

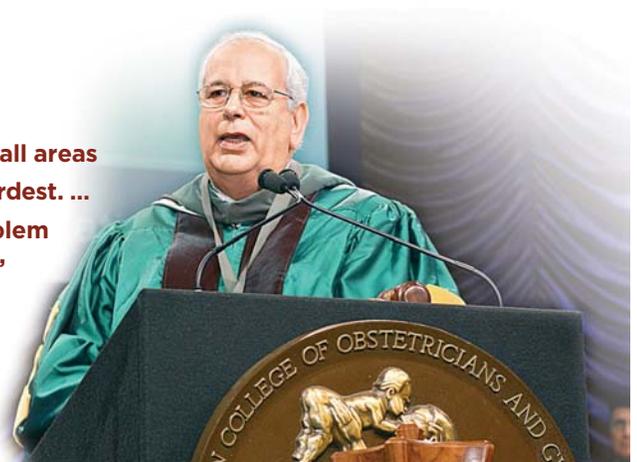
Facing challenges of genomic medicine, information technology New president: it's time to change

REVOLUTIONARY ADVANCES IN MEDICAL genetics and other fields of science. Rapid developments in information technology. Combined, how will these innovations affect the field of ob-gyn? And how will ob-gyns meet the challenges?

Michael T. Mennuti, MD, discussed the need for change in ob-gyn in his first address to ACOG members as their new president. Dr. Mennuti was inaugurated as the 56th president of ACOG on May 11 at the Annual Clinical Meeting in San Francisco. He is professor and chair of the department of ob-gyn and professor of human genetics and pediatrics at the University of Pennsylvania in Philadelphia.

“Let’s talk about change—not so much the changes going on around us but the profound changes we must make,” Dr. Mennuti said. “The changes I want to discuss are, indeed, cultural changes, creating new ways to deal with the challenges of the future.”

“The medical liability crisis extends to all areas of medicine but has hit ob-gyn the hardest. ... I promise you the solution to this problem will remain the College’s top priority.”



▲ Dr. Mennuti delivers his inaugural speech at the ACM.

The impact of genomic medicine

Dr. Mennuti described the difference between medical genetics and genomic medicine.

“Medical genetics deals with differences in single genes that result in human variation and in disease and the transmission of those genes to the next generation. In contrast,

genomic medicine will be based on having information regarding many genes, or the entire genome of a patient, and the functional interaction of those genes.

“For those of you being inducted today, some experts speculate that by the midpoint of your careers, patients will be able to have their

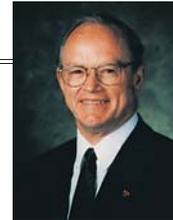
entire genome sequenced inexpensively, and you will routinely use this information when you provide their care,” Dr. Mennuti said. “For example, maybe your evaluation of a woman with a pelvic floor disorder will include looking at genes that affect connective-tissue constituents or genes that affect muscle function. Certainly, you and your patient will want to know how her genome will influence which medications you prescribe or procedures you recommend.

“Some day, you may use genomic information to medically enhance a cellular function in certain muscles as an alternative to surgery. Or for your obstetrical patient, you may use genomic information to predict preterm labor or preeclampsia.”

Information technology linked with genomic medicine

Dr. Mennuti asked his audience to think about the unrealized potential of information technology in health care and combine it with genomic medicine. How will this affect ob-gyn practices?

He posed several questions: “Who will make the decisions about how many genetic tests and which tests obstetricians must offer? How will direct-to-consumer marketing of these tests affect your relationship with your patients? How much genetic education will you need in order to offer and interpret these tests?”



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Executive Vice President
Ralph W. Hale, MD, FACOG
Director of Communications
Penelope Murphy, MS

Editor
Melanie Padgett

Contributors
Amanda Hall
Alice Kirkman, JD

Design and Production
Marcotte Wagner
Communications

Advertising in ACOG Today
Greg Phillips
202-863-2529
gphillip@acog.org

Letters to the Editor
Melanie Padgett, Editor
ACOG Today
PO Box 96920
Washington DC
20090-6920

Fax: 202-863-5473
Email: mpadgett@acog.org
Letters may be edited
for length.

Website
www.acog.org

Main Phone
800-673-8444 or
202-638-5577

Resource Center
202-863-2518
toll free for members only
800-410-ACOG (2264)

Address Changes
800-673-8444, ext 2427,
or 202-863-2427
Fax: 202-479-0054

Email:
membership@acog.org

Order Publications
Online at sales.acog.org
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EXECUTIVE DESK

San Francisco ACM site delivers again

I HAVE JUST RETURNED from our Annual Clinical Meeting in San Francisco, held May 7–11, and I'm pleased to declare the meeting a huge success. I want to thank all of you who attended—San Francisco remains an extremely popular ACM site.

The thousands of attendees experienced an outstanding meeting. The educational programs were rated high by members, with most receiving four out of five points on evaluation forms. The scientific sessions, beginning with the President's Program and the Samuel A. Cosgrove Memorial Lecture on Monday, and ending with the Morton and Diane Stenchever Lecture Wednesday afternoon, were exceptional.

Included in the attendance this year were 99 medical students. Our Junior Fellows served as their hosts in the Medical Student Lounge and Medical Student Booth—both additions to this year's ACM.

This was also the first year of an exchange with young physicians from the Japan Society of Obstetrics and Gynecology, and their presence added to our meeting. We hope to continue this exchange in the future and have Japanese ob-gyns at our ACM in Washington, DC, next year.

Also attending was a young physician from the learning center that ACOG has supported in Buenos Aires, Argentina. The world of ob-gyn is much smaller today, and ACOG is a leader in helping increase education in women's health care worldwide.

During the ACM, ACOG's Annual Business Meeting was held, where ACOG's new strategic plan and mission statement were presented. To request a copy, contact Elsa Brown, ACOG vice president of administration, at 800-673-8444, ext 2517, or ebrown@acog.org.

The new strategic plan will direct our operational activities for the immediate future.

In addition, there were several bylaw changes approved at the meeting. ACOG now uses the *Standard Code of Parliamentary Procedure* by Alice Sturgis as our parliamentary authority, replacing *Robert's Rules of Order*. The three ABOG-approved subspecialties—maternal-fetal medicine, gynecologic oncology, and reproductive endocrinology—each now have a voting member on ACOG's Executive Board. Each representative will serve a two-year term.

The ACM included the annual convocation and induction of new Fellows. This year, the classes of 2003 and 2004 were both in attendance. In order to allow as many new Fellows as possible to attend the ceremony, invitations will now go to the two-year group rather than just the class from the most recent year.

I hope to see all of you at next year's ACM. Mark your calendars now: The 54th ACM will be held in Washington, DC, May 6–10, 2006. ♀

Ralph W. Hale MD

Ralph W. Hale, MD, FACOG
Executive Vice President

IN MEMORIAM

Timothy Robin Ashwell, MD
Wausau, WI • 2/05

Thomas E. Cavanaugh Jr, MD
Needham, MA

Margaret Densmore, MD
Willow Street, PA

Harry C. George, MD
East Lansing, MI

Mark Forrest Gordon, MD
Chandler, AZ • 12/04

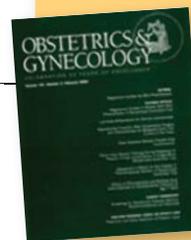
Charles F. Llenza, MD
San Juan, PR

Paul F. McCallin, MD
Honolulu • 2/05

Ronald F. Norris, MD
Bellaire, TX

John J. Stavola, MD
West Hartford, CT • 1/05

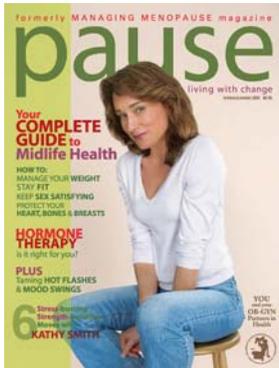
Obstetrics & Gynecology
HIGHLIGHTS



The June issue of the Green Journal includes the following ACOG document:
Urinary Incontinence in Women (Practice Bulletin #63, new)

The July issue of the Green Journal includes the following ACOG document:
Hemoglobinopathies in Pregnancy (Practice Bulletin #64, replaces Committee Opinion #238)

ACOG redesigns, renames menopause magazine



IN MAY, ACOG MEMBERS began receiving shipments of the newly revamped *Managing Menopause and the Years Beyond*—which is now called *Pause*. The popular free magazine has been updated, redesigned, and renamed for 2005.

“The name *Pause* seems particularly fitting for this stage of a woman’s life,” said Isaac Schiff, MD, chair of the magazine’s medical advisory board. “Menopause is an ideal time for a woman to take stock of her

health and evaluate her lifestyle habits before moving ahead with the strength and wisdom she needs for the next third of life.”

A lot has changed since *Managing Menopause* debuted in 1997. Back then, the Women’s Health Initiative was just getting under way, and the Internet was a new concept in American culture.

With the new issue of *Pause*, women and their doctors will find the same trusted information they’ve come to expect from *Managing Menopause*. Articles cover issues such as how to get a grip on your weight, get started in a fitness program, keep your sex life satisfying and safe, get a handle on menopausal symptoms such as hot flashes and mood swings, and protect yourself from long-term health concerns such as heart disease, osteoporosis, and breast cancer.

ACOG Fellows can order free copies of *Pause* to give to their patients by calling ACOG’s Office of Communications at 800-673-8444, ext 2560, or emailing communications@acog.org. Fellows who received the Fall/Winter 2004 issue of *Managing Menopause* will automatically receive *Pause*. ♀

In vitro pioneer dies at age 92



HONORARY ACOG FELLOW Georgeanna S. Jones, MD, Portsmouth, VA, died March 26 at the age of 92. Dr. Jones and her husband, Howard W. Jones Jr, MD, were pioneers in reproductive endocrinology. Together, they created the first in vitro fertilization program in the US,

leading to the first “test tube” baby, a girl born in 1981. Dr. Howard Jones is an ACOG Founding Life Fellow.

Dr. Georgeanna Jones was a professor emerita of ob-gyn at Eastern Virginia Medical School, which houses the Jones Institute for Reproductive Medicine in Norfolk, VA. She was a gynecologic endocrinologist who devoted years to improving infertility treatment for women, according to the Jones Institute. In recognition of her work, the institute’s foundation established the Georgeanna Seegar Jones Research Fund after her death to ensure continued applied research in women’s infertility.

Dr. Jones received her medical degree from Johns Hopkins University School of Medicine in 1936. She completed postgraduate training at Johns Hopkins as a house officer in gynecology and as a National Cancer Institute trainee, according to the Jones Institute. After her training, she became director of Johns Hopkins’ Laboratory of Reproductive Physiology and gynecologist-in-charge of the hospital’s gynecologic endocrine clinic. She remained there until moving to Norfolk in 1978. ♀

Who will deliver your baby?

Patients are key to winning medical liability reform

ACOG launches Baby Photo Campaign

IN MARCH, then-ACOG President Vivian M. Dickerson, MD, and 140 Fellows delivered to the US Senate petitions calling for medical liability reform with nearly 500,000 patient signatures.

Now, ACOG has launched a new campaign to engage patients in this important fight. The new Baby Photo Campaign encourages America’s moms to send photos of their babies to their US senators, urging them to pass medical liability reform.

The campaign involves patients in a fun and easy way—but delivers a strong message: “Please pass medical liability reform so my ob-gyn can keep delivering beautiful babies like mine.”

Fellows can request boxes of the baby photo cards at no cost to hand out to patients or place in physicians’ reception areas. ♀

info

→ For free baby photo cards, email keycontact@acog.org

► PAGE 1

“Think about how offering even one or two more screening tests could easily overwhelm our traditional system of prenatal care. Ask yourself, how will you find the time—and still address the important obstetrical and social needs of your patients?”

“Imagine that when you provide this care, information systems will create a performance evaluation that will track your productivity, your efficiency, and the quality of your care. This evaluation may measure not only whether you offered OB patients the recommended screening tests but may rate how effectively you communicated information about these tests.

“Or, in your gyn practice, imagine taking a complete three-generation family history on every patient and combining this with genomic information to individualize plans for preventive screenings.

“And imagine that information systems will produce an evaluation that will report the number of patients you saw in an hour and their satisfaction with your care—and it may rate your cost-effectiveness and patient outcomes compared to a benchmark.

“Think about the great influence these evaluations could have—influence on your reimbursement, a new process that has become known as pay-for-performance, influence on your job satisfaction, and even on your self-esteem. Now, I ask you, can we deal with such a future with anything less than fundamental changes in what we learn and how we practice?”

New tools for training and practice

Dr. Mennuti outlined changes that need to take place in both training and practice to address the innovations affecting ob-gyn—innovations that demand a change in culture.

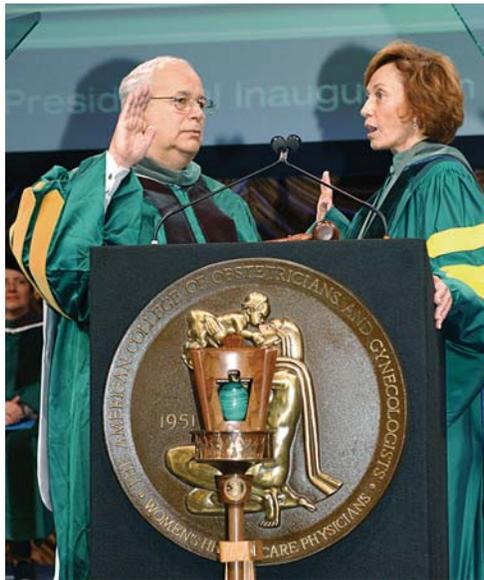
“We know that we cannot extend our training time. And, we also know that we cannot squeeze more information and more requirements into our traditional residencies. . . . So, how can training accommodate these changes? Well, we could reduce or eliminate experiences that individual residents will not use in practice, and we could reduce the time they spend performing nonlearning tasks.

“These seem like obvious solutions. But, if they are so obvious, why haven't we done

them? Why do we sometimes see residents drawing blood or transporting patients? Why do we expect every resident going into oncology to have the same obstetric experience as one who will actually deliver babies in practice?”

Dr. Mennuti noted that “some have pointed out that breaking through the barriers created by the financial constraints and service needs of our teaching hospitals is difficult. And that's true.”

“But I would also posit that breaking through the barriers of our traditions and culture is even harder. How can we streamline



Dr. Mennuti takes the oath of office from outgoing ACOG President Vivian M. Dickerson, MD.

residents' work to enable them to learn new information and new technologies?

“We must successfully advocate for the infrastructure and support so their time can be spent providing care and learning. We must quickly modify or eliminate requirements as soon as they are no longer relevant.

“We must begin to restructure our residencies to support the flexibility option allowed by the Board and the RRC. And when we do that, we must provide the mentoring that our residents will need to make the right career choice earlier in their training. These are solutions that we must explore.

“In practice—no matter what type of practice—we already feel hammered on every front. . . . Compounding our liability risk is the pressure to see more and more patients

in less time. Add to that the demands of improving patient safety and the ever-increasing regulations that did not exist 20, 10, or even five years ago, and then try keeping pace with new developments and new guidelines.

“We also need creative solutions in practice. We must optimize our teamwork with nonphysician providers. We must begin to explore the options of hospitalists, laborists, and ob-gyns who do only ambulatory care.

“And, we must develop models of practice that will meet the needs of patients but also the needs of a new and different generation of ob-gyns—models of practice that allow part-time employment, job sharing, and time-out for family.

“We must also continue to develop and nurture more young ob-gyns to become physician-scientists—because they are uniquely positioned to ask the most important research questions and to find answers that can be translated into better care for our patients.”

Medical liability reform remains No. 1 priority

Dr. Mennuti reaffirmed the College's commitment to medical liability reform, which remains ACOG's No. 1 priority.

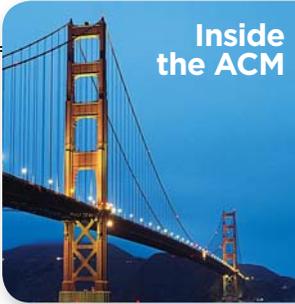
“The medical liability crisis extends to all areas of medicine but has hit ob-gyn the hardest. It is jeopardizing women's health care and our specialty,” he said. “It truly demands our full attention and resources. I promise you the solution to this problem will remain the College's top priority.”

Up to the challenge

Dr. Mennuti called on members “to be prepared for change, to widen our horizons, and to embrace new approaches with confidence.”

“It is challenging to make changes in the training and practice models that are known and comfortable, but we will be building on a history and on values that have made this the greatest specialty, values that have always put what is best for our patients at the center of every decision.

“I have no doubt that as we change, we will continue to provide the highest quality of care to women, and we will continue to find joy in our day-to-day care of patients.” ♀



Inside the ACM

“As a resident, I will be joining a practice in the next year, so the thing I am most looking forward to [at the ACM] is establishing connections.”

— Allison M. Goeden, MD, Milwaukee



Learning firsthand at the ACM hands-on postgraduate course on ultrasound



Meeting an Olympic gymnast: A friend uses a camera phone to take a photo of an ACM attendee with Olympic gymnast Mary Lou Retton, a spokesperson for an exhibitor in the Exhibit Hall.



Attending the first-ever ACM Young Fellows Forum: More than 140 young Fellows signed up for the event, which covered hot issues in ob-gyn.



Testing out new devices in the ACM Exhibit Hall



“This is my first time here, and I am looking forward to all of the educational opportunities the ACM has to offer so I can expand my educational and practice opportunities.”

— Anya J. Rose, MD, Ypsilanti, MI



Wearing red in support of women and heart disease at the Afternoon Tea for All Spouses

Delivering a stellar lecture: Malcolm Potts, MB, PhD, presents the Samuel A. Cosgrove Memorial Lecture during the ACM President's Program.





New JFCAC chair takes office at ACM

MAY HSIEH BLANCHARD, MD, realizes that many Junior Fellows have the passion for legislative activism but may lack the data to prove their point.

“Junior Fellows have the enthusiasm, and we recognize activism is important,” said Dr. Blanchard, the new chair of the Junior Fellow College Advisory Council. “What we need is the data so that we can present our case to legislators and our patients. I’d like to gather data from Junior Fellows who are in fellowships, practice, or their final year of residency to determine how the medical liability crisis has affected where and how they choose to practice.”

That’s just one of the numerous ideas that Dr. Blanchard plans to develop during her term as JFCAC chair, which began at ACOG’s Annual Clinical Meeting in May.

Dr. Blanchard is associate director of the residency program at MetroHealth Medical Center, Department of Obstetrics and Gynecology,

Cleveland, and an assistant professor in the Department of Reproductive Biology at Case Western Reserve University in Cleveland.

Plans for year ahead

Dr. Blanchard also wants to evaluate the direction of the JFCAC, just as the Executive Board did for ACOG earlier this year, releasing a new College strategic plan and mission statement. JFCAC working groups are using the strategic plan as a springboard to determine how to fine tune the goals and plans for the JFCAC.

One area that will likely always remain front and center is medical student recruitment.

“Medical student recruitment is an ongoing, moving target. We did some good groundwork this year by producing the medical

student brochure and getting medical school student interest groups started,” Dr. Blanchard said. “We constantly need to think of novel strategies for recruiting medical students and keeping a dialogue going from the section level up to the district level to the national level.”

Dr. Blanchard also believes it’s important to bolster postgraduate training and education for Junior Fellows. The JFCAC is evaluating how best to use the new primer *The Business of Medicine: An Essential Guide for Obstetrician-Gynecologists*, possibly by developing a course specifically for Junior Fellows at the ACM that would use the topics in the book as course material.

The book was developed by ACOG at the request of, and with input from, the JFCAC’s Business of Medicine Task Force. ♀

“We constantly need to think of novel strategies for recruiting medical students and keeping a dialogue going from the section level up to the district level to the national level.”

JFCAC elects new vice chair



DISTRICT VII Junior Fellow Chair Patrick S. Ramsey, MD, MSPH, was elected vice chair of the Junior Fellow College Advisory Council at the Annual Clinical Meeting in May.

Dr. Ramsey is an assistant professor of ob-gyn at the University of Alabama at Birmingham.

“I’m looking forward to energizing our group to reach out to all levels of Junior Fellows—those in practice, training, and residencies,” Dr. Ramsey said. “This is a great Council that we have, and I’m looking forward to a great year ahead.”

In his presentation to the JFCAC, Dr. Ramsey outlined three areas he wants to focus on:

- ▶ Enhancement of Junior Fellow communication
- ▶ Medical student recruitment

▶ Professional liability reform and its impact on Junior Fellows

Dr. Ramsey suggests the formation of a JFCAC committee that would guide the re-configuration of the Junior Fellow website to make it a more useful tool that allows for a better exchange of ideas and information. He also wants to explore other ways to improve communication with and elicit input from Junior Fellows.

To reach out to medical students, Dr. Ramsey believes the JFCAC should consider developing educational and training materials that teach Junior Fellows how to serve as effective mentors to medical students.

Dr. Ramsey also supports the development of sessions geared toward medical students at the ACM and section and district meetings. The sessions could detail the positive aspects of the ob-gyn specialty and include procedural workshops and lectures. ♀

Junior Fellow elections to be held online in August

With Junior Fellow district elections coming up in August, it’s not too early to review candidates’ names and CVs as you prepare to cast your vote.

Junior Fellow elections will be held online August 1–31. A list of candidates and their CVs are currently available in the Junior Fellow section of the ACOG website, under “Membership.”

“Online elections, which were implemented last year, provide Junior Fellows a quick and easy avenue to select which leaders they wish to represent them in their districts,” said Christine Himes, ACOG manager of district and section activities. ♀

info

- To review candidates’ CVs: visit the Junior Fellow section under “Membership” on the ACOG members-access website, www.acog.org
- Questions: Christine Himes, 800-673-8444, ext 2561, or chimes@acog.org

Junior Fellows puzzle professors at ACM



The panel of professors appears perplexed during the description of a case.

ACOG'S JUNIOR FELLOWS gave an elite panel of physicians a stiff mental workout during the Stump the Professors scientific session at the Annual Clinical Meeting in May in San Francisco.

Out of the four cases presented to professors Mary E. D'Alton, MD; Alan D. Garely, MD; Beth Y. Karlan, MD; and Valerie C. Montgomery Rice, MD, the panel was unable to nail down a final diagnosis on two cases and made late pushes to identify the others correctly.

As usual, the always-popular session played to a full house, and laughter was in abundance.

"The Mysterious Mass"

The first case was presented by District I's Aimee D. Eyvazzadeh, MD, Brookline, MA. Dr. Eyvazzadeh presented the case of a 31-year-old recently pregnant patient complaining of a sudden onset of vaginal burning pain.



Dr. Eyvazzadeh

A reddish-purple mass was present in her uterus, but the patient was in too much pain for a physical exam. The patient was anesthetized, and a transvaginal ultrasound was performed, showing a normal-size uterus. Eventually a cystoscopy was performed, showing that all was normal except for an enlarged urethra. A biopsy of the mass was then performed.

It appeared that Dr. Eyvazzadeh had stumped the professors, but after a question regarding an irregular right kidney, Dr. Garely hit on the diagnosis: "That would be a prolapsed ectopic ureter, and one point for us," he said to the delight of the crowd.

"Lend Me a Hand"

District IV's Lori A. Cashbaugh, MD, Atlanta, presented the case of a 34-year-old full-term nail technician of Vietnamese origin who spoke only her native tongue.

She had a healthy vaginal delivery with no lacerations noted, but within 30 minutes of birth, doctors were called back because the patient began to suffer from disseminated intravascular coagulation.



Dr. Cashbaugh

After aggressive transfusion and fluid resuscitation, during which a right radial arterial line was placed, the woman began having pain in her right hand, specifically the distal fingertips. The patient said she had no history of carpal tunnel syndrome, although she said her hands did get tired at times.

In the end, it was discovered that the patient was suffering from acute carpal tunnel syndrome; she made a full recovery after surgery.

"An Abrupt Turn of Events"

Kathleen E. Cook, MD, Charlotte, NC, of District IV, presented the case of a 31-year-old American Indian woman at 36 weeks gestation who was awakened with severe abdominal pain in the middle of the night. There was no vaginal bleeding, and there had been no fetal movement since the onset of the pain.



Dr. Cook

There was no fetal heart rate, and there was blood in the patient's urine, so she was moved to the intensive care unit. Pitocin was given, but she had no contractions. An ultrasound exam showed a clot in the uterus, and the fetus was found to have a transverse lie. After the patient was in the hospital for 16 hours and had received 18 total units of Pitocin, there was still zero uterine response.

Dr. D'Alton spoke for the group, saying that a cesarean delivery was recommended because of obvious fetus demise and clear danger to the mother. Dr. Cook agreed and said that the woman became unstable in the operating room and that upon inspection the uterus appeared pale, so a vertical hysterectomy was performed.

Dr. Rice was the first to voice the final diagnosis of uterine torsion, which was correct. In fact, the patient's uterus had rotated 270 degrees, completely cutting off blood to the fetus.

"Did I Get This from My Husband?"

The final case stumped and shocked not only the panel but the entire audience as well. The patient, a 37-year-old, fairly recent immigrant from Mexico, presented herself to District IX's Terry White, MD, Los Angeles, with a high fever and severe abdominal pain, which had been steadily increasing for a week.



Dr. White

The woman said she was not seeking to become pregnant and had an intrauterine device. A complex mass measuring six centimeters was discovered during an ultrasound, and a preliminary diagnosis of pelvic inflammatory disease was given. However, the patient did not respond to antibiotics, and the fever and white blood cell count continued to increase.

The mass was removed, and the patient quickly got better.

Dr. White put the slides from the pathologist on a large screen and asked the panelists what they thought. They were stumped.

Dr. White then explained to the crowd that the diagnosis was that of fetal bone after a late therapeutic abortion.

As it turned out, the woman had had an abortion 10 years before and was under the impression that an IUD had been inserted at some point. Therefore, she told doctors during subsequent examinations that she had an IUD implanted, although it turns out she did not. ♀

Distinguished Service Award

The ACOG Distinguished Service Award, the College's highest award, is presented to outstanding individuals in obstetrics and gynecology who have made significant contributions to ACOG and/or the discipline of obstetrics and gynecology in government, research, teaching, or direct patient care. These four individuals were honored at the Annual Clinical Meeting in May.

Verda J. Hunter, MD



DR. HUNTER is clinical assistant professor in the Department of Obstetrics and Gynecology at the University of Kansas and clinical associate professor of the departments of obstetrics and gynecology and surgery at the University of Missouri-Kansas City. She is also the director of gynecologic oncology at the Resource Center for Gyn-Oncology in Kansas City, MO. Dr. Hunter received a medical degree from the University of Illinois, Chicago, and completed her residency in ob-gyn at Union Memorial Hospital in Baltimore. She was a gynecologic oncology fellow at Duke University Medical Center.

Dr. Hunter was the 2003 Medical Honoree for the American Heart Association and was named one of the top physicians in Kansas City, MO, in 2002. She assisted the FBI in a case involving the illegal dilution of chemotherapeutic agents for a pharmacist's personal gain. Because of her efforts, she received the Director's Community Leadership Award from the Kansas City Branch of the FBI in 2001. In 2002, she was honored again by the FBI with the Louis E. Peters Memorial Service Award.

Duane F. Alexander, MD



DR. ALEXANDER is director of the National Institute of Child Health and Human Development of the National Institutes of Health. He received his medical degree from Johns Hopkins University School of Medicine in Baltimore and completed his residency in pediatrics at Johns Hopkins.

Dr. Alexander held several positions at NICHD before becoming the director. He was the assistant to the director and had primary

responsibility for organizing and conducting consensus development conferences on antenatal diagnosis, cesarean childbirth, and diagnostic ultrasound imaging in pregnancy. He also revised procedures for oversight and review of NICHD research centers. As the deputy director, he was directly responsible for supervision of the entire extramural research program of the Institute, including the Center for Research for Mothers and Children, Center for Population Research, and Scientific Review Program.

In his tenure at NICHD, Dr. Alexander has increased the number of ob-gyns employed in the Institute. He has also played a key role in increasing research funding for the development of programs to train researchers.

Dr. Alexander serves on the board of directors of the Society for Development Pediatrics. In 1992 he received ACOG's Public Service Award. He has also received the Surgeon General's Medallion and the US Department of Health and Human Services Secretary's Award for Distinguished Service.

Timothy R.B. Johnson, MD



DR. JOHNSON is the Bates Professor of the Diseases of Women and Children and chair of the Department of Obstetrics and Gynecology, professor of women's studies, and research scientist in the Center for Human Growth and Development at the University of Michigan in Ann Arbor. He received his medical degree from the University of Virginia. He completed his residency in ob-gyn at the University of Michigan and a fellowship in maternal-fetal medicine at Johns Hopkins University.

Dr. Johnson initiated the Women's Health Program with the University of Michigan Health System, which was designated as a National Center of Excellence in Women's

Health by the US Department of Health and Human Services. His academic career began at Johns Hopkins, where he established the Fetal Assessment Center, which focused on clinical and research aspects of maternal-fetal physiology, fetal development, prenatal diagnosis, and therapy.

Since 1985, Dr. Johnson has been actively involved in women's health projects in the developing world. He led a group that established the Carnegie Corporation's ACOG/Royal College of Obstetricians and Gynaecologists postgraduate training program in Ghana. The program has now trained more than 35 ob-gyns who have achieved specialist certification by the West African College of Surgeons, from which Dr. Johnson received an honorary fellowship. Dr. Johnson has continued the student, resident, and faculty exchanges between Ghana universities and the US and is working to extend the program to Nigeria, Malawi, and other parts of Africa.

Clarence R. McLain Jr, MD



DR. MCLAIN was the director of medical student education and professor with the Department of Obstetrics and Gynecology at the University of Cincinnati College of Medicine. According to the Association of Professors of Gynecology and Obstetrics, Dr. McLain held the longest tenure in the nation as a clerkship director, at 37 years.

Dr. McLain received his medical degree from the University of North Carolina School of Medicine and completed his residency at the Indiana University Medical Center in Indianapolis.

He was associate director for obstetrics of the Cincinnati Maternal and Infant Care Project and chaired the Prenatal Advisory Committee to the At-Risk Pregnancy Program for Ohio's Bureau of Maternal Child Care in the Department of Human Services.

Dr. McLain received the title of Distinguished Teaching Professor from the University of Cincinnati and was awarded the Daniel Drake Medal by the College of Medicine in May 2002. The Drake Medal is the highest recognition that can be bestowed on living alumni or present faculty. ♀

Outstanding District Service Award

Six Outstanding District Service Awards were presented at the Annual Clinical Meeting in May to those individuals who have made notable contributions to their districts.

DISTRICT I



Barry D. Smith, MD

Dr. Smith's ACOG activities began when he became the New Hampshire member of the District I Cancer Committee in 1977. He served as the New Hampshire Section secretary, vice chair, and chair. He also served on the district quality assurance and practice committees before and during his seven years as District I secretary. Dr. Smith organized a successful District I meeting in Greece in collaboration with the Hellenic ob-gyn organization in 1998. His district and section activities have focused on promoting improvements in health care through involving ACOG with regional organizations with similar goals and missions. Dr. Smith currently serves on the ABOG/ACOG Competency Task Force.

Dr. Smith recently retired as chair of the Department of Obstetrics and Gynecology at Dartmouth Medical School and the Dartmouth-Hitchcock Medical Center in New Hampshire.

DISTRICT II



Vivian Lewis, MD

Dr. Lewis has been involved with the District II initiative to educate physicians about heart disease, and she has represented ACOG on the advisory board of WomenHeart, an advocacy group for women with cardiovascular disease. As a steadfast proponent of resident and postgraduate education, Dr. Lewis has been a member of the PROLOG Task Force for Reproductive Endocrinology and Infertility and the CREOG Examination Committee-Subspecialty Interests.

Dr. Lewis is a professor of ob-gyn at the University of Rochester School of Medicine, where she directs the Division of Reproductive Endocrinology. She was recently appointed vice chair of ambulatory ob-gyn. Dr. Lewis is currently helping to oversee development and planning of a comprehensive women's center that she will direct when it opens in early 2006.

DISTRICT III



Peter A. Schwartz, MD

Dr. Schwartz has been the vice chair and chair of the Pennsylvania Section, serves on the District III Advisory Council, and chaired ACOG's Committee on Ethics. He served as a delegate to the American Medical Association and was the Region II program director representative for CREOG. He currently serves on ACOG's Task Force on Residency Issues.

While chair of the Pennsylvania Section, Dr. Schwartz led efforts to address the state's medical liability crisis. He was a member of the Pennsylvania Senate Task Force on Tort Reform, and he organized a grassroots effort between ACOG Pennsylvania members and women's organizations to communicate information on women's health issues and current health care legislation.

Dr. Schwartz is director of ob-gyn at the Reading Hospital and Medical Center. He also directs the residency and student training program.

DISTRICT IV



Thomas C. Rowland Jr, MD

Dr. Rowland was vice chair and chair of the South Carolina Section. He was ACOG treasurer from 2000 to 2003 and chaired the Committee on Finance for four years. He also chaired the District and Section Financial Service Center Oversight Committee and the Subcommittee for Development and served on the Compensation Committee and the Subcommittee on Insurance. He was a McCain Fellow and served on the Grievance Committee.

Dr. Rowland retired in 2002 from practicing ob-gyn in Columbia, SC. From the mid-1980s, he was clinical professor of ob-gyn at the Medical University of South Carolina in Charleston and the University of South Carolina School of Medicine in Columbia.

DISTRICT VII



James G. Blythe, MD

Dr. Blythe has been program chair, vice chair, and chair of the Missouri Section. He was program chair, secretary-treasurer, vice chair, and chair of District VII. He served on the committees on course coordination, nominations, and credentials, and he chaired the Committee on Industrial Exhibits. Dr. Blythe most recently represented ACOG on the American College of Surgeons' Advisory Council for Gynecology and Obstetrics. He has received the ACOG Issue of the Year Award and the District VII Junior Fellow Professor of the Year Award. Dr. Blythe has been a member of CREOG and received the CREOG National Faculty Award.

Dr. Blythe is professor and director of the Division of Gynecologic Oncology at the University of Mississippi Medical Center in Jackson.

DISTRICT IX



Ruth E. Haskins, MD

Dr. Haskins has been a member of the District IX Committee on State Legislation since 1994.

In her six years as chair of the committee, she reviews all bills presented in the California Legislature concerning women's health and the science and practice of ob-gyn.

Dr. Haskins has spoken publicly on behalf of ACOG on key bills that directly affect the medical community and the public.

For her efforts in the California Legislature, several legislators have complimented ACOG for having such a dedicated and skilled representative.

Dr. Haskins is a staff ob-gyn and associate professor at the University of California at Davis Medical Group in Folsom. ♀

Candidates for national office

Candidate quotes are in response to: *How can ob-gyns improve physician-patient communication?*

President Elect



Veena B. Desai, MD

West Springfield, MA

"Fiduciary professionalism has a small role in modern-day medicine. Spend time. Listen to the patient. Respect her values. Encourage two-way dialogues. Use diagrams. Answer questions. I will do my best in your circumstances—convey this to the patient."

Professional Position

Attending ob-gyn, Baystate Medical Center and Mercy Medical Center

Education

- **MD:** Seth G.S. Medical College, Bombay, India
- **RESIDENCY:** teaching hospitals in Bombay recognized by the Hospitals of National Health Service in the UK; and Dalhousie University, Canada

ACOG Activities

- **NATIONAL:** ACOG key contact



Kathleen Fitzgerald, MD

Providence, RI

"Widespread misperceptions of normal female anatomy and function, and the time constraints of modern medicine, significantly impede patient-physician interaction. Education of physicians in the utilization of modern communication tools—pictures, diagrams, and words—via computers, schools, media, and at every patient encounter would better serve our needs."

Professional Position

Private solo gynecology practice; assistant clinical professor, Brown Medical School; attending, Women & Infants Hospital of Rhode Island

Education

- **MD:** Georgetown University, Washington, DC
- **RESIDENCY:** Women & Infants Hospital and Rhode Island Hospital, Providence, RI

ACOG Activities

- **NATIONAL:** McCain Fellow; member, committees on Genetics, Credentials, Gynecologic Practice; member of *Managing Menopause* editorial board; ACOG delegate to AMA; chair of Ob-Gyn Section Council, AMA
- **DISTRICT I:** chair; vice chair; member, Gynecology Practice Committee; general chair, Annual District Meeting; Advisory Council member; chair, vice chair, Rhode Island Section; Rhode Island Section legislative liaison to Rhode Island Medical Society



Richard P. Green, MD

Washington, DC

"As women's health care physicians, we must make ample time to talk with our patients; to encourage and answer all of our patients' questions and to treat each patient as we would want our mother or daughter to be treated."

Professional Position

Private solo practice; senior attending physician in ob-gyn, Washington Hospital Center; assistant clinical professor, department of ob-gyn, Howard University College of Medicine; director of medical student education, department of ob-gyn, Prince George's Hospital Center

Education

- **MD:** Howard University, Washington, DC
- **RESIDENCY:** Howard University Hospital

ACOG Activities

- **NATIONAL:** vice president; assistant secretary; chair, Council of District Chairs; chair, Committee on Credentials; vice chair, Grievance Committee; member, committees on Professional Liability, Nominations; member, Subcommittee for Development; member, Task Force on Neonatal Encephalopathy & Cerebral Palsy; reviewer, Voluntary Review of Quality of Care program; peer reviewer, ACM postgraduate course
- **DISTRICT IV:** chair; vice chair; secretary; newsletter editor; chair, committees on Site Selection, Perinatal Mortality; chair, vice chair, District of Columbia Section

PRESIDENT ELECT CANDIDATES CONTINUED ON PAGE 11

Take part in the election process

FELLOWS ARE ENCOURAGED to take part in the national officer election process by discussing candidates with Committee on Nominations members. (See committee roster on page 14.) The qualifications of candidates will also be discussed at fall district meetings. The Committee on Nominations will meet in November to select the slate of candidates to be voted on at the Annual Business Meeting on May 8, 2006, in Washington, DC. The elected officers will begin their terms on May 11, 2006, at the close of the Annual Clinical Meeting.

President Elect *continued*



Douglas H. Kirkpatrick, MD

Denver

“Usually ob-gyn physicians are excellent communicators, incorporating rapport, respect, and advocacy for our patients. However, we can improve our listening skills by sitting down, not interrupting patients, and not appearing to be ‘rushed.’ The effective communicator enjoys respect and trust from his/her patients.”

Professional Position

Private ob-gyn practice; assistant clinical professor of ob-gyn, University of Colorado Health Sciences Center

Education

- **MD:** University of Iowa
- **RESIDENCY:** University of Michigan

ACOG Activities

- **NATIONAL:** vice president; chair, Council of District Chairs; chair, Grievance Committee; member, committees on Nominations, Credentials, Health Care for Underserved Women, Professional Liability
- **DISTRICT VIII:** chair; vice chair; secretary; recipient, Outstanding District Service Award; recipient, Wyeth Pharmaceuticals Section Award; chair, vice chair, secretary, Colorado Section



Kenneth L. Noller, MD

Boston

“Communication requires a transfer of information in two directions. We can learn much from listening to our patients’ needs, desires, and anxieties. We should always use understandable terminology and include their input in all treatment plans.”

Professional Position

Louis E. Phaneuf Professor and Chair, Department of Ob-Gyn, and professor, Department of Family and Community Medicine, Tufts University Medical School, Boston; chair, Ob-Gyn Department, Tufts-New England Medical Center

Education

- **MD:** Creighton University, Omaha, NE
- **RESIDENCY:** Mayo Graduate School of Medicine, Rochester, MN

ACOG Activities

- **NATIONAL:** chair, committees on Gynecologic Practice, Scientific Program, Clinical Document Review Panel-Gynecology; member, committees on Nominations, Residency Review, Professional Standards, Industrial Exhibits, Coding and Nomenclature; liaison to AAFP; member, Education Commission; consultant editor and editorial board member, *Obstetrics & Gynecology*; editor, *Precis: Gynecology*
- **DISTRICT VI:** chair, Program Committee; member, Membership Committee
- **DISTRICT I:** member, Advisory Council; chair, Program Committee; co-chair, Practice/Quality Improvement Committee

Vice President



Sandra A. Carson, MD

Houston

“Obstetrician-gynecologists and patients can communicate better by repeating each other’s responses and requesting confirmation of understanding. For example, ‘I understand you are asking me to explain in 25–40 words how ob-gyns can communicate better with patients. Is that correct?’”

Professional Position

Professor of ob-gyn, Baylor College of Medicine

Education

- **MD:** Northwestern University, Chicago
- **RESIDENCY:** Prentice Women’s Hospital, Northwestern University

ACOG Activities

- **NATIONAL:** ex officio representative on Executive Board for American Society for Reproductive Medicine; chair, LCOG Task Force on Student Recruitment; chair, committees on Patient Education, Scientific Program; member, Task Force on Strategic Planning and Task Force on Student Recruitment; member, Liaison Committee for Ob-Gyn; associate editor, *ACOG Current Journal Review*



Sharon T. Phelan, MD

Albuquerque, NM

“Time and accessibility—hard-to-find commodities in today’s hectic lives for providers and patients. Improved national guidelines and security for email correspondence would allow communication on individual timelines, references to websites, ready documentation, and flexible accessibility for both.”

Professional Position

Medical director, Maternity and Infant Care Project; professor in ob-gyn, University of New Mexico

Education

- **MD:** University of New Mexico
- **RESIDENCY:** University of New Mexico

ACOG Activities

- **NATIONAL:** assistant secretary; vice chair, Committee on Obstetric Practice; member, committees on Grievance, Practice Bulletins; member, ABOG/ACOG Competency Task Force; member, Task Force on Women and Younger Fellows in ACOG Leadership; member, Family Violence Work Group; representative to Council of Academic Societies; member, editorial task force for *Precis: Primary and Preventive Care*, third edition; helped develop smoking cessation material for membership
- **DISTRICT VII:** chair, State Maternal Mortality Review Committee, Alabama Section

Veena B. Desai, MD [SEE INFORMATION ON PAGE 10.](#)

Kathleen Fitzgerald, MD [SEE INFORMATION ON PAGE 10.](#)

VICE PRESIDENT CANDIDATES CONTINUED ON PAGE 12

Vice President *continued*



Peter A. Schwartz, MD

Reading, PA

"With limited time to spend with patients, we should become more attentive listeners and pay greater attention to nonverbal communication. We can augment time for direct communication by encouraging patients to use web-based communication to ask questions, schedule appointments, etc."

Professional Position

Director, department of ob-gyn, and director of residency in ob-gyn, Reading Hospital and Medical Center; clinical professor of ob-gyn, Drexel University School of Medicine

Education

- **MD:** Boston University
- **RESIDENCY:** Yale-New Haven Hospital, CT

ACOG Activities

- **NATIONAL:** chair and vice chair, Committee on Ethics; member, Committee on Government Relations; member, Task Force on Residency Issues; ACOG delegate to AMA; member, Residency Review Committee; CREOG Region II program director representative
- **DISTRICT III:** member, Advisory Council; recipient, Outstanding District Service Award; chair, vice chair, Pennsylvania Section



Janette H. Strathy, MD

Edina, MN

"Communication is verbal, nonverbal, and written. All modalities must be geared toward reassuring the patient that her issues have been heard and addressed, thus enhancing compliance and safety. New technologies (secure email, e-scheduling, and e-visits) will add to many patients' convenience and satisfaction."

Professional Position

Private group practice; adjunct professor of ob-gyn, University of Minnesota

Education

- **MD:** Mayo Medical School, Rochester, MN
- **RESIDENCY:** Mayo Graduate School of Medicine

ACOG Activities

- **NATIONAL:** assistant secretary; chair, Committee on Credentials; member, committees on Government Relations, Nominations, Grievance, Adolescent Health Care, Practice Management; member, Task Force on Expert Witnesses; participant, Leadership Program in Women's Health Policy
- **DISTRICT VI:** vice chair; recipient, Outstanding District Service Award; co-chair, Legislative Committee; chair, Legislative Committee of Minnesota Section; chair, vice chair, Junior Fellow chair, Minnesota Section

Treasurer



James T. Breeden, MD

Carson City, NV

"I believe that listening and asking open-ended questions are key to improving physician-patient communication. I find that by asking what their expectations are and by explaining treatment options we become partners in a successful treatment plan."

Professional Position

Private group practice; president, Carson Medical Group

Education

- **MD:** Marquette University, Milwaukee
- **RESIDENCY:** Mercy Hospital, San Diego

ACOG Activities

- **NATIONAL:** chair, Council of District Chairs; member, committees on Nominations, Coding and Nomenclature, Finance; member, Task Force on Strategic Planning
- **DISTRICT VIII:** chair; vice chair; treasurer; newsletter editor; chair, vice chair, Nevada Section



Vincent A. Pellegrini, MD

West Reading, PA

"The key element is being an attentive listener, staying focused, and maintaining eye contact. Interrupt only if absolutely necessary for clarification. Allow your patient to state her concerns and fears. Assure yourself that your patient understands the issues before leaving."

Professional Position

Private group practice, director of IVF program; coordinator of Reproductive Endocrinology and Infertility Residency Training, Reading Hospital and Medical Center

Education

- **MD:** Jefferson Medical College, Philadelphia
- **RESIDENCY:** Lankenau Hospital, Philadelphia

ACOG Activities

- **NATIONAL:** member, Council of District Chairs; member, committees on Finance, Credentials; member, Task Force on Electronic Health Records; chair, Subcommittee on Insurance
- **DISTRICT III:** chair; vice chair; treasurer; recipient, Outstanding District Service Award; Junior Fellow chair, vice chair; chair, vice chair, Pennsylvania Section

TREASURER CANDIDATES CONTINUED ON PAGE 13

Treasurer *continued*



Patrick J. Sweeney, MD, PhD

Providence, RI

“All physicians, including ob-gyns, could improve patient-physician communication by becoming better listeners and better observers. Listening requires patience (which is free) and time (which is costly). Observation requires the ability to recognize nonverbal clues and to pursue them with sensitivity.”

Professional Position

Professor of ob-gyn, Brown Medical School; medical director of ambulatory care and associate director of medical education, Women & Infants Hospital of Rhode Island

Education

- **MD:** St. Louis University
- **RESIDENCY:** Temple University Hospital, Philadelphia

ACOG Activities

- **NATIONAL:** McCain Fellow; member, committees on PROLOG, Practice Bulletins-Gynecology, Financial Services Center Oversight, Finance
- **DISTRICT I:** treasurer; program chair, Annual District Meeting; member, Gynecology Practice Committee



Louis Weinstein, MD

Philadelphia

*“Communication = Listen
L = Learn from the information
I = Interest in the person
S = Silent until patient finished
T = Time given for discussion
E = Empathy for what is said
N = Never discount any information”*

Professional Position

Chair, department of ob-gyn, Thomas Jefferson University

Education

- **MD:** Wake Forest University, Winston-Salem, NC
- **RESIDENCY:** University of Colorado

ACOG Activities

- **NATIONAL:** chair, PROLOG Advisory Committee, Committee on Course Coordination; member, Committee on Quality Improvement and Patient Safety; member, PROLOG writing task force first, second, third, and fifth editions; chair, Subcommittee on Accreditation Activities; member, Task Force on Neonatal Encephalopathy & Cerebral Palsy; member, PROLOG Task Force for Patient Management in the Office; reviewer, Indian Health Service postgraduate course; course coordinator, postgraduate courses

Assistant secretary

James T. Breedon, MD [SEE INFORMATION ON PAGE 12.](#)

Vincent A. Pellegrini, MD [SEE INFORMATION ON PAGE 12.](#)



Paul A. Gluck, MD

Miami

“Physicians should consider the patient’s perspective—their concerns, fears, and level of health literacy. Subsequently, empathetic communication should be a facilitated dialogue in which listening is as important as the ability to explain complex ideas with simple terms and analogies.”

Professional Position

Private group practice

Education

- **MD:** New York University
- **RESIDENCY:** University of Miami-Jackson Memorial Hospital, Miami

ACOG Activities

- **NATIONAL:** director of the Voluntary Review for Quality of Care program; chair, Committee on Quality Improvement and Patient Safety; member, committees on Course Coordination, Nominations; chair, Subcommittee on Patient Safety; ACOG alternate delegate to AMA
- **DISTRICT IV:** member, Advisory Council; Junior Fellow chair, vice chair, secretary-treasurer; member, Professional Liability Committee; chair, local arrangements for Annual District Meeting; chair, vice chair, Junior Fellow vice chair, Florida Section; chair, Florida Section Professional Liability Committee



Barry D. Smith, MD

Lebanon, NH

“Communication is enhanced when the physician is knowledgeable of and has a willingness to discuss patient educational materials while also responding to patient and family questions, concerns and reviewing treatment options in a respectful and sensitive manner using lay terminology.”

Professional Position

Chair and professor of ob-gyn, emeritus, Dartmouth-Hitchcock Medical Center

Education

- **MD:** Cornell University, Ithaca, NY
- **RESIDENCY:** New York Hospital/Cornell Medical Center

ACOG Activities

- **NATIONAL:** member, ABOG/ACOG Competency Task Force
- **DISTRICT I:** secretary; chair, Annual District Meeting; member, committees on Quality Assurance, Practice, Cancer; recipient, Outstanding District Service Award; chair, vice chair, secretary, New Hampshire Section

CANDIDATES CONTINUED ON PAGE 14

OFFICER NOMINATIONS

Fellow-at-Large



Steven J. Fleischman, MD

New Haven, CT

"Patients want to be active participants in health care decisions. We need to use the Internet and other resources to educate our patients. By empowering them to be active participants in their health care, we will improve our communication."

Professional Position

Private group practice

Education

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

ACOG Activities

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



Eleanor H. Yoon, MD

Fairfax, VA

"I think the answer is simple but not necessarily easy to employ. We need to spend more time in the office face-to-face with our patients, sitting down, and actually taking the time to listen to them. This can lead to a more satisfying experience for both the patient and the physician."

Professional Position

Private group practice

Education

- **MD:** University of Virginia
- **RESIDENCY:** Medical University of South Carolina

ACOG Activities

- **NATIONAL:** member, committees on Continuing Medical Education, Scientific Program; peer reviewer, ACOG post-graduate course; member, Task Force on Practice Issues; member, Advisory Council on Prenatal Smoking Cessation
- **DISTRICT VII:** Annual District Meeting scientific program co-chair
- **DISTRICT IV:** Junior Fellow chair, vice chair; treasurer, Maryland Section; Junior Fellow chair, vice chair, South Carolina Section



Archana Pradhan, MD, MPH

New Brunswick, NJ

"Increased patient compliance/satisfaction, accurate patient diagnoses, decreased malpractice litigation are proven benefits of improved physician-patient communication. Physicians should utilize assessment and evaluation tools to learn how to use every patient encounter to develop rapport, establish trust, and create solid relationships."

Professional Position

Assistant professor of ob-gyn and medical director of ob-gyn, Robert Wood Johnson Medical School Department of Ob-Gyn

Education

- **MD:** Duke University, Durham, NC
- **RESIDENCY:** Nassau County Medical Center, East Meadow, NY

ACOG Activities

- **NATIONAL:** member, committees on Gynecologic Practice, Practice Bulletins-Gynecology
- **DISTRICT II:** Junior Fellow chair, vice chair; Junior Fellow chair, vice chair, Section 4

COMMITTEE ON NOMINATIONS

Chair:	Charles B. Hammond, MD
District I:	Mark S. DeFrancesco, MD
District II:	Scott D. Hayworth, MD
District III:	Richard W. Henderson, MD
District IV:	James E. Brown, MD
District V:	Stanley A. Gall, MD
District VI:	Robert J. Jaeger, MD
District VII:	John W. Calkins, MD
District VIII:	J. Joshua Kopelman, MD
District IX:	Betty K. Tu, MD, MBA
Armed Forces District:	Paul R. Ziaya, MD
At-Large Fellows:	Sharon B. Mass, MD Catherine T. Witkop, Maj, MC USAF
Past Presidents:	Thomas F. Purdon, MD John M. Gibbons Jr, MD

FELLOWS ARE ENCOURAGED TO DISCUSS CANDIDATES WITH COMMITTEE ON NOMINATIONS MEMBERS.

2005 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

JULY

5

**ACOG WEBCAST:
CPT Rules for
Documenting Evaluation
and Management
Services**

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

22-24

**Florida Section Annual
Meeting**

Orlando, FL
www.flobgyn.org

AUGUST

2

**ACOG WEBCAST:
Medicare Rules for
Documenting Evaluation
and Management
Services**

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

SEPTEMBER

6

**ACOG WEBCAST:
How to Survive an Audit**

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

14-18

**ACOG District I Annual
Meeting**

Quebec, Canada
800-673-8444, ext 2531

22-25

**ACOG District VII
Annual Meeting**

San Antonio
800-673-8444, ext 2540

22-25

**ACOG District VIII
Annual Meeting**

San Antonio
800-673-8444, ext 2540

25-29

**15th World Congress on
Ultrasound in Obstetrics
& Gynecology**

Vancouver, BC
www.isuog2005.com

27-30

**Royal College of
Obstetricians and
Gynaecologists
6th International
Scientific Meeting**

Cairo, Egypt
pioneererevents@yahoo.com
www.rcog2005.com

28-Oct 1

**NAMS: North American
Menopause Society**

San Diego
www.menopause.org
440-442-7550

30-Oct 2

**ACOG District V Annual
Meeting**

Toronto, ON
800-673-8444, ext 2540

30-Oct 2

**ACOG District VI Annual
Meeting—Fellows**

St. Thomas, Virgin Islands
800-673-8444, ext 2540

OCTOBER

4

**ACOG WEBCAST:
Managing Adverse
Outcomes**

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

20-24

**Academy of
Breastfeeding Medicine
Annual Meeting**

Denver
www.bfmed.org/meeting.html

28-30

**ACOG District II Annual
Meeting**

New York City
518-786-1529

28-30

**ACOG District III Annual
Meeting**

Los Cabos, Mexico
916-442-8865

28-30

**ACOG District IV Annual
Meeting**

Los Cabos, Mexico
916-442-8865

28-30

**ACOG District IX Annual
Meeting**

Los Cabos, Mexico
916-442-8865

30-Nov 2

**ACOG Armed Forces
District Annual Meeting**

Seattle
800-673-8444, ext 2540

NOVEMBER

1

**ACOG WEBCAST:
Complications of
Laparoscopic Surgery**

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

DECEMBER

2-4

**ACOG District VI Annual
Meeting—Junior Fellows**

Minneapolis
800-673-8444, ext 2540

ACOG POSTGRADUATE COURSES

Two ways to register:

1. Call 800-673-8444, ext 2540/2541, or 202-863-2540/2541, weekdays 9 am-4:45 pm ET
2. Go to www.acog.org and click on "Postgraduate Courses and CPT Coding Workshops" under "Meetings"

Registration must be received one week before the course.
Onsite registration subject to availability.

JULY

8-10

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

Indianapolis

15-17

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

Seattle

SOLD OUT

AUGUST

5-7

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

Dearborn, MI

SEPTEMBER

6-8

**Special Problems for the
Advanced Gynecologic
Surgeon**

Laguna Niguel, CA

9-11

Screening in Ob-Gyn

Laguna Niguel, CA

16-18

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

Atlanta

23-25

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

Memphis, TN

OCTOBER

7-9

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

Las Vegas

NOVEMBER

11-13

**Practice Management
Update for the
Obstetrician-
Gynecologist**

Coronado, CA

12-13

**No Frills—Operative
Hysterectomy**

Chicago

18-20

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

Washington, DC

DECEMBER

1-3

**Complications in
Obstetrics**

New York City

2-4

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

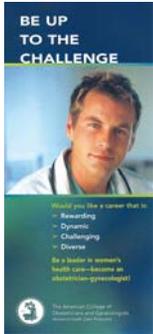
Sante Fe, NM

8-10

Pearls from Ob-Gyn

Chicago

New campaign aimed at medical students



As part of the ongoing efforts to reach out to medical students, ACOG has developed a brochure and poster campaign. The new “Be Up to the Challenge” materials explain to medical students how rewarding, diverse, and dynamic a career in ob-gyn can be.

ACOG is distributing the brochures to medical students and providing posters and bulk quantities of the brochures to medical school deans and faculty. Fellows can also request copies of the brochures to distribute to students.

“The brochures can be given to all medical students—even if they haven’t expressed

an interest in ob-gyn yet,” said Colleen Flood, ACOG’s manager for membership development. “The fact is, many first- and second-year students haven’t made up their minds about a career choice, and we want them to explore the rewarding field of ob-gyn.”

The poster and brochure campaign is a part of ACOG’s Medical Student Initiative, which aims to attract medical students to the ob-gyn specialty. The initiative has expanded dramatically in recent months. Medical student membership in ACOG is now free, and there is a medical student section on the ACOG website and a dedicated email address for medical student issues: student@acog.org.

In addition, for the first time at an Annual Clinical Meeting, there was a Medical Student Lounge and a Medical Student Booth at this year’s ACM, held in San Francisco in May. ♀



New York University medical students Monica Ho, Brian Levine, and Pamela Sung sit outside the Medical Student Lounge at the ACM in May.

info

- For more information or to request brochures or posters, email student@acog.org
- www.acog.org/goto/medstudents

Audiotapes of 2005 ACM courses available

Want to capture all the great lessons you learned and the research you heard about at the ACM? Or unable to attend a particular session? You don’t have to miss out. Audiotapes from the 2005 Annual Clinical Meeting, held in San Francisco, May 7–11, 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, including the Presidential Inaugural Address of Michael T. Mennuti, MD, are on MP3 CD-ROMs and audiocassettes. ♀

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 28-05



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