellows."

The website also has an online discussion group that provides an opportunity for young Fellows to exchange ideas with their

peers and for ACOG to identify issues of importance to young Fellows.

At the Annual Clinical Meeting in May, all young Fellows were invited to the Second Annual Young Fellows Forum. This was a wonderful opportunity to network with other Fellows, learn about ACOG, and discuss issues such as pay-for-performance, medical liability reform, and re-entry into clinical practice.

The renewed emphasis on young Fellows has led some districts to add a young Fellow position to their Advisory Council, allowing young Fellows to be more involved in policy development and College leadership. Contact your district leaders for more information on these positions.

I am very eager to hear from anyone who is interested in getting more involved in the College. Please email me with any ideas you have at ldean@lakeview.org. ™



Steven J. Fleischman, MD • New Haven, CT new Executive Board Fellow-at-Large representative

"I hope to be able to effectively communicate the needs of the younger practicing physicians as policy is developed for the College, and, in turn, help to develop a better way of communicating with the group of Fellows that Laura and I are representing."

Professional Position

Private group practice: Obstetrics, Gynecology & Menopause Physicians, PC, New Haven, CT; assistant clinical professor, obgyn department, Yale University School of Medicine

- MD: Albany Medical College, Albany, NY
- RESIDENCY: Yale-New Haven Hospital

ACOG Activities

■ NATIONAL: Dr. Fleischman has served as chair and vice chair of the Junior Fellow College Advisory Council and has been a member of the Committee on Electronic Medical Records. Grievance Committee. and the Donald F. Richardson Memorial

Prize Paper Committee and a member of the Task Force on Expert Witnesses.

■ **DISTRICT I:** Dr. Fleischman was District I Junior Fellow chair and vice chair and the Junior Fellow chair of the Connecticut Section.

Other Activities

Dr. Fleischman has been involved with Ob-Gyns For Women's Health since its inception and serves on its board. He has been very involved in Connecticut medicine with both the New Haven County Medical Association, currently serving as its president, as well as the Connecticut State Medical Society, currently serving as chair of the Committee on Legislation. ™

ACOG SEEKS AWARD NOMINATIONS

Deadline: December 1

Outstanding District Service Award

It's time to honor Fellows for their unwavering service to their districts. ACOG is seeking nominations from each district for the Outstanding District Service Award.

Forward your nomination to one of your section or district officers before your Annual District Meeting this fall. All nominations must be voted on and accepted by the District Advisory Council. Accepted nominations are due to ACOG by December 1.

Nominees must:

- ® Be a Fellow who has made a significant contribution within the district, in government, research, teaching, or patient care
- R Have provided service to the district sufficient to receive national ACOG recognition

Deadline: November 30

Wyeth Pharmaceuticals Section Award

Section chairs are asked to consider exceptional section projects for nomination for the 2006 Wyeth Pharmaceuticals Section Award. Section chairs may select one outstanding activity conducted within the section during 2006 and submit an activity report to their district chair. All reports are due to the chair before the district's fall Advisory Council meeting. Individual district advisory councils will discuss nominations at the fall district meetings, and district chairs will submit nominations with a letter of recommendation to ACOG. Nominations are due two weeks post-ADM or by November 30.

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District and Wyeth awards:

On the ACOG website, www.acog.org, under "Membership," click on "District and Section Activities" or contact Marlena Wyandt: 800-673-8444, ext 2332; mwyandt@acog.org

→ Distinguished Service Award and Honorary Fellowship: Terrie Gibson: 800-673-8444, ext 2515; tgibson@acog.org

Deadline: Feb 1, 2007

Distinguished Service Award and Honorary Fellowship

ACOG is seeking nominations for the College's Distinguished Service Awards and Honorary Fellowships to be presented in 2008.

Send a recommendation letter and the nominee's CV to Terrie Gibson in ACOG's Office of the Executive Vice President by Feb 1, 2007. Nominations will be considered by the ACOG Committee on Honors and Recognitions at its May 2007 meeting.

Criteria for the Distinguished **Service Award**

- Must be an outstanding individual in ob-gyn who has made important contributions within the College or in government, research, training, or direct patient
- ® May include individuals in maternal and child health
- ® Should be an individual living within the geographic confines of the College
- ® May be any person who has made an outstanding contribution to the College and/or the discipline of ob-gyn

Criteria for Honorary Fellowship

- ® Must have made an outstanding achievement in ob-gyn or an allied discipline in any country
- ® Must have obtained national and international recognition (achieved distinction and recognized for a leadership position by being elected president or a senior officer of a national or international obgyn society or organization)
- ® May be an editor of a major international ob-gyn journal
- ® May be involved in international public service (may have achieved major leadership in international organizations that relate to ob-gyn)
- ® May be a non-ob-gyn who has distinguished himself or herself internationally in an area that affects women's health and the specialty
- ® Should have a relationship with US activities involving women's health care ™

ACOG research grant applications due October 1

PPLICATIONS FOR ACOG research fellowships and awards are due October 1. Applicants must be ACOG Fellows or Junior Fellows. Awards are available in many women's health areas, including:

- Menopause
- ▶ PMS/PMDD
- Osteoporosis
- ▶ Basic research
- ▶ Ultrasound
- ▶ Health policy
- ▶ Contraception

All research fellowships and awards are contingent upon funding. ™

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- → On the ACOG website, www.acog.org, under "Education," click on "Research Fellowships and Awards"
- → Lee Cummings: 800-673-8444, ext 2577; lcummings@acog.org

Life Fellow leaves donation to ACOG

COG IS THE RECIPIENT OF a \$10,000 unrestricted donation from the late James Hendrick French, MD, of Titus, AL, who died last year at the age of 89. Dr. French, a retired ob-gyn, included the generous gift in his will and also directed that the College receive 7.5% of his estate upon final settlement.

Dr. French became an ACOG Fellow in 1955. He was a Life Fellow and a former section chair in District VII. He received his MD from the University of Pennsylvania and completed his ob-gyn residency at hospitals in New Jersey and Kansas.

Dr. French opened a private practice in Montgomery, AL, in 1951, and later joined with four other doctors to form a practice specializing in obgyn known simply as "The Group." Dr. French practiced there until he retired in 1988. Dr. French served on numerous professional committees and was chief of staff at St. Margaret's Hospital in Montgomery. ™

ACOG delivers perinatal HIV toolkit to state lawmakers

COG HAS DEVELOPED A toolkit to update state legislators about perinatal HIV prevention.

Through the toolkit, the College aims to increase understanding of the issues surrounding mother-to-child HIV transmission and the benefits of opt-out testing.

Currently, prenatal HIV screening is not universal, as advocated by ACOG, the Institute of Medicine, the Centers for Disease Control and Prevention, and the American Academy of Pediatrics. ACOG, AAP, and CDC recommend the opt-out testing approach in which universal HIV testing with patient notification is a routine component of prenatal care. With the opt-out approach, a pregnant woman is notified that she will be tested for HIV as part of the routine battery of prenatal blood tests unless she declines. If a patient declines HIV testing, this should be noted in the medical record.

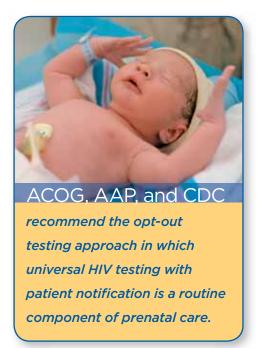
The toolkit can be an incentive for state legislatures to improve or create perinatal HIV testing laws. The toolkit emphasizes that with the adoption of the opt-out testing approach providers will know a woman's HIV status early in pregnancy and can take steps to decrease the risk of transmission to the baby and improve the woman's health.

According to the CDC, of the 40,000 new HIV infections in the US each year, nearly 11,000 are in women and 200 are in babies born to infected mothers. However, early identification of HIV-infected pregnant women can reduce the risk of mother-to-child transmission dramatically through the use of antiretroviral medicines.

Laws vary state to state

State lawmakers throughout the US have approached the issue very differently. In some states, requirements on prenatal HIV testing already exist through statutes, administrative codes, or health department guidelines. Yet, some states are using the opt-in approach when testing pregnant women, which requires women to give specific informed consent before testing. Other states do not have specific regulations for prenatal HIV testing, and therefore, general HIV testing requirements apply to pregnant women.

To encourage the implementation of state laws promoting universal HIV screening for pregnant women using the opt-out approach, ACOG has sent its new toolkit to legislative health committee chairs in all 50 states and to state health lobbvists and maternal-child health and HIV/AIDS advocates.



The toolkit includes Committee Opinion Prenatal and Perinatal Human Immunodeficiency Virus Testing: Expanding Recommendations (#304, November 2004), which lists prenatal and perinatal HIV testing recommendations. The toolkit also provides suggested legislative language to help state lawmakers amend existing laws and regulations or to craft new perinatal HIV testing legislation.

The toolkit stresses that perinatal HIV testing can achieve its full value only if HIV+ women receive high-quality prenatal, intrapartum, and postnatal care. ™

SECTION OFFICER ORIENTATION

New section officers gathered at ACOG headquarters in June for Section Officer Orientation. The orientation introduces the newly elected section officers to the College structure and prepares them for their duties as an ACOG officer.



Mitchell N. Essig, MD, District II ▶ Section 1 vice chair, and Ashley K. Weinert, MD, District IX Section 2 chair

Jay R. Trabin, MD, Florida Section vice chair, and Stella M. Dantas, MD, **Oregon Section chair**



Improvements to ACOG-endorsed insurance program

HE ACOG-ENDORSED INSURance program is exclusively for ACOG members and their spouses. On the right are some highlights of this valuable member benefit.

Currently, there are eight different ACOGendorsed plans. All the programs are primarily sold by direct mail to ACOG members. The ACOG website includes a link to a website detailing these plans (see info at right).

Other insurance plans endorsed by the College include accidental death and dismemberment, hospital indemnity, long-term care, and Medicare supplement plans. $^{\text{M}}$



Plan improvements

- New level term life insurance has been completely redesigned. The plan is now a 10- and 20-year level term plan in which premiums remain level for the 10- or 20-year term.
- Free term life insurance of \$100,000 is provided to fourth-year residents at no charge in an effort to introduce the ACOG plans to the College's younger members
- ACOG also offers a group disability plan:
- There has been a 20% rate reduction for members age 50 and older
- The monthly maximum benefit has been increased from \$5,000
- There is a new five-year maximum benefit plan option
- There is a new survivor benefit plan
- The eligible age to apply for coverage was increased from 50 to 59
- Now, fourth-year residents are provided with \$1,000 per month coverage for one year at no charge

Council of Medical Specialty Societies advocating for you

OU MAY NOT KNOW THAT AS a member of ACOG, you are also a member of the Council of Medical Specialty Societies. But what does the council do for you?

The Council of Medical Specialty Societies began in 1965 with three societies and rapidly expanded to include all the societies that had a primary board with membership in the American Board of Medical Specialties. More recently, membership expanded to include subspecialty societies and organizations that have similar objectives. The CMSS membership represents all the major specialty societies, which means it represents about 630,000 physicians.

Maintenance of certification

CMSS's connection with the ABMS is particularly important given the movement toward maintenance of certification. The Joint Planning Committee, which is made up equally of CMSS and ABMS members, has been effective

in facilitating specialty society and specialty board relations. CMSS has recently become active in the physician performance perspective related to MOC Part IV.

CMSS is one of the five major parent or nominating bodies of:

- ▶ Accreditation Council for Graduate Medical Education
- ▶ Accreditation Council for Continuing Medical Education
- National Resident Matching Program
- National Board of Medical Examiners
- National Practitioner Data Bank
 CMSS is also an associate member of

the American Board of Medical Specialties and a member of the National Quality Forum.

Component groups

CMSS's component groups are an important aspect of CMSS activities. The Organization of Program Directors Associations provides an

opportunity for residency program directors to meet with their colleagues from other specialties and create a positive influence in graduate medical education.

The Continuing Medical Education Directors Component Group has been extremely instrumental in influencing the evolution of CME and decisions of the ACCME, while the Membership Directors Component Group has proven extremely beneficial in sharing experiences and strategies.

CMSS is also increasingly involved in the discussions around pay-for-performance and the scope of practice of nonphysician providers. Work force issues are actively being investigated in cooperation with the Association of American Medical Colleges, first looking at the actual activities of today's practicing physicians, and the issue of professionalism is being addressed as a part of the CMSS strategic plan. ™

info

→ www.cmss.org

Team training program reduces medical errors

LTHOUGH EVERYONE KNOWS that delivering obstetric care requires a team of clinicians, not everyone knows how to work effectively within a team. That's the premise of team training, which has been implemented over the last five years with outstanding results at Harvard's Beth Israel Deaconess Medical Center, a hospital that has 5,000 deliveries a year.

expressed that they feel more comfortable and supported as a result of the training.

"I think the conflict resolution aspect of the training has been especially appreciated by nurses and residents. People are allowed to challenge others and are given communication skills to do so effectively. Most important, they know they will be supported."



An OB team meets at the Beth Israel Deaconess Medical Center labor and delivery unit.

Liability claims down, staff satisfaction up

The success of the team training has been seen in numerous ways, according to Benjamin Sachs, MB, MS, chief of ob-gyn.

Malpractice claims and serious incidents dropped by 52%, leading the Harvard hospital's liability insurer, CRICO/RMF, to reduce its reserves for Beth Israel Deaconess by \$4.9 million. Dr. Sachs acknowledges that proving that the claim and serious incident reductions were directly caused by the team training program isn't really feasible, but he believes that "causality is highly likely."

Along with the improvement in patient safety, staff satisfaction has also gone up, according to annual satisfaction surveys that the hospital conducts. Not surprisingly, then, staff turnover is down.

"Right now, we do not have one open nursing position, in a market that has a significant shortage of nurses," Dr. Sachs said. "Nurses, new residents, and senior physicians have all

Adapting program to fit their needs

The training program developed by Beth Israel Deaconess is based on Crew Resource Management techniques originally developed by the US Department of Defense and the aviation industry.

"We were approached by the Department of Defense and the Harvard Risk Management Foundation [now called CRICO/RMF] to adapt the CRM approach for obstetrics," Dr. Sachs said. "Using the ele-

ments of CRM, we started from scratch and devised our own training program."

The team training curriculum covers the knowledge, skills, and attitudes necessary for effective teamwork, such as situation awareness, cross-monitoring, and effective communication strategies, including closed-loop communications, calling for help, assertiveness techniques, and conflict resolution.

All staff members participate in the training, which is taught by a physician and nurse who receive special training as coaches. Staff members include physicians—including anesthesiologists involved in obstetrics-midwives, nurses, and ancillary personnel such as unit coordinators and housekeepers.

Effective team training is an ongoing process

The four-hour team training course is repeated every six months to train new staff, and all staff participate in an hour-long refresher course once a year.

"Encouragement and feedback, especially from leadership, are essential for the team training to take hold. The program must have support from the top."

After the initial training session, it takes several months for the staff to integrate the teamwork concepts into their practice.

Ongoing coaching and mentoring by clinical champions who are committed to the process is an essential component of success, according to Dr. Sachs.

"Encouragement and feedback, especially from leadership, are essential for the team training to take hold. The program must have support from the top," he said.

A culture of safety

An overarching goal of team training is to develop a "culture of safety," in which commitment to safety permeates all levels.

Elements of such a culture include a blamefree environment and encouraging providers to practice in a collaborative way.

"In our experience, the implementation process for teamwork training takes a period of months. Establishing a culture of patient safety can take up to a year," Dr. Sachs said. ™

- → CRICO/RMF, Harvard's patient safety and medical liability company, has a team training program available for implementation at other ob-gyn departments. Visit www.rmfstrategies.com/tpp or contact Janis Hersh at 617-679-1356; jhersh@ rmfstrategies.com
- → The US Department of Defense provides open access to education materials and an instruction manual for CRM training at www.usuhs.mil/cerps/ teamstepps.html

YOU ASKED, WE ANSWERED

Expert witness conduct and responsibilities

DOES ACOG OFFER ANY guidelines to Fellows who testify as expert witnesses?

THE INTEGRITY OF THE COURT system depends on the integrity of the witnesses who testify. Most medical professional liability cases center on issues related to the standard of care and causation the issues that only expert witnesses may be able to address authoritatively. The trial can result in a fair and appropriate outcome only if the expert witnesses in the case provide accurate, fair testimony.

All Fellows should be familiar with the following ACOG documents relevant to the conduct of expert witnesses:

- Expert Witness Affirmation
- Qualifications for the Physician Expert Witness
- ▶ Code of Professional Ethics
- "Expert Testimony" chapter in Ethics in Obstetrics and Gynecology, second edition

Fellows who serve as expert witnesses for either the plaintiff or defendant are expected to

adhere to the professional principles outlined in ACOG's Expert Witness Affirmation, available on the ACOG website. In brief, ACOG expects Fellows testifying as expert witnesses to:

- ▶ Tell the truth
- ▶ Evaluate all facts and medical care thoroughly, fairly, and impartially
- Include all relevant information
- Limit evidence and testimony to subjects about which they have knowledge and relevant experience
- ▶ Refrain from criticizing or condemning care that meets generally accepted standards in use at the time of the incident
- Refuse to endorse practice that does not meet generally accepted standards
- Ensure that testimony is complete, objective, and scientifically based
- Strive to provide evidence that will help the court achieve a fair outcome
- Distinguish between an adverse outcome and substandard care
- Make an effort to determine whether alleged substandard care caused the adverse outcome

- ▶ Submit testimony for peer review if asked
- ▶ Refuse to accept compensation that depends on the outcome of the case

If you are currently involved in litigation or if you are sued in the future, be sure your attorney knows about ACOG's Expert Witness Affirmation. If an expert witness testifies on your behalf, he or she should sign the affirmation. Your attorney can use the affirmation to bolster the expert's qualifications and credibility. If the plaintiff's expert witness has not signed the Expert Witness Affirmation, your attorney can raise this in cross-examination. If the plaintiff's expert witness has signed the affirmation, your attorney can, nevertheless, cross-examine on the expert's failure to adhere to the affirmation's requirements. ™

info

- → Expert witness documents are available on the ACOG website, www.acog.org. Under "Practice Management," click on "Professional Liability" and then "Expert Witness Affirmation" on the left
- → liability@acog.org

Upcoming webcasts

- → SHOULDER DYSTOCIA
- → NEONATAL ENCEPHALOPATHY



info

Register on the ACOG website, www.acog.org. Under "Meetings," click on "Postgraduate Courses and CPT Coding Workshops"

N TWO UPCOMING ACOG WEBcasts, Fellows can gain valuable risk management strategies for shoulder dystocia and brachial plexus injury and for neonatal encephalopathy and cerebral palsy. The two webcasts are sponsored by ACOG's Department of Professional Liability.

ACOG webcasts allow physicians and their staff to stay updated on important issues without leaving the office. Presentations are given in real time over the telephone with accompanying slide presentation on the Internet. Webcasts are offered on the second Tuesday of each month from 1 to 2:30 pm Eastern Time.

OCTOBER 10

"Neonatal Encephalopathy and **Cerebral Palsy**"

In January 2003, ACOG and the American Academy of Pediatrics published Neonatal Encephalopathy and Cerebral Palsy: Defining the Pathogenesis and Pathophysiology, an important risk management publication for practicing ob-gyns. The webcast will review the high points of that report and make a series of suggestions for practice.

NOVEMBER 14

"Shoulder Dystocia and Brachial Plexus Injury: Can They Be Predicted and Prevented?"

The webcast will provide a comprehensive review of shoulder dystocia, focusing on etiology, incidence, risk factors, and management.

How to participate

Participants need a telephone and a computer with Internet access. The cost for each webcast is per site, allowing several people to take part at the same location for one price. Continuing medical education credits are available for each webcast. ™

Residents embrace exchange opportunity in Japan

"The Shingo Exchange

program has inspired me

to become involved."

➤PAGE 1

"I have never been involved with ACOG as an officer or committee member, but meeting other residents who are heavily involved with ACOG has introduced me to ACOG's mission and how the organization affects me as a young physician," said District IV Junior Fellow Catherine Cansino, MD, who just finished her residency at Johns Hopkins University in Baltimore. "The Shingo Exchange program

has inspired me to become involved."

In its second year, the Shingo Exchange allows each ACOG district to select a resident to attend the JSOG meeting, held this

year in Yokohama, Japan, April 22–26. In turn, Japanese residents attended ACOG's Annual Clinical Meeting in May.

Debates illustrate differences in ob-gvn specialty

Before the official start of the JSOG meeting, guests took part in a Young Doctors Seminar, in which they were divided into groups and debated preassigned topics such as elective abortion, the role of paraaortic lymphadenectomy in the surgical staging of uterine cancer, and ritodrine administration for preterm labor.

"Another group did pros and cons of centralization of obstetric institutions, a foreign concept to the Americans, but in Japan they have many small hospitals, each with one or two (or at the very most, five) obstetricians doing a couple hundred deliveries a year," said District I Junior Fellow Kathryn M. Davis, MD, who just completed her residency at the University of Massachusetts. "This, of course, impacts their lifestyle in a huge way to not have call groups and affects delivery of care because

> there are no big perinatology services to centralize high-risk obstetrics and NICUs."

Medical liability

District VI Junior Fellow Chair Christine S. Goudge, MD, who will be a fourth-year resident at the University of Minnesota this fall, said that several of the topics in her group touched on a well-known issue to US ob-gyns: medical liability.

"The very notion of medical negligence and liability seems to be new in Japan," Dr. Goudge said. "The Japanese operate on a national health care system and have no system of medical liability insurance. Only recently have there begun to be lawsuits filed claiming medical malpractice, and the legal system does not yet seem to have good definitions of malpractice."

One of the young Japanese doctors shared

with Dr. Goudge a story about a Japanese ob-gyn who runs his own small hospital and had a maternal death. The patient had a postpartum hemorrhage after a vaginal delivery, which was later determined to have been caused by a placenta accreta. The patient died, and her family filed a lawsuit, and the physician was arrested. But because there is no precedent for charging a physician in Japan with malpractice, he was charged with murder instead, according to Dr. Goudge.



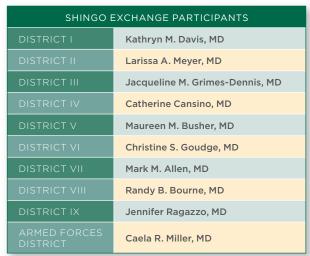
Miller, and Larissa A. Meyer. Not pictured: Drs. Kathryn M. Davis and Jacqueline M.

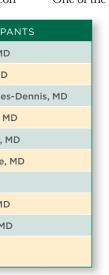
Connecting with colleagues

Grimes-Dennis.

The residents also attended several social events with junior and senior Japanese physicians and attended the International Session of the JSOG meeting, which was conducted in English and included speakers from around the world.

"I just feel really lucky to have been chosen to participate in the Shingo Exchange," said District V Junior Fellow Vice Chair Maureen M. Busher, MD, who just finished her residency at the MetroHealth Medical Center/Cleveland Clinic Foundation, Cleveland. "The best part was making friendships with other US residents I traveled with. We had a great time together, and I feel fortunate to now know so many more colleagues across the country." ™





Upcoming webcast to explain employment contracts

ACOG'S SEPTEMBER WEBCAST will provide practical information on signing physician employment contracts. The webcast can help all physicians, but may be beneficial particularly for residents as they plan for life after residency.

ACOG webcasts are presented in real time over the telephone with accompanying slide presentation on the Internet. Webcasts are offered on the second Tuesday of each month from 1 to 2:30 pm Eastern Time.

The cost for each webcast is per site, allowing several people to take part at the same location for one price. Continuing medical education credits are available for each webcast, and presenters allow time for questions and answers at the end of each presentation. $^{\text{TM}}$

info

→ Register on the ACOG website: www.acog.org. Under "Meetings," click on "Postgraduate Courses and CPT Coding Workshops"



"Physician Employment Contracts"

- L. Michael Fleischman, CHC, CHCC, will discuss:
- ▶ Important features an employment contract should address
- Restrictive covenants
- The difference between "with cause" and "without cause" termination clauses
- ▶ The importance of tail coverage
- Why compensation formulas and scope of work should be included in an employment contract
- ▶ Resources that show model employment contracts
- The importance of legal advice in framing and negotiating a fair employment contract



info

- On the ACOG website, www.acog.org, click on "Junior Fellows" in the "Quick Links" box on the left side of the home page
- → Christine Himes, 800-673-8444, ext 2561, or chimes@acog.org

Essay about doctorpatient relationship due by August 31

THE DOCTOR-PATIENT RELATIONSHIP is the foundation upon which health care is built. The theme for this year's Junior Fellow essay contest is "The Ob-Gyn Doctor-Patient Relationship ... What It Means to Me." The essay submission deadline is August 31.

The contest is open to all Junior Fellows. Essays should be between 500 and 750 words and should not name any patients. One winner will be selected from each district and will receive \$500. A grand-prize winner will be selected from the district winners and will receive an additional \$500 plus an expenses-paid trip to the 2007 Annual Clinical Meeting in San Diego, May 5−9. (The prize includes Junior Fellow ACM registration fee, coach airfare, and two to three days per diem for room and board.) ™

Junior Fellows: Elections held online this month

AKE A FEW MINUTES THIS month to cast your vote in the Junior Fellow district elections. Junior Fellow elections will be held online August 1–31. Junior Fellows can review candidates' names and CVs online before voting.

To cast your vote:



- ▶ Know your ACOG ID number. This seven-digit member number is listed on all ACOG mailings, as well as in the election email reminders that were sent in July
- Log on to https://eballot3.votenet.com/ acog to review candidate bios and election information
- Vote August 1–31 at the above website The new officers will be announced on the Junior Fellow website the first week of September. Officer terms begin at the conclusion of the fall district meetings. ™

info

- → Vote: https://eballot3.votenet.com/acog
- → ACOG ID: Membership Department at 800-673-8444; membership@acog.org
- → Election updates: On the ACOG website, www.acog.org, click on "Junior Fellows" in the "Quick Links" box on the left side of the home page
- → Questions: Christine Himes, 800-673-8444, ext 2561, or chimes@acog.org

CDC:

Pregnant women should avoid all pet rodents due to risk of infection

HE CENTERS FOR DISEASE Control and Prevention are asking medical professionals to be aware of the possibility of lymphocytic choriomeningitis virus among pregnant patients and newborns. In most healthy people, the virus causes no symptoms or only a mild illness, but infected pregnant women can transmit the virus to their fetus, leading to possible fetal death or birth defects.

Last year, a CDC investigation showed that LCMV-infected pet rodents had been distributed to approximately 22 states in the Northeast and Midwest since at least February 2005. The primary host of LCMV is the common house mouse, but the disease can be spread to pet rodents, such as hamsters, gerbils, and guinea pigs, after being in contact with wild house mice in breeding facilities, pet stores, or homes, according to the CDC.

The CDC recommends that women who are pregnant or plan to become pregnant, as well as immunocompromised people, avoid contact with all rodents. ™

info

→ www.cdc.gov/mmwr/preview/mmwrhtml/ mm54d812a1.htm



FEDERAL CAMPAIGN:

History of gestational diabetes increases lifetime risk of diabetes

HE FEDERAL GOVERNMENT has launched a new campaign to alert women with a history of gestational diabetes mellitus to their increased risk of developing type 2 diabetes. It's Never Too Early to Prevent Diabetes is part of the Small Steps. Big Rewards. Prevent Type 2 Diabetes campaign of the US Department of Health and Human Services' National Diabetes Education Program.

GDM occurs in about 7% of US pregnancies each year, and women with a history of GDM have up to a 50% lifetime risk of developing type 2 diabetes. In addition, their children have an increased risk for obesity and diabetes.

The new campaign includes a toolkit for health care providers with information on the latest research findings, practical tips for patient counseling about weight loss, and patient education posters and booklets.

"Ob-gyns with patients who had GDM need to screen their patients postpartum for type 2 diabetes," said Donald R. Coustan, MD, chair of the ob-gyn department at Brown Medical School and chief ob-gyn at Women & Infants Hospital of Rhode Island. "In some cases, the women may have already had diabetes before the pregnancy, but it went undiagnosed. Patients who have recently delivered are likely to conceive again in the near future, and if they have undiagnosed diabetes or prediabetes they should receive preconception counseling."

Dr. Coustan assisted in the development of the ACOG Practice Bulletin Gestational Diabetes (#30, September 2001), which outlines screening recommendations, recognizing there is controversy about current screening practices and treatment benefits.

Oral hypoglycemic agents

ACOG Practice Bulletin Pregestational Diabetes Mellitus (#60, March 2005) addresses the role of oral hypoglycemic agents in pregnancy. While such agents have not been well studied in pregnancy, glyburide, a second-generation sulfonylurea, does not cross the placenta and has been used to treat GDM. The use of oral agents for control of type 2 diabetes mellitus

> during pregnancy should be limited and individualized until data regarding safety and efficacy are available, according to the Practice Bulletin.

> By making lifestyle changes, such as eating healthier food and becoming more physically active, women can prevent or delay the disease, according to the campaign. The campaign also recommends women:

▶ Be tested for diabetes 6-12 weeks after their

baby is born, then every one to two years

- ▶ Talk with their doctor if they plan to get pregnant again
- ▶ Breastfeed to lower their child's risk for
- ▶ Reach their prepregnancy weight 6–12 months after the baby is born, and if still overweight, work to lose weight ™

- → Small Steps. Big Rewards. health care provider toolkit: www.ndep.nih.gov/resources/health.htm
- → Practice Bulletin Gestational Diabetes (#30, September 2001)
- → Practice Bulletin Pregestational Diabetes Mellitus (#60, March 2005)
- → Diabetes and Pregnancy Patient Education Pamphlet: Order at http://sales.acog.org; 800-762-2264
- → Diabetes and Women, monograph in the Clinical Updates series: www.clinicalupdates.org; 800-762-2264



Federal report provides preconception care recommendations

NEW FEDERAL REPORT RECommends that all reproductively capable women receive preconception care, whether or not they are currently planning on becoming pregnant.

Recommendations to Improve Preconception Health and Health Care—United States is designed to encourage women to have optimal health before becoming pregnant. Because about half of pregnancies in the US are unintended, the recommendations are aimed at all reproductively capable women, even those not seeking care specifically in anticipation of a planned pregnancy.

The report was developed by the Centers for Disease Control and Prevention in collaboration with numerous partners, including ACOG. Michele G. Curtis, MD, MPH, associate professor of ob-gyn at the University of Texas, Houston, represented ACOG on the work group.

"Every woman should have a reproductive health plan, a conscientious decision and plan about what she is going to do to get pregnant or not get pregnant," Dr. Curtis said. "Preconception care is basically women's health care during their reproductive life span. It does not preclude the importance of contraception—in fact, contraception planning is a crucial component of preconception care in order for a

woman to reduce her risk of unintended pregnancy."

The concept of a reproductive health plan for all reproductively capable women was outlined in an ACOG Committee Opinion (#313) published in September 2005 titled The Importance of Preconception Care in the Continuum of Women's Health Care (see ACOG Today, September 2005).

A woman's reproductive health plan should address the desire to have or not have children; the optimal number, spacing, and timing of children; evaluation of current health status; and age-related changes in fertility, according to the Committee Opinion.

If pregnancy is not desired, current contraceptive use and options should be discussed.

"Women need to optimize and maximize their health because they may unexpectedly become pregnant," Dr. Curtis said. "The time that people should start caring for a pregnancy isn't after it happens—it's before."

The CDC report includes more than a dozen risk factors and conditions that require interventions to have a healthier pregnancy. The recommendations encourage women to quit smoking, achieve and maintain a healthy weight, control existing medical conditions, and take folic acid. ™



→ The guidelines were published in the April 21 issue of Morbidity and Mortality Weekly Report: www.cdc. gov/mmwr/preview/mmwrhtml/rr5506a1.htm

All pregnant patients should undergo psychosocial screening

►PAGE 1

Questions from the tool are included in ACOG's Obstetric Medical History Form.

For screening to be effective, physicians should have a process for referrals in place. Developing a list of community resources helps physicians develop a referral network, according to the document.

"Constructing a resource list is as straightforward as contacting local hospital social services departments and community centers," the Committee Opinion states. "Using previously collected information about community-based resources can save time. Examples of commonly used resources include smoking cessation programs, weight loss programs, women's shelters, and medical assistance programs.

"Office practice staff can compile this information and be assigned to keeping it up to date. It is also important to obtain feedback from patients and staff on their experiences with the various resources." ™

ACOG RESOURCES

- Smoking cessation materials: at www.acog.org, under "Women's Issues," click on "Smoking Cessation"
- Intimate partner violence materials: at www.acog.org. under "Women's Issues," click on "Violence Against Women"
- Committee Opinion Obesity in Pregnancy (#315, September 2005)
- ▶ Committee Opinion Smoking Cessation During Pregnancy (#316, October 2005)

Available in the ACOG Bookstore, http://sales.acog.org; 800-762-2264:

- ▶ Guidelines for Perinatal Care, fifth edition
- ▶ Special Issues in Women's Health
- Smoking Cessation for Pregnancy and Beyond interactive CD-ROM
- Obstetric Medical History Form

CLINICAL ISSUES

NIH seeking women for fibroids trial

HE NATIONAL INSTITUTES OF Health is seeking women for a clinical trial studying a 3- to 6-month medical treatment for symptomatic uterine fibroids. NIH is requesting that ob-gyns refer their patients who may be eligible for this trial (see info below).

The study will evaluate whether the experimental drug CDB-2914 can shrink uterine fibroids in premenopausal women. CDB-2914 is chemically similar to Mifeprex, which shrinks fibroid tumors and improves the pain of endometriosis. Because the two drugs are chemically similar and have similar effects on the menstrual cycle, it is thought that CDB-2914 may also be useful in treating fibroids and endometriosis, according to researchers. The study will also see if daily use of CDB-2914 affects the body's adrenal gland function because it is chemically similar to the stress hormone cortisol, produced by the adrenal glands.

Eligibility criteria

Women ages 33 to 50 who have regular menstrual cycles and a history of uterine fibroids that cause heavy bleeding, pressure, or pain may be eligible for this study. Compensation is provided to participants.

The study, Evaluation of Whether the Selective Progesterone Receptor Modulator CDB-2914 Can Shrink Leiomyomata, is sponsored by the National Institute of Child Health and Human Development. ™

info

- → Call 866-444-2214 (TTY: 866-411-1010). Refer to protocol number 06-CH-0090
- → http://clinicalstudies.info.nih.gov/detail/A_2006-CH-0090.html

Federal committee calls for immunizing adults against whooping cough

HE CENTERS FOR DISEASE Control and Prevention's Advisory Committee on Immunization Practices recommends that adults ages 19 to 64 be vaccinated against pertussis, or "whooping cough," with a newly licensed adult booster vaccine for tetanus, diphtheria, and pertussis.

Under the ACIP recommendation, the new Tdap vaccine would replace the currently recommended tetanus-diphtheria vaccine that is used as the adult booster vaccine.

While the vaccine would protect adults from the severe and prolonged cough associated with pertussis, the vaccine is also important to protect infants from contracting the disease from adults. Infants younger than one year old have a high risk of pertussis-related complications, hospitalizations, and death, according to the CDC. Infants acquire pertussis, often from siblings and parents, when they are still too young to be vaccinated.

Pregnancy and Tdap

ACIP's recommendations detailing who should receive the vaccine are now under review by the CDC director and the US Department of Health and Human Services and will become official once they are published in CDC's Morbidity and Mortality Weekly Report. Last year, ACIP's recommendations were established to provide Tdap to adolescents ages 11 to 18.

Pregnancy is not a contraindication to Tdap or Td vaccination, according to CDC. Guidance on the use of Tdap during pregnancy is under consideration by ACIP. Tdap is not licensed for use among adults 65 and older, but recommendations will be updated as new data become available, according to ACIP.

New adult pertussis vaccines

The first pertussis vaccines licensed for use in adolescents and adults were approved last year by the Food and Drug Admin-



Give a single dose of Tdap to:

- Adults for booster of tetanus, diphtheria, and pertussis if they received their last tetanus vaccine 10 years ago or more
- Women who might become pregnant
- Women in the immediate postpartum period if they have not previously received Tdap
- ▶ Health care personnel who work in hospitals or ambulatory care settings and have direct patient contact, with priority given to personnel with direct contact with infants 12 months old or younger
- Adults, including health care workers and caregivers, who have or anticipate having close contact with an infant 12 months old or

istration. Boostrix, from GlaxoSmithKline, was licensed for use in adolescents, and Adacel, from sanofi pasteur, was licensed for people ages 11 to 64. ™

2006 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

AUGUST

3-5

Infectious Diseases Society for Obstetrics and Gynecology 33rd Annual Scientific Meeting and Symposium

Monterey, CA www.idsog.org 800-673-8444, ext 2570



ACOG WEBCAST: Changing Physician Behavior: Issues and Approaches

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

SEPTEMBER

6-9

Society of Laparoendoscopic Surgeons Annual Meeting

Boston www.sls.org

12

ACOG WEBCAST:
Physician Employment
Contracts

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

13-16

The American
Gynecological and
Obstetrical Society
and the American
Association of
Obstetricians and
Gynecologists
Foundation

Williamsburg, VA 800-673-8444, ext 1648

19-22

The Academy of Breastfeeding Medicine 11th Annual International Meeting

Niagara Falls, NY www.bfmed.org 914-740-2115

OCTOBER

5-7

ACOG District V Annual Meeting

Louisville, KY 800-673-8444, ext 2574

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ACOG WEBCAST:
Neonatal Encephalopathy
and Cerebral Palsy

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

11-14

North American Menopause Society 17th Annual Meeting

Nashville, TN www.menopause.org

18-21

Central Association of Obstetricians and Gynecologists Annual Meeting

Las Vegas www.caog.org 701-838-8323

19-21

American Urogynecologic Society 27th Annual Scientific Meeting

Palm Springs, CA www.augs.org 202-367-1167

21-25

American Society for Reproductive Medicine 62nd Annual Meeting

New Orleans www.asrm.org 205-978-5000

27-29

ACOG District II Annual Meeting

New York City 518-436-3461

27-29

ACOG District IV Annual Meeting

Palm Beach, FL 800-673-8444, ext 2488

27-29

ACOG District VII Annual Meeting

White Sulphur Springs, WV 800-673-8444, 2542

28-31

Armed Forces District Annual Meeting

Sonthofen, Germany 800-673-8444, ext 2571

29-Nov 4

ACOG District I Annual Meeting

St. Johns, Virgin Islands 800-673-8444, ext 2531

NOVEMBER

5-10

International Federation of Gynecology and Obstetrics (FIGO) World Congress

Kuala Lumpur, Malaysia www.figo2006KL.com +60-3-4252-9100

6-9

American Association of Gynecologic Laparoscopists

Las Vegas www.aagl.org 800-554-2245

8-11

ACOG District III Annual Meeting

Kohala Coast, HI 800-673-8444, ext 2574 or 2556

8-11

ACOG District VI Annual Meeting

Kohala Coast, HI 800-673-8444, ext 2574 or 2556

8-11

ACOG District VIII Annual Meeting

Kohala Coast, HI 800-673-8444, ext 2574 or 2556

8-11

ACOG District IX Annual Meeting

Kohala Coast, HI 800-673-8444, ext 2574 or 2556

11-14

American Medical Association Interim Meeting

Las Vegas www.ama-assn.org 800-673-8444, ext 2516

14

ACOG WEBCAST: Shoulder Dystocia and Brachial Plexus Injury: Can They Be Predicted and Prevented?

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

17-18

Council of Medical Specialty Societies Annual Meeting

Chicago www.cmss.org 847-295-3456

DECEMBER

12

ACOG WEBCAST:
Preview of New Codes
for 2007

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

ACOG COURSES

- For Postgraduate Courses, call 800-673-8444, ext 2540/2541, weekdays 9 am-4:45 pm ET or visit www.acog.org and click on "Postgraduate Courses and CPT Coding Workshops" under "Meetings"
- 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.

Registration must be received one week before the course. On-site registration subject to availability.

AUGUST

4-6

CPT and ICD-9-CM Coding Workshop Secaucus, NJ

Screening in Obstetrics and Gynecology

Vancouver, BC

25-27

CPT and ICD-9-CM Coding Workshop Kansas City, MO

SEPTEMBER

8-10

CPT and ICD-9-CM Coding Workshop San Diego

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14-16

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

San Francisco

OCTOBER

13-15

CPT and ICD-9-CM
Coding Workshop

Chicago

NOVEMBER

8-11

Obstetrical and Gynecological Pearls Kohala Coast, HI

16-18

Fetal Assessment: Ultrasound, Doppler, Heart Rate Monitoring

Coronado, CA

17-19

CPT and ICD-9-CM Coding Workshop

New Orleans

30-Dec 2

Office Procedures for the Clinician

New York City

DECEMBER

7-9

New Surgical Approaches to Incontinence and Prolapse

Chicago 8-10

CPT and ICD-9-CM Coding Workshop

Earn CME credits with PROLOG

ASSESS YOUR KNOWLEDGE OF the most recent scientific advances in ob-gyn with the popular ACOG series Personal Review of Learning in Ob-Gyn—known as PROLOG.

Each unit of PROLOG covers a different major aspect of the specialty, presenting clinical evidence in case scenarios, and features a multiple-choice test plus a critique book that thoroughly discusses each answer.

ACOG is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ACOG designates this educational activity for a maximum of 25 AMA Physician's Recognition Award Category 1 Credits or up to a maximum of 25 Category 1 ACOG cognate credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.

ACOG awards CME credit for each unit of PROLOG for its initial three years, including

the year of publication. At the end of the three years, the College's content experts reevaluate the unit and, if appropriate, extend credit for an additional three years. An individual can request credit only once for each unit.

In January, the fifth edition of *Patient Management in the Office* will be published. $^{\mathbb{M}}$

info

→ PROLOG registrar: 800-673-8444, ext 2569

Unit	Edition	Credit Through
Gynecologic Oncology and Surgery (2001)	4th	2006
Gynecology and Surgery (2004)	5th	2006
Patient Management in the Office (2002)	4th	2007
Reproductive Endocrinology and Infertility (2005)	5th	2007
Obstetrics (2003)	5th	2008
Gynecologic Oncology and Critical Care (2006)	5th	2008

Green Journal publisher offers book discount to Fellows



N ADDITION TO keeping updated on the latest ob-gyn research through *Obstetrics & Gynecology,* ACOG members receive additional benefits through the Green Journal. The journal is published by Lippincott Williams & Wilkins, which offers all ACOG members a 10% discount on books published by the company when ordering online. ™

info

→ To take advantage of this offer, visit www.lww.com. During the ordering process, enter the promotion code VAOGDISC



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Clinical Updates on autoimmune disorders



HE LATEST monograph in the Clinical Updates in Women's Health Care series is Autoimmune Disorders. This monograph, written by authorities on the subject, offers informa-

tion on the prevalence, basic science, and clinical diagnosis and management of the most common autoimmune disorders that affect women and that ob-gyns are likely to encounter in their practices.

It is designed to aid ob-gyns in recognizing, diagnosing, and treating or referring patients in the early stages of the disease; improve the reproductive outcome for a woman and her fetus; and alter the course of the disease in order to improve the health and quality of life of patients. ™

nfo

→ www.clinicalupdates.org; 800-762-2264

Audiotapes of 2006 ACM courses available

Annual Clinical Meeting, held in Washington, DC, May 6–10, are now available.

Audiotapes of ACM courses can be extremely useful for Fellows who attended the ACM as well as those who were unable to be there. Tapes of postgraduate courses, clinical seminars, interactive sessions, scientific sessions, current issues updates, and the presidential inauguration and convocation are on MP3 CD-ROMs and audiocassettes. $^{\mathbb{M}}$

info

For a list of available tapes and to order:

- → www.nationalaudiovideo.com
- → National Audio Video: 800-373-2952 or 303-292-2952; 9 am to 5 pm Mountain Time; refer to code 29-06