ACOOG

American College of Osteopathic Obstetricians and Gynecologists

"The American College of Osteopathic Obstetricians and Gynecologists is committed to women's health through the Osteopathic and holistic practice of obstetrics and gynecology.

2025 Summer Edition

Inside This Issue

President's Message

W. Ashley Hood, DO, FACOOG, (Dist)

Dear ACOOG colleagues, friends, & family:

What an amazing Annual Conference that we had in Palm Springs! It was held April 6-11th, at the Omni Rancho Las Palmas Resort. What a beautiful facility and meeting space. A special thank you to our program chairs, Diana Okuniewski, DO and Kern Krieg, DO, and all of our wonderful moderators that helped to keep the lectures and all the events running smoothly. I don't know about you, but the "Roaring 20's" Presidential Theme party on Wednesday night was a hit!! It was so wonderful seeing everyone so dressed up, the food and beverages, and services were all so outstanding – just simply stupendous!!

We also had some great lectures throughout the conference. I personally really enjoyed the Escape Room themed lecture named "Feeling Flush: Management Strategies for patients with vasomotor symptoms." In addition, there were incredible lectures ranging from infertility work-up, cervical cancer screening update, supplements for the pregnant patient, updates in coding, and so much more!

What I enjoyed the most about the conference was reconnecting with my ACOOG family! I enjoy seeing my peers that care as much for this osteopathic specialty college as I do!

In my Presidential address, I presented a thought that hit me while I was playing golf. I missed about a 6 foot eagle putt while playing golf with Dr. Rupesh Patel in Bonita Springs for our 91st ACOOG Annual Conference. I could not believe that I left this putt short! I've never had an eagle before. So, in thinking about my Presidential goals and directives, I don't want to leave it short! It got me thinking about why I am an ACOOG member, why did I get involved as a leader, and also all the wonderful leaders that have come before me.

So, why do you belong to ACOOG? I came up with 4 C's that I would like to focus on this year.....

COMMUNITY

This is what always brings us together! Community means a gathering of people together with common goals. There is a passion that we all have to see this organization become bigger and stronger. Coretta Scott King said... "The greatness of a Community is most accurately measured by the compassionate actions of its members." There are so many close friends that I have made through being a part of this college. I genuinely look forward to future meetings, so that we can get together again.
But Community is more than close knit friends and good times. If we want the ACOOG to continue to grow and continue to

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do awesome things, then we have to work together also. Success is built by knowing how we got here and also knowing what resources we have, how best to use them, and then expect all of us to work together to accomplish the growth that all of us are wanting to see!

CME (OSTEOPATHIC)

Offering Osteopathic CME is what we do best! Dr. Shania Seibels is our new CME Committee chair. We have an amazing CME committee that works very hard to put together some awesome programs.
Our current AOA President, Teresa Hubka, DO FACOOG (Dist), FACOG, has called the entire osteopathic profession to put emphasis on osteopathic distinctive CME. I echo her calling to make sure that the CME that is offered by the ACOOG will continue to put emphasis on mind, body, and spirit.
Anita Showalter, DO is our current OMM Chair. The ACOOG board of trustees decided to make this a subcommittee of the CME Committee. We will continue to have OMM workshops and also call for speakers to incorporate osteopathic philosophies and treatments into their presentations.

COLLABORATION

We are not in this alone! There are many other associations that we can partner with to achieve common goals.
Collaboration with the American Osteopathic Association is very important. The AOA represents nearly 200,000 osteopathic physicians and students. Our osteopathic board certification (AOBOG) is doing well, and I firmly believe that the road of education that starts at an osteopathic medical school should end in osteopathic board certification!

There are many ways that we collaborate with the American College of Obstetrics and Gynecology (ACOG). We have ACOOG members that serve on the Women's Preventive Service Initiative, the McCain Fellow, and many other joint initiatives. We appreciate that the ACOG issued a public statement that all ACGME programs should accept the COMLEX-USA as the only licensure exam for osteopathic students. We will continue to investigate more options for joint meetings and further collaborations.

Also a quick word on supporting our Medical Educational Foundation for ACOOG. We have to build up and support our foundation, this collaboration is essential for success. I have been told already that the efforts to raise contributions at our Annual meeting in Palm Springs was a huge success!!

CONNECTION

The ACOOG will continue to connect to our:

- -Membership
- -Advocacy
- -Students
- -Residents/Fellows

Membership is our life blood. We have to provide value to our members. Our Osteopathic CME is definitely our biggest program that we offer. But there is also other online content that we have created and continue to expand on. Our new podcast Women's Health Minutes, with your host, Dr. Rupesh Patel has already launched and has many wonderful episodes with past and current ACOOG leaders, students,

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President's Message

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and definitely more to come. We need to continue showing value for ACOOG Membership.
Advocacy will continue to be a top priority. Jodi Bennett, DO does a wonderful job with out Government Affairs Committee and we are sending regular updates out to our members.

We have big plans always for our students. They are our future! We will continue to help them grow each student chapter at every College of Osteopathic Medicine. Their hard work in nurturing an interest in OB/GYN is very important. We will continue to have mock interviews and all the programs that help our students match into residency.

I created a Task Force on Program Director Outreach. I want to reach ALL of our osteopathic residents, but to do this is going to require a great amount of consistent work. There are 295 ACGME OB/GYN programs nationally. We desperately need to build a process, a matrix, that repeats yearly and becomes an integral part of what ACOOG does yearly. I believe that we can foster better relationships with ACGME programs. We can educate the entire programs that the osteopathic medical students that are applying to their programs need to only take the COMLEX-USA. We can also make sure the residents in the programs know that they can (and should) take the osteopathic board certification (AOBOG).

We have talked about COMMUNITY, our OSTEOPATHICALLY DISTINCT CME, the importance of COLLABORATION, and the utmost importance of making and maintaining CONNECTIONS.
If we are mindful of all these initiatives, if we see our 6 foot putt for birdie or eagle right in front of us.... We cannot leave it short!

#ACOOGDontLeaveitshort

W. Ashley Hood, DO

W. Ashley Hood, DO, FACOOG (Dist), FACOG
2025-2026 ACOOG President

Vice President's Message
from the Executive's Desk

Michael J. Geria, DO, FACOOG, (Dist.)

Dear ACOOG membership,

Building Our Future Together: Insights from the 2025 Member Survey

On behalf of the Board of Trustees of the American College of Osteopathic Obstetricians and Gynecologists, we want to extend our sincerest thanks to everyone who participated in the 2025 Member Survey. Your thoughtful and candid feedback is the most valuable tool we have for shaping a College that is responsive, relevant, and essential to your professional life.

The results painted a clear picture of a strong and deeply committed community. We were thrilled to see an outstanding Net Promoter Score (NPS) of +45 (on a -100 to +100 scale). This score speaks volumes about your loyalty and belief in our shared mission. It's a powerful reminder that we have a fantastic foundation to build upon as we look to the future.

Your responses have provided us with clear direction. Here are three of the key takeaways and our commitments to you moving forward:

Education Tailored to Your Practice
You told us loud and clear that you value educational content that is practical, evidence-based, and immediately applicable to your clinical work. You also highlighted the need for flexibility to fit learning into your busy schedules.

Our Commitment: We are doubling down on what you value most. We will continue to expand our library of **free online CME**—our most highly-rated benefit—with new content on the topics you requested, from menopause management to the latest surgical innovations. We are also re-imagining our in-person conferences to focus more on **hands-on, experiential learning** and networking opportunities, ensuring that when you take the time to join us in person, the experience is valuable.

Enhancing Your Member Value
Beyond CME, you asked for more robust support in navigating the business of medicine and for more seamless access to the clinical tools you need every day.

Our Commitment: We are dedicated to becoming your indispensable career partner. We are designing a new Practice Management Resource Center to provide expert guidance on coding, billing, and other professional challenges. Furthermore, we recognize the critical importance of access to publications like the Green Journal. Please know that exploring a

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partnership to close this gap is our single highest strategic priority. We'll keep you updated on its progress.

Investing in Our Next Generation
A vibrant future for ACOOG depends on engaging and empowering the next generation of osteopathic OB/GYNs. Your feedback highlighted the need to strengthen our pipeline and better support our early-career members.

Our Commitment: We are tasking existing committees and task forces to focus on early career physicians to ensure their voices are heard. We are also developing a **formal mentorship program**, connecting students, residents, and new physicians with our esteemed Fellows and experienced members to provide guidance, support, and a personal connection to the College.

A Stronger ACOOG, Together
Your insights have given us an energizing and ambitious roadmap for the years ahead. The future of ACOOG is bright, and it's one we will build together. Thank you again for your engagement, your trust, and your commitment to our incredible specialty. We look forward to sharing our progress with you.

Warm regards,

Michael J. Geria, DO, MS, FACOOG(Dist)
Chief Executive Officer

CME Article

Teaching In The Clinical Setting: Setting Aside "See One, Do One, Teach One"

CME Credit Available

This activity offers
1.00 Category 1-B AOA
1.00 *AMA PRA Category 1 Credits*™

Faculty

Renee Sundstrom, DO

Dr Sundstrom is an obstetrician-gynecologist at CMU Health in Saginaw, and is affiliated with multiple hospitals in the area, including Covenant Healthcare-Saginaw and St. Mary's of Michigan. She is OB/GYN program director and assistant professor of OB/GYN at Central Michigan University College of Medicine.

She received her medical degree from A.T. Still University Kirksville College of Osteopathic Medicine and has been in practice for more than 20 years.

Learning Objectives

- Review the proposed need for change in the medical education and training of millennial and Gen Y learners
- Describe techniques for providing effective feedback for residents in an ambulatory and clinic environment, such as one-minute preceptor and SNAPPS
- Discuss methods of teaching and providing feedback in the operating room, such as briefing-debriefing and use of the Zwisch scale
- Understand components of giving effective formative feedback to learners
- Create a personal plan for clinical education and feedback to help resident learners with progressive autonomy in the field of obstetrics and gynecology.

Conflict of Interest Disclosures

ACOOG requires each planner and presenter to identify all conflicts of interest, and mitigates risk of bias using a series of strategies for relevant conflicts. Unless otherwise noted below, the ACOOG, ACOOG staff and planners for this activity have no relevant financial relationships to disclose

Dr Sundstrom has no relevant relationships with ineligible companies to disclose.

Release & Review Date:

This activity is valid between June 10, 2025 and June 30, 2026.

CLAIM CME CREDIT

Teaching In The Clinical Setting: Setting Aside "See One, Do One, Teach One"

Introduction

"See one, do one, teach one". This time-honored adage once defined medical and surgical training, rooted in an apprenticeship model of teaching. Over the past two decades medical education has evolved from a teacher-oriented paradigm to learner-focused approach that emphasizes safety, feedback, and structured skill development.

This shift has been especially important in obstetrics and gynecology—a high-pressure, high-stakes specialty—where informed and empowered patients expect safe, high-quality care. As clinical responsibilities increase, many educators find it challenging to balance teaching with patient care. In addition, many educators volunteer their time and may have little formal training in clinical instruction. This article outlines practical, efficient methods for clinical teaching and feedback, with the goal of enhancing both the learner experience and patient outcomes.

UNDERSTANDING THE CHANGING LANDSCAPE OF MEDICAL EDUCATION

Much has been written about the framework shift in medical education from the "Baby Boomer/Gen X" style to the "Millennial/Gen Y" and now "Gen Z". It is estimated that by 2030, millennials will represent approximately 75% of the general workforce and 30-35% of the medical workforce. Because of innate differences between the generations, there is a need to adapt teaching principles and styles to accommodate the Millennial learner. They are accustomed to immediate access to information, value structure and guidelines, and desire timely and focused feedback. The Millennial learner is also collaborative and thrives in a group setting. Because of their technological skills, they seek information through digital learning tools such as podcasts, videos, and simulation exercises in addition to the traditional classroom lectures. They desire earlier clinical exposure to increase their engagement in the medical education process and help them develop critical thinking skills.

As Louie et al observe [1], the Millennial learner values having clear goals and expectations which allows them freedom to individualize their learning while building on their strengths. With this comes the need for more immediate feedback so they may make changes that ensure their success. The "no news is good news" feedback model is no longer effective; timely, constructive feedback is essential. Embracing these preferences leads to improved satisfaction and outcomes for educators, learners, and ultimately, the patients. [1,2]

As mentioned previously, teaching in the clinical setting presents several challenges:

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time constraints, an increased volume of patients with greater acuity and complexity of medical conditions, electronic medical records, attention to efficient operating room schedules. The learning environment must also be considered with regard to patient privacy, various clinician teaching styles, and learner awareness of the nuances of teaching in a clinical setting. Bedside discussions, patient-care related questions, and "thinking out loud" may not be immediately recognized as teaching. Within these constraints, quality patient care must remain efficient, complete, and compassionate. [3,4,5]

THE OUTPATIENT AND INPATIENT SETTING

For an OB/Gyn physician the ambulatory clinic setting provides unique opportunities for patient-centered learning. Logan et al [6] propose "Twelve tips for teaching and supervising post-graduate trainees in clinic" to enhance educational opportunities in this setting. The tips are summarized as follows:

~Direct observation of the learner. This provides more meaningful feedback and greater opportunity to change. Ask the learner what skills they are practicing and focus on those during the encounter. At the start of the clinic, plan which visits are more conducive to direct observation. Many times these are visits earlier in the day.

~Maintain learner autonomy. Use simple strategies to foster the independent learner-patient relationship. Introduce your role as supervisor and part of the collaborative team. Standing out of the patient's direct line of sight may help focus the patient-learner relationship.

~Active listening. Give learners your undivided attention during their presentation. Avoid interruptions and allow time for independent thinking. Jot down notes during the presentation to remind yourself of teaching points.

~Select 1-2 teaching points. Limiting the number keeps the learner from becoming overwhelmed. If there is not a specific topic based on a patient visit, a case scenario can be a useful method to illustrate various teaching points and stylistic differences in approach.

~ End of clinic debriefing. Use a relaxed setting to offer feedback and encourage learner reflection. If corrective feedback is necessary, be attentive to timing and privacy.

~Foster collaboration. Learners relish the feeling of "figuring things out together". This reinforces inquiry-based learning and evidence-based care.

Two efficient, evidence-supported teaching frameworks are applicable in the outpatient and inpatient settings: the "One-Minute Preceptor" (OMP) and the SNAPPS models. [5]

The OMP model allows the attending physician to encourage and explore the learner's thought process, and is followed by targeting specific teaching points. The following is the five-step framework:

1. **Get a commitment**. Challenge the

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learner to "commit" to an aspect of the case, whether it be the diagnosis, treatment, or follow-up. Asking questions such as "what do you think is going on with this patient" or "what do you think should be performed next" encourage the learner to take a stance. This step should push the learner slightly out of their comfort zone.

2. **Probe for supporting evidence**. Ask the learner to explain "why" they committed to a certain diagnosis or treatment plan. This step helps assess their knowledge and reasoning.
3. **Provide general rules (or principles)**. In this step the preceptor establishes a teaching point about the focused topic. For example, highlight the differential diagnosis for right lower quadrant pain, emphasizing that appendicitis should be a top consideration.
4. **Reinforce what was done correctly.** Provide positive feedback. For example, "I like how the history you took included pertinent risk factors for pelvic inflammatory disease"
5. **Correct mistakes.** Offer specific constructive suggestions: "D-Dimer is not the best diagnostic test for this patient, as she is at high risk for pulmonary embolism. A better test would be…"

The OMP model is easy to learn and has proved to be well-received by both the preceptor and the learner. It provides a structure for the attending physician to assess a learner's level of knowledge and provide feedback in a limited time frame. [7,8]

The SNAPPS method has also been demonstrated to be effective and efficient. It is a series of six steps that engages the learner by placing them in the leading role. In this model, the learner:

1. **Summarizes the history and physical findings.**
2. **Narrows the differential diagnosis to 2 or 3 possibilities**
3. **Analyzes the differential by comparing/contrasting the possibilities**
4. **Probes the preceptor by asking questions**
5. **Plans management for the patient's medical issues**
6. **Selects a case-related issue for self-directed learning.**

The first three steps require the learner to organize the case presentation, develop a focused differential diagnosis, and provide a rationale for their selections. The fourth step serves to clarify and fill-in knowledge gaps by asking questions of the attending physician. The fifth step is a collaborative effort between the attending and learner. The learner suggests a management plan with input from the attending physician. The last step encourages further learning initiated by the learner.

The SNAPPS model allows the attending physician to observe the learner and gauge their involvement based on the learner's skill level. [8,9]

THE INTRAOPERATIVE ENVIRONMENT

The operating room presents a unique

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challenge where skill acquisition must be balanced with patient safety and surgical efficiency. Autonomy must be earned gradually and is affected by the learner's surgical skill and previous experience, their thought process and problem solving skills, their confidence, and the ability to handle complications. Other factors include the surgeon's preferences. [10,11]

Objective methods to assess the learner are difficult to find. Two methods that provide a more objective platform for intraoperative assessment include the Zwisch scale and the Briefing-Intraoperative Teaching-Debriefing model.

The Zwisch scale [12,13] is the basis for several mobile applications for evaluation and feedback. It employs an assessment of the amount of operative supervision and assistance the attending surgeon must provide for the learner to independently perform the procedure. The surgical procedure is typically broken down into specific steps or skills. The rating scale ranges from "show and tell" to "supervision only".

~"Show and tell". The surgeon demonstrates the skill while describing their actions and thought process.

~"Active help". The learner performs the technical maneuver with significant verbal and physical guidance from the surgeon.

~"Passive help". The roles of the surgeon and the learner begin to shift. The surgeon transitions to the assistant role while the learner performs the skill with minimal guidance from the surgeon.

~"Supervision only". The learner is capable of performing the procedure independently with only supervision and fine-tuning by the attending surgeon.

This scale provides a framework for the attending surgeon to monitor the progression of the learner over the course of a number of cases. It also gives the learner more concrete feedback regarding their mastery of the procedure.

The **BID method** of operative teaching utilizes goal setting prior to the procedure and providing feedback afterward, based on those goals and intraoperative events. [13,14]

~"Briefing" can easily take place while scrubbing for the case. The surgeon asks the learner to identify specific aspects of the surgery they would like to address. Goal-setting in this manner gives the surgeon insight into the learner's assessment of their own skills.

~"Intraoperative teaching" focuses on one or two learning points. This still allows the surgeon to discuss other important steps along the way, but the central learning highlights the pre-set goals.

~"Debriefing" takes place ideally during closing but can also be performed in a setting outside the operating room.

Elements of the debrief include reflection, rules, reinforcement, and correction. An effective way to initiate the conversation is to ask the learner to reflect on their

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performance related to their goals. From this the attending may uncover gaps in the learner's perception and provide a starting point to guide feedback. Reinforcing what was done correctly is an important aspect of the debrief. It instills confidence the learner can take with them to the next encounter. Correcting mistakes can encompass technical skills as well as thought processes, with attention to what may have been done differently to avoid the mistake. When feedback may be embarrassing or sensitive, a private setting optimizes the learner's ability to hear and process the information. [13,14,15]

IN SUMMARY

Teaching in the clinical setting is challenging yet deeply rewarding. The attending physician has the opportunity to profoundly impact the development of the medical learner. Structured, efficient teaching models like OMP, SNAPPS, the Zwisch Scale, and the BID method can help overcome time and workload constraints. They allow physicians to deliver meaningful, focused teaching and feedback that enhances learner development without disrupting clinical flow.

By adapting to the evolving needs of Millennial and Gen Z learners, educators can create impactful learning experiences—ultimately improving the quality of patient care and the future of the profession.

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92nd Annual Conference Highlights

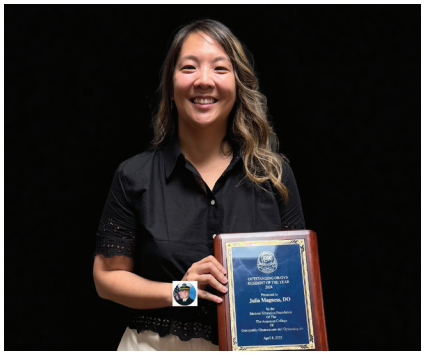
Recognizing the new President of ACOOG . . .

April 6-11, 2025
Omni Rancho Las Palmas Resort & Spa

Incoming President Dr. W. Ashley Hood

Welcome to all new Fellows of the ACOOG 2024-2025 as well as congratulations to all recipients who received an award this year at the conference banquet held this year at the Omni Rancho Las Palmas Resort & Spa.

New Fellows – From left: Bradley Kasper, Ketura P. Wisner, Christina Duncan-Lothamer, and Heather Wright



Outstanding Resident of The Year
Julia Magness, DO
Texas Tech University Health Sciences Center

Distinguished Lecture Award presented to Kardie Tobb, DO by William Bradford, DO

Distinguished Service Award presented to Anita Showalter, DO by William Bradford, DO

Dr. W. Ashley Hood's swearing in of the new President to Dr. William Bradford.

ACOOG Mentor of the Year Award presented to Meaghan Nelsen, DO form Texas College of Osteopathic Medicine

MEFACOOG Distinguished Lecture Award
to J. Martin Tucker, MD by W. Ashley Hood, DO

92nd Annual Conference Program Chair
presented to Diana Okuniewski, DO by William Bradford, DO

92nd Annual Conference Program Chair
presented to Karen Krieg, DO by William Bradford, DO

Sages of ACOOG Unity Lecture Award presented to Thomas Dardarian, DO by W. Ashley Hood, DO

ACOOG Services Award
presented to Mark LeDuc, DO by William Bradford, TX

ACOOG Services Award
presented to Linda Karadsheh, DO by William Bradford, TX

MEFACOOG Commendation Award
presented to Lauryn A. McNally, DO by Marydonna Ravasio, DO

MEFACOOG Commendation Award
presented to Patrick Woodman DO by Marydonna Ravasio, DO

Dr. Laura Dalton escorted Dr. Jessica Branham to the podium

Dr. Corinna Muller escorted Dr. Danielle Henderson to the podium

Dr. Roger Packard escorted Dr. Melisa Lott to the podium

Dr. Marydonna Ravasio escorted Dr. Lauryn A. McNally to the podium

Dr. James Perez escorted Dr. Jennifer Papp to the podium

Dr. Corinna Muller escorted Dr. Emmie Strassberg to the podium

Welcome to New ACOOG Members

April 6-11, 2025
Omni Rancho Las Palmas Resort & Spa

Regular/Senior Members

**Senior Members are in Bold*

David Abayev, DO, FACOOG
Dana Ambler, DO, FACOOG
Alana Carstens Yalom, DO
Akiva Gimpelevich, DO, FACOOG
Kristin Kniech, DO
Lori Leipold, DO, FACOOG
Christopher Plummer, DO, FACOOG
William Ziegler, DO, FACOOG

Life Members

David Beaton, DO
Nanci Bucy, DO
Daniel Cain, DO
Theresa May-Hartle, DO
Janet Zurovchak, DO

In Memoriam

Jeffrey V. Fowler, DO, FACOOG
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Vasiliy Stankovich, DO, FACOOG
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