2016 CREOG & APGO Annual Meeting

Conference: March 2 - 5, 2016 // Exhibition: March 2 - 4, 2016
Hyatt Regency New Orleans // New Orleans, LA

#2016CAAM
## MEETING AT A GLANCE

### WEDNESDAY, MARCH 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>11:30 am – 12:30 pm</td>
<td><strong>MECCOG Lunch at Clerkship Directors’ School</strong> ⚖️</td>
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<tr>
<td>12:45 pm – 2:45 pm</td>
<td>Welcome &amp; Opening Session</td>
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<td>General Session Presentations</td>
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<tr>
<td>2:50 pm – 3:20 pm</td>
<td>Refreshment/Networking Break</td>
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<td>3:25 pm – 4:25 pm</td>
<td>General Session</td>
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<td>CREOG Chair Address</td>
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<td>APGO Presidential Address</td>
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<td>4:30 pm – 5:30 pm</td>
<td>Breakout Session</td>
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<td>Discussion Dens</td>
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<tr>
<td>5:30 pm – 7:00 pm</td>
<td>Welcome Reception</td>
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<td>Exhibits &amp; Posters</td>
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### FRIDAY, MARCH 4

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<th>Time</th>
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<tr>
<td>7:00 am – 8:00 am</td>
<td>Focus Breakfasts ⚖️</td>
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<td>ARCOG Focus Breakfast</td>
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<td>Resident/Medical Student Breakfast</td>
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<td>8:30 am – 9:30 am</td>
<td>ACOOG Breakfast <em>(ticket required)</em></td>
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<td>8:00 am – 11:30 am</td>
<td>ACOOG General Sessions</td>
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<td>8:15 am – 9:15 am</td>
<td>General Sessions</td>
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<td>9:30 am – 3:00 pm</td>
<td>Exhibits &amp; Posters Open</td>
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<td>9:30 am – 10:45 am</td>
<td>Abstract Presentations</td>
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<td>CREOG &amp; APGO Film Festival</td>
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<td>9:30 am – 5:00 pm</td>
<td>ACOOG Concurrent Sessions</td>
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<td>9:45 am – 12:15 pm</td>
<td>MECCOG General Session</td>
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<td>10:45 am – 11:30 am</td>
<td>Refreshment/Networking Break</td>
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<td>Exhibits &amp; Posters</td>
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<td>11:35 am – 12:15 pm</td>
<td>Joint CUCOG/CREOG/APGO Session</td>
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<td>12:30 pm – 1:30 pm</td>
<td>CREOG &amp; APGO Awards and Graduation Luncheon</td>
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<td>1:30 pm – 2:45 pm</td>
<td>Dessert/Networking Break</td>
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<td>Exhibits &amp; Posters</td>
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<td>3:00 pm – 5:00 pm</td>
<td>Breakout Sessions</td>
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### SATURDAY, MARCH 5

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<tr>
<td>7:00 am – 7:30 am</td>
<td>Continental Breakfast</td>
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<td>7:35 am – 9:00 am</td>
<td>General Session</td>
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<td>9:00 am – 9:10 am</td>
<td>Refreshment Break</td>
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<td>9:10 am – 11:20 am</td>
<td>Breakout Sessions</td>
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### THURSDAY, MARCH 3

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<td>Resident/Medical Student Breakfast</td>
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<td>8:10 am – 10:45 am</td>
<td>General Sessions</td>
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<td>8:10 am – 12:30 pm</td>
<td>MECCOG General Sessions</td>
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<td>9:30 am – 3:00 pm</td>
<td>Exhibits &amp; Posters Open</td>
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<td>10:00 am – 10:40 am</td>
<td>Refreshment/Networking Break</td>
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<td>Exhibits &amp; Posters</td>
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<td>Breakout Sessions</td>
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<td>Discussion Dens</td>
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<td>11:00 am – 12:50 pm</td>
<td>ABOG Fellowship Directors &amp; Coordinators Session</td>
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<td>12:50 pm – 1:50 pm</td>
<td>Luncheon Meetings</td>
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<td>Dessert/Networking Break</td>
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<td>2:15 pm – 5:00 pm</td>
<td>AROCOG New Coordinator Session</td>
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<td>2:30 pm – 3:30 pm</td>
<td>MECCOG General Session</td>
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<td>Film Festival</td>
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<td>5:30 pm – 7:30 pm</td>
<td>APGO Networking Reception &amp; Fundraiser ⚖️</td>
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<td>The Rampart Room <em>(off-site)</em></td>
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### EXHIBIT HALL HOURS

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<th>Day</th>
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<tr>
<td>Wednesday, March 4</td>
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<td>Thursday, March 5</td>
<td>9:30 am – 3:00 pm</td>
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<td>Friday, March 6</td>
<td>9:30 am – 3:00 pm</td>
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Welcome to the 2016 CREOG & APGO Annual Meeting. This year’s meeting, The Big & Not so Ea$y, will demonstrate CREOG and APGO's continued commitment to medical schools, residency training programs and you.

We are glad you have joined us for an exciting learning experience with opportunities to increase your level of excellence as leaders and expand your knowledge. During the many educational sessions and opportunities to network, you will be surrounded by colleagues who, just like you, are looking for ways to improve ob-gyn education. We extend our gratitude and appreciation to our program's co-chairs, Patrice M. Weiss, MD, and Steven E. Swift, MD, for their leadership and contributions to this year's Annual Meeting. They have developed a truly outstanding program for you.

The 2016 program will focus on developing new skills to recognize and manage burnout among your colleagues, develop new ways to enhance the increasing role of community-based physicians in teaching students and residents, recognize financial challenges in today's climate, explore means of international educational opportunities in your program, and so much more. You will have the opportunity to learn how to implement Electronic Medical Records into the learning environment and navigate the compliance challenges in all levels of medical education.

We are thrilled to have Nancy Howell Agee, President and CEO of Carilion Clinic as our Wednesday plenary speaker. She will address the strengths and limitations of GME in the post ACA world, explore the value of GME and discuss why leaders should embrace the changes. Our 2016 Warren H. Pearse, MD Lecture speaker is Dr. Neel Shah, Assistant Professor of Obstetrics and Gynecology at Harvard Medical School. He will address the mounting pressure clinicians are facing to deliver better care at lower cost and focus on the clinician's role in redesigning the health systems they work in.

New in 2016 is Saturday's Emerging Technologies workshop, which will address the inherited cancer risk assessment tool for trainees. Dr. Noah Kauff will address the specific knowledge regarding inherited cancer risk assessment that should be taught and discuss strategies for integrating this knowledge into various curricula. Following a didactic program incorporating use of an audience response system, participants will have the opportunity to participate in two case-based breakout sessions led by genetics counselors. We hope to see you at the Emerging Technologies workshop.

Please don’t forget to stop by the Exhibit Hall to check out the latest technology, software products, pharmaceuticals, instruments, medical equipment, educational programs and other items of interest to enhance your educational programs.

We are so pleased you could join us, and we look forward to an engaging, thought-provoking meeting in New Orleans.

Sincerely,

Tony Ogburn, MD  
CREOG Chair

A. Meg Autry, MD  
APGO President
MEETING OBJECTIVES

AT THE CONCLUSION OF THIS PROGRAM, PARTICIPANTS WILL BE ABLE TO:

1. Identify new techniques to mentor colleagues, residents and learners in the areas of teaching and research.
2. Develop new skills to recognize and manage burnout among your colleagues.
3. Recognize and develop new ways to enhance the increasing role of community-based physicians in teaching students and residents.
4. Implement Electronic Medical Records into the learning environment.
5. Navigate challenges to academic promotion.
6. Explore means of international educational opportunities in your program.
7. Implement the Milestones into your daily teaching and evaluation.
8. Describe new and innovative simulations to enhance student and resident education.
9. Recognize financial challenges to medical education in today’s climate.
10. Develop strategies to deal with dysfunctional behavior.
11. Recognize compliance challenges in all levels of medical education (medical students, residents, fellows).
12. Describe the ever-changing health care economic environment.
GENERAL INFORMATION

ACCME ACCREDITATION
The American College of Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA PRA CATEGORY 1 CREDIT(S)™
The American College of Obstetricians and Gynecologists designates this live activity for a maximum of 21 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

COLLEGE COGNATE CREDIT(S)
The American College of Obstetricians and Gynecologists designates this live activity for a maximum of 21 Category 1 College Cognate Credits. The College has a reciprocity agreement with the AMA that allows AMA PRA Category 1 Credits™ to be equivalent to College Cognate Credits.
The breakdown of the number of credits for each day of the meeting is as follows:

- Wednesday, March 2: 4 credits
- Thursday, March 3: 6 credits
- Friday, March 4: 7 credits
- Saturday, March 5: 4 credits

DISCLOSURE OF FACULTY AND INDUSTRY RELATIONSHIPS
In accordance with College policy, all faculty and planning committee members have signed a conflict of interest statement in which they have disclosed any financial interests or other relationships with industry relative to topics they will discuss at this program. At the beginning of the program, faculty members are required to disclose any such information to participants. Such disclosure allows you to evaluate better the objectivity of the information presented in lectures. Please report on your evaluation form any undisclosed conflict of interest you perceive. Thank you!

EVALUATION FORMS
The evaluation forms for the CREOG & APGO Annual Meeting are essential for future programs. Your thoughtful feedback will help identify topics and speakers of interest to you. An evaluation survey will be available to all meeting attendees the week after the meeting. In order to receive cognates, evaluations must be completed and meeting attendees will need to sign in on-site each day.

NO SMOKING POLICY
Smoking is not permitted at the CREOG & APGO Annual Meeting.

REGISTRATION
Registration is in the Celestin Foyer.
Please note that all non-ticketed sessions will be on a first-come, first-served basis.

- Wednesday, March 2: 7:00 am – 6:00 pm
- Thursday, March 3: 7:00 am – 3:30 pm
- Friday, March 4: 7:00 am – 4:00 pm
- Saturday, March 5: 7:00 am – 11:00 am
GENERAL INFORMATION

EXHIBITS AND POSTERS
Commercial and educational exhibits and posters will be displayed in Storyville Hall beginning Wednesday, March 2, 2016, through Friday, March 4, 2016. The Welcome Reception will be held in the Exhibit Hall on Wednesday evening from 5:30 pm – 7:00 pm. Refreshment breaks will be held in the Exhibit Hall on both Thursday and Friday mornings and afternoons.

WIFI ACCESS
Internet access is available in the meeting space.
Network: CREOGAPGO
Passcode: caam2016
Please note that the passcode is case sensitive.

CYBER CAFÉ
Cyber Cafés, Internet access areas, will be centrally located in the registration area foyer.

REFRESHMENT & NETWORKING BREAKS
Refreshments and afternoon dessert breaks will be available in the Exhibit Hall (with the exception of Wednesday and Saturday). Please refer to the schedule below for additional details.

Wednesday, March 2, 2016
Celestin Foyer
2:50 pm – 3:20 pm

Thursday, March 3, 2016
Storyville Hall
10:00 am – 10:40 am
1:50 pm – 2:30 pm

Friday, March 4, 2016
Storyville Hall
10:45 am – 11:30 am
1:30 pm – 2:45 pm

Saturday, March 5, 2016
Celestin Foyer
7:00 am – 7:30 am
Continental Breakfast
Celestin Foyer
9:00 am – 9:10 am
Refreshment Break

PROGRAM SPONSORS
Silver Sponsor: Myriad Genetic Laboratories, Inc.
Bronze Sponsor: Duchesnay USA
Investor Sponsor: Bayer Healthcare Pharmaceuticals

SPEAKER READY ROOM
Imperial 2
Tuesday, March 1
3:00 pm – 5:00 pm

Wednesday, March 2
7:00 am – 5:00 pm

Thursday, March 3
6:00 am – 5:00 pm

Friday, March 4
6:00 am – 4:00 pm

Saturday, March 5
6:30 am – 10:00 am

SPECIAL FUNCTIONS
WELCOME RECEPTION
The Welcome Reception will be held on Wednesday, March 2, 2016 from 5:30 pm – 7:00 pm in Storyville Hall. All meeting registrants are welcome. Guests may attend for a fee of $55. A ticket is required.

CREOG & APGO AWARDS AND GRADUATION LUNCHEON
The awards and graduation ceremonies will be held on Friday, March 4, 2016, during the CREOG & APGO Luncheon. Guests over 16 years of age are invited to join meeting attendees for a fee of $55. A ticket is required.
THURSDAY, MARCH 3, 2016
THE MEDICAL STUDENT EDUCATORS’ LUNCHEON

The Medical Student Educators Luncheon, *Burnout Prevention & Leadership Development for Physicians*, will be held on Thursday March 3 from 12:50 pm – 1:50 pm, and presented by Dike Drummond, MD and CEO of The Happy MD.

CREOG REGIONAL LUNCHEONS

Each of the five CREOG regions will conduct a luncheon meeting for program directors and coordinators on Thursday, March 3 from 12:50 pm – 1:50 pm.

FRIDAY, MARCH 4, 2016
JOINT CUCOG/CREOG/APGO SESSION

The Joint CUCOG/CREOG/APGO Session, *Abortion Training for Ob-Gyn Residents in the United States*, will be held on Friday, March 4, 2016 from 11:35 am – 12:15 pm and presented by David Chelmow, MD, Dan Clarke-Pearson, MD, Eve Espey, MD, MPH, Tim Johnson, MD, and Laurel Rice, MD. The session will focus on the changes that have occurred in ob-gyn resident surgical training in the last 15 years. This will be followed by a discussion of innovative approaches to enhancing this training. After this session, attendees will understand the evolution of surgical training for ob-gyn residents, the training roadblocks in the current environment and the existing opportunities to enhance surgical training for ob-gyn residents.

CREOG & APGO AWARDS AND GRADUATION LUNCHEON

The awards and graduation ceremonies will be held on Friday, March 4, 2016, during the CREOG & APGO Luncheon. Guests over 16 years of age are invited to join meeting attendees. A ticket is required; guests may attend for a fee.

SATURDAY, MARCH 5, 2016
EMERGING TECHNOLOGIES WORKSHOP

Saturday morning’s sessions will focus on emerging technologies, with engaging plenary speakers and breakouts with our membership who are deeply involved in education and incorporating our learners in technological innovations.

The plenary session is *Cancer Genetic Risk Assessment – Integrating Genetic Education into Residency Training*, Noah D. Kauff, MD. Using a combination of didactic lectures, audience response questions and breakout sessions, this session will teach participants what knowledge about inherited cancer risk assessment is necessary for residency trainees to be exposed to in 2016. Each element of this program will discuss strategies for integrating this knowledge into residency curriculums. Following a didactic program incorporating use of an audience response system, participants will have the opportunity to participate in two case-based breakout sessions (see breakout sessions 1-3 today from 9:10 am – 10:10 am and 10:20 am – 11:20 am).

Participants will also be able to select from six breakout sessions around these topics, as well as four other breakout sessions that will be available for those not participating in the Emerging Technologies sessions.
Wednesday, March 2, 2016

GENERAL SESSION
Celestin DE
Moderators: Patrice M. Weiss, MD
Steven E. Swift, MD
Program Co-Chairs

12:45 pm
WELCOME & OPENING SESSION

1:00 pm
Curious and Curiouser: Value of GME
Nancy Howell Agee, President and CEO, Carilion Clinic
Précis: This talk will address the strengths and limitations of GME in the post ACA world. How does an academic medical center envelope population health, transparency and per capita cost? Why should leaders embrace changes in GME?
Learning Objectives:
1. Provide an overview of GME in a nontraditional academic medical center.
2. Explore value of GME in the face of upheaval in health care industry.
3. Consider methods to influence CEOs to support GME.

1:45 pm
Warren H. Pearse, MD Lecture
Our New Mandate to Redesign Women's Health Care
Neel Shah, MD, MPP
Assistant Professor, Harvard Medical School
Précis: In 2016, clinicians are facing mounting pressure to deliver better care at lower cost. At the same time, our existing health care systems contain significant lapses that threaten the safety, affordability and experience of care for our patients. This talk will focus on our role in redesigning the health systems we work in.
Learning Objectives:
1. Understand how recent shifts in the health care landscape have altered the professional responsibilities of practicing physicians.
2. Review the attitudes, knowledge and skills our trainees will need in an era of value-based health care.
3. Consider the opportunities for frontline clinicians to improve the health systems we work in.

2:30 pm – 2:45 pm
Q & A

2:50 pm – 3:20 pm
REFRESHMENT/NETWORKING BREAK
Celestin Foyer

3:25 pm – 4:25 pm
CREOG Chair Address
Tony Ogburn, MD, CREOG Chair

APGO Presidential Address
Amy (Meg) Autry, MD, APGO President

4:30 pm – 5:30 pm
CONCURRENT SESSIONS
BREAKOUT SESSIONS

1. The Persistent yet Vital Issue: Strategies to Improve Diversity of Residency Trainees in Academic Medical Centers
Celestin DE
Kimberly Sauchak Gecsi, MD // Amber A. Bondurant, MD
Précis: In this session, we will review demographics of the US population, diversity within the physician workforce and demographics of populations served by academic medical centers. Then we will examine strategies implemented by the University Hospitals Case Medical Center ob-gyn residency program to improve diversity and brainstorm ideas to improve cultural competency training and diversity. We will also discuss strategies used in the past that worked or did not work, and potential challenges to those strategies.

2. Tips for Conducting Multicenter Medical Education Research
Celestin A-C
Francis S. Nuthalapaty, MD // Claudette Shepherd, MD
Julie DeCesare, MD
Précis: Following a brief introduction, four case scenarios will be presented that address the core learning objectives. Attendees will be provided the opportunity to discuss their approach to the case scenario and then present via dialogue with the panelists. Attendees will be provided with a list of high-quality learning resources that can be immediately applied in developing their research ideas. The session will also be a networking forum for attendees to share ideas and discuss potential research collaborations.

3. Negotiation 101 for Leaders in Medical Education: Get the Support You Need
Celestin F-H
Laura Baecher-Lind, MD, MPH // Hope A. Ricciotti, MD
Précis: This session will serve as Negotiation 101 for participants. We will review a negotiating style self-assessment tool and a background on negotiation, and attendees will participate in a group activity.

4. Tag Team Teaching: An Innovative Tactic to Prepare Residents for Office Practice
Empire C
Rini B. Ratan, MD // Devon Rupley, MD
Précis: We will provide an overview of the innovative Tag Team Teaching (TTT) curriculum, including highlights. We will also review evaluations of the curriculum’s effectiveness compared to traditional methods of teaching.
Concurrent Sessions continued

5. You Might Not Have Money, But You Have Influence: Jedi Mind Tricks to Engage Your Faculty
   Empire D
   Alice W. Chuang, MD // Nikki Zite, MD, MPH
   Ashwin Patel, MD

   Précis: This highly interactive workshop opens with an assessment of baseline knowledge of persuasive techniques, and continues with a brief presentation on “weapons of influence.” We will provide theoretical background and memorable examples but will focus on practical application. Participants will collaborate and brainstorm with groups to utilize these in the medical education mission. Participants will exchange ideas and provide feedback to each other, and will leave having learned six solid persuasive techniques and return home with concrete, feasible and specific plans for implementation.

6. Journal Watch: Research in Medical Education
   Imperial 5
   Sarah M. Page-Ramsey, MD // M. Laura Hopkins, MD
   John L. Dalrymple, MD

   Précis: We will provide a statistical overview of all women’s health medical education publications in the past year, the breakdown of topic areas and whether the target audience is undergraduate medical education, graduate medical education or continuing medical education. We will highlight the most influential papers and demonstrate good examples of study designs in educational research that lead to publication. Participants will then interact in small groups to develop collaboration on research projects of similar areas of interest.

Discussion Dens
Discussion Dens will have a table for the speaker and theater chairs for 20-25 at each station.

1. Flips and Flops of Low Fidelity Models for Simulation
   Strand 3
   Kelli M. Braun, MD // Robert David Stager, MD
   Chadburn B. Ray, MD // Bunja Rungruang, MD

   Précis: Simulation is becoming widely used in ob-gyn residency training. While some commercial products exist for procedures, these can be costly and prohibitive to incorporating simulation into residency training. We present inexpensive and reusable models that can be used to effectively incorporate simulation into residency training.

2. Tout Bagay Anfom? Is Everything Okay?
   Working with the Challenging Learner
   Strand 4
   Celeste S. Royce, MD // David Marzano, MD
   Kathryn Meredith Atkins, MD // Bri Anne McKeon, MD

   Précis: In this interactive workshop, we will review what constitutes a problem learner, how to identify trainees and students who may be struggling, and how to generate effective interventions. Using case studies in small groups, participants will develop strategies to help struggling trainees at all levels of medical training, and draw on group experiences to develop learner-centered interventions and metrics for determining effectiveness. We will particularly address issues of residents as teachers, and how to support and empower house staff in identifying problem learners and participating in learning interventions. The session will conclude with a summary of best practices derived from the literature and shared participants’ experiences.

3. Designing and Implementing an Effective Resident Research Curriculum: The GRASP Model
   Strand 5
   Stephanie Mann, MD // Nathalie L. Feldman, MD

   Précis: This multifaceted research curriculum focuses on the implementation of an eight-hour (two four-hour blocks) focused bootcamp. Integration of this curriculum at the beginning of the academic year allows for residents to connect with research faculty and become familiar with institutional resources available to ensure residents meet their PGY-level specific scholarly project goals and objectives. Participants will be divided into groups and will be encouraged to discuss particular challenges encountered in their program’s attempts to provide research opportunities for residents and brainstorm potential solutions that may be offered by incorporating the GRASP curricular framework.

4. Moving Beyond Blackboard: Using Cloud-Based Applications to Enhance the Learning Experience for Residents and Medical Students
   Strand 7
   Christopher DeStephano, MD, MPH
   Jessica L. Bienstock, MD, MPH // Diana Cholakian, MD
   William Fletcher, MD // Sam De Los Reyes, MD
   Melissa Lippitt, MD

   Précis: In small groups, participants will learn about different cloud-based applications from program directors, fellows and residents who have used these applications to enhance learning. Participants are encouraged to bring electronic devices to use the applications for development of educational materials for their institutions.

5. Streamlining Feedback: An Organizer for Collecting and Delivering Comments on Student Performance
   Strand 8
   Shefali Pathy, MD, MPH // Janice Crabtree, MS
   Vrunda B. Desai, MD

   Précis: In this session we will provide a brief overview of our processes of collecting feedback and enabling learners and supervisors to solicit and give constructive feedback. We will then use case scenarios to highlight the utility of this instrument. Finally, participants will leave with a sample of our feedback card and a feedback collection form.

6. A Millennial Student’s Perspective on the Who, What, Where, and Why of Memorable Medical Education Video Creation
   Strand 10
   Stevie-Jay Stapler, BS // Chris Chapman, MA
   Helen K. Morgan, MD

   Précis: During this session we will discuss resources available for video creation and why those resources are better alternatives to PowerPoint narration. We will describe the process used to enlist and empower medical students to create specific videos. Participants will learn about specific ways to thoughtfully connect images, words and sounds in order to maximize the learner’s ability to commit a concept to memory. They will then be split into smaller groups, and using one of the memory methods, will design a storyboard video based on the script and memory device, then present their storyboard and describe their creation process. Participants will leave this session knowing ways to get students of all levels involved in the video creation process.

5:30 pm – 7:00 pm
Welcome Reception
Exhibits & Posters
Storyville Hall
Thursday, March 3, 2016

7:00 am – 8:00 am
FOCUS BREAKFASTS

1. Creating a Tasty Patient Safety Jambalaya for Your Medical Students
   Empire C
   Jodi F. Abbott, MD, MCHM // David A. Forstein, DO
   Archana A. Pradhan, MD, MPH
   Précis: In this session, we will review literature regarding initiatives in patient safety that have been successfully utilized in undergraduate and graduate medical education in three different academic medical centers. We will present materials used to engage students in patient safety activities including M&Ms, reporting of adverse events, safe prescribing, advocating above the hierarchy, fatigue management and transitions in care. Resources and implementation tools will be discussed in order to provide a template for incorporation into educational programs and institutions. Participants will be encouraged to share patient safety teaching tools that they have utilized. Attendees will leave the session with a greater understanding of the opportunities to view medical students as allies in departmental patient safety initiatives.

2. Common Challenges of Community Based Programs: A Collaborative Effort
   Empire D
   Karen Raimer, MD // Marilyn Williams Fudge, MD
   Précis: Based on round table discussions at previous meetings, we will hold a discussion on how community programs are currently addressing their challenges and how we can promote collaboration between community programs to further our mission. We will develop a committee that will communicate quarterly about our progress.

3. Committee on Fellowship Training in Obstetrics and Gynecology (COFTOG) Breakfast and Business Meeting
   Imperial 5
   Brian Brost, MD // Sylvia M. Botros-Brey, MD
   Carrie L. Bell, MD
   Précis: This session is the annual business meeting for COFTOG. The minutes from the 2015 annual meeting will be reviewed, and old and new business will be discussed. A large focus will be the ABOG to ACGME transition and how COFTOG may support the fellowships. Future directions for the committee and plans for the upcoming year will be reviewed.

4. Resident/Medical Student Breakfast: The Second Victim
   Empire A-C
   Patrice M. Weiss, MD // Amanda Murchison, MD
   Précis: This lecture will describe the potential effects of unanticipated outcomes and medical errors on all providers. We will also discuss coping mechanisms and strategies to help providers deal with these outcomes.

GENERAL SESSION
Celestin DE
Moderator: Patrice M. Weiss, MD
CREOG Program Chair

8:15 am – 8:30 am
American College of Obstetricians and Gynecologists (ACOG) Vice President for Education Report
Sandra A. Carson, MD

8:35 am – 8:50 am
American College of Obstetricians and Gynecologists/American Congress of Obstetricians and Gynecologists: Presidential Officers' Report
Mark S. DeFrancesco, MD, MBA, ACOG President

8:55 am – 9:10 am
Junior Fellow Congress Advisory Council (JFCAC) Report
Megan L. Evans, MD, MPH
Précis: Following this presentation, the participants will know the demographics of today's ACOG Junior Fellow and learn about current initiatives and projects of the JFCAC.

9:15 am – 9:30 am
American Board of Obstetrics and Gynecology (ABOG) Report
George Wendel, MD

9:35 am – 10:00 am
Residency Review Committee for Obstetrics and Gynecology (RRC) Report
Jessica L. Bienstock, MD, MPH
Mary Joyce Turner, RHIA, MJ

10:00 am – 10:40 am
REFRESHMENT/ NETWORKING BREAK
Exhibits & Posters
Storyville Hall
B. Star Hampton, MD // LaTasha B. Craig, MD
Scott C. Graziano, MD, MS

Précis: This interactive session examines the reasons for having students in the operating room. We will explore challenges to effective operating room teaching before breaking into small groups to develop strategies for overcoming those challenges, and sharing the results. Facilitators will present specific teaching models, and participants will practice scripts related to the models. Focusing on their strengths and weaknesses as operating room educators, participants will build a teaching toolbox and form a teaching contract with themselves that they will carry out in the operating room.

2. Entrustable Professional Activities (EPAs) in GME: Building the Bridge Connecting Real Time and Real World Practice
Celestin A-C
Kelly Ann Best, MD // Jeffrey House, DO

Précis: In this interactive session, participants will be introduced to the concept and history of entrustable professional activities (EPAs) in a brief didactic session. After outlining the rationale for using mini EPAs as part of an overall measure of readiness for independent practice for resident trainees, participants will work in small groups to create at least one mini EPA for a resident trainee experience. They will be guided in the process of selecting an appropriate entrustment scale, and then link the elements of their new mini EPA to the Milestones (copy provided) in a large group demonstration of how EPA style assessments can assist the Clinical Competency Committee in their semi-annual work. After this session, participants will be able to construct EPAs at their home programs to connect real-time evaluation with real world performance.

3. An Innovative Approach for Improving Faculty Compliance with Resident Evaluations
Celestin F-H
Lois E. Brustman, MD // Barbara Deli, MD

Précis: During this breakout session we will share an innovative solution to improve the quality of resident evaluation and faculty compliance in evaluating residents.

4. Breaking Bad News: Teaching Residents How to Communicate Adverse Findings
Empire C
Niraj Chavan, MD, MPH // Laura Meints, MD, MBA

Précis: This session will attempt to replicate the approach to teaching the delivery of bad news through an introduction to evidence-based methods, using the palliative care model demonstrating the experience through a simulated case-based learning format. Participants will be presented with clinical scenarios and will be encouraged to adopt the presented frameworks for communicating key findings and implications to a patient. Key learning points include how to plan care compassionately for patients with adverse findings, how to communicate these findings and anticipate the grief response, and how to utilize a multidisciplinary, systems-based approach to communicating adverse findings to patients.
6. Building Your Academic Curriculum: Design and Implementation of Resident Academics Based on the CREOG Educational Objectives

Strand 9
Rebecca J. Chason, MD // Scott M. Petersen, MD

Précis: In this session, participants will discuss their program’s current academic curriculum and their own future goals. We will describe our evaluation and revision process, and the group will discuss key components of an academic curriculum and how to assess and address the needs of their programs. We will share how we evaluated resident needs and discuss how the faculty was educated about the new format and provided with available teaching resources to aid in lecture development. Participants will leave this session with concrete ideas to assess and revise of their own academic programs.

11:45 am – 12:45 pm

CONCURRENT SESSIONS

BREAKOUT SESSIONS

1. Resident Review Committee for Obstetrics and Gynecology (RRC)

Celestin DE
Jessica L. Bienstock, MD, MPH
Mary Joyce Turner, RHIA, MJ

2. Dialogue with the CREOG Education Committee

Celestin A-C
May Hsieh Blanchard, MD
CREOG Education Committee Chair
CREOG Education Committee Members

3. Designing a Simulation Regimen for Teaching and Assessing Procedural Skills

Celestin F-H
Joshua Nitsche, MD, PhD // Brian Brost, MD
Elisabeth Codsi, MD

Précis: This session will incorporate short didactic lectures into interactive hands-on simulation using the cervical exam as an example. Using a “train the trainer” model, the course will be geared toward educators seeking to improve the training of procedural skills in their local setting. In small groups, participants will apply the knowledge and skills gained during the session to construct a training regimen of their own.

4. Transforming Difficult Conversations into Effective Approaches for Diversity in Medical Education

Empire C
Brenda Pereda, MD, MSc // Andrea Jackson, MD, MAS
Margaret Montoya, AB, JD

Précis: During this session, we will discuss the roles of race and ethnicity on US health disparities, and identify practical approaches to integrate cultural diversity and humility into medical education. After this session, participants will understand the principles of precepting diverse learners utilizing cross-cultural skills.

5. Flipping the Classroom for Medical Students and Residents: Let the Good Times Roll!

Empire D
Wendy Vitek, MD // LaTasha B. Craig, MD

Précis: This session will begin with the participants completing a mini-flipped classroom curriculum. Participants will then watch a five-minute video as a “pre-classroom” assignment, and will then complete the in-class application of the learned material, which will demonstrate techniques for active case-based learning for a small or large group setting.
1. Delivering the Incoming Ob-Gyn Intern Through a Milestones-Based Orientation: A Feasible Method to Bring it to Your Program
   Strand 3
   Sara C. Wood, MD // Robert Casanova, MD
   Rebecca S. Stein, MD // Daniel Robinson, MD
   Précis: During this session we will describe an innovative ob-gyn intern orientation curriculum that aligns with the Level One Milestones to provide the opportunity to instruct, assess and remediate intern performance prior to residency practice. We will engage the audience to share prior challenges to successful implementation of orientation and provide strategies to overcoming barriers including personnel, timing and resources. We will share tips and tricks to engage and integrate multidisciplinary and interprofessional participation into intern ob-gyn orientation.

2. Scholarly Activity Cultural Change Through Multi-Level Institutional Interventions
   Imperial 12
   Cinna Toy Wohlmuth, MD
   Teodocia Maria Hayes-Bautista, RN, MPH, PhD
   Michael Jordan, RN, MSN, MBA // Leroy Reese, MD
   Précis: This session will use the social-psychological elements of group interaction to emphasize the importance of intentionally addressing the mental models (internal reasoning schemas: knowledge, attitudes and beliefs) of stakeholders in graduate medical education. Through the use of facilitation, the small group will explore the mental models of four types of stakeholders, identifying both resistance and drivers of cultural change to the integration of both scholarly activity and research into clinical practice. The objective of the group discussion is to generate ideas to successfully problem solve.

3. Explore Diversity: LGBTQ-Focused Health Professions Curriculum
   Strand 5
   Kaitlyn McCune // Abbey J. Hardy-Fairbanks, MD
   Colleen K. Stockdale, MD, MS
   Précis: This session will provide an overview of the current national climate and recently published AAMC guidelines calling for integration of LGBTQ health care issues in medical education. We will facilitate a discussion regarding specific recent changes in LGBTQ-focused education at the University of Iowa. We will review survey results from second-year medical students and identify strategies and challenges, and identify best practices and action plans.

4. Implementing Low-Cost Electronic Point of Care Evaluations for Milestones: A Year in Review
   Strand 7
   Melissa S. Wong, MD // Jeanine Staples, MD
   Bryna J. Harwood, MD, MS
   Précis: This session will describe several unique strategies that our program has employed for resident assessment using the Milestones. These include revisions of the monthly rotation-specific evaluation methods, as well as alterations to the nursing and surgical evaluations. In addition, we will describe the implementation of clinic evaluations, topic presentation evaluations, and Morbidity and Mortality (M&M) presentation evaluations.

5. Quality Improvement Chief: Integrating Residents into QI and Patient Safety Leadership Initiatives
   Strand 8
   Tirah Louise Samura, MD // Elizabeth Liveright, MD
   Michelle J. Sia, DO // Jodi F. Abbott, MD, MCHM
   Précis: In this session, we will examine how resident QI leadership can enhance experiential and didactic QI education in residency as outlined in the Clinical Learning Environment Review (CLER). Participants will develop methods to implement resident quality improvement and leadership roles using the QI chief framework, evaluate the current structure for QI education and resources at their institution, and determine the areas that would benefit from resident involvement. Using the QI chief model, we will explore opportunities to get residents involved in PSQI leadership at their institutions.

6. Strategies for Developing and Maintaining an Effective Ob-Gyn Interest Group
   Strand 9
   Sarah Kathleen Dotters-Katz, MD // Lori Avery
   Jane Limmer, MD
   Précis: In this session, we will describe key aspects of an ob-gyn interest group curriculum and discuss the central components for starting and maintaining the group. Participants will review strategies for overcoming common challenges pertaining to interest group funding, turnover, and energy.

12:50 pm – 1:50 pm
LUNCHEON MEETINGS
Medical Student Educators’ Luncheon
Burnout Prevention & Leadership Development for Physicians
Celestin A-C
Dike Drummond, MD, CEO, The Happy MD
CREOG Regional Luncheons
Region 1 – Karen E. George, MD
Imperial 5
Connecticut, Maine, Massachusetts, Newfoundland, New Hampshire, New York, Nova Scotia, Quebec, Rhode Island, Vermont
Region 2 – Peter F. Schnatz, DO (Election)
Empire C
Delaware, Indiana, Kentucky, Michigan, New Jersey, Ohio, Ontario, Pennsylvania
Region 3 – Robert V. Higgins, MD
Strand 10
District of Columbia, Florida, Georgia, Maryland, North Carolina, Puerto Rico, South Carolina, Virginia, West Virginia
Region 4 – Phillip N. Rauk, MD
Celestin F-H
Alabama, Arkansas, Illinois, Iowa, Kansas, Louisiana, Manitoba, Minnesota, Mississippi, Missouri, Nebraska, Oklahoma, Tennessee, Texas, Wisconsin
Region 5 – Seine Chiang, MD
Empire D
Alberta, Arizona, Armed Forces District, British Columbia, California, Colorado, Hawaii, Nevada, New Mexico, Oregon, Utah, Washington
1:50 pm – 2:30 pm
DESSERT/NETWORKING BREAK
Exhibits & Posters
Storyville Hall

2:40 pm – 3:55 pm
ABSTRACT PRESENTATIONS

**Group 1 – Celestin A-C**
Moderators: Robert Higgins, MD // Nancy Hueppchen, MD
Madhuri Reddy, MD
a. How Does the First Clerkship Affect Medical Students' Views of the Relationship Between Physicians and Nurses?
Helen K. Morgan, MD

b. Development of a Medical Student Online Case Study Curriculum: Cases in Obstetrics and Gynecology (COGs)
Abigail R. Litwiller, MD

c. The Labor Games: Teaching Medical Students Obstetrical Skills Using Simulation-Based Training in a Competitive Environment
Dawn Kalin, DO

d. A Regional Resident Readiness Course to Facilitate the Transition from Student to Doctor
Elise Everett, MD

e. A Perceptual Adaptive Learning Module Results in Improved Fetal Heart Rate Categorization
Melissa S. Wong, MD

**Group 2 – Celestin F-H**
Moderators: Gavin Jacobson, MD // Erica Nelson, MD
Pooja Patel, MD
a. Impact of an Immediate Postpartum Intrauterine Device Insertion Simulation on Resident and Attending Providers
Lisa M. Goldthwaite, MD, MPH

b. Body of Knowledge: Using Prosections to Teach Pelvic Anatomy in Ob-Gyn Residency
Andrew S. Lane, MD

c. Delivering Bad News in Obstetrics and Gynecology Residency: A Pilot Curriculum to Address Identified Training Gaps
Jessica Murphy, MD, MPH

d. Evaluation of Challenger® as an Ob-Gyn Residency Self-Learning Tool
Janhvi Sookram, DO

e. Evaluation of Ethics Education in Ob-Gyn: A Survey of Resident Physicians
John Byrne, MD, MPH

**Group 3 – Empire C**
Moderators: Sheila Bouldin, MD // Teresa Tam, MD
Kavitha Ram, MD
a. Job Satisfaction Amongst Ob-Gyn and Surgical Residents at an Academic Center
Juana Hutchinson-Colas, MD

b. Impact of Incivility and Self-Compassion on Burnout in Health Care Workers
Tamika Latrice Stewart, MD

c. Critical Incident Debriefing: Impact of a Teaching Module for Ob-Gyn Residents
Abigail Stewart Cutler, MD

d. An Assessment of Professional Quality of Life and Experience with Critical Incidents Among Ob-Gyn Residents
Jonathan David Black, MD, MPH

e. Narrative Medicine Improves Emotional Exhaustion in Ob-Gyn Residents
Abigail Ford Winkel, MD

**Group 4 – Empire D**
Moderators: Patrick S. Ramsey, MD, MSPH
Rini Banerjee Ratan, MD // Roopina Sangha, MD
a. Laparoscopic and Robotic Skills Are Transferable in a Simulation Setting: A Randomized Controlled Trial
Lauren Thomaier, MD

b. Resident Education Using a Novel, Low-Cost Postpartum Hemorrhage Simulator with Quantifiable Blood Loss
Blake Porter, MD

c. Retention of Laparoscopic and Robotic Skills Twelve Weeks After Simulation Training
Megan Orlando, BA

d. Do Faculty and Residents Agree on Obstetrics and Gynecology Surgical Training Needs?
Kelli M. Braun, MD

e. Obstetric Hemorrhage: Improving Readiness and Response in a Community Hospital
Ankita Gupta, MD, MPH

**Group 5 – Imperial 5**
Moderators: Camille A. Clare, MD, MPH // John Fischer, MD
Amanda Murchison, MD
a. Impact of a Resident-as-Teachers Objective Structured Teaching Examination (OSTE) on Medical Student Vaginal Delivery Learning Outcomes
Francis S. Nuthalapaty, MD

b. A Systematic Review of Randomized Controlled Trials in Obstetrics and Gynecology Medical Education
Ariana Dagdag, BS

c. Integrating Basic Science into a Senior Medical Student Residency Preparation Elective
Anita M. Malone, MD, MPH

d. Who Wants to Be an Ob-Gyn: The Role of Blended Learning and Gaming for the Obstetrics and Gynecology Student: A Randomized Trial
Kimberley Jayne Sampson, MD

e. Five Minute Teaching Time Outs: A String of Teaching Pearls
Silka Patel, MD, MPH
2:40 PM – 3:55 PM
CONCURRENT BREAKOUT SESSIONS

American Board of Obstetrics and Gynecology (ABOG) Report

1. Teaching Tip: One Minute Preceptor
   Rini Ratan, MD

2. Bartholin Cyst: Simulation of Word Catheter Placement and a Novel Technique for Marsupialization
   Jeanine Staples, MD

3. Laparotomy Simulation Model
   Christopher Morosky, MD

4. First Trimester Ultrasound: Model Assembly
   Meg O’Reilly, MD, MPH

BREAKOUT SESSIONS

1. Master the Family Planning Milestones in Challenging Environments: Turn Adversity into Opportunity!
   Celestin A-C
   Nikki Zite, MD, MPH // Laura Maclaasac, MD, MPH
   Sarah Prager, MD, MAS
   Précis: After this session, attendees will fully understand the ACGME policy on family planning and elective abortion education and training. We will teach participants to develop and implement a Family Planning Milestone assessment tool to fit different training environments, and to be aware of pending legislation that can compromise access to family planning training. Attendees will learn different models to teach and assess the Family Planning Milestone competencies in a variety of settings, and adopt a structured e-library on family planning curriculum including best practices, policies and procedures, SFP guidelines, and seminal articles. This session will enable participants to take home ideas and implementation strategies for office-based miscarriage care to measure milestone competencies and fulfill many of the ACGME requirements.

2. Humanities in the Hospital: Art as an Instrument for Contemplation and Compassion
   Celestin F-H
   Whitney Buckman You, MD, MPH
   Ashley Nicole Battarbee, MD
   Susan Gerber, MD, MPH
   Richard Farrell, MAT, MFA
   Kristina Wyatt, BS, MA
   Rob Bondgren, MFA
   Précis: In this session, we will discuss ways to bring various forms of art into a medical training program. Participants will learn the value of art in medical training and explore what can be accomplished in medical student and resident education using art.

3. It’s Not So Easy, But Not Impossible: Teaching and Learning in the Operating Room
   Empire C
   Celeste S. Royce, MD // Malcolm W. Mackenzie, MD
   Lucia Renata Vicari
   Précis: In this interactive session, we will review, demonstrate and practice teaching skills for the Operating Room, incorporating video presentations of best practice techniques. We will identify the fundamentals of good surgical teaching practices, and review proposed surgical curricula for ob-gyn clerkship students and compare with current Milestones goals for resident learning. Participants will identify areas of overlap in resident and medical student teaching and develop strategies to engage diverse levels of learners in the surgical setting. We will practice teaching technical skills to diverse learners in small groups, and will engage in lively group discussion of successful teaching techniques.

4. The Big and Not So Easy of Educational Scholarship
   Empire D
   Amy E. Young, MD // Nancy Chescheir, MD
   John Dalrymple, MD // Nadine T. Katz, MD
   Lee A. Learman, MD, PhD // Michael Moxley, MD
   Gary Frishman, MD // Roger P. Smith, MD
   Steven Swift, MD
   Précis: During this session, participants will gain an understanding of the most common issues surrounding rejection related to submissions for the supplement to the CREOG & APGO Annual Meeting. We will help attendees develop strategies to improve previous and future submissions to improve acceptance rates.

5. We’ve Got Your Numbers: Facing The Challenge of Accurate Documentation of Resident Procedure Experience
   Imperial 5
   John D. Davis, MD // Julie Zemaitis DeCesare, MD
   Kelly Ann Best, MD
   Précis: In this session, we will explore the importance of accurate documentation of resident procedure experience, and examine the ACGME rules for residents taking credit for procedures, including the new ACGME guidelines that allow a PGY-4 to claim procedures as a teaching assistant. We will also discuss the ethics of documentation of procedures, and how to ensure timely, complete documentation of procedures performed by residents using reports available in the ACGME case log system. Participants will learn how to enter procedures using the ACGME system, and how to use myTIPreport to document resident competency in performing procedures.

   Note: Participants should read this book before attending the session.
   Strand 10
   Author: Atul Gawande
   Discussion Leaders: Isaiah Johnson, MD
   Amanda Murchison, MD // Eduardo Lara-Torre, MD
   Précis: This session is a facilitated discussion of Atul Gawande’s recent book Being Mortal. We will explore the concepts presented in the book and integration of the ideas into medical education.
APGO NETWORKING RECEPTION & FUNDRAISER
The Rampart Room, 1009 Poydras Street, New Orleans

Join your colleagues and friends at the Rampart Room for a fun networking reception. The event will feature light hors d'oeuvres, wine, beer and spirits from New Orleans. The famous APGO Raffles, Silent Auction and the new “Wine Grab” Raffle will close this event. The first 25 guests to arrive will receive a free gift. Tickets are $50 or $100 for the VIP experience option. Purchase five or more tickets at once and receive a group discount.

Friday, March 4, 2016

7:00 am – 8:00 am
FOCUS BREAKFASTS

1. Bringing All Players into the Superdome: Making Interprofessional Education Easy
   Celestin A-C
   Sarah M. Page-Ramsey, MD
   Margaret L. McKenzie, MD // Abigail Wolf, MD
   Précis: This breakfast will begin with an overview of the requirements for interprofessional education (IPE) and the importance of incorporating IPE in undergraduate and graduate medical education. We will review current entrustable professional activities (EPAs) and Milestones as they relate to IPE, and review common barriers and potential solutions to incorporating IPE. We will present examples of successful curricula developed and implemented at three different institutions, spanning undergraduate and graduate medical education in a variety of women's health topics. The specific requirements and challenges encountered in development and implementation will be shared, and we will ask participants to share examples and challenges from their own institutions with the larger group.

2. CUCOG Breakfast: Decreasing Surgical Volumes for Obstetrics and Gynecology Resident Training: What Are Our Options?
   Imperial 5
   Laurel Rice, MD // Haywood Brown, MD
   Dee E. Fenner, MD // Tommaso Falcone, MD
   Susan Christine Smarr, MD
   Précis: The panelists for this presentation, who are all involved with ob-gyn surgical training, will individually address the past and the future of surgical training, with a particular focus on opportunities for novel approaches. PowerPoint presentations, with all relevant information, will be provided to attendees, and time will be allotted for robust discussion after the presentations.

3. Resident/Medical Student Breakfast
   Make It Look Easy: Using a Video Resource to Teach and Assess Root Cause Analysis and Open Disclosure
   Celestin F-H
   Jodi F. Abbott, MD, MCHM // Rachna Vanjani, MD
   Précis: Participants in this breakout session will watch a video of a medical error, excerpts from the RCA and Disclosure videos, and participate in a model session of a learner's workshop. At the completion of the session, attendees will be able to facilitate this session using the APGO resource at their institutions.

GENERAL SESSION
Celestin DE
Moderator: Steven E. Swift, MD
APGO Program Chair

8:15 am – 9:15 am
APGO Business Meeting
Maya M. Hammoud, MD, APGO Secretary-Treasurer
Amy (Meg) Autry, MD, APGO President
Donna D. Wachter, APGO Executive Director

APGO Development Committee Report
John Fischer, MD, Development Committee Chair

APGO Undergraduate Medical Education Committee Report (UMEC)
John L. Dalrymple, MD, UMEC Chair

APGO Electronic Resources Committee Report (ERC)
Alice Goepfert, MD, ERC Chair

9:30 am – 10:45 am
CONCURRENT SESSIONS

ABSTRACT PRESENTATIONS

Group 1 – Celestin A-C
Moderators: Holly Khachadoorian-Elia, MD
John G. Gianopoulos, MD // Susan Raine, MD

a. Ob-Gyn Intern Boot Camp: Educational Outcomes Council for Residency Education in Obstetrics and Gynecology Examinations and Preparedness for Clinical Care
   Mary Claire Haver, MD

b. Real-Time Milestone and Surgical Skills Feedback: A Multi-Center Trial of myTIPreport
   AnnaMarie Connolly, MD

c. Does an Intensive and Multimodal Intern Boot Camp Prepare Incoming Residents for Level 1 Milestones?
   Monica Jenette Tschirhart, MD

d. A Multidimensional Electronic Point-of-Care Evaluation System for Milestones Assessment
   Jeanine Staples, MD

e. Preparing for the First Milestone: Room for Improvement?
   Scott E. Jordan, MD
PROGRAM SCHEDULE

9:30 am – 10:45 am
CONCURRENT SESSIONS CONTINUED

ABSTRACT PRESENTATIONS

Group 2 – Celestin F-H
Moderators: Jennifer Howell, MD // C. Patricia Obando, MD
Paula White, MD
a. Residents’ Insight on Student Mistreatment: What We Learned from Our First Action Research Cycle
   Hannah Galey, MD
b. Implementation of a Novel iOS Application to Improve Patient Handoffs
   Taylor B. Turner, MD, MS
c. Perceived Stress on Labor and Delivery (L&D) During Ob-Gyn Clerkship from Student, Resident and Faculty Perspectives
   Xiaodong Phoenix Chen, PhD
d. Tabletop Simulation to Assess Teamwork Competency in Ob-Gyn Resident Candidates
   Mary Ma, MD
e. Furthering the Validity of a Tool to Assess Nondirective Pregnancy Options Counseling Skills
   Carla S. Lupi, MD

Group 3 – Empire C
Moderators: J Christopher Carey, MD // Arthur Ollendorff, MD
Celeste Royce, MD
a. Military Sexual Assault Provider OSCE: Agreement of Self-Reported Assessment and Standardized Patient Evaluation in Medical and Graduate Nursing Students
   Cara A. Lucas, DO
b. Training Costs in a Surgical Subspecialty
   Shelley L. Galvin, MA
c. Implementation of a Maternal Health Curriculum and Distance-Learning Program in South Sudan
   Cholene Espinoza, MD
d. How Does Ob-Gyn Resident Training at Restrictive Faith-Based Institutions Impact Subsequent Provision of Reproductive Health Care for Women? A Qualitative Analysis
   Jennifer M. Hoover, BA
e. Network Analysis of Mentoring: A Tool for the Assessment and Management of Mentoring
   Roger P. Smith, MD

Group 4 – Imperial 5
Moderators: Akua T Afriyie-Gray, MD
D. Yvette LaCoursiere, MD // David Marzano, MD
a. A Randomized Trial of Smartphone-Based Quick Response (QR) Evaluations for Ob-Gyn Clerkship: The Medical Instructor Experience
   Nasim Camillia Sobhani, MD
b. An Assessment of Knowledge and Comfort Surrounding Pessary Use Among US Ob-Gyn Residents
   Padma Kandadai, MD, MPH
c. Surgical Case Logging Habits and Attitudes: A Multi-Specialty Survey of Residents
   Lauren A. Cadish, MD
d. Smartphone-Based Quick Response (QR) Evaluations for Residents: What Do Faculty Think?
   Emily Elizabeth Fay, MD
e. Peer-to-Peer Interactive Breast Health Training with Simulation: Effect on Medical Student Anxiety and Exam Scores
   Claire Steen, MD

CREOG & APGO FILM FESTIVAL
Celestin DE
Moderators: Christopher Morosky, MD
Debra Gussman, MD, MBA
1. A Model for Resection of Endometriosis: A Feasibility Study
   Diana Atashroo, MD
2. Bartholin Cyst and Abscess: Model for Word Catheter Placement and Cyst Marsupialization
   Megan O’Reilly, MD, MPH
3. Low-Fidelity Contained Manual Tissue Extraction Simulation for Gynecology Residents
   Christina Saad, MD, MBA
4. Submucosal Myomas: Basic Principles of Hysteroscopic Resection
   Marianne DiNapoli, MD

10:45 am – 11:30 am
REFRESHMENT/NETWORKING BREAK
Exhibits & Posters
Storyville Hall

GENERAL SESSION

11:35 am – 12:15 pm
JOINT CUCOG/CREOG/APGO SESSION
Abortion Training For Ob-Gyn Residents in the United States
Celestin DE
David Chelmow, MD // Dan Clarke-Pearson, MD
Eve Espey, MD, MPH // Tim Johnson, MD // Laurel Rice, MD
Précis: This session will focus on the changes that have occurred in ob-gyn resident surgical training in the last 15 years. This will be followed by a discussion of innovative approaches to enhancing this training. After this session, attendees will understand the evolution of surgical training for ob-gyn residents, the training roadblocks in the current environment and the existing opportunities to enhance surgical training for ob-gyn residents.
12:30 pm – 1:30 pm
CREOG & APGO AWARDS AND GRADUATION LUNCHEON
Empire AB
- APGO Lifetime Achievement Award
- APGO Academic Scholars and Leaders Program Graduation
- APGO Surgical Education Scholars Program Graduation
- Award for Programs of Excellence
- APGO Academic Scholars and Leaders Awards
- CREOG & APGO Abstract and Poster Awards

1:30 pm – 2:45 pm
DESSERT/NETWORKING BREAK
Exhibits & Posters
Storyville Hall

3:00 pm – 4:00 pm
BREAKOUT SESSIONS

   Celestin A-C
   Barbara Barzansky, PhD // Scott C. Graziano, MD, MS
   Samantha D. Buery-Joiner, MD

   Précis: This session will describe how the LCME accreditation standards have changed for the 2015-2016 academic year. The LCME Co-Secretary and Director of Undergraduate Medical Education will present and review the new standards and elements, and identify commonly cited examples of noncompliance. Participants will review specific case examples with the panel and discuss best practices for addressing these challenges.

   Celestin F-H
   Sarah Appleton, MD // Diana S. Curran, MD
   Nancy D. Gaba, MD // L. Chesney Thompson, MD

   Précis: In this session, we will review the resources needed to guide students and residents interested in becoming academic specialists in obstetrics and gynecology. The session will teach participants how to access and utilize SASGOG’s new online curriculum and resources, and make interested students and residents aware of the opportunities available through SASGOG.

3. CREOG Education Committee Presents a Committee Opinion on Social Etiquette
   Empire C
   Amanda Murchison, MD // Mark B. Woodland, MS, MD

   Précis: The first part of the session will review the “committee opinion” on the topic of Social Etiquette, broken down into professional relationships, professional appearance, social media, interviewing and recruitment, teaching, mentoring and evaluating. During the second part of the session, participants will work in groups to address real issues faced by program directors in one of the above-mentioned areas. In the final part of the session, groups will share how they managed the issues and provide feedback to the education committee on additional resources they would like to see developed.

4. A Creative Educational Response to Medical Student Mistreatment Rates
   Empire D
   Nathalie Feldman, MD // Judy Lewis, MD
   Charmaine Patel, MD // Anne Rich, MD
   Hayley McKinnon, MD

   Précis: In this session, we will present the University of Vermont’s eight-minute educational film, “Creating a Positive Learning Environment,” within the context of other institution-wide initiatives to address learner mistreatment. Then attendees will share their thoughts through audience response technology, on whether or not the four scenarios depicted in the film represent mistreatment. Participants will be invited to discuss their responses to the scenarios and explore the extent to which they recognize the issues being raised by the film at their home institutions. The format of the session is intentionally designed to simulate an interactive Grand Rounds or “Resident as Teacher” didactic presentation in order to help familiarize participants with a model for how a similar curriculum might be implemented at their home institutions.

5. Strategies for Incorporation of Competencies and Milestones into a Well-Oiled Fellowship: Preparing for the ACGME Transition
   Imperial 5
   Brian Brost, MD // Sylvia M. Botros-Brey, MD
   Carrie Louise Bell, MD

   Précis: This session will begin with a description of the ACGME fellowship structure. Then we will compare the current ABOG fellowship structure with the new structure, highlighting overlap and where ACGME competencies and milestones fit. Participants will divide into three groups by specialty and work through one of the three topics: key portions of the transition, evaluation structure, and residency and fellowship links. The session will conclude with group presentations.

4:00 pm – 5:00 pm
CONCURRENT SESSIONS

CREOG & APGO FILM FESTIVAL
Celestin DE
Moderators: Christopher Morosky, MD
            Debra Gussman, MD, MBA

1. Gowning and Gloving for Vaginal Deliveries
   Lauren Carlos, MD

2. Perineal Laceration Repair Simulation
   John K. Trussell, PGY-4 for Jennifer Bell, MD

3. 10 Step Forceps
   Sarah Cigna, MD

4. Model for Amniotomy & Fetal Scalp Electrode Placement
   Angela Reyes, MD
3. Implementing High-Value Change Using the New CREOG Cases in Cost Conscious Care  
Empire C  
Lauren D. Demosthenes, MD // Andrew S. Lane, MD  
Darcy H. Slizewski, MD  

Précis: This session will provide an introduction to the importance of understanding value-based health care from the perspectives of the provider, society and the patient. We will give an overview of the CREOG opportunity “Cases in Cost Conscious Care” and example of how it has been implemented at the presenters’ institution and how it has led to high-value change. Attendees will brainstorm about opportunities for high-value change and cases that can be written to demonstrate these. Facilitators will provide examples and guide discussion. The session will end with reports from attendees about ideas for cases that can be used as value improvement projects in ob-gyn departments.

Strand 5  
Charles Edward Lee Brown, MD, MBA  

Précis: A brief presentation of PIF and how it is becoming a fundamental goal of medical education will be given, followed by a discussion of how attendees use reflective writing and other techniques to enable PIF. The leader will then share his experience with a “Medicine in the Cinema” humanities elective which has been used for several years to generate reflection in a senior elective. Then there will be a discussion about how other humanities-based courses might be useful in PIF, as well as discussion of medical humanities resources available for use.
5. Time to Reflect: Integrating a Narrative Medicine Curriculum into Ob-Gyn Residency

Strand 7
Nathalie L. Feldman, MD // Bri Tristan, MD
Holli Jakalow, MD // Abigail F. Winkel, MD
Julia Simon, MD

Précis: In this session, we will define “Narrative Medicine” and describe how techniques of narrative medicine can enhance communication skills, empathy, cultural competence and patient-centered care through reflective writing. Participants will learn how to implement a narrative medicine curriculum specifically focused on issues relevant to the lives and work of ob-gyn residents that satisfies ACGME Core Competencies. Attendees will learn best practices for integrating a narrative medicine curriculum into residency training.


Strand 8
Olivia Hui Chiun Chang, MD, MPH // Toni Golen, MD

Précis: The session will begin with an overview of process maps and the concept of developing process-map driven protocols. We will share how process maps of existing clinical practices related to Hypertensive Diseases in Pregnancy (HDIP) at Scottish Livingstone Hospital (SLH) were created with the medical officers. We will discuss the educational impact and clinical significance of our process-map driven protocols for HDIP. Then we will teach the participants how to create process-map driven protocols at their own respective institutions, posing two clinical questions and creating process maps as a group. We will also hold a panel discussion about our experiences with the process-map driven protocol to date, and discuss our future projects.

Saturday, March 5, 2016

7:00 am – 7:30 am
CONTINENTAL BREAKFAST
Celestin Foyer

> NEW IN 2016: EMERGING TECHNOLOGIES WORKSHOP! (included in Meeting and Registration fee)
Supported through an unrestricted educational grant from Myriad Genetic Laboratories.

7:35 am – 9:00 am
GENERAL SESSION
Celestin DE

Cancer Genetic Risk Assessment: Integrating Genetic Education into Residency Training
Noah D. Kauff, MD, Associate Professor of Medicine, Weill Cornell Medical College, Cornell University

Précis: During this course, using a combination of didactic lectures, audience response questions and breakout sessions, this session will teach participants what knowledge about inherited cancer risk assessment is necessary for residency trainees to be exposed to in 2016. Each element of this program will discuss strategies for integrating this knowledge into residency curriculums. Following a didactic program incorporating use of an audience response system, participants will have the opportunity to participate in two case-based breakout sessions (see breakout sessions 1-3 today from 9:10 am – 10:10 am and 10:20 am -11:20 am).

9:00 – 9:10 am
BREAK
Celestin Foyer

9:10 am – 10:10 am
CONCURRENT BREAKOUT SESSIONS
(Choose One)
The following sessions will be led by Independent, Industry and MD genetics counselors.

1. Advances in the Management of Hereditary Breast and Ovarian Cancer
Empire C
Led by: Noah D. Kauff, MD
Lori L. Ballinger, MS, LGC // Andrea DeVico Grant, MS, CGC

2. Integration of Histologic Information into Cancer Risk Assessment
Empire D
Led by: Deborah DeLair, MD
Angela G. Arnold, MS, CGC // Kelli Swan, MS, MA, CGC

3. Promises and Challenges Associated with Next Generation Sequencing
Celestin A-C
Led by: Karen H. Lu, MD
Sarah Ruppert, MS, CGC
Deb Brugman, MS, CGC
1. Advances in the Management of Hereditary Breast and Ovarian Cancer
   **Empire C**
   Led by: Noah D. Kauff, MD
   Lori L. Ballinger, MS, LGC
   Andrea DeVico Grant, MS, CGC

2. Integration of Histologic Information into Cancer Risk Assessment
   **Empire D**
   Led by: Deborah DeLair, MD
   Angela G. Arnold, MS, CGC
   Kelli Swan, MS, MA, CGC

1. Preparing Residents for the Fellowship Application Process
   **Celestin F-H**
   Katarzyna Bochenska, MD // Gabriella Gosman, MD
   **Précis:** This session will begin with an introduction to a structured approach to fellowship application mentorship, followed by a brief didactic session detailing the resident and program-driven fellowship application mentorship process previously trialed and implemented at Magee-Women's Hospital. Participants will then be divided into small focus groups to discuss the fellowship application approach at their respective institutions, and will present the salient points from their discussion to the larger group.

2. How to Stimulate Students’ Clerkship Learning on Labor and Delivery (L&D) with Expected Stressful Events
   **Imperial 5**
   Xiaodong Phoenix Chen, PhD // Natasha Johnson, MD
   Holly Khachadoorian-Elia, MD
   **Précis:** This session will discuss the key common stressful events that medical students can expect to encounter on L&D during an ob-gyn clerkship. Participants will learn the differences between perceived stressful events on L&D among faculty, fellows, residents and medical students. There will be a demonstration of an educational intervention to stimulate students’ learning on L&D with expected stressful events, and a discussion of the feasibility of implementing educational intervention in participants’ programs.

1. CLER Participation: Developing Action Plans for Successful Resident Engagement
   **Celestin F-H**
   Miriam Bar-on, MD // Vani Dandolu, MD, MPH, MBA
   **Précis:** This workshop will be conducted in three parts. First, as a large group, participants will be asked to reflect on their institution’s CLER visit, sharing best practices and identifying areas to better engage residents and fellows. The areas identified will be sorted into the six CLER categories. Then, small groups will be charged with taking an identified area for improvement and designing a specific activity to engage residents and fellows. Activity design will utilize a template that includes a teaching methodology as well as a measurement of success and timeline for implementation. The groups will then present their action plans and activities, followed by a group discussion. Copies of the CLER focused activities will be collected and then shared with participants following the session to provide a robust toolbox of action plans to implement after the meeting.

2. Aligning ACGME and LCME: Reinventing the Clerkship
   **Imperial 5**
   Nagaraj Gabbur, MD // Michele Haughton, MD
   David Daniel, BS
   **Précis:** This session will examine how the ACGME And LCME align and how EPAs can be incorporated into clerkship. Participants will learn how one clerkship met the challenge of the Competencies and develop strategies to employ back home to improve their own clerkships.
American Residency Coordinators in Obstetrics and Gynecology (ARCOOG)

> THURSDAY, MARCH 3

2:15 pm – 5:00 pm
New Coordinator Session
Strand 4
Joy Kimmell // Patti Davison
Précis: For Coordinators in their positions 2 years or less. Seasoned Coordinators are also welcome to attend.

8:30 am – 9:00 am
Resident Wellness: A Change in Culture
Empire D
Jaclyn Feeney, MEd
Précis: This presentation examines the importance of being able to identify and remedy burnout in residency programs; however, the core of the presentation is a discussion on how to begin to change the culture in your program to avoid emotional burnout before it starts. Examples of wellness strategies and ideas will be reviewed, specifically the ideas that have been implemented at Temple University's ob-gyn residency program.

> FRIDAY, MARCH 4

7:00 am – 8:00 am
FOCUS BREAKFAST
The Millennials are Having Babies
Empire D
L. Virginia Vehaskari (Ginger), PhD
Past ARCOG Chair,
Formerly from LSU Medical Center,
Department of Ob-Gyn

8:00 am – 8:30 am
Dialogue with the RRC
Empire D
Mary Joyce Turner, RHIA, MJ
Jenny Campbell

9:00 am – 9:30 am
Successful Strategies for Faculty Scheduling of CREOG Objective-Based Resident Didactics
Empire D
Aimee Moynihan, PhD, MSED, C-TAGME
Précis: This lecture will provide an overview of the implementation of a detailed two-year CREOG objective-based curriculum with required annual faculty participation. This lecture will include the various tools and resources needed and used, as well as an explanation of the thorough process of execution.

9:30 am – 10:00 am
Business Meeting
Empire D
Patti Davison

10:00 am – 10:45 am
Best Practices to Develop a Flipped Classroom
Empire D
Rajiv B. Gala, MD
Bunja Rungruang, MD

10:45 am – 11:30 am
REFRESHMENT/ NETWORKING BREAK
Exhibits & Posters
Storyville Hall
> WEDNESDAY, MARCH 2
11:30 am – 12:30 pm
MECCOG Lunch at Clerkship Directors’ School
Separate registration and fee required
Celestin B-C

2:50 pm – 3:20 pm
Welcome Table/
Refreshment Break
Celestin Foyer

> THURSDAY, MARCH 3
8:10 am – 8:25 am
MECCOG Chair Welcome
Strand 10
L. Renata Vicari, Chair

8:25 am – 9:00 am
MECCOG: Mingle, Mentor and Motivate
Strand 10
L. Renata Vicari // Lori Avery
Tameka Collins-Ferguson, MSEd
Lisa Kellett

9:05 am – 10:00 am
The Nuts and Bolts of Coordinating a Multidisciplinary Boot Camp Course in Obstetrics and Gynecology
Strand 10
Erin A.N. Beene, MPH
Mel Jones

10:00 am – 10:40 am
REFRESHMENT/NETWORKING BREAK
Exhibits & Posters
Storyville Hall

10:45 am – 11:15 am
You’re More Than a Coordinator
Strand 10
Tameka Collins-Ferguson, MSEd

11:20 am – 12:30 pm
ROUND TABLE SESSIONS
Participants will choose one table for discussion and best practices.
Strand 10

a. Dynamic Educational Experiences for Millennials
Rebecca Slattery

b. M4 Mentoring: Guiding Students to a Successful Match
Janet Short

c. uWISE Tips and Tricks for your Clerkship
Cynthia Gentry

d. Professionalism: You Know It When You See It
Dawn Watson

e. Reflective Assignments
Kelsey Nieves

2:30 pm – 3:30 pm
A Novel Approach to Replace the Traditional Lecture Series: Entrustable Professional Activities-Based Workshops
Strand 10
Heather Reed, MD // Sonia B. de Leon

> FRIDAY, MARCH 4
9:45 am – 10:45 am
Decentralized Clinical Education: The Nuts and Bolts
Strand 11
Whitney Hiatt, MA

10:45 am – 11:15 am
REFRESHMENT/NETWORKING BREAK
Exhibits & Posters
Storyville Hall

11:15 am – 12:15 pm
From Competencies to Milestones to EPAs:
A Medical Student’s Journey to Becoming the Skipper
Strand 11
Susan Cox, MD
American Board of Ob-Gyn (ABOG) Fellowship Coordinator/Program Directors Workshop

> THURSDAY, MARCH 3

Imperial 11

11:00 am – 11:10 am
Introduction
  • ABOG Fellowship Staff
  • ABOG Subspecialty Divisions

11:10 am – 11:40 am
Transition of Fellowship Programs to ACGME
  • When it Will Happen
  • How it Will Happen
  • What You Will Need to Do

11:40 am – 12:00 pm
Program Responsibilities to ABOG After Transition
  • Register Fellows
  • File Annual Report
  • Pay Annual Fee
  • Submit Notification of Program/Fellow Changes

12:00 pm – 12:20 pm
Fellow Registration Process: GO, MFM, REI & FPMRS
  • Why Registration is Required
  • Who Must Register
  • How to Register

12:20 pm – 12:40 pm
Annual Report Process: GO, MFM, REI & FPMRS
  • Who Must File
  • How to File
  • Division Review and Outcome

12:40 pm – 12:50 pm
Process to Communicate with ABOG
  • Web Portal
  • Correspondence and Questions
  • Progress Reports and Responses
American College of Osteopathic Obstetricians & Gynecologists (ACOOG)

All ACOOG attendees must register for the CREOG & APGO Annual Meeting.

Friday, March 4
Imperial 12

8:30 am – 9:30 am
Breakfast
(ticket required)

9:30 am – 9:40 am
Welcome Address
Michael J. Geria, DO, MS, Executive Vice President and CEO ACOOG

9:40 am – 10:00 am
State of the PESC
Patrick Woodman, DO, PESC Chair

10:00 am – 10:45 am
New Annual Report
William Bradford, DO
Vice President of Education & Evaluation ACOOG
• Segue to WebADS
  (electronic ACGME logs)
• End-of-the-Year Summary Report

10:45 am – 11:15 am
REFRESHMENT/NETWORKING BREAK
Exhibits & Posters
Storyville Hall

11:15 am – 11:30 am
Update on the Ob-Gyn Ultrasound Curriculum
Imperial 12
James Perez, DO, President Elect

11:30 am – 12:10 am
What is Uniquely “Osteopathic” about AOA/ACOOG Programs?
Imperial 12
Teresa Hubka, DO

12:10 pm – 12:30 pm
The Ob-Gyn Intern Boot Camp
Imperial 12
David Boes, DO

12:30 pm – 1:30 pm
CREOG & APGO AWARDS AND GRADUATION LUNCHEON
Empire AB

1:30 pm – 2:00 pm
DESSERT/NETWORKING BREAK
Exhibits & Posters
Storyville Hall

2:00 pm – 3:00 pm
Ob-Gyn Milestones
Imperial 12
Laura Edgar, EdD, CAE ACGME

3:00 pm – 5:00 pm
Evaluation of Clinical Competence II
Frank Medio, MD
Imperial 12
• Remediation for the Underperforming Resident
• Strategies to Get Honest and Accurate Evaluations from Faculty & 360o Process
• Techniques to Properly Document Problems in a Trainee’s Performance (CCC)
• An Effective Strategy to Organize and Conduct a One-on-One Semi-Annual Evaluation
1. 3D Printed Cervical Models: Technical Design and Testing in an Obstetrics and Gynecology Clerkship
   Andrew White, MD

2. A Biweekly Research Workgroup Increases Resident Research Productivity
   Melissa Brackmann, MD

3. A Comparison Between Clinical Competency Committee Scoring and Self-Evaluation
   Carrie Wieneke, MD

4. A Neonatal Circumcision Model to Teach and Evaluate Milestone 1 Immediately Prior to Residency
   Lauren Messinger, MD

5. A Novel Approach to Teaching Residents Comprehensive Risk Reduction and Management Strategies
   Deborah Lindner, MD

6. A Novel Model for Learning Foley Bulb Placement for Cervical Ripening
   Alexis Gimovsky, MD

7. A Novel Model to Teach Cervical Dilation and Effacement
   Nikki Zite, MD, MPH

8. A Peer-Developed and Taught, Practice-Based Operating Room (OR) Crash Course for Preclinical Medical Students Starting Their Surgical Rotation
   Catherine Chan, BS

9. A Pilot Study of Breech Extraction Simulation to Develop Confidence in Practice
   Orlando Valle, Jr., MD

10. A Pilot Surgical Skills Simulation in Obstetrics and Gynecology: Self-Assessment and Improved Confidence
    Erica O’Neill, MD

11. A Randomized Trial of Smartphone-Based Quick Response (QR) Evaluations for Ob-Gyn Clerkship: The Medical Student Experience
    Alyssa Stephenson-Famy, MD

12. Advising and Interview Patterns of Medical Students Pursuing Obstetrics and Gynecology Residency
    Meredith Alston, MD

    Jessica Lentscher, MD

14. Assessing the Role of Medical Student Log Data Towards the NBME Subject Examination Performance
    Patricia Obando, PhD

15. Burnout and Depression in an Ob-Gyn Residency Program: A Needs Assessment for Mindfulness-Based Stress Reduction
    Erin Cavanaugh, MD

16. Business in Medicine and its Effect on Resident Education
    Jennifer Litwin, DO

17. Cesarean Section Box Simulator: Utilizing CREOG Resources to Develop Surgical Skills
    Traci Iwamoto, MD

18. Collaborative Curriculum Development for Teaching Women’s Health Advocacy
    Chadburn Ray, MD

19. Comparing Performance on the Virtual Laparoscopic and Robotic Simulators Among Medical Students Pursuing Surgical vs. Non-Surgical Residencies
    Amanda Bunton, MD

20. Creating an Interprofessional Team to Investigate Medical Device Design in Low-Income Countries: A Case Study
    Jamie VanArtsdalen, MD

21. Developing Fellows as Medical Educators: An Un(der)-Tapped Resource?
    Randi Goldman, MD

22. Do Skills Acquired with the Laparoscopic Box Trainer Translate to the Video Simulator?
    Snigdha Alur, MD

23. Does Interest in Global Health Affect Medical Specialty Choice?
    Laura Twist, MD

24. Does Midterm Exam Performance Predict Shelf Exam Performance on the Ob-Gyn Clerkship?
    Erin Latif, MD

25. Do Visual Feedback and Interactive Learning Modules Improve Resident Learning of Colposcopy?
    Erin Nelson, MD

26. Effect of a Warm-Up on Cervical Examination Accuracy in Medical Students
    Joshua Nitsche, MD, PhD

27. Effect of Instituting a Laparoscopic Curriculum on Laparoscopic Knowledge for Ob-Gyn Residents
    Nancy Tang, MD

28. Effect of Resident-Led Teaching on Medical Student Interest and Performance in the Ob-Gyn Clerkship
    Elizabeth Clark, MD

29. E-Learning Is a Satisfactory and Comparable Approach to Teaching Core Urinary Incontinence Objectives
    Timothy Butler, BS
30. Empowering Students for Improved Patient Outcome: Prevention of Venous Thrombotic Events in Pregnant Patients  
Farnaz Farhi, MSc

31. Evaluation of a Comprehensive Sex Education Program Developed and Implemented by Medical Students  
Lydia Fein, MD, MPH

32. Evaluation of a Simulation-Based Curriculum to Improve Resident Performance in Medical Emergencies in the Outpatient Setting  
Brenda Pereda, MD, MS

33. Evaluation of Resident Preference for a Team-Based or Block-Based Learning System at the University of Miami Miller School of Medicine, Department of Obstetrics and Gynecology  
Lydia Fein, MD, MPH

34. Factors Affecting Resident Participation in Surgical Cases  
Jesse Loeffler, MD

35. First-Year Resident Applicants in Obstetrics and Gynecology by Medical School Background, 1992-2015  
Nancy Sokkary, MD

36. Flipping an Obstetrics Clerkship Session to Replace a Lecture with Active Learning  
Brenna McGuire, MS4

37. Formalized Teaching of Electronic Fetal Monitoring Improves Resident Knowledge and Judgment  
Sarah Smiley, MD, MPH

38. Gender Differences in Medical Student Performance of Simulated Vaginal Deliveries and Cervical Exams  
Joshua Nitsche, MD, PhD

39. Getting Residents to Drink the Medical Knowledge: What Flavor Sells?  
Cristina Wallace, MD

40. GoPros in the OR: Using Surgical Videos to Improve Resident Education, Debrief and Nurture Operative Teaching Skills  
Marron Wong, MD

41. How Effective are New Milestones Evaluations at Demonstrating Resident Growth: One Year of Data  
Randi Goldman, MD

42. Impact of Competitive Resident Teams on Resident Teaching Performance  
Tiffany Tonismae, MD

43. Impact of the Resident-as-Teacher Video Series in Preparing Students to be Resident Teachers  
Bri Anne McKeon, MD

44. Impact on Resident Knowledge and Skills After Perineal Laceration and Repair Simulation Education  
Jose Rodriguez, MD

45. Implementation of a Direct Observation Assessment Tool to Improve Direct Observation in an Obstetrics and Gynecology Clerkship  
Jennifer Bercaw-Pratt, MD

46. Implementing Quality Improvement in an Ob-Gyn Residency Program  
Marc Parrish, DO

47. Improved Adherence to C. Difficile Isolation Protocols Through Interdisciplinary Education  
Asha Talati, MD

48. Improving Communication Among Faculty, Residents and Nursing on Labor and Delivery Through Multidisciplinary Fetal Heart Tracing Rounds  
Heather Williams, MD

49. Internship Preparation: It’s All About the People and the Packaging  
Kathy Stewart, MD

50. Interruptions in the Workplace  
Rhandi Austin, MD

51. Interventions for Improvement of Resident CREOG Scores  
Barbara Deli, MD

52. Is Electronic the Way to Go? Resident Feedback to Medical Students During Clerkship  
Angela Strang, MD

53. Learners’ Perceptions of Training in CenteringPregnancy®  
John Larrabee, MD

54. Letters of Recommendation in Obstetrics and Gynecology: What Information is Important?  
Michael Plevyak, MD

55. Longitudinal Assessment of a Novel Curriculum’s Impact on Attitudes About Psychosocial Issues in Ob-Gyn and Surgery  
Jonathan Schaffir, MD

56. Multicultural Educational Workshops Demonstrate a Positive Impact on the Awareness and Attitudes of Health Care Providers Working with Hispanic and Latina Pregnant Women  
Kay Roussos-Ross, MD

57. Narrative Medicine and the Ob-Gyn Housestaff Experience  
Julia Simon, MD

58. Withdrawn

59. Optimizing the Use of Vaginal Delivery Simulation in Medical Students  
Joshua Nitsche, MD, PhD
60. Outcomes of a Hybrid Surgical Instruments Curriculum: Combining a Web-Based Photographic Catalog and Hands-On Lab with Clinical Exposure
Kelly Kline, MD

61. Outcomes of Robotic Hysterectomies Performed by Primary Resident Surgeons
Bret Barrier, MD

62. Patient Education in the Mobile Era
Gina Torpin, MD

63. Patient Safety Teaching to our Students
Whitney Ross, MD

64. Patient Sexual Health: Teaching Medical Students’ Comfort and Competency
Tammy Sonn, MD

65. Perceptions Regarding Pediatric and Adolescent Gynecology Training in Obstetrics and Gynecology Residency Programs
Cori-Ann Hirai, MD

66. Withdrawn

AnnaMarie Connolly, MD

68. Resident-Run Committees Empower Residents to Be Involved in Education and Community While Building Professional and Interpersonal Skills to Be Used in Their Careers as Physicians
Erica Stockwell, DO

69. Self-Directed Learning: Can There Be Too Much in Medical Education?
Dawn Boender, MD

70. Service vs. Education Among Obstetrics and Gynecology Residents
Sarah Lewing, MD

71. Simulating Postpartum Hemorrhage for Under $100
Virginia Hall, MD

72. Simulation-Based Team Training Associated with a Reduction in Severe Postpartum Hemorrhage
Spencer McClelland, MD

73. Skills Acquisition and Logistical Challenges Faced by Junior Year Obstetrics and Gynecology Residents Using the Box Trainer
Snigdha Alur, MD

74. Smartphone-Based Quick Response (QR) Evaluations for Residents: How Well Do They Work?
Alyssa Stephenson-Famy, MD

75. Social Media Etiquette Among Health Care Professionals
Robert diBenedetto, MD

76. Strengthening Your Program with Crossfit
Shon Rowan, MD

77. Supporting Abdominal Hysterectomy Training with Simulation, Online Learning and Video Feedback
Erin Medlin, MD

78. Taking the “Hysteria” out of the Hysterectomy Consent Signing Process: A Novel Video Approach
Leise R. Knoepp, MD, MPH

79. Teaching by Teleconference: The Massachusetts General Hospital – Ugandan Experience
Annekathryn Goodman, MD

80. Teaching Third Year Medical Students Communication and Empathy Skills: Be Explicit and Use Examples
Eugene Toy, MD

81. Texas Tech Apprenticeship Program: A Student-Centered, Self-Directed Experience in Obstetrics
Heather Patel, MS3

82. The Effect of Third Year Obstetrics and Gynecology Clerkship Duration on NBME and Competency-Based Assessment Examination Scores
Tatyana Zubkina, MS4

83. The Influence of a Resident-Directed Review on Medical Student Shelf Scores
Stephen Wagner, MD

84. To Improve Trainee Knowledge, Skills and Comfort About Vaginal Twin Delivery
Sarah Rae Easter, MD

85. Translating Objective Structured Clinical Exam (OCSE) Observations into Milestone Speak
Roopina Sangha, MD, MPH

86. Transvaginal Ultrasound Training for Ob-Gyn Residents: Multi-Site Randomized Controlled Trial of Educational DVD
Brooke High, DO

87. Use of a Mechanical Labor Simulator in Medical Student Education
Amy Ravin, MD

88. Using Gynecological Oncology to Facilitate Longitudinal Patient Care in a Basic Sciences Curriculum
David Brinkman, MS3

89. Using Simulation to Teach Obstetrics to Second Year Medical Students
David Cameron, MD

90. Utilizing the Council on Resident Education in Obstetrics and Gynecology Examination Summary of Incorrect Items
Shelly Holmstrom, MD
APGO ACADEMIC SCHOLARS AND LEADERS

Storyville Hall
WED March 2 5:30 pm – 7:00 pm // THURS March 3 10:00 am – 10:40 am & 1:50 pm – 2:30 pm // FRI March 4 10:45 am – 11:30 am & 1:30 pm – 2:45 pm

2016 APGO ACADEMIC SCHOLARS AND LEADERS POSTERS

1. Impact of Faculty Development on Feedback of Ob-Gyn Resident Performance
   Alison Brooks, MD

2. Knowledge of Cost Consciousness in Obstetrics and Gynecology Residents
   Leigh A. Cantrell, MD, MSPH

3. E-learning Spaced Education to Facilitate Resident Knowledge and Guide Program Didactics
   Manisha Gandhi, MD

4. How does Ob-Gyn Resident Training at Restrictive Faith-Based Institutions Impact Subsequent Provision of Reproductive Health Care for Women? A Qualitative Analysis
   Maryam Guiahi, MD, MSc

5. A Quality Improvement Curriculum in Ambulatory Obstetrics and Gynecology: Development and Implementation with Ob-Gyn Residents
   Patricia Habak, MD

6. Does an Advocacy Curriculum Focused on Health Care Disparities Improve Residents’ Knowledge and Utilization of Community Resources?
   Jennifer Hamm, MD

7. Labor and Delivery as a Learning Environment: Results from a Survey of Medical Students and their Instructors
   Mark Hoffman, MD

8. Developing a Pilot Curriculum to Foster Humanism in Graduate Medical Education
   Jennifer O. Howell, MD

9. Interprofessional Education in the Obstetrics and Gynecology Clerkship: Do We Teach Collaboration?
   Faye Justicia-Linde, MD

10. An Educational Intervention to Improve Physician Confidence and Knowledge About Transvaginal Sonographic Cervical Assessment in Obstetric Patients
    Sharon D. Keiser, MD

11. Performance on the Obstetrics and Gynecology National Board of Medical Examiners Subject Exam: Does Practice Help?
    Belinda M. Kohl-Thomas, MD

12. Formative Assessment by Direct Observation of Clinical Skills on the OB/GYN Clerkship Rotation
    Jenna McNaught, MD

13. Does Team-Based Learning Improve In-Training Exam Scores Among Obstetrics and Gynecology Residents?
    Elizabeth Melendez, MD

14. Resident Feedback to Improve Bootcamp Effectiveness
    Melissa D. Mendez, MD

15. Smartphones: Are they REALLY a Smart Idea?
    Silka Patel, MD

16. Satisfaction with an Electronic Feedback Tool for the Ob-Gyn Clerkship
    Mary Jane Pearson, MD

17. Development of a High-Value Care Educational Module for Obstetrics and Gynecology Residents
    Madhuri Reddy, MD

18. Development and Validation of Mental Practice as a Training Strategy for Abdominal Hysterectomy
    Catherine Salva, MD

19. Is Direct Interaction with Preceptors Linked to Clerkship Satisfaction and Medical Knowledge Gain?
    D. Mark Schnee, DO

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   Shan Biscette, MD

3. Development of a Needs Assessment Tool to Guide Surgical Training
   Kelli Braun, MD

   Michael Breen, MD

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   Cynthia Brincat, MD, PhD

6. Faculty Attitudes Towards TVH and Impact of Vaginal Hysterectomy Simulator
   Sandra Dayaratna, MD

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   Timothy Kremer, MD

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12. Instrument Training for Gynecologic Laparoscopy: A Pilot-Scale Randomized Control Trial to Improve Women’s Safety
    Mark Lewis, DO, MS

13. Sterilization and Contraception Costs: An Educational Needs Assessment and Intervention
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(doxylamine succinate and pyridoxine hydrochloride)
delayed-release tablets 10mg/10mg

Rethink Morning Sickness:
Are You Prescribing the ONLY Pregnancy Category A Prescription Treatment?

Diclegis® is the ONLY FDA-Approved and ONLY Pregnancy Category A Prescription Treatment for Morning Sickness.*

Indication
Diclegis® is a fixed-dose combination drug product of doxylamine succinate, an antihistamine, and pyridoxine hydrochloride, a vitamin B analog, indicated for the treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management.

Limitations of Use
Diclegis has not been studied in women with hyperemesis gravidarum.

Important Safety Information
Diclegis is contraindicated in women with known hypersensitivity to doxylamine succinate, other ethanalamine derivative antihistamines, pyridoxine hydrochloride, or any inactive ingredient in the formulation. Diclegis is also contraindicated in combination with monoamine oxidase inhibitors (MAOIs) as MAOIs intensify and prolong the adverse CNS effects of Diclegis. Use of MAOIs may also prolong and intensify the anticholinergic (drying) effects of antihistamines.

Diclegis may cause somnolence due to the anticholinergic properties of doxylamine succinate, an antihistamine. Women should avoid engaging in activities requiring complete mental alertness, such as driving or operating heavy machinery, while using Diclegis until cleared to do so by their healthcare provider.

Use of Diclegis is not recommended if a woman is concurrently using CNS depressants, such as alcohol or sedating medications, including other antihistamines (present in some cough and cold medications), opiates, and sleep aids. The combination of Diclegis and CNS depressants could result in severe drowsiness leading to falls or other accidents.

Diclegis has anticholinergic properties and should be used with caution in women who have: (1) asthma, (2) increased intraocular pressure, (3) an eye problem called narrow angle glaucoma, (4) a stomach problem called stenosing peptic ulcer, (5) pyloroduodenal obstruction, or (6) a bladder problem called bladder-neck obstruction.

Fatalities have been reported from doxylamine overdose in children. Children appear to be at a high risk for cardiopulmonary arrest. However, the safety and effectiveness of Diclegis in children under 18 years of age have not been established.

Diclegis is a delayed-release formulation; therefore, signs and symptoms of intoxication may not be apparent immediately. Signs and symptoms of overdose may include restlessness, dryness of mouth, dilated pupils, sleepiness, vertigo, mental confusion, and tachycardia. If you suspect an overdose or seek additional overdose information, you can contact a poison control center at 1-800-222-1222.

The FDA granted Diclegis Pregnancy Category A status, which means that the results of controlled studies have not shown increased risk to an unborn baby during pregnancy.

Women should not breast-feed while using Diclegis because the antihistamine component (doxylamine succinate) in Diclegis can pass into breast milk. Excitement, irritability, and sedation have been reported in nursing infants presumably exposed to doxylamine succinate through breast milk. Infants with apnea or other respiratory syndromes may be particularly vulnerable to the sedative effects of Diclegis resulting in worsening of their apnea or respiratory conditions.

To report suspected adverse reactions, contact Duchesnay Inc. at 1-855-722-7734 or medicalinfo@duchesnayusa.com or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see accompanying Brief Summary of the full Prescribing Information on adjacent page.

*Nausea and Vomiting of Pregnancy (NVP) is commonly called morning sickness.
**INDICATIONS AND USAGE**
DICLEGIS is indicated for the treatment of nausea and vomiting in pregnant women who do not respond to conservative management.

**Limitations of Use**
DICLEGIS has not been studied in women with hyperemesis gravidarum.

**DOSAGE AND ADMINISTRATION**
Initially, take two DICLEGIS delayed-release tablets orally at bedtime (Day 1). If this dose adequately controls symptoms the next day, continue taking two tablets daily at bedtime. However, if symptoms persist into the afternoon of Day 2, take the usual dose of two tablets at that time that night then take three tablets starting on Day 3 (one tablet in the morning and two tablets at bedtime). If these three tablets adequately control symptoms on Day 4, continue taking three tablets daily. Otherwise take four tablets starting on Day 4 (one tablet in the morning, one tablet mid-afternoon and two tablets at bedtime).

The maximum recommended dose is four tablets (one in the morning, one in the mid-afternoon and two at bedtime) daily. Take on an empty stomach with a glass of water. Swallow tablets whole. Do not crush, chew, or split DICLEGIS tablets.

Take as a daily prescription and not on an as needed basis. Reassess the woman for continued need for DICLEGIS as her pregnancy progresses.

**DOSE FORMS AND STRENGTHS**
Delayed-release tablets containing 10 mg doxylamine succinate and 10 mg pyridoxine hydrochloride.

**CONTRAINDICATIONS**
DICLEGIS is contraindicated in women with any of the following conditions:
- Known hypersensitivity to doxylamine succinate, other ethanolamine derivatives, antihistamines, pyridoxine hydrochloride or any inactive ingredient in the formulation
- Monoamine oxidase (MAO) inhibitors intensify and prolong the adverse central nervous system effects of DICLEGIS (see Drug Interactions).

**WARNINGS AND PRECAUTIONS**
Activities Requiring Mental Alertness
DICLEGIS may cause somnolence due to the anticholinergic properties of doxylamine succinate, an antihistamine. Women should avoid engaging in activities requiring complete mental alertness, such as driving or operating heavy machinery, while using DICLEGIS until cleared to do so by their healthcare provider.

DICLEGIS use is not recommended if a woman is concurrently using central nervous system (CNS) depressants including alcohol. The combination may result in severe drowsiness leading to falls or accidents (see Drug Interactions).

Concomitant Medical Conditions
DICLEGIS has anticholinergic properties and, therefore, should be used with caution in women with asthma, increased intraocular pressure, narrow angle glaucoma, stenosing peptic ulcer, pyloroduodenal obstruction and urinary bladder-neck obstruction.

Drug Interactions
Use of DICLEGIS is contraindicated in women who are taking monoamine oxidase inhibitors (MAOIs), which prolong and intensify the anticholinergic (dry/mg) effects of antihistamines. Concurrent use of alcohol and other CNS depressants (such as hypnotics, sedatives and tranquillizers) with DICLEGIS is not recommended.

Drug-Food Interactions
A food-effect study demonstrated that the delay in onset of action of DICLEGIS may be further delayed and a reduction in absorption may occur when tablets are taken with food. Therefore, DICLEGIS should be taken on an empty stomach with a glass of water (see Dosage and Administration).

**ADVERSE REACTIONS**
The following adverse reactions are discussed elsewhere in labelling:
- Somnolence (see Warnings and Precautions)
- Falls or other accidents resulting from the effect of the combined use of DICLEGIS with CNS depressants including alcohol (see Warnings and Precautions)

Clinical Trial Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The safety and efficacy of DICLEGIS was compared to placebo in a double-blind, randomized, multi-center trial in 261 women with nausea and vomiting of pregnancy. The mean gestational age at enrollment was 9.3 weeks, range 7 to 14 weeks gestation. Clinical practice.

**Postmarketing Experience**
The following adverse events, listed alphabetically, have been identified during post-approval use of the combination of 10 mg doxylamine succinate and 10 mg pyridoxine hydrochloride. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Cardiac disorders: dyspnea, palpitation, tachycardia
CNS and peripheral disorders: vertigo
CNS disorders: vision blurred, visual disturbances
Gastrointestinal disorders: abdominal distension, abdominal pain, constipation, diarrhea
General disorders and administration site conditions: chest discomfort, fatigue, irritability, malaise
Immune system disorders: hypersensitivity
Nervous system disorders: dizziness, headache, migraines, paresthesia, psychomotor hyperactivity
Psychiatric disorders: anxiety, disorientation, insomnia, nightmares
Renal and urinary disorders: dysuria, urinary retention
Skin and subcutaneous tissue disorders: hyperhidrosis, pruritus, rash, rash maculo-papular

**USE IN SPECIFIC POPULATIONS**

**Pregnancy**

**Pregnancy Category A**
DICLEGIS is intended for use in pregnant women.

The combination of doxylamine succinate and pyridoxine hydrochloride has been the subject of many epidemiological studies (cohort, case control and meta-analyses) designed to detect possible increased risks. A meta-analysis of 16 cohort and 11 case-control studies published between 1963 and 1991 reported no increased risk for malformations from first trimester exposures to doxylamine succinate and pyridoxine hydrochloride, with or without dicyclomine hydrochloride. A second meta-analysis of 12 cohort and 5 case-control studies published between 1963 and 1995 reported no statistically significant relationships between fetal abnormalities and the first trimester use of the combination doxylamine succinate and pyridoxine hydrochloride with or without dicyclomine hydrochloride.

**Nursing Mothers**

Women should not breastfeed while using DICLEGIS.

The molecular weight of doxylamine succinate is low enough that passage into breast milk can be expected. Excitement, irritability and sedation have been reported in nursing infants presumedly exposed to doxylamine succinate through breast milk. Infants with apnea or other respiratory syndromes may be particularly vulnerable to the sedative effects of DICLEGIS resulting in worsening of their apnea or respiratory conditions.

Pyridoxine hydrochloride is excreted into breast milk. There have been no reports of adverse events in infants presumably exposed to pyridoxine hydrochloride through breast milk.

**Pediatric Use**

The safety and effectiveness of DICLEGIS in children under 18 years of age have not been established.

Fatalties have been reported from doxylamine overdose in children. The overdose cases have been characterized by coma, grand mal seizures and cardiorespiratory arrest. Children appear to be at a high risk for cardiorespiratory arrest. A toxic dose for children of more than 1.8 mg/kg has been reported. A 3 year old child died 18 hours after ingesting 1,000 mg of doxylamine succinate. Frequent meta-analysis of 16 cohort, however, there is no correlation between the amount of doxylamine ingested, the doxylamine plasma level and clinical symptoms.

**OVERDOSAGE**

**Signs and Symptoms of Overdose**
DICLEGIS is a delayed-release formulation, therefore, signs and symptoms of intoxication may not be apparent immediately.

Signs and symptoms of overdose may include restlessness, dryness of mouth, dilated pupils, sleepiness, vertigo, mental confusion and tachycardia.

At toxic doses, doxylamine exhibits anticholinergic effects, including seizures, rhabdomyolysis, acute renal failure and death.

**Management of Overdose**

If treatment is needed, it consists of gastric lavage or activated charcoal, whole bowel irrigation and symptomatic treatment. For additional information about overdose treatment, call a poison control center (1-800-222-1222).

**PATIENT COUNSELING INFORMATION**

See FDA-approved patient labeling (Patient Information)

**Somnia and Severe Drowsiness**

Inform women to avoid engaging in activities requiring complete mental alertness, such as driving or operating heavy machinery, while using DICLEGIS until cleared to do so.

Inform women of the importance of not taking DICLEGIS with alcohol or sedating medications, including other antihistamines (present in some cough and cold medications), opiates and sleep aids because somnolence could worsen leading to falls or other accidents.

**Storage and Handling**

Store at 20°C to 25°C (68°F to 77°F); excursions permitted between 15°C and 30°C (59°F and 86°F) [see USP Controlled Room Temperature], Keep bottle tightly closed and protect from moisture. Do not remove desiccant/canister from bottle.

**DISTRIBUTED BY**

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2013-0002-01 Apr 2013
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5:30 pm – 7:00 pm

THURSDAY, MARCH 3
9:30 am – 3:00 pm
Refreshment Breaks:
10:00 am – 10:40 am // 1:50 pm – 2:30 pm

FRIDAY, MARCH 4
9:30 am – 3:00 pm
Refreshment Breaks:
10:45 am – 11:30 am // 1:30 pm – 2:45 pm

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mpeck@geneticalliance.org
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(800) 654-1745
Susan Maley, VP, Marketing
smaley@casenetwork.com
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1001 Potrero Avenue, Ward 6D-14
San Francisco, CA 94110
Stefanie Boltz, Senior Program Manager
stefanie.boltz@ucsf.edu
www.innovating-education.org

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6 Mall Court, Suite 2
Savannah, GA 31406
(912) 629-0357
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Kelly Cavanaugh, Program Assistant
kcavanaugh@acog.org
www.acog.org/goto/LARC

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sherani@prh.org
www.prch.org

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BOOTH #208
1 Medical Center Boulevard
Winston-Salem, NC 27157
(336) 409-0960
Josh Nitsche, Assistant Professor
jnitsche@wakehealth.edu

The department of Ob-Gyn at Wake Forest School of Medicine investigates innovative ways to teach the skills essential to the specialty. Current project focus on the labor cervical exam, vaginal delivery, cervical cerclage, and ultrasound guided invasive procedures, among others.

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