

The future of ob-gyn practice

WHAT WILL OB-GYN PRACTICE LOOK LIKE IN 20 years? An assessment of current trends paints this picture: most ob-gyns are women; practice groups are larger; individual work schedules are flexible; job sharing and part-time positions are common; use of OB hospitalists is widespread; and electronic medical records are the norm. Will all this come to fruition?

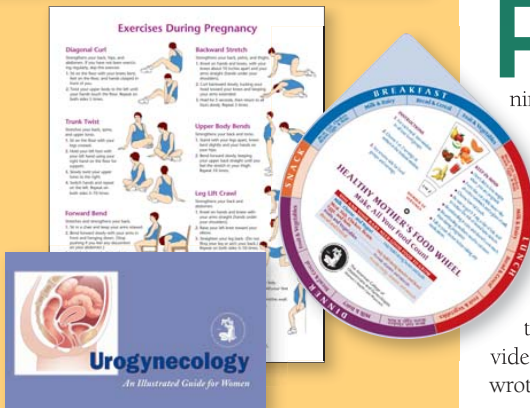
The new generation represents a big change

By the year 2020, a third of physicians in the US are expected to retire. Taking their place will be doctors who are part of Generation Y—a group that has distinctly different expectations, values, and life experiences than do physicians trained in the 1970s and 1980s. ▶ PAGE 8



Generation Y medical student Abigail C. Randall and ACOG Fellow Victoria M. Maclin, MD, at the Heartland Center for Reproductive Medicine, Omaha, NE

Using visual aids helps patients better understand health conditions and instructions



Do your patients understand you?

PICTURE YOURSELF EXPLAINING to a patient how to take clomid: “Take clomid on days five through nine of your cycle. Then wait two or three days and begin having sex on day 12, have sex every other day over the next six days and then get a blood test on day 21.”

Do you think the patient could recite this back to you or remember exactly which day she’s supposed to take the pills? What if instead you provided a hand-out with a calendar page and wrote short instructions on the appropriate

days: “Take clomid,” “Have sex.”

“First, stop the medical jargon, and then, begin to use a lot of pictures. If you have a picture of a female reproductive system or are able to draw one quickly for patients, it helps their understanding,” said Eve Espey, MD, who helped develop the new ACOG Committee Opinion *Health Literacy*.

The document, which provides strategies to improve your patients’ understanding, was produced by the Committee on Health Care for Underserved Women and published in the December issue of *Obstetrics & Gynecology*.



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EXECUTIVE DESK

ACOG enhances insurance offerings for members

ACOG IS COMMITTED TO THE ON-
going educational and professional devel-
opment of all our Fellows and to improv-
ing the superb benefits that we provide members. We
are especially committed to improving the offerings
available to our Junior Fellows, who represent the
future of our profession.

Recently, the College's Insurance Committee met
with its affinity insurance provider, AON, to review
the ACOG-endorsed insurance programs and to dis-
cuss enhancements to these programs. I would like to
take this opportunity to address these added benefits
of membership, which have been approved by the
College's Executive Board.

The College is adding an exciting new insurance
benefit, personal excess liability coverage, to our port-
folio of insurance products. This is an umbrella li-
ability policy to help protect members from home or
automobile claims. You will be receiving information
about this insurance opportunity in the near future.

The College will continue to supply identity theft
insurance for all members in the US, except for those
members in New York. New York laws prohibit such
a group policy offering.

ACOG will also continue supplying \$100,000 of
term life and disability insurance to Junior Fellows
who are fourth-year US residents, a program the
College began two years ago. In addition, beginning
July 1, the College will expand this benefit and also
supply \$100,000 of term life and disability coverage
to Junior Fellows who are third-year US residents.

Finally, the Executive Board approved substantial
dividends to the group term life, disability, profes-
sional overhead, and Medicare supplement premi-
ums. These dividends lower the premium cost to par-
ticipants and will be distributed with the July 2008
renewal premium billing.

ACOG will be investigating other insurance-
related benefits in the future as we attempt to make
available the coverage that our members need and
want. If you have suggestions, please contact Richard
C. Bailey, MBA, CPA, at rbailey@acog.org or me at
rhale@acog.org. ♀

Ralph W. Hale MD

Ralph W. Hale, MD, FACOG
Executive Vice President



Obstetrics & Gynecology HIGHLIGHTS

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

***Elective and Risk-Reducing
Salpingo-Oophorectomy***

(Gynecology Practice Bulletin #89, revised)

Surgery and Patient Choice

(Ethics Committee Opinion #395, revised)

Intraperitoneal Chemotherapy for Ovarian Cancer

(Gynecology Committee Opinion #396, new)

**The December issue of the Green Journal
included the following ACOG documents:**

Invasive Prenatal Testing for Aneuploidy

(Obstetrics and Genetics Practice Bulletin #88, new)

Human Immunodeficiency Virus

(Ethics Committee Opinion #389, revised)

***Ethical Decision Making in Obstetrics and
Gynecology***

(Ethics Committee Opinion #390, revised)

Health Literacy

(Underserved Women Committee Opinion #391, new)

For more information, see page 1.

Intrauterine Device and Adolescents

(Adolescent Health Care Committee Opinion #392, new)

Newborn Screening

(Genetics Committee Opinion #393, revised)

Cesarean Delivery on Maternal Request

(Obstetrics Committee Opinion #394, reissued to
clarify a section in Committee Opinion #386, which
was originally published in November 2007)

Three ACOG Fellows elected to IOM



Dr. Peterson



Dr. Romero



Dr. Westhoff

THREE ACOG FELLOWS WERE AMONG THOSE elected this year to the prestigious Institute of Medicine, which recognizes people who have made major contributions to the advancement of medical sciences, health care, and public health. Election to the IOM is one of the highest honors in the field of medicine and health. The Fellows are Herbert B. Peterson, MD; Roberto Romero, MD; and Carolyn L. Westhoff, MD.

Dr. Peterson is professor of ob-gyn and professor and chair of maternal and child health at the University of North Carolina at Chapel Hill. Before joining UNC, he spent 20 years in various positions with the World Health Organization, US Public Health Service, and the Centers for Disease Control and Prevention. His research interests focus on women's reproductive health and include work in epidemiology, national and international health policy, and evidence-based decision making.

Dr. Romero is chief of the Perinatology Research Branch and program director for obstetrics and perinatology at the National Institute of Child Health and Human Development and a professor of molecular obstetrics and genetics at Wayne State University in Detroit. In his NIH branch, Dr. Romero leads a consortium of scientists whose focus is to identify ways to decrease adverse pregnancy outcome.

Dr. Westhoff is professor of ob-gyn, professor of epidemiology, and professor of population and family health at Columbia's Mailman School of Public Health in New York City. Dr. Westhoff studies the effect of obesity on contraceptive effectiveness and leads several research projects investigating contraception and the epidemiology of women's reproductive health. ♀

New ACOG officers nominated

The ACOG Committee on Nominations met on November 17 and nominated the following slate of national officers for 2008-09:



President Elect

Gerald F. Joseph Jr, MD
(District VII)



Vice President

Iffath A. Hoskins, MD
(District II)



Assistant Secretary

Paul A. Gluck, MD
(District IV)



Fellow-at-Large

Dane M. Shipp, MD
(District IX)

Brief bios of the nominees are on the ACOG website. ACOG Today will publish a profile of each nominee in the March issue, along with the official notice of ACOG's May 5 Annual Business Meeting in New Orleans, which is when the slate will be voted on. New officers will begin their terms on May 7 at the post-Annual Clinical Meeting Executive Board meeting. ♀

Register now for the ACM

NEW ORLEANS • MAY 3-7



▶ Register on the ACOG website at www.acog.org/acm

▶ The ACM Preliminary Program will be available online in January

ACOG conducting socioeconomic survey

LATER THIS MONTH, 3,500 randomly selected Fellows and Junior Fellows in practice will receive the 2008 ACOG Socioeconomic Survey. The survey helps track trends in practice structure, workload, and practice finances.

This year's survey also includes new questions about electronic medical records and health information technology. Reports on topics such as ob-gyn practice arrangements, workload, and productivity will be made available to all ACOG members.

If you receive the questionnaire, please take the time to complete and return it. ♀

Maintenance of Certification: What you need to know

What do I need to do to maintain my board certification?

Beginning in January, board-certified ob-gyns with time-limited certificates must meet specific requirements every year in order to remain board certified. Maintenance of Certification is required and administered by the American Board of Obstetrics and Gynecology, not ACOG. There are four parts to MOC that must be completed during a six-year cycle:

When do I register and begin the MOC process?

Fellows should register no later than January of the year that their board certification expires.

1 PROFESSIONAL STANDING

ABOG will confirm that Fellows hold an unrestricted medical license in all the states in which they are licensed, and Fellows must adhere to ethical standards outlined by ACOG and endorsed by ABOG. No fee.

2 LIFELONG EDUCATION

Fellows will continue to take part in what is known as the "Annual Board Certification," or ABC, process, which must be completed every year. ABC will continue to have a nominal fee.

Generalists

- ▶ Fellows will receive a booklet by email three times a year, in January, April, and July
- ▶ Each booklet will list 15 articles: 5 OB, 5 gynecology, 5 office practice
- ▶ Each booklet will have 60 questions, or 180 questions for the entire year
- ▶ Physicians MUST answer at least 120 of the 180 questions every year or they will automatically fail this portion of the MOC
- ▶ If physicians receive a passing grade on the questions, they will receive 25 Category 1 CME credits from ACOG
- ▶ Physicians who choose to answer ALL 180 questions and pass will receive the 25 credits plus an extra 10 Category 1 CME credits

Subspecialists

- ▶ Of the 180 ob-gyn and office practice questions a year, subspecialists must answer 60 questions every year
- ▶ With the generalist booklet, subspecialists will also receive a second booklet pertaining to their subspecialty, with 30 questions. They must answer ALL 30 questions three times a year, for 90 questions each year
- ▶ This amounts to a total of 150 questions per year for subspecialists to maintain their certification

3 COGNITIVE EXPERTISE

Fellows must pass a secure written exam during each six-year cycle. The exam will be offered for the first time in 2012. There will be an exam fee.

- ▶ The exams will have 180-200 multiple-choice questions and will be available at testing centers around the US
- ▶ There will be a mandatory 100 questions for everyone
- ▶ **Generalists** will choose an additional 80-100 questions from one of the four sections: ob-gyn, obstetrics, gynecology, or office practice
- ▶ **Subspecialists** must answer the 80-100 questions in their subspecialty
- ▶ The exam will be available in the fifth and sixth year of a Fellow's cycle, giving physicians the opportunity to take it in the fifth year and, if they don't pass, to re-take it in the sixth year without losing their board certification. Eventually, ABOG hopes to offer the exam several times a year and possibly offer it at the ACOG Annual Clinical Meeting

4 SELF ASSESSMENT

"The Road to Maintaining Excellence"

Fellows must complete 10 "modules" within each six-year cycle or two modules per year, with one year off. No fee for ACOG members. This is the only portion of MOC administered by ACOG.

- ▶ Modules will be based on best practices and ACOG guidelines and will require physicians to pull approximately 10 patient charts for each module and answer the questions pertaining to that module
- ▶ **Generalists** can choose modules in obstetrics, gynecology, or office practice or in cross-content areas such as patient safety, ethics, and communication
- ▶ **Subspecialists** must also complete 10 modules: five in general ob-gyn and five in their subspecialty
- ▶ CME credits will be awarded for completion of each module

info

- A free archived ABOG webcast explaining the process is available: Look under "Announcements" on the ACOG home page, www.acog.org
- MOC guidelines, FAQs, and slideshow: www.abog.org/main/faqmoc.html
- Questions? Call ABOG at 214-721-7510 or email Larry C. Gilstrap III, ABOG director of evaluation, at lgilstrap@abog.org

Hospitals now required to evaluate physicians continuously

NEW MEDICAL STAFF STANDARDS from The Joint Commission require hospitals to evaluate physicians on an ongoing basis, rather than just using a periodic peer review.

Current physicians must be evaluated as part of an “Ongoing Professional Practice Evaluation.” The Joint Commission has left it up to each hospital to develop the process and determine what indicators to use.

“The quality department and risk management department in our hospital have taken this very seriously, but I think most physicians around the country are unaware of this requirement,” said John S. Wachtel, MD, chair of ACOG’s Committee on Patient Safety and Quality Improvement. “The Joint Commission wants an ongoing evaluation of every physician’s practice and does not want us waiting until a sentinel event occurs before we look at how we provide care to patients.”

Some hospitals are developing systems that employ the six core competencies used to assess residents. While these competencies—patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice—may be

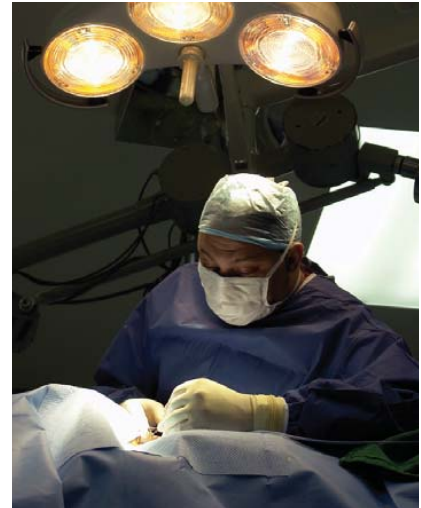
helpful, The Joint Commission is not requiring their use.

According to Dr. Wachtel, hospitals might decide to evaluate physicians by examining data, observing directly, and interviewing other physicians. Perhaps hospitals will establish benchmarks that are rate-based—evaluating a physician’s number of cesarean deliveries—or rule-based—evaluating physicians on how they follow practice recommendations, such as testing every pregnant patient for group B strep. It’s up to the hospitals to decide how they’ll evaluate their physicians.

Another requirement, which takes effect in January 2008, requires hospitals to establish parameters that trigger a “Focused Professional Practice Evaluation” of a physician, such as a sentinel event, a near-miss, complaints from staff or patients, or not meeting benchmarks during the ongoing evaluation process. A Focused Professional Practice Evaluation is also required for new physicians or current physicians requesting new privileges.

While some may see the new regulations as burdensome, the new standards are a step toward improving patient safety within the health care system.

“Hospitals and physicians should not



view this as another Joint Commission task but embrace the opportunity to have a tool to improve the quality of care and to assess patient safety in their institution,” Dr. Wachtel said. ♀

info

- www.jointcommission.org
- www.jcrinc.com/27668

Do your patients understand you?

► PAGE 1

Poor health outcomes

Health literacy is the ability of patients to obtain, interpret, and understand health information and health care services and to use them to enhance their health.

Elderly patients, those with limited English, and underserved patients tend to have lower health literacy. However, patients of all socioeconomic and educational backgrounds can have difficulty understanding health information. While health literacy can be related to reading levels, poor health literacy can affect anyone confronted with medical jargon or complicated instructions. According to the Institute of Medicine, about half of the adults

in the US have trouble comprehending and acting on health information.

Adults with low health literacy are at increased risk for hospitalization, encounter more barriers to health services, and are less likely to understand medical advice.

“Health outcomes can suffer, and patients may not be able to exercise their full range of options if they don’t understand their condition and physicians’ explanations,” Dr. Espey said. “Another problem is that patients who don’t take their medicine properly may be labeled ‘noncompliant,’ when in reality, they didn’t understand the instructions they were given.” ♀

SPEAKING THEIR LANGUAGE

THE NEW COMMITTEE OPINION

Health Literacy offers several guidelines to improve patient understanding:

- ▶ Check for understanding by asking patients to restate the information, such as “Tell me how you’re going to take this medication”
- ▶ Make sure materials reflect target groups’ age, social and cultural diversity, language, and literacy skills
- ▶ Keep message simple
- ▶ Focus on action, such as “Take a warm water bath two times a day,” instead of “Sitz baths may help healing”
- ▶ Use visual aids

The future of ob-gyn practice

► PAGE 1

Defined as those born between 1980 and 1994, the oldest of Generation Y physicians will be starting practice in two to three years. In the lives of Generation Ys, technology has

always been the norm—cable television, cell phones, email, laptops, and online courses. They will promulgate practice environments that include electronic order entry, telemedicine, and electronic communication with patients.

Members of Generation Y tend to have exceptional multitasking skills, are accustomed to working within teams, and do not envision a lifelong career in the same job. They will seek flexibility and options—in the hours they work and in their

practice settings—over the course of their working life.

Abigail C. Randall, a fourth-year medical student at the University of Nebraska, has decided to become an ob-gyn and is an ACOG medical student member.

“You can do anything from obstetrics to gynecologic procedures to clinic work—you can adapt the career to what you want for your lifestyle,” she said.

Notably, she’s open to a changing career: “I could see myself doing OB for a couple of years in a general practice to see how I like it. But I’m much more interested in gynecologic surgery. I definitely plan to be in a medical practice for most of my career, but I think I could see myself gradually incorporating more volunteer work in the community in different areas of women’s health.”

Although her plans may not sound too different from those of the generations before her, Ms. Randall’s approach is to adapt her career to her lifestyle, not the other way round.

Life and family first, practice second

According to Houston Fellow Michele G. Curtis, MD, MPH, who has been training residents and teaching medical students for 14 years, medical students today are asking different questions.

“It used to be that medicine was a career—a calling. Now it’s a job. Medicine is a part of their life, but it doesn’t define their life. They are taking into account how the demands of the specialty will mesh with what they want out of life.”

Fellow Susan M. Cox, MD, associate dean for medical education at the University of Texas Southwestern Medical Center, agrees. She sees students choosing specialties that have defined shifts, little emergency call, and few after-hours patient calls.

Dr. Cox points out that the recent mandate to limit resident work hours to 80 hours per week is also affecting residents’ expectations.

“When I finished my residency, physicians knew they were going to work 90 to 100 hours a week building up their practice. Now, they say ‘I don’t want to work that hard.’ I think it’s made for healthier and happier lives.”

The increasing number of ob-gyn residents going into subspecialties may also signal a lifestyle choice, according to Dr. Cox.

“We’ve gone from barely having enough applicants [for four ob-gyn-related fellowship programs] to having five to six times more applicants than the available slots.”

“You can do anything from obstetrics to gynecologic procedures to clinic work—you can adapt the career to what you want for your lifestyle.”

—Abigail C. Randall, medical student

POSSIBLE CAREER PATH OF A GENERATION Y OB-GYN

2008

Graduates from medical school, enters residency

2012

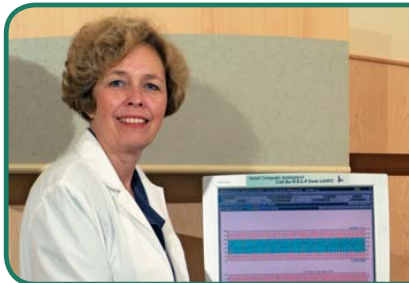
Graduates from residency, begins maternal-fetal medicine fellowship

2015

Becomes board certified but soon leaves specialty temporarily to raise a family, continues to maintain certification and works *locum tenens*

2018

Reenters specialty, working part-time in an MFM practice in order to spend time with family



“[OB hospitalists] can have definite time off. They don’t have to run an office. They don’t have to worry about overhead or Medicaid or collections. And some like it because it is just obstetrics, and that’s what they love the most.”

—Josephine L. Von Herzen, MD

She believes that this increase may be at least partly because ob-gyns don’t want the demanding call schedules associated with obstetrics.

Looking back on 20 years of practice, Fellow Robert J. Fagnant, MD, agrees that limiting work hours is the way to go. He says he regrets the sacrifices he made because of the demands of his ob-gyn practice. “I was unable to coach my kids’ soccer teams. There wasn’t a single basketball game that I didn’t get paged at. I got paged at my son’s graduation.”

Dr. Fagnant now is developing an OB hospitalist program for a hospital in St. George, UT.

“I relocated here because of the hospital’s willingness to look at different programs, and I look forward to what the hospitalist program can offer me and other physicians as far as a more predictable schedule.”

Practice environments are changing already

The development of the obstetric hospitalist position is in its infancy, and many different models are being tried, depending on factors such as the obstetric volume, the community physicians’ needs, and the hospital’s liability exposure.

After 28 years in solo practice, Fellow Josephine L. Von Herzen, MD, was recruited to be a hospitalist in Salem, OR, where the hospital wanted someone in-house to treat the

hospital’s large volume of unassigned patients who arrive in the emergency department for delivery.

As the OB medical director, Dr. Von Herzen has recruited five more OB hospitalists. She says the position appeals to physicians for several reasons.



“They can have definite time off. They don’t have to run an office. They don’t have to worry about overhead or Medicaid or collections. And some like it because it is just obstetrics, and that’s what they love the most.”

Speaking of her former practice, she said, “I do miss those connections [to patients]. The trade-off is you have definite times when you are going to be off. The people I interview these days place a lot of importance on their family life and other interests.”

Those are aspects of her hospitalist position that appeal to San Diego Fellow Lauren

D. Bales, MD. She works three nights a week, makes her own schedule three months at a time, and loves it. Dr. Bales is not employed by the hospital but, instead, contracts with a large multispecialty group that has 13 other ob-gyns.

“I see myself with this group for the next 20 years. For me, I’m a better physician when I have a mental clearing space and can go away for a few days and leave work behind.”

EMRs changing medicine

Electronic medical records and other technology will be embraced by future physicians, who grew up surrounded by electronic gadgets.

Electronic medical records are expected to offer a solution for continuity of care. The clinic that Dr. Von Herzen set up is staffed by a nurse practitioner and rotating OB hospitalists, so an electronic record system is planned to keep practitioners informed about cases.

For Dr. Bales’s group, with seven different offices around the county, electronic records facilitate communication about the group’s 250 deliveries a month.

The practice of medicine has changed dramatically over the last century, including *how* physicians practice.

As Generation Y and future generations begin to lead the specialty, the way ob-gyns bring health care to their patients will continue to evolve. ♀

2021

Begins practicing MFM full time

2027

Begins volunteering medical services at a women’s and children’s shelter

2031

Changes career paths, takes position as OB hospitalist to have predictable schedule

2047

Retires, continues to volunteer at women’s shelter

ACOG offers free webcast on business of medicine

JUNIOR FELLOWS ARE INVITED to register for a free webcast based on the ACOG publication *The Business of Medicine: An Essential Guide for Obstetrician-Gynecologists*.

The webcast, which will be held from 1 to 2 pm ET on February 19, will help participants understand both the personal and business side of practice. ♀

info

→ For registration and other information, click on “Junior Fellows” in the “Quick Links” box on the left side of the home page, www.acog.org

New JFCAC advisor



Dr. Montgomery

DISTRICT III CHAIR OWEN C. Montgomery, MD, is the new national advisor to the Junior Fellow College Advisory Council. Dr. Montgomery is associate professor and chair of the department of ob-gyn at Drexel University College of Medicine in Philadelphia.

The JFCAC advisor serves as the voice of experience for the JFCAC and guides the Junior Fellow officers as they deal with issues important to residents and young physicians. The advisor also helps communicate Junior Fellow issues and priorities to the ACOG Executive Board and vice-versa.

“The JFCAC is a unique and extremely

important organization. No other medical society supports or values their young physicians as ours does, which is why so many future leaders in our specialty start as JFCAC officers,” Dr. Montgomery said.

In fact, Dr. Montgomery got his start in the College as a Junior Fellow officer; he was elected Junior Fellow chair of District III in 1983 and served as the Junior Fellow representative to the Residency Review Committee from 1985 to 1987.

Dr. Montgomery received his medical degree from Hahnemann University (now Drexel). He completed his residency training and fellowship at Jefferson Medical College. ♀

New ACM hands-on workshops developed for medical students

MEDICAL STUDENTS AT THE 2008 Annual Clinical Meeting will have an opportunity to attend three hands-on workshops created this year just for them. The ACM will be held in New Orleans, May 3–7.

Third-year students and rising fourth-year students are invited to the workshops “Preparing Your CV and Personal Statement: A Primer for Applying to Ob-Gyn Residency” and “Finding the Shoes that Fit: Asking the Right Questions to Find the Residency Program That’s Right for You.” Each one-hour session is available at 3 pm and 4 pm on both Sunday, May 4, and Tuesday, May 6.

Students will be divided into small groups at each session. Students attending the CV workshop are encouraged to bring their laptops with CVs and personal statements for review and modification during the session. The residency program session will focus on the variety of residency programs, factors in selecting a program, and the “not-so-obvious” questions every applicant should ask. The group will also help students to recognize the issues most important to them individually

when choosing a residency program.

The third workshop, which is open to all medical students, is “What Can an Ob-Gyn Do? An Introductory Skills Workshop for Medical Students.” The two-hour hands-on workshop will include knot-tying, suturing, ultrasound skills, and simulated vaginal delivery and IUD insertion. Students can attend the workshop either Sunday or Tuesday, from 3 to 5 pm.

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

More medical student offerings

The ACM Ob-Gyn Residency Fair for Medical Students will be held on Tuesday, May 6, from 11 am to 3 pm. Representatives from ob-gyn residency programs from across the country will be distributing materials and be available for discussion. Free boxed lunches and refreshments will be available.

The medical student course, “Ob-Gyn as a Career: Residency Training and Dimensions



A medical student talks to a residency program representative at the 2007 ACM Ob-Gyn Residency Fair for Medical Students.

of Practice,” will be held on Monday, May 5, from 12 to 4 pm. A complimentary lunch is included.

The Medical Student Reception will be on Monday night, from 5:30 to 7. Students are encouraged to come mingle with ACOG officers, past presidents, ob-gyn program directors, ob-gyn chairs, ob-gyn residency coordinators, clerkship directors, Junior Fellows (residents and those just out of residency), and subspecialty fellows. ♀

info

→ Students must register for the free workshops in advance because space is limited. For more information, visit the ACOG website, www.acog.org, and click on “Medical Students” in the “Quick Links” box on the left side of the page

Section leaders share legislative strategies at annual lobbyist roundtable

FORTY-TWO ACOG SECTION leaders and lobbyists prepared for their state's next legislative session with an energizing and educational discussion during the College's State Lobbyist Roundtable in October.

"It was a great opportunity to meet other lobbyists and legislative Fellows from around the country and see the diversity of issues and approaches to similar problems," said first-time attendee Clayton H. "Tersh" McCracken III, MD, immediate past chair of the Montana Section and a recent ACOG McCain Fellow. "I learned there is diversity in the levels of intensity in state lobbying efforts across the country. Some states have a well-oiled legislative program, while other states are still at the beginning. We discussed how states with more experience can help those with less.

"I also recognized the importance of forming ties with our state medical association and engaging lobbyists when necessary," he continued.

Participants representing 23 states shared successful strategies and discussed a wide range of issues, including contraceptive access and equity, abortion regulation, medical liability reform, lay midwife licensure, perinatal HIV testing, and reimbursement.

Jeanne E. Ballard, MD, Indiana Section chair,

encourages Fellows throughout the US to become involved in legislative advocacy. Dr. Ballard was a first-timer at the roundtable, and she told *ACOG Today* that before she became an ACOG officer, she never imagined she'd become involved in legislative activity.

"Like many ob-gyns I don't have a lot of experience in the legislative arena, but Fellows shouldn't be intimidated to get involved in legislative advocacy," Dr. Ballard said. "You don't have to have experience to get involved."

Lobbyists keep sections informed

Dr. Ballard attended the roundtable with Indiana's lobbyist, Tory Callaghan Castor, who monitors legislation. Lobbyists help physicians navigate an unfamiliar arena and can keep track of bills and hearings, alerting physicians when they need to contact their legislators or speak at hearings.

"As a practicing physician, you may not be aware that there are things going on in the legislature that can have a huge impact on the way you practice," Dr. Ballard said. "And if no one is monitoring this, it will be left up to people who *are* paying attention, and you lose your opportunity for intervention."



Utah Section Executive Administrator Annette Mahler and Utah Section Legislative Chair Cynthia A. Jones, MD (middle), speak with District VIII Chair Luis B. Curet, MD, who represented New Mexico at the roundtable.

As North Carolina Section Chair Frank N. Harrison Jr, MD, explained, "Our lobbyist keeps his hands on the pulse of what's going on."

A proposed bill in North Carolina calls for all women in labor to undergo a gonorrhea and chlamydia culture.

"The STD thing came out of nowhere and got scarily far along," Dr. Harrison said. "Without our lobbyist hearing about it, I wouldn't have even known about it until it was already law." ♀

ACOG'S CONGRESSIONAL LEADERSHIP CONFERENCE IN FEBRUARY

February 24-26
Washington, DC

JOIN NEARLY 200 ACOG MEMBERS IN LOBBYING CONGRESS AT ACOG's 26th Annual Congressional Leadership Conference February 24-26 in Washington, DC.

Following two days of advocacy training at the CME-accredited conference, ACOG Fellows and Junior Fellows will urge congressional action on key issues. Fellows and Junior Fellows are sponsored by their district or section chairs to attend the conference. Participants who aren't sponsored can attend by paying a \$300 registration fee, plus travel and lodging expenses. ♀

info

→ For more information, contact ACOG's Government Affairs staff at 800-673-8444, ext 2509



**ARMED FORCES DISTRICT •
LOUISVILLE, KY**



◀ Junior Fellow Dalice A. Marriott, MD, with her poster



▲ The Air Force "Jeopardy" team: Drs. John R. Fischer, Barton C. Staat, Jason C. Massengill, and Larissa F. Weir

DISTRICT II • NEW YORK CITY

District II Secretary ▶
Howard L. Minkoff, MD,
and District II Vice Chair
Scott D. Hayworth, MD,
at the Advisory Council
meeting



◀ District II Chair
Richard N.
Waldman, MD,
addresses ADM
attendees.

DISTRICT I • NEWPORT, RI



▲ Drs. Mark S. Cooper, John B. Makin Jr, Thomas Stellato, Mark S. DeFrancesco, Stephen J. Woodruff, and Steven J. Fleischman

District I Practice/▶
Quality Improvement
Committee Co-Chair
Barry D. Smith, MD,
on the left, with Peter
H. Cherouny, MD, past
Vermont Section chair



**DISTRICT III • SANTO DOMINGO,
DOMINICAN REPUBLIC**



▲ District III Past Chair Vincent A. Pellegrini, MD; District III Chair Owen C. Montgomery, MD; District VI Chair Thomas M. Gellhaus, MD; and District III Vice Chair Richard W. Henderson, MD

Local dancers ▶
and guests at the
Welcome
Reception



DISTRICT IV • CHICAGO



◀ Junior Fellow poster winner Juanita D. Mestre, MD (left), and her mother, Barbara Alexander-Largie, with Fellow Victoria L. Green, MD (far right)



▲ Rosamond Helms with her husband, District IV Junior Fellow Chair Eric C. Helms, MD; and Fellow Shelly W. Holmstrom with her daughter, Liv, and her mother, Ellen Welch

DISTRICT V • NAPA, CA



◀ District V ADM Exhibit Hall



District V Junior ▶ Fellow Chair Jenny L. Buck, MD, and her husband, Andy, with their daughter, Annabelle

DISTRICT VI • VICTORIA, BC



◀ Wisconsin Section Chair Donald F. Weber, MD, with his mother, Loretta Weber

▼ District VI Secretary Howard T. Strassner Jr, MD, with his family: wife Yvonne, daughter Lauren, and son Jonathan



▲ Minnesota Section Vice Chair Bridget B. Keller, MD, and her husband, Dave



meetings

ANNUAL DISTRICT MEETINGS

DISTRICT VII • LAS VEGAS



◀ Jose Tiran, MD, then-Junior Fellow chair of the Mexico Section, and Mistie P. Mills, MD, District VII Junior Fellow chair

Fellow Martin ▶ E. Olsen, MD, with ADM guest Dr. Ariana Xales from Erbil, Iraq, an ob-gyn and a member of the Kurdish Parliament



▲ ACOG President Elect nominee Gerald F. Joseph Jr, MD, a past District VII chair, and his wife, Helen, with Sammy Davis Jr and Frank Sinatra impersonators

DISTRICT VIII • VICTORIA, BC



◀ Medical students listen to a presentation during the District VIII second annual Medical Student Forum.

District VIII Junior ▶ Fellow Chair Shauna M. Hicks, MD (left), presents Angel M. Willey, MD, her certificate for serving as Junior Fellow chair of the Hawaii Section.



DISTRICT IX • VICTORIA, BC



▲ A Queen Elizabeth impersonator "knights" District IX Chair Frank R. Gamberdella, MD; District VI Past Chair James D. Miller, MD; and District VIII Chair Luis B. Curet, MD.



◀ Ready to go whale-watching are District IX Secretary Laurie C. Gregg, MD; her husband, Dr. Jeff Gregg; and their children, Justin and Anna.

2008 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

JANUARY

8

ACOG WEBCAST:
Hysterectomy Coding
1-2:30 pm ET
800-673-8444, ext 2498

18-23

South Atlantic Association of Obstetricians and Gynecologists
Sarasota, FL
www.saaobgyn.org
904-384-8230

19-20

ACOG Treasurers Conference
Scottsdale, AZ
800-281-1551

25-27

Gynecologic Oncology Group Semi-Annual Meeting
San Diego
www.gog.org
215-854-0770

28-Feb 2

Society for Maternal-Fetal Medicine 28th Annual Meeting
Dallas
www.smfm.org
202-863-2476

FEBRUARY

12

ACOG WEBCAST:
Evaluation and Management Consultation Coding
1-2:30 pm ET
800-673-8444, ext 2498

19

ACOG WEBCAST:
Junior Fellows—Business of Medicine
1-2 pm ET
Click on "Junior Fellows" in the "Quick Links" box on the left side of the ACOG home page, www.acog.org

24-26

ACOG's Congressional Leadership Conference
Washington, DC
www.acog.org
800-673-8444, ext 2509

MARCH

4-8

20th European Congress of Obstetrics and Gynaecology
Lisbon, Portugal
www.mundiconvenius.pt/2008/ebcog

5-8

CREOG and APGO Annual Meeting
Lake Buena Vista, FL
www.apgo.org
CREOG: 202-863-2558
APGO: 410-451-9560

9-12

Society of Gynecologic Oncologists 39th Annual Meeting on Women's Cancer
Tampa, FL
www.sgo.org
312-235-4060

11

ACOG WEBCAST:
Preconception Counseling and Prenatal Testing for the Generalist Ob-Gyn
1-2:30 pm ET
800-673-8444, ext 2498

12-16

American College of Medical Genetics 15th Annual Clinical Genetics Meeting
Phoenix
www.acmgmeeting.net

17-21

American Society for Colposcopy and Cervical Pathology Biennial Meeting
Lake Buena Vista, FL
www.asccp.org

25-29

American College of Osteopathic Obstetricians & Gynecologists 75th Annual Conference
Orlando, FL
www.acoog.org/events.html

26-29

Society for Gynecologic Investigation 55th Annual Scientific Meeting
San Diego
www.sgionline.org

APRIL

9-13

Pacific Coast Reproductive Society 56th Annual Meeting
Rancho Mirage, CA
www.pcrsonline.org
562-947-7068

30-May 3

10th Congress of the European Society of Contraception "Noncontraceptive Impact of Contraception and Family Planning"
Prague, Czech Republic
www.contraception-esc.com

MAY

3-7

ACOG 56th Annual Clinical Meeting
New Orleans
www.acog.org/acm

13

ACOG WEBCAST:
Coding with Modifiers
1-2:30 pm ET
800-673-8444, ext 2498

15-17

American College of Physicians Internal Medicine Meeting
Washington, DC
www.acponline.org
800-523-1546, ext 2600

23-29

American College of Nurse-Midwives 53rd Annual Meeting & Exposition
Boston
www.acnm.org
240-484-1812

JUNE

14-18

American Medical Association Annual Meeting
Chicago
www.ama-assn.org
202-863-2515

ACOG COURSES

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

FEBRUARY

7-9

Complex Gynecologic Surgery: Prevention and Management of Complications
Phoenix

14-16

Twenty-First Century Obstetrics and Gynecology
Rose Hall, Jamaica

29-Mar 2

ICD-9-CM and CPT Coding Workshop
Orlando, FL

MARCH

7-9

ICD-9-CM and CPT Coding Workshop
Philadelphia

28-30

ICD-9-CM and CPT Coding Workshop
Washington, DC

APRIL

4-6

ICD-9-CM and CPT Coding Workshop
Albuquerque, NM

MAY

8-10

ICD-9-CM and CPT Coding Workshop
New Orleans

JUNE

5-7

Quality and Safety for Leaders in Women's Health Care
Chicago

7-8

"No Frills" Emerging Issues in Office Practice: Sexuality, Body Image, and Psychological Well-Being
Chicago

20-22

ICD-9-CM and CPT Coding Workshop
Portland, OR

26-28

Reawakening the Excitement of Obstetrics and Gynecology
Kohala Coast, HI

27-29

ICD-9-CM and CPT Coding Workshop
San Francisco

24-26

ICD-9-CM and CPT Coding Workshop
Charlotte, NC

JULY

11-13

ICD-9-CM and CPT Coding Workshop
Memphis, TN

17-19

Concepts and Controversies in the Treatment of Perimenopausal and Postmenopausal Women
Vancouver, BC

AUGUST

15-17

ICD-9-CM and CPT Coding Workshop
Richmond, VA

WHO revamps essential family planning handbook



A FAMILY PLANNING HANDBOOK for health care providers is now available from the World Health Organization and the Johns Hopkins Bloomberg School of Public Health.

Family Planning: A Global Handbook for Providers was created by experts from around the world who developed practical guidance based on the best scientific evidence.

The book is a successor to *The Essentials of Contraceptive Technology* but has been revamped, adding more information on emergency contraception, monthly injectables,

new implants, female condoms, and new and simpler fertility awareness methods, plus brief new sections on the combined patch, the combined vaginal ring, the levonorgestrel intrauterine device, and withdrawal. ♀

info

- Download the book at www.who.int/reproductive-health/publications/fp_globalhandbook/index.htm
- Order hard copies and/or the accompanying wall chart, "Do You Know Your Family Planning Choices?" at www.infoforhealth.org/globalhandbook
- To place bulk orders: hjohnson@jhucpp.org

Educating women about importance of folic acid



WOMEN AND THEIR PHYSICIANS WILL BE REMINDED about the importance of folic acid in the prevention of birth defects during National Folic Acid Awareness Week, January 7–13. January is also National Birth Defects Awareness Month.

The folic acid week is sponsored by the National Council on Folic Acid, of which ACOG is a founding member. Resources can be downloaded from the event website. The week will include an educational "webinar," or online seminar, on January 8. Archived versions of the webinar will be available at www.folicacidinfo.org.

ACOG recommends that all women who may become pregnant take 0.4 milligrams of folic acid daily. Women who have previously had a child with a spine or skull defect should take 4 milligrams daily. ♀

info

- www.folicacidinfo.org
- www.cdc.gov/ncbddd/folicacid
- *Neural Tube Defects Practice Bulletin*: www.acog.org/publications/educational_bulletins/pb044.cfm

ACOG PATIENT EDUCATION

Information you and your patients can trust



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

HIV and Women (AP082)

- ▶ How to lower the risk of getting or spreading HIV
- ▶ How to get tested for HIV
- ▶ How HIV can affect pregnancy



Genital Herpes (AP054)

- ▶ Symptoms of genital herpes
- ▶ How to reduce the risk of getting the virus
- ▶ How to live with herpes and how to prevent infecting others

info

- To preview these pamphlets: www.acog.org/goto/patients
- To order pamphlets: <http://sales.acog.org>; 800-762-2264 (use source code DM68 1006)
- To request a free sample: resources@acog.org

Reports on hospitalization trends

A PROJECT OF THE US AGENCY for Healthcare Research and Quality issues several short statistical briefs each year that showcase trends in hospitalizations. Recent reports have focused on teenage births, HIV cases, depression, MRSA infection, and birth defects.

AHRQ's Healthcare Cost and Utilization Project includes the largest collection of longitudinal hospital care data in the country, using databases from state organizations, hospital associations, the federal government, and others.

The reports can be downloaded at no cost at www.hcup-us.ahrq.gov/reports/statbriefs.jsp. ♀



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