“ACOOG is passionately committed to excellence in women’s health. With integrity, we shall educate and support osteopathic health care professionals to improve the quality of life for women. In doing so, we will provide opportunities for fellowship and joy in our profession.”
Summer Greetings to our ACOOG family:

It is hard to believe that we are already entering the ‘dog days’ of summer and that it has been three months since I was honored to be inducted as your ACOOG president. I hope you have some personal-family time planned for this summer. I would like to thank our immediate past-president, Dr. James Perez for his leadership over the past year, and to thank the administrative staff at ACOOG who work to advance the goals and strategies of our organization. It is my honor to serve our college as we continue to forge our way through the many changes and challenges of the single accreditation system, CME, & the process of continuing certification. Most of our AOA/ACOOG Ob-Gyn residency programs are moving forward into the ‘single accreditation system.’ As president, I will continue to advocate for our students, our college, and our continued identity of osteopathic distinctiveness.

During my presidential address at the ACOOG convention in Palm Springs, CA. I spoke of the importance of our continuing advocacy for the National Student Society (NSS) of ACOOG and creating mentoring opportunities for osteopathic students to interact with Ob-Gyn mentors in their geographic regions. I addressed challenges and opportunity----drawing comparisons between the social changes the baby boomer generation faced in the 1950’s and ‘60’s with the changes our millennial generation graduates face today. These include challenges in health care delivery and costs, the single accreditation system and its impact on AOA training programs, maintenance of certification and upcoming changes in CME---all of which may affect the future of ACOOG and AOBOG. We must adapt to these changes together. As Theodore Roosevelt once stated, “I believe that the more you know about the past, the better you are prepared for the future.” In regard to social and political challenges our country faced in the 1960’s, in John F. Kennedy’s famous ‘We choose to go to the moon speech’, he espoused the idea of ‘working together to be the very best at what we do, to achieve the seemingly impossible, the impossibly hard, for the common good’. I believe his quest applies to the challenges we face today as osteopathic physicians in women’s health care. We did not choose women’s health care because it is easy, but rather out of a passion to improve and advance health care for the patients we serve. Likewise, we chose osteopathic medicine for our belief in the osteopathic tenets of A.T. Still and must not lose sight of this during the transition to the single accreditation system.

Since the Spring ACOOG meeting in March, I have begun working with the leadership of the NSS to plan for activities to further facilitate our opportunity to provide mentorship to students in the Osteopathic colleges. Also, at the upcoming ACOOG convention with OMED this October in Philadelphia, we will continue to provide a program for NSS as well as an opportunity for the NSS to interact with our residents. On Friday evening, Oct. 6, there will be a ‘mixer’ to allow for engagement and interaction between osteopathic Ob-Gyn residents and NSS students in attendance. We are also working to develop a directory of Ob-Gyn mentors around the country that the students

(Continued on Page 3)
can reach out to as well as planning on an interactive session(s) by webinar to allow direct interaction with our NSS members. ACOOG will also continue the popular “visiting professor program” to NSS chapters at osteopathic medical schools.

This past January the ACOOG Strategic Planning Committee met to review and update the Strategic Plan (last updated in 2012) for our college. Our Mission Statement (which identifies our organization’s purpose), our Vision (aspirational goals for the success of our members), our Values (guiding principles) and our Goals (with strategies to achieve our goals) were carefully reviewed and updated. You will find more details regarding these changes within this newsletter, and I encourage you to review the new Strategic Plan, as we continue to address our ability to adapt to the changes referenced above. To implement these goals, our committee chairs and members will work towards this end, and this will serve as a springboard to the future. Progress will be monitored by the Board of Trustees.

As we navigate through the health care changes & challenges facing us, we should keep in mind the tenets of Osteopathic Medicine and the heritage of ACOOG. We, as members of ACOOG, have much to be proud of, and we should use our past principles to guide us in maintaining our osteopathic heritage, philosophy, and uniqueness. As I stated in my presidential address in Palm Springs, CA, “FAILURE IS NOT AN OPTION!”

I look forward to sharing collegiality and friendship with members of our ACOOG family at the fall CME meeting being held in conjunction with OMED-17 in Philadelphia, October 7-10. Our program chairs, David Jaspan, DO and Susan Janeczek, DO have an excellent multidisciplinary program planned with some of our different osteopathic specialties. In addition, ACOG-District-3 members have been invited to attend the CME activities on Saturday, Oct. 7 and there will be a social event for ACOOG and ACOG-District-3 members that evening. Please refer to the details of this upcoming conference found in this newsletter as well as on the ACOOG website.

Please feel free to contact me directly over the course of this year as I look forward to serving our college. Have a great summer. I hope to see you in Philadelphia in the fall.

David J Boes, DO, FACOOG (Dist)
President 2017 - 2018
**AMERICAN COLLEGE OF OSTEOPATHIC OBSTETRICIANS & GYNECOLOGISTS**

**Strategic Plan 2017-2021**

**MISSION**
Committed to women’s health through the Osteopathic and holistic practice of obstetrics and gynecology.

**VISION**
Providing an Osteopathic community for the support, fellowship, and engagement of women’s healthcare professionals.

**VALUES**
Offering Member Support
- Member Driven
- Compassionate
- Accountable

Promoting Fellowship
- Lifelong Community
- Access to Member Network

Providing Engagement Opportunities
- Leadership Roles
- Teaching and Mentorship
- Scholarly Activity

**GOALS**

**Membership Support**
Focusing on relevance through growth, technology, engagement, and physician well-being.

**Continuing Medical Education**
Delivering excellence in medical education in varied formats, including distance learning and research.

**Awareness and Advocacy**
Representing and promoting the interests of Osteopathic obstetrics and gynecology with the public, governmental entities, and both public and private institutions.

**Organizational Excellence**
Maintaining and improving upon the leadership and sustainability exhibited by the College since 1934.
Summer is here! Turnout for our annual convention in Palm Desert was extremely positive. Once again, I extend my thanks to the program chairs, Eav Lim, DO and Jennifer Nichols, DO. A special note that Dr. Nichols helped plan this conference while pregnant and attended the meeting with her eleven-week-old infant! As always, many thanks to Dr. Dardarian and his ever-diligent members of the Continuing Medical Education Committee as well as the ACOOG staff.

The Single GME Accreditation System application process marches forward. All of the Osteopathic OB/GYN programs have submitted their applications with very few exceptions. Many more programs have been granted initial accreditation. Congratulations to all of those that have made it past that hurdle. The remaining programs are in continuing pre-accreditation status. I will keep everyone posted as the process continues. Unfortunately, two programs have made the decision not to apply for ACGME accreditation and will “teach out” their remaining residents.

To clarify some basic information regarding the single accreditation system once a program submits its application to the ACGME it automatically achieves pre-accreditation status. It is not an initial accreditation, and the program will still be accredited by the American Osteopathic Association. The program will still participate in the Osteopathic Match until the program receives initial accreditation. At that time, the program can participate in the osteopathic match as well as the NRMP match and be able to accept non-osteopathic graduates into their programs. Programs can designate how many positions in each match. When a program submits their application for ACGME accreditation they must; however, follow ACGME guidelines that meet their standards even while in pre-accreditation status. The AOA and ACGME have committed multiple resources to assist programs in achieving ACGME accreditation. The AOA has offered the services of outside consultants at AOA expense to assist programs in achieving ACGME accreditation. AAO President, Boyd Buser, DO, is providing regular updates. For more information regarding the Single Accreditation System, please refer to both the ACGME and AOA websites.

The AOA Board of Trustees is reviewing specialty CME requirements for its board-certified members. More details will be available following this summer’s AOA Board of Trustees and House of Delegates meetings.

Welcome the new board members, Greg Willis, DO, FCOOG, and our newly elected resident representative, Emily Henning, DO. Dr. Willis has served the college well in the past, and I am confident that he will continue to do so in his new role. A special thank you to our outgoing board members for their service to the college especially to our outgoing resident representative, Britney Bunot, DO. Dr. Bunot will be graduating from residency and beginning a fellowship in Maternal Fetal Medicine at Geisinger Health System in Danville, PA.

Congratulations to our new president, David Boes, DO, FACOG (Dist.) and our newest member of the Executive Committee, Vice President Thomas Dardarian, DO, FACOG (Dist.).

(Continued on Page 6)
The ACOOG will continue to work with the AOBOG and maintain a strong alliance with ACOG. We wish him the best of luck in his presidency with the ACOG. His lecture on his ACOOG is committed to maintaining an open dialogue with the ACOG and its leadership.

The ACOOG remains committed to be the primary resource in Osteopathic education for women’s health. We will continue our visiting professor program as part of that commitment and dedication to educating our osteopathic students. The ACOOG will continue to work with the AOA for CME activities and other educational opportunities including OMED in Philadelphia this fall.

I look forward to seeing all of you in Philadelphia at the ACOOG Fall Conference in conjunction with OMED! Have a wonderful and safe summer.

Sincerely,

Executive Vice President
Michael J. Geria, DO, MS, FACOOG (Dist.) CS
ACOOG Board of Trustees

2017-2018

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(Continued on Page 8)
2017-2018 Board of Trustees
(Continued from Page 7)

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Vice President for Evaluation

Valerie Bakies Lile, CAE, FACOOG (Hon.)
Executive Director
New Members
Welcome new members! The Board of Trustees approved the following new members at the March 2017 meeting in Palm Desert, CA.

New Regular Members

David Berke, DO, FACOOG  
Nancy Bridgens, DO, FACOOG  
Kristen Berry, DO  
Cynthia Chaparro-Krueger, DO  
Pallavi Danforth, DO  
Anne Davis, DO  
Michelle Doran, DO  
Winter Dowland, DO, FACOOG  
Emily Ernies, DO, FACOOG  
Corey Fazio, DO, FACOOG  
Laura Falkowski, DO  
Brandon Freel, DO  
Sarah Freeman, DO  
Sarah Gerlach, DO  
Jenny Halfhill, DO  
Paul Hinshaw, DO, FACOOG  
Franklin Johnson, DO, FACOOG  
Joanne Kakaty-Monzo, DO  
Rebecca Krzyzinski, DO  
Jamie Lipeles, DO, FACOOG  
Adrienne Loftis, DO  
Lindsey Mabry, DO, FACOOG  
Yuliya Malayev, DO  
Chelsea Marks, DO  
Jazmin Matlock Baker, DO  
Candice Meyer, DO  
Irina Mikheyeva, DO, FACOOG  
Elizabeth Moore, DO  
Kellen Patten, DO  
Catherine Patterson, DO  
Kenneth Poppen, DO  
Cassandra Ramar, DO  
Sabeena Rahman, DO, FACOOG  
Jennifer Roberts, DO  
David Russell, DO  
Jennifer Salter, DO, FACOOG  
Julie Schrieffer-Philbrick, DO, FACOOG  
Steven Shephard, DO, FACOOG  
Sarah Shook, DO  
Crystal Tallman, DO  
Kara Totonchi, DO  
Monica Valenzuela, DO, FACOOG  
Noel Varghese, DO  
Lisa Vaughn, DO  
Hope Vermaire, DO  
Gaurav Wahi, DO  
James Ward, DO  
Kristopher Weemes, DO  
Kristin Wexler, DO  
Jacqueline Yancey, DO

Life Membership

Terry Badzinski, DO  
William (Liam) Duggan, DO  
Christian Geltz, DO  
Richard Tucker, DO, FACOOG (Dist)  
Kedrin Van Steenwyk, DO, FACOOG (Dist)  
Jeffrey Wong, DO

Affiliate Membership

Migdalia Cortina, MD  
James Kendrick, IV, MD
New Fellows 2017

March 26-31, 2017

JW Marriott Desert Springs - Palm Desert, CA

(Back row from left to right): Justin Deaton, DO, John Hulshoff, DO, Eleazar O’Garro, DO, Jenna Kolodziej, DO, Molly Ashby, DO, Lindsay Wardle, DO, Christopher Benavente, DO, Ryan Sandlin, Douglas Moore, DO.

(Mid row from left to right): Jennifer Johnson, DO, Michael Carter, DO, Amanda Whytal, DO, Tara Haarsma, DO, Danielle Hay, DO, Rebecca Scarseth, DO, Julie Philbrick, DO, Amy Willconx, DO, Alma Farin, DO, Christopher Hummel, DO, Kendra Johnson, DO, Rachel Kaplan, DO,

Michelle Brunabend, DO, Brian Sollers, DO, Casey Danielsen, DO, Christina Gomez, DO, Adriana Pinkowski, DO, Vita Eizan, Diana Tron-Kim, DO, Jennifer Marshalek, DO, , Adrea Dionne, DO, Amy Hulburt, DO, Sabeena Rahman, DO.

(Front row from left to right) Melissa Kushlak, DO, Paul Hinshaw, DO, Sarah McCormick, DO, Melissa Saurez, DO, Lauren Puretz, DO, Stephanie Getz, DO, Leila Keeler, DO, Winter Downland, DO, Julia King, DO.
Highlights
84th Annual Conference
March 26-31, 2017

JW Marriott Desert Springs - Palm Desert, CA

Eric J. Carlson, DO presents the Gail Goldsmith Memorial Lecture Award to Robert H. Debbs, DO.

Thomas Dardarian, DO presents the ACOOG Distinguished Fellow Honorary Lecture Award to Ms. Lucia DiVenere

David J. Boes, DO presents the ACOOG Barbara Hawkes Honorary Lecturer Award to Paul Krueger, DO, FACOOG (Dist)

Eric J. Carlson, DO presents the ACOOG Gail Goldsmith Memorial Lecture Award to Robert Debbs, DO

David J. Boes presents the ACOOG Barbara Hawkes Honorary Lecturer Award to Paul Krueger, DO, FACOOG (Dist)

Eric J. Carlson, DO presents the ACOOG Service Award for Program Chair for 84th Annual Conference to Jennifer Nichols, DO, FACOOG (Dist)

James J. Perez, DO presents the ACOOG Service Award for Program Chair for 84th Annual Conference to Eav Lim, DO, FACOOG

**Congratulations to ACOOG Mentor of the Year 2017**
Anita Showalter, DO, FACOOG (Dist) (not pictured)

**ACOOG Service Award to 2016 Fall Conference**
Chair Rupesh Patel, DO and Co-Chair Rosalyn Miller, DO (not pictured)

**ACOOG Service Award to ACCOOG Board of Trustees from 2008-2017**
Eric Carlson, DO, FACOOG (Dist) (not pictured)

(Continued on Page 12)
James J. Perez, DO presents the ACOOG Board of Trustees Service Award 2010-2017 to Patrick Woodman, DO, FACOOG (Dist).

Dr. David Forstein presented the medallion to David Jaspan, DO.

Dr. Ronald Librizzzi presented the medallion to Jeffrey C. Koszczuk, DO.

2017 Distinguished Fellows

Dr. Marydonna Ravasio presented the medallion to Mark LeDuc, DO.

Drs. Teresa Hubka and Joseph Kaczmarczyk presented the medallion to Joseph Johnson, DO.

Dr. Thomas Dardarian presented the medallion to John Orris, DO.

Thomas Alderson, DO presents the MEFACOOG Commendation to David A. Forstein, DO, FACOOG (Dist).

Thomas Alderson, DO presents the Outstanding Resident of the Year to Ryan Kooperman, DO. Dr. Teresa Hubka accepting on behalf of Dr. Kooperman.

James J. Perez, DO presents the ACOOG Distinguished Service Award to David Forstein, DO, FACOOG (Dist.)
2017 New Distinguished Fellows

John Orris, DO | Mark LeDuc, DO | Jeffrey C Kosczuk, DO | Joseph Johnson, DO | David Jaspan, DO

2017 President - Dr. David Boes

Presentation of ACOOG Past President’s plaque to James J Perez, DO by incoming President, David Boes, DO.
Opioids in Pregnancy

Jennifer Caruso, DO, FACOOG and Margaret Warren, DO

The opioid crisis has grown rapidly in America. Heroin was historically the most common culprit in opioid addiction and dependence. It is rapid acting and highly addictive. However, a shift to prescription opioids has been recently observed. In the 1960s, the majority of patients entering opioid treatment facilities were inner city men using heroin. By 2010, white, middle class women had taken the lead.¹ A study of pregnant women found that approximately 0.1% reported heroin use in the last 30 days while 1% of women used some opioid prescription during that time.³ Commonly misused opioids include codeine, fentanyl, morphine, opium, methadone, oxycodone, meperidine, hydromorphone, hydrocodone, propoxyphene and buprenorphine. These medications can be ingested, injected, inhaled, smoked, chewed or given as suppositories. Euphoric effects are the result of the medication used and route of administration. However, all opioids have the potential for dependence, addiction and overdose.

From 1992 to 2012, the proportion of pregnant women entering opioid treatment facilities increased from 2% to 28%.¹ This prevalence requires physicians to be educated and prepared to face unique challenge of simultaneously addressing the needs of two opioid addicted patients, mother and baby.

Opioid use has been associated with fetal growth restriction, fetal death, preterm delivery, and intrauterine passage of meconium.³ All women of reproductive age should be screened for opioid use to address education and care needs prior to pregnancy. Pregnant patients should be screened at intake and periodically throughout the pregnancy. Assessments should evaluate for both illicit and prescription medicine use. Simple evidence-based screening tools, such as the 4 Ps and CRAFFT questionnaires, are easily utilized to assist with effective and timely risk assessment. Physical findings such as track marks, abscesses or cellulitis should also prompt inquiry into substance abuse.

Management of opioid use disorders in pregnancy is best accomplished through a comprehensive multidiscipline treatment program that involves obstetrics, psychiatry, social work, pain management and substance abuse treatment teams. Opioid-assisted therapy rather than detoxification is the preferred method of treatment in pregnancy due to the risk of miscarriage, stillbirth, and alterations in fetal adrenal hormone levels during withdrawal.⁴ Maintenance therapy with a long-acting opioid is aimed to decrease cravings, eliminate illicit drug use, decrease complications associated with withdrawal, improve patient compliance to care, and reduce criminal activity.¹

(Continued on Page 15)
Single agent drug therapy with either methadone or buprenorphine is recommended during pregnancy. Combined therapy regimens of buprenorphine with naloxone are not typically recommended for pregnant patients because of increased medication exposure to the fetus. Methadone and buprenorphine have similar rates of cesarean delivery, maternal weight gain and number of prenatal visits. However, buprenorphine is associated with a lower risk of maternal overdose and a decrease in the severity of neonatal abstinence syndrome3. Buprenorphine allows for easier outpatient management while methadone typically requires daily visits to a licensed distribution center.

Methadone and buprenorphine require frequent assessment for dose adjustment during pregnancy. Variations in normal metabolism with advancing gestational age may require an increase in total dose and/or frequency of administration. Patients often express concerns over the fetal effects with these increasing doses. They should be reminded of the risks of withdrawal and informed that neonatal abstinence syndrome is a treatable and limited condition, not affected by the amount of the antenatal dose.

Currently universal antenatal testing recommendations have not been established. Fetal growth assessments should be monitored and addressed appropriately as with any pregnancy. Fetal heart rate screening should be performed routinely. Of note, there is typically a decreased baseline heart rate and reactivity in the hours after dose administration. These effects are more significantly seen with methadone than buprenorphine3. Fetal movement can be decreased. Other biophysical profile parameters are reported to be unaffected.

Intrapartum management includes routine pain relief while continuation of scheduled opioid maintenance therapy. Alternative regimens, such as 1/4 of the daily dose every 6 hours, have been described.5 Epidural or spinal anesthesia should be available as needed. Narcotic agonist-antagonist drugs such as butorphanol or nalbuphine should be avoided. These medications can lead to acute withdrawal. Pediatric staff should be notified of chronic opioid exposure due to potential for neonatal withdrawal.

Postpartum pain management should include continuation of maintenance medications with additional use of NSAIDs, acetaminophen, short-acting opioids, and/or PCA. Immediate dose reduction of methadone or buprenorphine is not indicated, though adjustments should be made with signs of over-medication or withdrawal. Patients on opioid-assisted therapy may require increased analgesics due to long term opioid exposure.

Breastfeeding is encouraged by both The American College of Obstetricians and Gynecologists and The Center for Substance Abuse and Treatment for those using methadone or buprenorphine unless otherwise contraindicated3, 6. Breastfeeding is also safe with buprenorphine/naloxone preparations. Postpartum women on opioid agonist therapy should be educated on neonatal sedation and respiratory depression and understand when to seek medical care.

Opioid addicted women can have successful pregnancies with minimal complications with early identification and treatment3. Collaboration between obstetrics and addiction specialists is key to improving pregnancy outcomes. Education and management can produce a life-long change.
**Opioids in Pregnancy**  
(Continued from Page 15)

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**Box 1. Clinical Screening Tools for Prenatal Substance Use and Abuse**

4 P’s

- Parents: Did any of your parents have a problem with alcohol or other drug use?
- Partner: Does your partner have a problem with alcohol or drug use?
- Past: In the past, have you had difficulties in your life because of alcohol or other drugs, including prescription medications?
- Present: In the past month have you drunk any alcohol or used other drugs?

Scoring: Any “yes” should trigger further questions.

Ewing H. A practical guide to intervention in health and social services with pregnant and postpartum addicts and alcoholics: theoretical framework, brief screening tool, key interview questions, and strategies for referral to recovery resources. Martinez (CA): The Born Free Project, Contra Costa County Department of Health Services; 1990.

CRAFFT—Substance Abuse Screen for Adolescents and Young Adults

C Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?

R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

D Do you ever use alcohol or drugs while you are by yourself or ALONE?

F Do you ever FORGET things you did while using alcohol or drugs?

O Do your FAMILY or friends ever tell you that you should cut down on your drinking or drug use?

T Have you ever gotten in TROUBLE while you were using alcohol or drugs?

Scoring: Two or more positive items indicate the need for further assessment.


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**REFERENCES**


What prevents us from being the doctors we always imagined? We enter medicine as inspired, intelligent, compassionate humanitarians. Soon we’re cynical and exhausted. How did all these totally amazing and high-functioning people get screwed up so fast? Attention: medical students and doctors: It’s not your fault. Here’s why you are suffering and what you can do about it.

With decades of experience helping people break trauma bonds, overcome destructive thinking patterns, and reach and transcend their personal goals, Sydney Ashland now helps physicians boost self-confidence & break free of fear-driven medicine. Here’s a brief summary of her best advice for physicians (and all health professionals).

Top 10 fears that hold doctors back:

1. Low self-confidence
2. Financial concerns
3. PTSD/guilt
4. Family responsibility
5. Anxiety and depression
6. Health issues
7. Addiction
8. Isolation
9. Lack of direction, passion, purpose
10. Abuse cycles.

So how do we overcome our fears as physicians? How do we build our self-confidence?

Top 5 warning signs you lack self-confidence (and how to get it back)

1. **Confusion—fear of not knowing.** What if I don’t know what’s wrong with the patient? What if I’m not smart enough to figure it out? Fear of not knowing is often rooted in traumatic med school or residency training. If you’ve managed to get through training without self-doubt, it can develop in toxic/dysfunctional work environments. ANTIDOTE: CLARITY.
2. **Perfectionism—Fear of mistakes.**

   Perfectionism is a major issue for many physicians and health care professionals. We take our jobs very seriously and know that getting it wrong can have far-reaching devastating results. Wanting to get it right at our own expense leads to obsessing, overworking, lack of balance. These behaviors deplete our self-confidence. **ANTIDOTE:** ACCEPT YOUR HUMANITY.

3. **Trauma/PTSD.** Working in the field of medicine often triggers old trauma and PTSD. Acknowledging and healing our trauma has to happen in order to build self-confidence. **ANTIDOTE:** CHOOSE OPPORTUNITIES TO HEAL YOURSELF.

4. **Destructive beliefs.** Choosing stress as a belief and lifestyle has devastating consequences. “I have chosen a stress-filled profession and therefore I will live a stress-filled life,” is distorted, destructive thinking. Fueling the stress in our lives only erodes our self-confidence. What we focus on grows. **ANTIDOTE:** IDENTIFY YOUR POSITIVE BELIEF SYSTEM.

5. **Losing your sense of purpose.** There was a time when you entered medicine inspired by a vision or passion. You had a dream. You had a sense of purpose. Now, these many months and years later, you are lost. Jaded by all you have been through, you no longer easily connect with what you are here to do and have begun to doubt yourself. **ANTIDOTE:** CONNECT WITH YOUR PURPOSE, YOUR DREAM, YOUR REASON FOR BEING HERE.

   YOUR PATIENTS NEED 1) To Be Seen, 2) To Be Heard, 3) To Feel Safe, 4) To Feel Connected.

   More Information and to listen to this podcast:

   [http://www.idealmedicalcare.org/blog/top-10-fears-hold-doctors-back/#more-5371](http://www.idealmedicalcare.org/blog/top-10-fears-hold-doctors-back/#more-5371)

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Pamela Wible, M.D., reports on human rights violations in medicine. She is author of *Physician Suicide Letters—Answered.*
ACOOG CME

Calendar of Events

2017 Fall Conference
October 7-11, 2017
Philadelphia, PA

86th Annual Conference
March 24-29, 2019
Hilton Riverside
New Orleans, LA

85th Annual Conference
April 8-13, 2018
Waldorf Astoria Bonnet Creek
Orlando, FL

2019 Fall Conference
October 3-6, 2019
Hyatt Regency Downtown
Columbus, OH

OCTOBER 25-28, 2018
RENAISSANCE WORTHINGTON
FORT WORTH, TX

87th Annual Conference
March 29-April 2, 2020
Hilton La Jolla Torrey Pines
San Diego, CA

(Continued on Page 20)
AOBOG News

Computer-Based Testing is Here!

You can now take exams close to home! The Primary Written Exam (for initial certification) and the Primary OB/GYN OCC Exam are now offered at computer-based testing centers across the U.S.

These exams are no longer offered in conjunction with the ACOOG Annual Conference (OCC) or the Spring Oral Exams (Written). After your application is approved, you will receive instructions on how and when to register for the testing center closest to you. (All steps must be taken to sit for the exam.)

OCC Changes

Beginning January 1, 2017, the requirement for OCC Component 4 – Practice Performance Assessment (PPA Modules) has changed to 2 PPA modules per 6-year OCC cycle (previous requirement was 5 PPA modules). Additional PPA module topics are being written and approved. Visit the www.aobog.org website regularly for new topics and PPA modules.

If you are doing a quality improvement (QI) project through your hospital, employer, etc., you may now attest to QI projects to count for PPA Module credit. The online attestation form can be found at physicianportal.osteopathic.org under the heading “Component 4 Attestation.”

Beginning in 2018, the Primary OB/GYN OCC Exam will be offered twice per year – spring and fall. Dates for the 2018 exams are posted in the Calendar on www.aobog.org.

Additional changes will be coming to OCC – look for an announcement around or before January 1, 2018.

New PPA Topic Available

A new topic was approved last fall – Early Childhood Development: Enhancing Communication Using the FAN. Instructions on how to complete this PPA module (which is free for AOA members) can be found at www.aobog.org.

Changes to REI Exam Coming Fall 2017!

The format for the subspecialty and subspecialty OCC examinations in Reproductive Endocrinology & Infertility will be changing beginning with the October 2017 exams. Candidates for REI exams will no longer have to submit case logs. Check www.aobog.org for more information on the changes!

Become an AOBOG Examiner!

The AOBOG continues to recruit certified generalists (actively practicing both OB and GYN), and subspecialist OB/GYN physicians to participate in Board activities, which include test development and the administration of oral exams. The Board and examiners meet twice a year for exams, with training provided to new examiners. Show yourself as a “cut above” by committing to the future of osteopathic OB/GYN – you’ll earn CME, contribute to your own lifelong learning, and become part of a great group of OB/GYN leaders! For more information or to apply, please visit www.aobog.org or email aobog@osteopathic.org.

2017 and 2018 Examination Schedule

All examination applications are exclusively available on the AOBOG website.

Fall 2017 Exam Dates and Deadlines:
Subspecialty and Subspecialty OCC Exams – October 20-21, 2017 (final deadline to apply was June 26, 2017)
Primary Oral Exam – October 20-21, 2017 (final deadline to apply is July 24, 2017 or when cap is reached)

Spring 2018 Exam Dates and Deadlines: (spring applications will go live on September 1, 2017)
Primary OCC Exam – March 12-17, 2018 (final deadline to apply is January 29, 2018)
Written Exam – April 23-28, 2018 (final deadline to apply is February 26, 2018)

Fall 2018 Exam Dates and Deadlines:

Primary OCC Exam – September 24-29, 2018 (application will go live March 1, 2018 – final deadline to apply is August 13, 2018)

View the entire calendar of upcoming exams at www.aobog.org/pages/calendar. More 2018 exam dates will be posted soon. Visit the AOBOG website (www.aobog.org) for up-to-date information about certification, examinations, applications and Osteopathic Continuous Certification (OCC).
Non-antibiotic alternative for UTI prevention.

Request information and a PATIENT STARTER KIT at ellurakit.com
OBSTETRICIAN/GYNECOLOGIST  
EL PASO, TX

A top medical center seeks an exceptional Obstetrician/Gynecologist to join their team near El Paso, Texas. Candidates must be board certified or board eligible in Obstetrics/Gynecology. Practice Highlights:

- 4.5 day work week
- Call 1:4
- 5 delivery and labor suites
- 4 Medical Assistants and 2 Registered Nurses

Compensation Highlights Include:

- Base Salary of $330,696
- Sign on bonus of $20,000
- Relocation bonus of $15,000
- Student loan repayment up to $10,000 per year

Interested candidates please contact:
Megan Dominick
314-236-4575
mdominick@cejkasearch.com
www.cejkasearch.com
Reference Position ID 160235 when responding.

OBSTETRICIAN/GYNECOLOGIST  
EL PASO, TX

(Continued on Page 24)
Clinician and Clerkship Director for the Obstetrics and Gynecology Department:

The selected candidates are required to be Board Certified in Obstetrics and Gynecology; must have completed a medical internship/residency or equivalent; must hold a valid medical license in the state of New Jersey; must have demonstrated competence in hospital practice and credentials committee or equivalent recommendation. Maintenance of current CDS and DEA are required.

Rowan University values diversity and is committed to equal opportunity in employment. All positions are contingent upon budget appropriations. Please note that the Stratford Campus is a tobacco free workplace.

GYNECOLOGIC ONCOLOGY - PITTSBURGH, PENNSYLVANIA
West Penn Allegheny Hospital (WPAH), a member of the Allegheny Health Network (AHN), is seeking a board certified, board eligible gynecologic oncologist to join the WPAH Department of Obstetrics and Gynecology in Pittsburgh, Pennsylvania. This full time position will provide Gynecologic Oncology care at the West Penn Allegheny Hospital in Pittsburgh, Pennsylvania. The Department of Gyn Oncology has a robust delivery network and ample support staff and colleagues. You will be joining four board certified gynecologic oncologists.

Candidate Qualifications:
· Board Certified/Board Eligible in Gynecologic Oncology
· MD or DO training
· Interest and opportunity for complex cases
· Excellent interpersonal skills
· Research interest, teaching residents/fellows

Compensation Highlights:
· Compensation at or above MGMA/AMGA median
· Three-year agreement
· Tiered annual department productivity bonus
· Signing bonus
· Malpractice coverage including tail
· Comprehensive benefits package

The Allegheny Clinic is an integrated network of primary and specialty care providers committed to achieving the highest level of patient satisfaction and clinical performance. Based in Pittsburgh, the organization includes over 900 physicians who practice in communities throughout Western Pennsylvania. Our physicians, along with a group of dedicated, compassionate nurses and support staff, provide a wide range of diagnostic, clinical and preventive services to patients of all ages. The Allegheny Health Network is academically affiliated with both Temple University School of Medicine and Drexel University School of Medicine, and is recognized as the healthcare quality and personalized service leader in its market.

Pittsburgh, Pennsylvania has received national recognition as one of the best place to live in the US. Pittsburgh is a great city with three professional sports teams, a growing technology industry, and a wide choice of housing options both in the city and in nearby suburbs.

Allegheny Health Network and its affiliates prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, or national origin. Allegheny Health Network and its affiliates take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, national origin, protected veteran status or disability.

To learn more please contact:
Sarah Vincent
Physician & Advanced Practice Recruiter
Cejka Search®
314-236-4435 Office
svincent@cejkasearch.com
www.cejkasearch.com

LOOKING FOR AN OB/GYN IN MARSHALL MICHIGAN
FULL TIME OB/GYN POSITION- Board certified or Board eligible physician. Looking for an Ob/Gyn to replace physician relocating. Well established private practice for over 20 years. Call is 1:4 with most call being backup to a Certified Nurse Midwife. Currently we have two nurse midwives and also looking to hire 1-2 more in the near future. Great mixture of Ob and gyn patients with large referral base and have several new consults/referrals daily. On average each provider sees 20-25 patients a day to allow enough...
Practice Opportunities . . .
(Continued from Page 24)

Time for each patient. One office location attached to Oaklawn Hospital for quick access to do deliveries and surgeries. 4 day work week with 3 office days and 1 day for surgeries, procedures and add on patients. Each provider has an established day off every week.

Location: Marshall Michigan. Small historic town located at I-94 and I-69 crossing which is south of Lansing and west of Ann Arbor. Great community to have a family and easy access to larger cities.

Location: Marshall Michigan. Small historic town located at I-94 and I-69 crossing which is south of Lansing and west of Ann Arbor. Great community to have a family and easy access to larger cities.

Competitive salary with 401K, medical benefits for physician and family, 25 days of vacation, malpractice insurance, and CME allowance.

Contact: Mark Walker, M.D at mwalker@jasnetworks.net or Neysa Bartlett, D.O. at nbartlett@jasnetworks.net.

Mansion Street Women’s Health
215 E. Mansion Street Suite 3D
Marshall, MI 49068
office number 269-781-1183

LAS VEGAS AREA
OBGYN PHYSICIAN JOB OPPORTUNITY

Title: Obstetrics and Gynecology Physician
Permanent OB/GYN Needed for Henderson, Nevada

Profession Physician Location:
Henderson Wellness & OB/GYN
1552 W. Warm Springs Rd., Suite 100
Henderson, NV 89014 (702) 933-5544

Opportunity Job Description:
OB/GYN needed for the Henderson/Las Vegas suburbs location

• A well-established and thriving OB/GYN practice in Henderson, seeks a physician to join their cohesive, busy practice.
• 1 in 2 OB On-Call. Joining 1 OB/GYN and 1 Gyn office doctor.
• Affiliated hospitals have OB0 Hospitalists for emergency coverage.
• No ER or Drop-in Calls from hospital emergency rooms.
• Readily available perinatology consults for high risk pregnancies.
• Gyn Oncologists, in the area, available to assist difficult cases and to continue learning new techniques or sharpen current skills.

• Looking for physician available now or after residency completed

For more information, please contact me directly at 702-222-7777 or email your CV and references to holly@DesertTreatment.com

Quick Facts Private Practice Office Hours:
Monday - Thurs: 8 am - 5 pm
Friday: 8 am - 2 pm

Excellent, competitive compensation Family friendly location (Office next to High School and Parks)
Enjoy the Las Vegas Strip (hotels, casino, shows, shopping, restaurants, clubs, concerts) Benefits
Great health benefits for physician and family
401K
Vacation
CME

MFM-FELLOWSHIP LECOM
Wellspan Health/Lake Erie College of Osteopathic Medicine are proud to announce the availability of a first year fellowship opening in Maternal-Fetal Medicine at York Hospital with a position start date of July 1st, 2017. Our fellowship program is an affiliation of Lake Erie College of Osteopathic medicine and York Hospital/Wellspan Health, and is accredited through the American Osteopathic Association. It is a three-year program involving direct patient care and a combination of didactic education and clinical research leading to board eligibility in Maternal-Fetal Medicine. Each program year is currently filled, and this is the next available slot.

Our program includes complete maternal and fetal risk assessment and management of pre-conceptual, prenatal, intrapartum, and postpartum complications. We provide a full range of fetal diagnostic ultrasound and antenatal testing, with accreditation through the AIUM. The fetal echocardiography lab is directed by MFM and is independently accredited through the ICAEL. Invasive maternal and fetal diagnostic and therapeutic procedures include amniocentesis, CVS, fetal vesicoceentesis/thoracentesis, cordocentesis, and fetal transfusion medicine. Surgical training in the placement of both elective and emergent/rescue cerclage and prophylactic cervico-isthmic permanent cerclage is included in the program. The perinatal center staff includes five MFM physicians, certified perinatal sonographers, genetic counselors, a perinatal nurse practitioner, and antenatal testing staff.

Maternal high-risk transports are via ambulance

(Continued on Page 26)
and helicopter and we are a regional center for the management of diabetes in pregnancy. Rotations are scheduled in the second and third years at the Fetal Diagnosis and Therapy Center at the Children’s Hospital of Philadelphia, as well as Medical Genetics.

York Hospital is a 558 bed institution located in York, PA and is the largest obstetrical care provider in south central Pennsylvania with approximately 3400 deliveries; it is the main teaching hospital and trauma center for our region. The NICU has 38 bassinets and 24-hour coverage by 6 full time neonatologists, as well as neonatal nurse practitioners. Full time research support is available at the main campus through the Emig Research Center.

Program inquiries and requests for applications can be sent to Tina DeBlick, 717-812-3074 or tdelblick@wellspan.org More information regarding our program, York Hospital, and Southcentral Pennsylvania is available via our medical education website: http://www.yorkhospital.edu/. Questions regarding the program can be directed to Tina DeBlick or the MFM Program Director, James Hole, DO, 717-851-2722.

FELLOWSHIP IN FPMRS
Advanced Urogynecology of Michigan P.C. along with Beaumont Health is now a fully accredited site for Female Pelvic Medicine and Reconstructive Surgery fellowship by the ACOOG/AOA. This is a 3-year fellowship program.

Dr. Salil Khandwala is the fellowship director and the director of Urogynecology and FPMRS at Beaumont Health - Oakwood Campus. Dr. Khandwala has extensive experience in the field of FPMRS and was part of the first group to be board certified in this field. Dr. Khandwala is part of the UITN (Urinary Incontinence Treatment Network) and also the PFDN (Pelvic Floor Disorders Network), both under the auspices of the NIH.

The fellowship allows extensive clinical, research and teaching opportunities. Our program provides comprehensive exposure to urogynecologic issues, colorectal issues and pertinent urology issues with the focus being on innovation and outcomes improvement.

You will be provided with a full range of educational opportunities involving the bladder (incontinence, pain, and fistula), vagina (prolapse, pain), and bowel (fecal incontinence, constipation, and IBS).

Additional faculty members are Dr. Craig Glines (osteopathic education), Dr. Richard Sarle (urology) and Dr. Ganesh Deshmukh (colorectal).

Program inquiries should be directed to Ms. Amanda Henry at admin@augm.org (preferable) or contact us at 313-982-0200. Please also visit our website at www.augm.org

MATERNAL AND FETAL MEDICINE PHYSICIAN OPPORTUNITY, ALLEGHENY HEALTH NETWORK, PITTSBURGH, PA
The Department of Obstetrics and Gynecology at the Allegheny Health Network, Pittsburgh, Pennsylvania, is seeking full-time, Maternal and Fetal Medicine Physician to provide care for the AHN patients at West Penn Hospital and Jefferson Hospital in Pittsburgh. Allegheny Health Network is academically affiliated with both Temple University School of Medicine as well as Drexel University School of Medicine. The division has a robust delivery network and ample support staff and colleagues.

Qualifications include:
• Board Certified in Maternal Fetal Medicine
• Leadership experience preferred but not required
• Position open to international medical graduates

(Continued on Page 27)
with US residency training
• Excellent interpersonal skills
• Research interest and experience.
• Experience with teaching and working with residents and fellows

Practice Highlights:
• Compensation at or above MGMA/AMGA median
• 3 year agreement
• Tiered annual department (MFM) productivity bonus
• Signing bonus
• Quality incentive bonus plan in development
• Malpractice coverage including “tail”
• 1:7 call schedule
• No requirement to be present at deliveries
• Primary hospital coverage:
  - West Penn Hospital
  - Jefferson Hospital
Average annual deliveries
• West Penn Hospital - 500
• Jefferson Hospital - 300
• EPIC

In addition to the Maternal Fetal Medicine Program, AHN features:
• Two Level III neonatal ICU and one Level II neonatal ICU.
• The region’s first Infant Apnea Center was created at West Penn Hospital many years ago
• The Jones Institute, provides couples facing infertility an array of fertility options, including intrauterine insemination, in vitro fertilization and a comprehensive local donor egg program.

The physician will be employed by the Allegheny Clinic of the Allegheny Health Network. Total compensation package will be commensurate with experience. Benefits include: medical, dental and vision insurance; life insurance; short-term disability; long-term disability; flexible spending account; cash balance retirement plan; 403(b) retirement savings plan; 457(b) deferred compensation plan; paid vacation and CME allowance; paid sick days; paid holidays; possible relocation assistance, work-life balance program; day care center; fitness club; credit union; and paid bereavement days.

The Allegheny Clinic is an integrated network of primary and specialty care providers committed to achieving the highest level of patient satisfaction and clinical performance. Based in Pittsburgh, the organization includes over 900 physicians who practice in communities throughout Western Pennsylvania. Our physicians - along with a group of dedicated, compassionate nurses and support staff - provide a wide range of diagnostic, clinical and preventive services to patients of all ages. The Allegheny Health Network is recognized as the healthcare quality and personalized service leader in its market.

Allegheny Health Network and its affiliates prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, or national origin. Allegheny Health Network and its affiliates take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, national origin, protected veteran status or disability.

Pittsburgh, Pennsylvania is a city of neighborhoods, hills and bridges. Pittsburgh has 3 major sports teams, Steelers, Pirates and Penguins and thousands of fans. Great place to live, good schools, nice family friendly communities. Voted one of the best cities in the US.

Please contact Kathy Murray at 1-800-678-7858 x63550, email kmurray@cejkasearch.com, or visit us at www.cejkasearch.com.
Sexual Medicine Course

July 15–16, 2017

12 Category 1–A Credits

This course is designed to address many common issues of sexual health within our female population. Topics include: dyspareunia, contraception, sexual desire disorders, and treatment paradigms.
**SATURDAY, JULY 15**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>7:00am</td>
<td>Registration and Breakfast</td>
</tr>
<tr>
<td>8:00am</td>
<td>Welcome</td>
</tr>
<tr>
<td>8:15am</td>
<td>Sexual History and Physical Exam: Pearls for Practice</td>
</tr>
<tr>
<td>9:00am</td>
<td>Psychosexual Assessment for Sexual Problems: Improving the HCP Toolkit</td>
</tr>
<tr>
<td>9:30am</td>
<td>Hypoactive Sexual Desire Disorder in Women</td>
</tr>
<tr>
<td>10:15am</td>
<td>Pregnancy and Postpartum Sexuality</td>
</tr>
<tr>
<td>11:00am</td>
<td>BREAK</td>
</tr>
<tr>
<td>11:15am</td>
<td>Contraception and Sexual Function</td>
</tr>
<tr>
<td>11:45am</td>
<td>Gynecology and Sexuality: Endometriosis, Fibroids, Pelvic Pain, Cosmetic Gynecology, Gynecological Surgery</td>
</tr>
<tr>
<td>12:30pm</td>
<td>LUNCH</td>
</tr>
<tr>
<td>1:15pm</td>
<td>Vulvar Dermatology: PVD, LS, LD</td>
</tr>
<tr>
<td>1:45pm</td>
<td>Dyspareunia: Improving Outcomes</td>
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<tr>
<td>2:30pm</td>
<td>Lesbian, Bisexual, and Transgender Sexuality</td>
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<tr>
<td>3:00pm</td>
<td>Q&amp;A</td>
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<tr>
<td>3:30pm</td>
<td>BREAK</td>
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<tr>
<td>4:00pm</td>
<td>Case Studies-Faculty Panel</td>
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<tr>
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**SUNDAY, JULY 16**

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<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>7:30am</td>
<td>BREAKFAST</td>
</tr>
<tr>
<td>8:00am</td>
<td>Chronic Medical Illness and Sexual Function</td>
</tr>
<tr>
<td>8:45am</td>
<td>50 Shades of What? BDSM, Paraphilias, Internet &amp; Compulsive Behaviors</td>
</tr>
<tr>
<td>9:30am</td>
<td>Improving Outcomes with Moisturizers &amp; Lubricants</td>
</tr>
<tr>
<td>10:00am</td>
<td>BREAK</td>
</tr>
<tr>
<td>10:15am</td>
<td>Substance Abuse and Sexuality</td>
</tr>
<tr>
<td>11:15am</td>
<td>Counseling 101: Practical Exercises for the Healthcare Professional</td>
</tr>
<tr>
<td>11:45am</td>
<td>Integrative Approaches to Sexuality: Herbal Supplements, Accessories, and More</td>
</tr>
<tr>
<td>12:15pm</td>
<td>Q&amp;A Faculty Panel</td>
</tr>
</tbody>
</table>

**FACULTY**

- **Michael Krychman, MD**  
  Southern California Center for Sexual Health and Survivorship  
  Newport Beach, CA

- **Betsy Greenleaf, DO**  
  New Jersey Urologic Institute  
  Eatontown, NJ

- **Thomas Dardarian, DO**  
  Main Line Women’s Health  
  Bryn Mawr, PA

**ACCREDITATION**

The ACOOG is accredited by the American Osteopathic Association to award CME credit to physician. This activity has been planned and implemented in accordance with the policies of the AOA Council on Continuing Medical Education.

This program is approved for 11.5 credits of AOA Category 1A CME. Physicians should only claim credit commensurate with the extent of their participation in the activity. A completed attestation form and course evaluation are required to receive CME credit and a certificate of attendance.

**HOTEL**

Westin DFW Airport  
4545 John Carpenter Fwy  
Irving, TX 75063  
972.929.4500  
Group Rate $109  
[Online Reservations CLICK HERE](#)
Refund Policy: Written cancellation of registration by June 14, 2017 will be subject to a $50 processing fee. No refunds will be given after this date.

Special Needs: In accordance with the Americans with Disabilities Act, every effort has been made to make this conference accessible to people of all capabilities.

<table>
<thead>
<tr>
<th>General Session</th>
<th>Early-Registration (payment received by June 20, 2017)</th>
<th>Late Registration (payment received after June 20, 2017)</th>
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<td>Physician Member (Regular, Senior, Fellow, DF)</td>
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<tr>
<td>Affiliate Member (Non-physician member)</td>
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<tr>
<td>Candidate (Resident member)</td>
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</tr>
<tr>
<td>Non-Member Student</td>
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<td>$500</td>
</tr>
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Pre-registrations will be accepted until June 20, 2017. All registrations received after this date will be processed at the late registration rate. Registrations received after June 20, 2017 will be accepted on site at the registration desk only. Payment must be received in full to process registration. Faxed registrations without payment information will not be processed.

Please note: This educational session is space limited. Your registration will be returned if a session has reached maximum capacity. Medical students may audit workshops free of charge if space is available.
American College of Osteopathic Obstetricians and Gynecologists

President: David Boes, DO
Program Chairs: David Jaspan, DO
Susan Janeczek, DO

PROGRAM AT A GLANCE
The American College of Osteopathic Obstetricians and Gynecologists (ACOOG) is pleased to offer this multidisciplinary conference enabling colleagues from different specialties to interact in an academic and didactic setting. We will join the American College of Osteopathic Pediatricians (ACOP) to discuss ethical decision making at the cusp of viability. This series will bring together maternal fetal medicine and neonatology experts to promote collaborative discussions to enhance patient communication. We will collaborate with the American Academy of Osteopathy (AAO) to provide an OMM course centered on the PROMOTE study which brings new insight to back pain in pregnancy, functional status, and select outcomes in labor and delivery. Together with the American College of Osteopathic Neurologists and Psychiatrists (ACONP) we will address the pathology of headaches in the female patient. The ACOOG will also partner with the American College of Osteopathic Family Physicians (ACOFP) to review the latest guidelines in contraception and metabolic syndrome across the life cycle.

SATURDAY, OCT. 7
8 a.m.-9 a.m.
3D Ultrasound
Shuchi Rodgers, MD

9 a.m.-10 a.m.
Carrier Screening in the Pre-Gestational/New Obstetrical Patient
Alan Donnenfeld, MD

10 a.m.-11 a.m.
Breast Density the Medical Legal Implications
Jay Goldberg, MD

11 a.m.-noon
Induction of Labor: An Evidence Based Approach
Lisa Levine, MD

1:30 p.m.-4:30 p.m.
Joint Session with the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) and the American College of Osteopathic Pediatricians (ACOP)

1:30 p.m.-2:30 p.m.
Neonatal Abstinence Syndrome
Kathryn A. Ziegler, DO

2:30 p.m.-3:30 p.m.
Ethical Decision Making in the Nursery
Gerard Cleary, DO

3:30 p.m.-4:30 p.m.
PeriViability--Ethical Dilemmas
Robert Debbs, DO, FACOOG

SUNDAY, OCT. 8
9:30 a.m.-noon
Joint Session with the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) and the American College of Osteopathy (AAO)

Pregnancy Research on Osteopathic Manipulation Optimizing Treatment Effects: The PROMOTE Study Protocol
Kendi Hensel, DO

1:30 p.m.-4:30 p.m.
Joint Session with the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) and the American College of Osteopathic Pediatricians (ACOP)
1:30 p.m.-2:30 p.m.
**Evaluation and Treatment of Chronic Pelvic Pain**
Kate Stampler, DO

2:30 p.m.-3:30 p.m.
**Amenorrhea in the Female Athlete**
John Orris, DO

3:30 p.m.-4:30 p.m.
**Contraception in the Adolescent**
Joy Friedman, MD

**MONDAY, OCT. 9**

8 a.m.-noon
**Joint Session with the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) and the American Osteopathic Academy of Addiction Medicine (AOAAM)**

8 a.m.-9 a.m.
**Acute Post-Operative Pregnancy Pain with at-Risk Women**
AOAAM Speakers:
Marla Kushner, DO, Kelly Mackessy, OMS-IV

9 a.m.-10 a.m.
**Medical Assisted Treatment (MAT) in Pregnancy**
AOAAM Speaker:
William Morrone, DO, FACOFP

10 a.m.-11 a.m.
**Impact of Medical and Recreational Marijuana on Women and Children**
AOAAM Speaker: Julie Kmiec, DO

11 a.m.-noon
**Street Smarts/Drugs on the Street**
ACOOG Speaker:
Steven Liga, LSW, LCADC

1:30 p.m.-5 p.m.
**Joint Session with the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) and the American College of Osteopathic Neurologists and Psychiatrists (ACONP)**

**TUESDAY, OCT. 10**

8 a.m.-11:45 a.m.
**Joint Session with the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) and the American College of Osteopathic Family Physicians (ACOFP)**

8 a.m.-9 a.m.
**Management of Complex Contraception**
Elizabeth Gurney, MD

9 a.m.-10 a.m.
**Evaluation and Management of Ovarian Cyst**
David Jaspan, DO

10 a.m.-10:30 a.m.
**Metabolic Syndrome Across the Life Cycle-Adolescent**
Joy Friedman, MD

10:30 a.m.-11 a.m.
**Metabolic Syndrome Across the Life Cycle-REI Implication**
John Orris, DO

11 a.m.-11:30 a.m.
**Metabolic Syndrome Across the Life Cycle-After Reproduction**
Hazem Kannan, DO

11:30 a.m.-12:30 p.m.
**Metabolic Syndrome Across the Life Cycle**
Panel Discussion of Vignettes and Q&A

For additional information, contact Valerie Bakies Lile, CAE Executive Director at vblile@acoog.org or visit the ACOOG website at www.acoog.org.
CONTACT INFORMATION

Designation(s): [ ] DO  [ ] MD  [ ] PhD  [ ] Other

Full Name

Address

City/State/Zip

Telephone

Email

AOA#

Is this your first OMED? [ ] Yes  [ ] No

Update information in the AOA Member Record?  [ ] Yes  [ ] No

Would you like this information shared with your Specialty College?  [ ] Yes  [ ] No

Would you like this information shared with your Alumni Organization?  [ ] Yes  [ ] No

OMED INFORMATION

Family Medicine

Your primary specialty

Type of practice:
[ ] Administration  [ ] Direct Patient Care
[ ] Consultant  [ ] Inactive, Other
[ ] Medical Education  [ ] Intern, Resident, Fellow
[ ] Medical Research  [ ] Retired
[ ] Other

Type of employment:
[ ] Community Health Center  [ ] Employed, Gov’t/Military
[ ] Employed, Hospital  [ ] Medical School/University
[ ] NonPatient Care  [ ] Non Patient Care
[ ] Solo Practice/Partnership  [ ] Research
[ ] Group Practice, Hospital-owned  [ ] Group Practice, Physician-owned
[ ] Retired  [ ] Other

PARTICIPATING SPECIALTY GROUPS

American Academy of Osteopathy
American Osteopathic Academy of Addiction Medicine
American Osteopathic College of Allergy and Immunology
American Osteopathic College of Dermatology
American College of Osteopathic Family Physicians
American College of Osteopathic Internists
American College of Osteopathic Neurologists and Psychiatrists
American College of Osteopathic Obstetricians and Gynecologists
American Osteopathic College of Occupational & Preventive Medicine
American Osteopathic College of Pathologists
American College of Osteopathic Pediatrics
American Osteopathic College of Physical Medicine and Rehabilitation
American Osteopathic Association of Prolotherapy Regenerative Medicine
American Osteopathic Society of Rheumatic Diseases
American Osteopathic Academy of Sports Medicine

GUESTS AND CHILDREN

In addition to checking your category, check the category for your guests. Remember, name(s) must be provided in order to receive a badge. The member’s registration fee does NOT include Saturday Welcome Reception admission for guests. All guests and children MUST be registered and have a badge to attend any portion of OMED, including the Exhibit Hall and Receptions. Children 13 and under receive complementary registration and may attend the Saturday Welcome Reception. Children must be registered in order to receive complimentary registration. Medical Students may not be registered as guests.

SUNDAY WELCOME RECEPTION ADMISSION

All registration categories include admission for one to the Saturday Welcome Reception, except Sunday-Tuesday One-Day Registrations. Attendee badge must be presented for admission.

FOUR WAYS TO REGISTER

ONLINE

www.osteopathic.org/omed

PHONE

Toll Free (Domestic)  (800) 424-5249

MAIL

AOA/OMED 2017 Registration and Housing Office 5202 President’s Court, Ste. G100 Frederick, MD 21703 Checks payable to: American Osteopathic Association

FAX  (301) 694-5124

CONTACT AOA: Phone: (800) 621-1773 ext. 8256 Email: conventions@osteopathic.org

GUEST / CHILD NAMES

1. ___________________________________________
2. ___________________________________________
3. ___________________________________________
4. ___________________________________________

EMERGENCY CONTACT INFORMATION

Full Name

Phone
REGISTRATION FEES

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<tr>
<th></th>
<th>Advance (before Aug. 22)</th>
<th>Late/Onsite (after Aug. 23)</th>
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<td>Specialty college member</td>
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</tr>
<tr>
<td>AOA non-member</td>
<td>$995</td>
<td>$1095</td>
</tr>
<tr>
<td>Associate member/practice manager</td>
<td>$250</td>
<td>$300</td>
</tr>
<tr>
<td>Non-DO</td>
<td>$995</td>
<td>$1095</td>
</tr>
<tr>
<td>Physician's assistant</td>
<td>$795</td>
<td>$895</td>
</tr>
<tr>
<td>Retired AOA member</td>
<td>$350</td>
<td>$350</td>
</tr>
<tr>
<td>Intern</td>
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<td>$300</td>
</tr>
<tr>
<td>Resident</td>
<td>$300</td>
<td>$300</td>
</tr>
<tr>
<td>Student</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>State executive director</td>
<td>$125</td>
<td>$125</td>
</tr>
<tr>
<td>Guest</td>
<td>$125</td>
<td>$150</td>
</tr>
<tr>
<td>Advocate</td>
<td>$125</td>
<td>$150</td>
</tr>
<tr>
<td>Child 13 and under</td>
<td>FREE</td>
<td>FREE</td>
</tr>
<tr>
<td>Military</td>
<td>$595</td>
<td>$595</td>
</tr>
</tbody>
</table>

Attendees must select which day they would like to register for, if attendees select multiple days they will automatically be registered for full-registration.

<table>
<thead>
<tr>
<th></th>
<th>Advance (before Aug. 22)</th>
<th>Late/Onsite (after Aug. 23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One day (Sat.): Member*</td>
<td>$450</td>
<td>$550</td>
</tr>
<tr>
<td>One day (Sun., Mon., Tue.): Member</td>
<td>$400</td>
<td>$500</td>
</tr>
<tr>
<td>One day (Sat.): Non-member*</td>
<td>$550</td>
<td>$650</td>
</tr>
<tr>
<td>One day (Sun., Mon., Tue.): Non-member</td>
<td>$500</td>
<td>$600</td>
</tr>
</tbody>
</table>

*Saturday rate includes entrance to the opening session as well as Welcome Reception Party. All OMED attendees must be registered. Badges are required for all events.

By attending OMED, attendees agree to allow their names, likenesses and images either in audio, photographic or video format recorded onsite to be used by AOA for educational and promotional purposes.

CANCELLATION POLICY
A full refund, less a $100 processing fee, will be issued if the cancellation request is received by Wednesday, August 23, 2017. Cancellation requests must be made in writing and may be sent to AOAAttendee@Experient-Inc.com or faxed to (888) 772-1888 by Wednesday, August 23, 2017. After August 23, 2017, cancellation requests will not be accepted.
ACOOG Staff

Michael J. Geria, DO ..............Executive Vice President
William Bradford, DO .....Vice President of Evaluation
Valerie Bakies Lile, CAE...............Executive Director
Jimmie L. Evans II.................. Accounting Manager
Nnamdi Ibegbun ..................Membership Coordinator
Helen Oberbeck ....................... Director of Administration
Martha Prud’homme .................. Program Manager