

ACP AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*



FOSTERING EXCELLENCE IN INTERNAL MEDICINE



ACP Japan Chapter

Chapter Meeting

April 11, 2009

Tokyo International Forum

Hall D7

Tokyo, Japan

Program

- 1:00PM Governor's Welcome Address
Kiyoshi Kurokawa, MD, MACP
Governor, ACP Japan Chapter
- Greetings to Members of the Japan Chapter
Jeffrey P. Harris, MD, FACP
President, American College of Physicians
- 1:15PM Panel Discussion "Clinical Research by Clinicians and for Clinicians"
「臨床医による臨床医のための臨床研究」
Chairs: Masaya Kino, MD, FACP
Yuko Y. Takeda, MD, FACP
- 1:18PM Keynote Lecture 1
Clinical Research in USA 1 "Academic Pathways in the United States"
「米国におけるアカデミック・キャリア」
Jeffrey P. Harris, MD, FACP
- Summary in Japanese by the Chair of the Panel Discussion
- 1:35PM Keynote Lecture 2
Clinical Research in Japan "The Second Generation of Translational Research (T2) - What, Why, Who, How?"
「もう一つのトランスレーショナル・リサーチ (T2) : 臨床研究って何? なぜ? 誰が? どうやって? 」
Shunichi Fukuhara, MD, FACP
- Summary in Japanese by the Speaker
- 2:05PM Successful Case of Clinical Research in Japan 1
"Discovery and Establishment of Fulminant Type 1 Diabetes - from a Patient to Clinical Entity"
「劇症1型糖尿病の発見と確立 ~ 症例から疾患概念へ」
Akihisa Imagawa, MD, FACP
- Summary in Japanese by the Speaker
- 2:17PM Successful Case of Clinical Research in Japan 2
"Minimum Use of Antibiotics for Acute Respiratory Tract Infections - Validity and Patient Satisfaction"
「かぜに抗菌薬は必要か? - 認定内科専門医会風邪症候群標準化委員会による前向き調査」
Keisuke Tomii, MD, FACP
- Summary in Japanese by the Speaker

- 2:29PM Break (休憩)
- 2:45PM Keynote Lecture 3
Clinical Research in USA2 “Some examples of Clinical Research in the USA”
「誰にでも取り組める米国流臨床研究の進め方」
George W. Meyer, MD, FACP
Summary in Japanese by the Chair of the Panel Discussion
- 3:02PM Discussion, Questions and Answers
- 3:45PM Break (休憩)
- 4:00PM Case Studies “Ichimoku Ryozen 2009 (一目瞭然)”
Presenter/Discussant:
David H. Gremillion, MD, FACP
- 4:40PM College Update
Jeffrey P. Harris, MD, FACP
President, American College of Physicians
- 5:20PM Business Meeting
- Report from the Health and Public Policy Committee, Professionalism Subcommittee: Professionalism
Hitoshi Miyazaki, MD
Member, Professionalism Subcommittee

- Report from the Credentials/Membership Committee: Fellowship Application Procedures
Keijiro Saku, MD, FACP
Chair, Credentials/Membership Committee
- 5:35PM Chapter Business
- Report from Committee Chairs
- Presentation of Volunteerism Award
- Presentation of Evergreen Award
- 6:00PM Adjourn

Panel Discussion “Clinical Research by Clinicians and for Clinicians”

Chairs:

Masaya Kino, MD, FACP

Member, Governor's Advisory Council, ACP Japan Chapter

Yuko Y. Takeda, MD, FACP

Vice Chair, Scientific Program Committee, ACP Japan Chapter

Introduction

Akihisa Imagawa, MD, FACP

Chair, Scientific Program Committee, ACP Japan Chapter

In this panel discussion of the ACP Japan Chapter meeting for 2009, we would like to highlight the question, “Why and how should we promote clinical research, by clinicians, and for clinicians in Japan”.

While Japan is now the leading country in terms of the quality and quantity of its basic medical research, the same cannot be said for its clinical research. In contrast, the United States has been successful in producing a substantial amount of high quality clinical research.

How can we improve the current situation in Japan? Against the background of our belief that good and relevant quality research questions are born in the field of daily clinical practice, a field offering a gold mine of opportunities, perhaps we clinicians, particularly internists, should take the lead in achieving this goal.

In this panel discussion, we would like several speakers to discuss this conundrum from their particular points of view. First, Dr. Harris, the president of the ACP, will review the present status of clinical research in the United States. Next, Dr. Fukuhara will discuss the present status of and future prospects for clinical research in Japan, and strategies to achieve the goal. We will then showcase two successful examples in Japan. The first is the establishment of a new clinical entity, “fulminant Type 1 diabetes,” by Dr. Imagawa. The second is a collaboration study among private office-based internists which demonstrated, for appropriate use of antibiotics in upper respiratory infections, that classifying infection in accordance with the ACP guideline is effective, by Dr. Tomii. Finally, Dr. Meyer, who is closely familiar with the medical scenes of both Japan and the U.S., will talk about how to solve the challenges in clinical research, e.g., how participating investigators, funding, and study patients can best be secured. Following these presentations, we would like to discuss some of the ways clinicians can participate in clinical studies, and how valuable research can be advanced and promoted in the Japanese clinical field.

The panel discussion promises to be both informative and thought-provoking. I look forward to and thank you for your active participation.

Memo

Keynote Lecture 1: Clinical Research in USA 1 “Academic Pathways in the United States”

Jeffrey P. Harris, MD, FACP
President, American College of Physicians

The various pathways for faculty advancement in clinical research within US academic health centers will be explored in this lecture. The University of Virginia will be the model for addressing a series of questions. The issues to be reviewed will include: How does an academic clinician develop his or her career in the United States? What is the system for supporting a teaching staff in the US? In the United States what are the standards for promotion other than basic medical research? and What activities does the ACP offer young faculty?

Keynote Lecture 1

「米国におけるアカデミック・キャリア」

ACP(米国内科学会)会長 Jeffrey P. Harris, MD, FACP

この講演では、米国の大学病院を含む教育病院において、指導医がどのように臨床研究を行い、キャリア・アップを図っているか紹介する。特に次のテーマについて参考になると思われる University of Virginia の例を詳しく取り上げたい。

大学や教育病院に勤務する医師は、どのようにしてキャリア形成しているか。

教育を担当する指導医へのサポートにはどのようなものがあるか。

米国では、大学教員・指導医の昇進基準において、研究業績以外に何が重視されるか。

教育研究機関に勤務する若手指導医に対して ACP はどのようなサポートを提供しているか。

(翻訳: ACP 日本支部 Scientific Program Committee 委員 土屋基裕;

監修: 武田裕子副委員長)

Keynote Lecture 2: Clinical Research in Japan “The Second Generation of Translational Research (T2) - What, Why, Who, How?”

Shunichi Fukuhara, MD, MSc, FACP
Professor, Department of Epidemiology and Healthcare Research,
Kyoto University Graduate School of Medicine

What is clinical research?

Many people think that "clinical research" refers only to clinical trials; particularly large, randomized clinical trials to assess interventions. They are wrong. Clinical research embraces a vast field with many types of studies. For example, you can start a simple observational study based on a question that occurs to you in your daily clinical practice. Recently, the Japanese government has invested enormous resources in “translational research.” I would like to discuss what the second generation of translational research (T2) is, and why we need to promote it.

Why do you conduct clinical research?

Because it is intellectually stimulating and exciting? Because it makes us look good and helps us get promoted? Because its “cool”? Let's think about the mission and the core values of clinical researchers. Clinical research is not like basic medical research: It does not necessarily aim to “discover the truth” or to satisfy intellectual curiosity. In clinical research, we do not compete for a high impact factor or citation index. Instead, we value clinical research because its results can change our clinical practice and our patients' outcomes.

Who does clinical research?

I believe every physician can be a researcher. If you are a conscientious doctor, particularly an internist!, you will naturally have an inquiring mind, wanting to find out how you can better care for your patients, and thus improve their outcomes!

How can we promote clinical research in Japan?

There are basically 4 barriers that have hindered clinical research in Japan.

1. Lack of data: Large quantities of data are not readily available, especially to young researchers.
2. Lack of time: Most clinicians do not have protected time for clinical research.
3. Lack of infrastructure: Clinical researchers almost never work alone; they need a support team to help them collect, manage, and analyze data.
4. Lack of training: The basic theory and skills needed for any research could be taught even in high school, but generally they are not. Those needed for clinical research have not been systematically taught in Japanese medical schools.

Lack of training is the last item on the list, but it is the most important. Just as you learned anatomy, pathophysiology, history taking, and physical examination, you need to learn particular basic sciences and skills for clinical research. I will show you how you can acquire the knowledge and skills you will need.

References: www.mcr.kyoto-u.jp ; www.cr-fellowship.jp

Keynote Lecture 2

「もう一つのトランスレーショナル・リサーチ (T2):
臨床研究って何？なぜ？誰が？どうやって？」

福原俊一

京都大学大学院医学研究科医療疫学分野 教授

臨床研究って何？

- ・ 臨床試験やトランスレーショナル・リサーチだけが臨床研究ではありません
- ・ 「医学の最新の成果を、有効性と安全性の検証されたものだけを、必要な人のみに、できるだけ早く、安価に届ける」というミッションを達成するためには、臨床試験以外にもさまざまな臨床研究が必要です。事実、臨床研究は広大な領域を包含しています
- ・ 「エビデンスを創出する」もいいのですが、既に確立したエビデンスが診療現場で実践されていない、という「エビデンスー診療ギャップ」は大きな問題です。同時に明日にでも改善できる問題です。
- ・ その意味で「ベンチからベッドサイドへ」というトランスレーショナル・リサーチをT1とすれば、「エビデンスを診療現場や地域に浸透させる」というもう一つのトランスレーショナル・リサーチ (T2)が極めて重要です

なぜ臨床研究？

- ・ 基礎医学研究では世界第3位、臨床研究は世界17位だから？
- ・ 知的好奇心？ 何かを発見したいから？ カッコいい(COOL)から？ 大学で偉くなりたいから？
- ・ 臨床研究のコア・バリューは、基礎医学とはかなり違います

誰が臨床研究をすべきか？

- ・ 臨床研究は専門家のもの？ 疫学、統計学専門家がするもの？
- ・ いいえ、診療現場に切実なリサーチ・クエスチョンを生み出せ、結果を解釈し、診療に還元する内科医のあなたが主役です
- ・ すべての内科医は、健全な探求心を内在しているはずで、臨床研究は自然な流れといえます

質の高い臨床研究推進へのバリアの克服： どうやって？

1. データがない, 2. 時間がない, 3. 支援がない, 4. どうやっていいかわからない
- 中でも4は深刻ですね。「データをとってから解析を考える」臨床研究が多すぎます
どうやって克服しましょうか？
- ・ 教えられてこなかったのだからしょうがない。臨床研究の基本とお作法を学ぼう
 - ・ まずは「研究デザインの7つのステップ」を学びましょう。統計解析はその後です

「研究のための研究」から、「診療を変える臨床研究」へ

情報源:

www.mcrkyoto-u.jp ; www.cr-fellowship.jp

Successful Case of Clinical Research in Japan 1 “Discovery and Establishment of Fulminant Type 1 Diabetes as a Novel Clinical Entity”

Akihisa Imagawa, MD, FACP

Assistant Professor, Department of Metabolic Medicine, Graduate School of Medicine,
Osaka University

Fulminant type 1 diabetes is a novel subtype within diabetes reported in 2000. A single case made a beginning of the discovery of this subtype. Although clinical course of this patient was typical of type 1 diabetes, islet-related autoantibodies, hallmark of type 1 diabetes, were not detected at all. This case gave us a research question that “Were such atypical cases included in a novel subgroup of diabetes?” To solve this question, we conducted a hospital-based study in eight hospitals in Hanshin area in Japan, identified 11 patients with similar clinical characteristics and reported them as “fulminant type 1 diabetes”. A following nationwide survey, which was conducted under the auspices of the Japan Diabetes Society, revealed 161 patients with fulminant type 1 diabetes all over Japan and this subtype was established as a clinical entity. In this short lecture, we would like to emphasize the importance of precise observation of a patient, which lead to the discovery of a novel clinical entity.

Successful Case of Clinical Research in Japan 1

「劇症1型糖尿病の発見と確立～症例から疾患概念へ」

大阪大学大学院医学系研究科 内分泌・代謝内科学
今川彰久

劇症1型糖尿病は2000年に私どもが報告した糖尿病の新しいサブタイプである。端緒となったのは、臨床経過は自己免疫疾患として知られていた1型糖尿病患者と類似しているが、自己抗体が全く検出されない1症例である。そこで浮かんだ research question は「このような非典型的な1型糖尿病が1つの clinical entity として存在するのか」ということであった。この疑問を解決するべく、阪神地区の8病院で hospital based study を行い、56名の新規発症1型糖尿病患者のうち、11名が同じような特徴をもつことを明らかにし、「劇症1型糖尿病」として報告した。その後、日本糖尿病学会に検討委員会が設置され全国調査を行った結果、日本全国から161名の患者が報告され、臨床病型として確立された。日本の臨床現場における1症例の丹念な観察が疾患概念へと発展した例として発表する。

Successful Case of Clinical Research in Japan 2

"Minimum Use of Antibiotics for Acute Respiratory Tract Infections - Validity and Patient Satisfaction"

Keisuke Tomii, MD, FACP, Yoshihisa Matsumura, MD, FACP, Kenji Maeda, MD, FACP, Yuki Kobayashi, MD, FACP, Yoshihisa Takano, MD, FACP and Yoshikazu Tasaka, MD

To clarify the exact rate of antibiotic use and patient outcome and satisfaction under strict adherence to the guidelines proposed by the American College of Physicians, we conducted a prospective cohort study. A total of 783 patients diagnosed as having acute respiratory tract infections in primary care clinics from October 2004 to April 2005, aged 15-65 and without any underlying diseases were enrolled. Symptoms and patient satisfaction were scored on the 5th, 8th and 15th day after their initial visit, when treatment was begun under the strict application of the guidelines. In 691 non-influenza patients, comprising 554 (80.2%) cases of nonspecific upper airway infection (A); 11 (1.6%) of acute rhinosinusitis (B); 90 (13.0%) of acute pharyngitis (C) and 36 (5.2%) of acute bronchitis (D), rates of antibiotic use were 5.1% (0.2%; (A), 9.1%; (B), 35.6%; (C), 2.8%; (D)) initially and 2.7% (2.5%; (A), 0%; (B), 3.3%; (C), 5.6%; (D)) subsequently. Within 7 days, more than 90% of all patients felt their symptom had relieved and expressed their satisfaction with the treatment. Moreover, no patients needed emergency room visits or admission.

Successful Case of Clinical Research in Japan 2

「かぜに抗菌薬は必要か？」

- 認定内科専門医会風邪症候群標準化委員会より前向き調査 -

富井啓介, 松村榮久, 前田賢司, 小林有希, 高野義久, 田坂佳千

2004年10月から2005年4月の間, 全国5ヶ所の内科専門医でもあるプライマリ・ケア医を受診した基礎疾患のない, 満15歳以上, 65歳未満, 発症後7日以内で受診し, 急性気道感染症と診断した症例で文書同意の得られた患者を対象とした. 米国内科学会のポジションペーパーに準拠し, 急性気道感染症を症状に従って A)非特異型, B)急性鼻炎型, C)急性咽頭炎型, D)急性気管支炎型に分類し, A)抗菌薬の適応なし, B)顔面自発痛や圧痛のある例のみ, C)溶連菌性咽頭炎および一側のみ扁桃炎, 扁桃周囲炎, 扁桃周囲膿瘍の症例, D)肺炎を除外できない症例のみ, に抗菌薬を限定する戦略で加療し, 5日目, 8日目, 15日目の病状を前向きに観察するコホート研究を行った.

全登録数783例(男348, 女435, 年齢39.1)で非インフルエンザ691例中A)80.2%, B)1.6%, C)13%, D)5.2%で, 経過中の救急受診例, 入院例は認めなかった. これらの患者は7日目までに約90%の患者で症状軽快し満足が得られていた. ガイドラインを遵守することは抗菌薬処方率を初診時5%, 再診時2%という極めて低いレベルにすることができ, しかも高い患者満足度の得られることが分かった.

Keynote Lecture 3: Clinical Research in USA 2

“Some examples of Clinical Research in the USA”

George W. Meyer, MD, FACP

Governor-elect, N. California Chapter, ACP;

Clinical Professor of Medicine, UC Davis;

Staff Gastroenterologist, Kaiser Permanente

Clinical investigation can be done by any doctor or group of doctors who are observant and want to develop evidence-based medicine. The only problem is it takes extra time from a busy life. The presentation will present cases in which the following steps led to publication of an article and a change in practice:

- 1) An observation was made
- 2) The investigator(s) asked a question:
- 3) The investigator(s) asked: has this ever been answered?
- 4) The investigator(s) performed a literature review
- 5) The investigator(s) developed a study
 - a. Chart review
 - b. Study protocol
- 6) The results were published

Each case to be presented led to eventual publication of the findings. Several studies looked at the effect of pre-endoscopic medications; one looked at the effect of gastrointestinal fiberoscopy on serum gastrin. If time permits there will be discussion about one clinical study which documented that liver test abnormalities were not uncommon in patients with neurofibromatosis. Another study documented transient hyperkalemia and cardiac arrhythmias in patients receiving rapid infusions of amphotericin B.

Clinical investigation can be easy if the investigator asks a simple question and develops an uncomplicated protocol to answer the question.

Keynote Lecture 3

「誰にでも取り組める米国流臨床研究の進め方」

一人の医師でもまた仲間の医師同士でも、しっかりと観察する目を持ち、自らエビデンスを作り出したいという願いがあれば臨床研究は可能である。難しいのは、忙しい日常の中でどのように時間をつくり出すかという点くらいである。本講演では、実際のいくつかの症例から、診療にインパクトを与えるような論文を執筆するに至った過程について、以下のステップに沿って概説する。

- 1) 普段と異なる現象に気がつく。
- 2) どうしてか考える。
- 3) この疑問はすでに答えが出されているものなのか考えてみる。
- 4) 文献検索を行う。
- 5) 解答を得るための研究計画を立てる。
 - a. 診療録の見直し
 - b. 研究手順の立案
- 6) 研究成果の論文執筆

提示する症例は、いずれも学術誌への論文掲載につながったものである。内視鏡検査前の前投薬について調べた研究と、消化管内視鏡による血清ガストリン値への影響について検討した研究について紹介したい。もし時間があれば、神経線維腫症では肝機能障害がまれならずみられるという症例研究およびアンフォテリシン B 急速投与例における一過性高カリウム血症と不整脈を実証した臨床研究についても取り上げたい。

臨床研究は決して難しいこと、大事なのは臨床医が単純な疑問をもち、その答えを見つけるためになるべく単純な研究計画を立てることだという点について、お伝えできればと考えている。臨床研究は、もし研究者が単純な問いかけを行い、それに答えるための複雑でないプロトコールを開発したら容易なものとなる。

(翻訳: ACP 日本支部 Scientific Program Committee 委員 伊熊睦博, 竹越國夫, 永山正雄, 松本暁子; 監修: 武田裕子副委員長)

Jeffrey P. Harris, MD

President, American College of Physicians

Jeffrey P. Harris, MD, FACP is the 2008-2009 President of the American College of Physicians (ACP), the national organization of internists. He took office as President at the close of the Board of Governors meeting, May 17, 2008, Washington, DC.

Dr. Harris is a resident of Millwood, Va. He has practiced internal medicine and nephrology since 1977. He was Clinical Associate Professor of Medicine at the University of Virginia School of Medicine.

He has served on the ACP Board of Regents, the organization's main policymaking body, since 2003. He was Chair of the ACP Board of Governors for 2003-2004 and was ACP Governor for Virginia for the 1999-2003 term.

As President, Dr. Harris serves on the Executive Committee of the Board of Regents, the ACP Finance Committee, and the Strategic Planning Committee. He served as 2005-2007 Chair of the ACP Health and Public Policy Committee and was a member of the ACP Foundation Board of Trustees from 2004 to 2006. Dr. Harris served on the ACP Scientific Program Subcommittee from 1996 to 1998.

Dr. Harris was a member of the Board of Directors of Winchester Medical Center in Virginia from 1994 to 1998 and was President of the medical staff from 1990 to 1991. He also was Chairman of the Winchester Regional Advisory Board of the Thomas C. Sorensen Institute of Political Leadership, University of Virginia, from 1995 to 1998.

Dr. Harris earned his medical degree at The Medical College of Georgia in 1972. He completed his internship at the State University of New York, Downstate Medical Center. He completed residency training in internal medicine and fellowship training in nephrology at Georgetown University Hospital. He is certified in internal medicine and in nephrology.

Dr. Harris has been a Fellow of the American College of Physicians (FACP) since 1981. FACP is an honorary designation that recognizes ongoing individual service and contributions to the practice of medicine. In 2005, he was presented a Laureate Award by the ACP Virginia Chapter. Laureate Awards honor local Fellows or Masters of ACP who have demonstrated a long-term commitment to excellence in medical care, education, or research, or have provided service to their community, chapter, and the American College of Physicians.

Shunichi Fukuhara, MD, FACP

Professor, Department of Epidemiology and Healthcare Research,
Kyoto University Graduate School of Medicine

Dr. Shunichi Fukuhara is currently a Professor at Kyoto University School of Medicine and Public Health (since 2000). He received clinical training and is board certified in Internal Medicine in the US and Cardiology in Japan. After his clinical training and practice, he received training of clinical epidemiology at Clinical Effectiveness Program at Harvard University. His main research interest is clinical evaluative research and health services research. He has been a principal investigator of several large scale outcomes research under government grants. His publication of the original articles in international peer review journals (*Lancet, J Clin Epi, Nature Clin Pract and Kidney International* etc.) exceeds 150.

He has also devoted to improvement in education in clinical medicine. His current book "Clinical reasoning: never been taught" has been best sold for a year among the books in clinical medicine. He has also devoted to cultivating new research community of clinical research which has been underrated for 150 years' history of modern medical science in Japan. He founded a special program to train clinical investigators at Kyoto University (MCR) and last year this program was approved by the Ministry of Education. He serves the executive committee to grant large outcomes research.

CURRICULUM VITAE

Akihisa Imagawa, MD, PhD, FACP

Assistant Professor
Department of Metabolic Medicine,
Graduate School of Medicine, Osaka University

EDUCATION and ACADEMIC POSITION

- 1989 M.D.
Faculty of Medicine, University of Niigata, Niigata, Japan
- 1989-1991.1 Resident in Internal Medicine
Izumiotu Municipal Hospital, Izumiotu, Japan
- 1991-1992.1 Resident in Internal Medicine and Emergent Medicine
Kure National Hospital, Kure, Japan
- 1992-1997 Fellowship in Endocrinology and Metabolism
Osaka University Medical Hospital, Suita, Japan
- 1998-1999 Staff physician, Toyonaka Municipal Hospital, Toyonaka, Japan
- 2000-2003 Staff physician, Osaka University Medical Hospital, Suita, Japan
- 2003-2008 Assistant Professor (First Department of Internal Medicine),
Osaka Medical College and Hospital, Japan
- 2009- Assistant Professor (Department of Metabolic Medicine),
Graduate School of Medicine, Osaka University, Japan

FELLOWSHIP

- 1996 The Japanese Society of Internal Medicine
- 1998 Japan Diabetes Society
- 2000 American College of Physicians-American Society of Internal Medicine
- 2009 Japanese Society of Endocrinology

HONORS/AWARDS

- 2000 8th Research award of Fellow's association of the Japanese Society of Internal Medicine
- 2001 Young investigator's award of the Japanese Society of Internal Medicine
- 2002 Outstanding abstract of the 26th International Congress of Internal Medicine
- 2004 The Lilly Award (Annual Award of the Japan Diabetes Society)
- 2005 Young investigator's award of the Japanese Endocrine Society

CURRICULUM VITAE

Keisuke Tomii, MD, FACP

PRESENT POSITION

2009-present Director of Respiratory Medicine, Kobe City Medical Center General Hospital

EDUCATION

1977-1983 Kyoto University School of Medicine

1983-1988 Resident in Internal Medicine, Tenri Hospital, Nara, Japan

PREVIOUS PROFESSIONAL POSITIONS AND APPOINTMENTS

1986 Chief Resident, Tenri Hospital, Tenri, Japan

1988-1999 Staff Physician in Respiratory Medicine, Tenri Hospital, Tenri, Japan

1999-2001 Physician-in-Chief in Internal Medicine, Kobe Japanpost Hospital, Kobe, Japan

2001-2004 Director of Internal Medicine, Kobe Japanpost Hospital, Kobe, Japan

2004-2009 Chief physician in Respiratory Medicine, Kobe City Medical Center General Hospital

BOARD CERTIFICATION AND FELLOWSHIP

1987 Fellow of the Japanese Society of Internal Medicine

1992 Board Certified Member of the Japanese Respiratory Society

1996 Board Certified Member of the Japan Society for Respiratory Endoscopy

2004 Fellow of the American College of Physicians

CURRICULUM VITAE

George W. Meyer, MD, FACP MACG

EDUCATION

Undergraduate

School	Massachusetts Institute of Technology, Cambridge, MA
Major	Life Sciences
Degree	B.S.
Date	1962

Professional Education

School	Tulane University School of Medicine, New Orleans, LA
Degree	M.D.
Date	1966

Internship

Hospital	Southern Pacific Memorial Hospitals, San Francisco, CA
Specialty	Mixed Medicine
Dates	June 1966-1967

Residency

Hospital	Presbyterian Hospital, Pacific Medical Center San Francisco, CA
Specialty	Internal Medicine
Dates	July 1969-1972

Fellowship

Hospital	David Grant USAF Medical Center Travis AFB, CA
Specialty	Gastroenterology
Dates	July 1974-1976

CURRENT POSITION:

Governor-elect, ACP California Chapter Northern Region
Clinical Professor of Medicine, University of California at Davis
Staff Gastroenterologist, Kaiser Permanente, Sacramento, CA

Memo

Instructive Cases from the Wards of Kameda Medical Center

David H. Gremillion, MD, FACP

Dr Gremillion will present recent cases admitted to the General Medicine and Infectious Diseases teams at Kameda Medical Center. Each case offers insights into the clinical and cultural differences between Japan and America. Cases will be presented briefly with key diagnostic audio/visuals (“ichimoku ryozen”) and diagnostic possibilities will be requested from audience participants (mina san).

About ichimoku ryozen: It has often been said, “a picture is worth a thousand words.” In Japanese we say “hyakubun wa ikken ni shikazu.” Many clinical situations in medicine allow (and often require) immediate visual recognition. Visual recognition is essential and its value goes beyond any verbal description. Visual recognition is one of the “fun” aspects of medical education because it encourages participation in learning by all present and helps to overcome the modesty of Japanese “chin moku wa kin.” This visual recognition dimension of clinical medicine is universal in all medical cultures. In America we refer to “visual cues”, in German the term “Augenblick” (flash of an eye) applies and in Japan, “ichimoku ryozen” has become a popular teaching tool. As a practical matter, teaching in a foreign language is greatly aided by images since the appearance of a rash (etc.) speaks for itself and no interpretation is needed.

Clinical Rounding at Kameda



David H. Gremillion, MD, FACP
Professor in Residence, Kameda Medical Center

Home: Raleigh, NC, USA
Birth: Los Angeles, CA
Married: Charlotte Matthews Gremillion, of Durham, NC,
4 children, 3 mago

Education and Training

Undergraduate: Louisiana State University, Baton Rouge, LA, 1968
Professional: (MD) Louisiana State University School of Medicine, New Orleans 1972
Internship and Residency: David Grant Medical Center, Fairfield, CA, July 1972- 1975
Fellowship: Infectious Diseases Wilford Hall Medical Center TX, July 1975- 1977

Professional Activities

- * Professor in Residence, Kameda Medical Center.
- * Tokyo Medical and Dental University, Clinical Professor of Medicine.
- * WakeMed Faculty Physicians, 1988-2003.
- * Clinical Professor of Medicine, UNC School of Med, Chapel Hill, NC, USA
- * Past Director, AHEC Internal Medicine, Associate Medical Director, Clinical Research Inst.
- * Chair, Residency Director, Dept of Medicine, David Grant USAF Medical 1984-88
- * Chief, Infectious Diseases and ID fellowship director, Wilford Hall, 1978-1984
- * Board Certifications: ABIM IM and ABIM ID (51877) June 1975; Re-certified March 1996

Professional Societies, positions etc:

- * American Medical Association – Vice Counselor, Region 6
- * Wake County Medical Society - President 2002
- * Alpha Omega Alpha - American College of Physicians, Fellow, March 1979
- * Infectious Diseases Society of America, Fellow 1990
- * Society of Air Force Physicians, 1972-1988. President
- * Board of Directors, Men's Health Network, Washington DC,
www.menshealthnetwork.org

NOTE: *Approximately 64 peer reviewed publications, multiple research projects, multiple teaching awards (available on request).*

Recent:

- * Gremillion DH, Nishino HS: Medical Education Reform in Japan, impact on Primary Care. Primary Care Japan, December 2005.
- * Clinical Microbiology Rounds: an essential component of Infectious Diseases Practice. JSCM. February 2007.
- * Matsushima M, Yamamoto S, Iwata K, Gremillion DG. Fluoroquinolone use with no increase in culture-negative tuberculosis. Arch Intern Med, 168: 1824-5; author reply 1825.
- * Gremillion DH. I no Naka no Kawazu. NY, 2009.

Business Meeting

- **Report from the Health and Public Policy Committee: Professionalism**

Presenter: Hitoshi Miyazaki, MD

slides

slides

- Report from the Credentials/Membership Committee: Fellowship Application Procedures

Presenter: Keijiro Saku, MD, FACP

Step 1

資格: ACP Memberとしての入会后2年以上,かつ5月1日付けで医師免許取得後10年以上であること.
上記条件をクリアしたと思われる方は,事務局宮本(acp@naika.or.jp)までメールで 入会歴を満たしているかご確認ください. 折り返し確認メールを差し上げますので,その後, Step2にお進みください.

*上記期日前にご連絡をいただいても条件クリアまでお待ち頂くようになります. 例: 2005年9月1日付けでのご入会の場合, Step2の審査を依頼できるのは2007年9月1日以降となり, 1998年に医師免許を取得された場合, Step2の審査を依頼できるのは2008年5月1日以降となります.

Step 2

事務局に先生の履歴書(CV - 和文又は英文), チェックリスト並びに下記パターンに合わせた書類を送付してください. Credentials/Membership Committee 委員が下記パターン(パターンA-Cの説明中1~3については後述)に合わせて審査をし, 合否を決定いたします.

パターン A

- 1.の論文3篇(1つは英語の論文が望ましい, First Author でなくてもよい)
- 2.の社会活動等 a~e の内3つを満たす
- 3.の文書の提出

パターン B

- 1.の論文2篇以下
- 2.の社会活動等 a~e の内3つを満たし, bを必須とする
- 3.の文書の提出

パターン C

- 1.の論文10篇以上(内5篇は Peer-Review Journal に掲載された First Author の英文論文とする)
- 2.の社会活動等 a~e の内1つ以上を満たす
- 3.の文書の提出

1. **自身の代表的論文**(科学論文, 医師会報, 医療・医学・教育に関する雑誌に掲載された論文および著書 - 発表時期, 基礎・臨床分野問わない) *1~3篇の別刷りかコピー提出が望ましい.
2. **社会活動, 専門医活動の評価と基準**
 - a. **内科系サブスペシャリティー専門医*の取得を継続している**
*日本消化器病学会・日本肝臓学会・日本循環器学会・日本内分泌学会・日本糖尿病学会
・日本腎臓学会・日本呼吸器学会・日本血液学会・日本神経学会・日本アレルギー学会
・日本リウマチ学会・日本感染症学会・日本老年病学会, もしくは American Board of Internal Medicine の Subspecialty(ABIM 取得者への対応を追記: 4/18/08)
 - b. **地域医療における医療専門家としての貢献**
 - c. **総合内科専門医2回更新歴, もしくは ABIM 更新1回(取得後10年)**
 - d. **ACP 会議, 日本支部会議(総会・講演会・レセプション, いずれでも可), MKSAP への参加等の実績**
(このうち少なくとも一つの証明)
 - e. **ACP 日本支部での委員活動への参加実績**(1年以上で, 委員長の推薦が得られる事)
7/1/08 項目追加
3. **FACP への意思表明の文書**
ACP 憲章と Japan Chapter の組織の理解, ACP を通した今後の自己研鑽の抱負, プロフェッショナルリ

ズムへの展開,それぞれを300 - 500字程度で記述してください。チェックリストの2頁目にご入力ください。

Step 3

Step 2 の審査に合格されましたら、事務局から申請書類を送付致しますので必要事項をもれなく記入の上、下記 1, 2, 3 の書類を提出してください。

1. **Fellow 昇格申請書**(申請書をコピーして作成してください)
2. **CV(英文履歴書)と Native Check 証明書***
英文履歴書の書き方をご参照ください。
注:英文履歴書の書き方の基本事項を必ずよくお読みになり, CV をご準備ください。
*必ず Native Check を受けて, その証明を添付してください。(2008年3月17日付変更)

注1: CV の Teaching Activities, Hospital Committee Appointments, Community Activities, College Activities の項目は非常に重要です。

注2: ACP 日本支部主催の総会・講演会, レセプションに参加された先生並びに Recruit-a-Colleague Program に参加された先生は College Activities へ記入してください。

注3: Continuing Medical Education(教育講演会)の受講・講演歴の記載も求められます。Bibliography の後に過去3年間の受講・講演歴を記載してください。

注4: 不備がある場合には ACP 本部担当者から直接連絡があります。

3. **他学会の専門医・認定医認定証のコピー**(和文:初回認定からすべての更新年月日と期限がわかるもの)

Step 4

Credentials/Membership Committee 委員が上記 1, 2, 3 の書類が整っていることを確認し、事務局から審査合格証を送付致します。

(2008年3月17日付変更: 委員による CV のチェックはなくなり, CV 作成は申請者の責任となりました)

Step 5

ACP 日本支部の FACP の先生(2名)に推薦人になって頂くことをお願いしてください(推薦書は FACP の先生が作成しますが, 面接がある場合もあります)。

必ず FACP の先生に事前にメール等で連絡した上で推薦人になる事を依頼してください。承諾いただいた後に清書した申請書のコピー, CV, Credentials/Membership Committee の審査合格案内, 返信用封筒(切手貼付)を送付して下さい。尚, FACP の先生のご指示で上司の先生の推薦状や推薦状下書きの作成など, 追加書類の提出や面接がある場合もあります。

Step 6

書類が揃いましたら下記 1~3 の書類を事務局まで送付してください。

1. Fellow 昇格申請書 1部 (Payment Form を含む 4 頁)
2. CV2 部 (ACP 提出用 1 部, 事務局控え 1 部)
3. FACP の推薦状 2 通 (オリジナル 2 通, 開封されたものであればコピー各 1 部)

申請時に当該年度の会費が納入済みでなければなりません。

Governor が書類を審査し, Endorsement を添えて本部へ送付致します。

* 提出書類の部数に変更になりました(11/9/07)

締切:年4回 発表:年4回

日本支部会員のみ締切が変更になりました。(2005年1月19日付)

3月末締切 7月又は10月発表

6月末締切 10月又は翌年1月発表

9月末締切 翌年1月又は4月発表

12月26日締切 翌年4月又は7月発表

* 締切とは ACP 日本支部事務局への最終書類提出日です。

ACP 日本支部では毎月末までに届いた書類を翌月初めに本部に送付しています。

審査が一部簡略化され、簡易審査での昇格発表の制度ができました。(2004年9月16日付)

本部の判断で締切後でも予定より早く審査される場合もあります。(2004年10月13日付)

*** 上記 Step 1 ~ Step 6 の手続きを終えて ACP 本部へ提出する最終書類作成までに約 1 か月かかります
のでご注意ください。(2008年3月17日付変更)**

Chapter Business

Agenda 1 Organization

ADVISORY COUNCIL

Officers

Governor=President Kiyoshi Kurokawa, MD, MACP
(2003-2007)(2007-2011)

Vice-presidents: Shotai Kobayashi, MD, FACP
Fumiaki Ueno, MD, FACP

Secretary: Tsuyoshi Watanabe, MD, FACP

Treasurer: Katsuhiko Takabayashi, MD, FACP

Members:

Keiko Hiyama, MD, FACP	Akihisa Imagawa, MD, FACP
Masaya Kino, MD, FACP	Kenji Maeda, MD, FACP
Mamiko Ohara, MD, FACP	Keijiro Saku, MD, FACP
Hisamitsu Uno, MD, FACP	

COMMITTEES 2008-9

Credentials/Membership Committee

Chair: Keijiro Saku, MD, FACP	Vice-chair: Yoshiharu Motoo, MD, FACP
Members: Keiko Arai, MD, FACP	Satoru Azuma, MD, FACP
Toshihiko Hata, MD, FACP	Takakazu Higuchi, MD, FACP
Yasushi Ito MD, FACP	Mitsunori Iwase, MD, FACP
Saburo Kuwabara, MD, FACP	Takeshi Morimoto, MD, FACP
Sadao Nakajima, MD, FACP	Takanobu Nii, MD, FACP
Masato Okada, MD, FACP	Hitoshi Sawaoka, MD, FACP
Masanori Takahashi, MD, FACP	Noriko Yamamoto, MD, FACP

Local Nominations Committee

Chair: Kenji Maeda, MD, FACP	Vice-chair: Masayuki Endo, MD, FACP
Members: Yoshinobu Asano, MD, FACP	Keiko Hayano, MD, FACP
Nobuhito Hirawa, MD, FACP	Masanori Nishikawa, MD, FACP
Takashi Takahashi, MD, FACP	

Scientific Program Committee

Chair: Akihisa Imagawa, MD, FACP	Vice-chair: Yuko Takeda, MD, FACP
Members: Shunichi Fukuhara, MD, FACP	Mutsuhiro Ikuma, MD, FACP
Akiko Matsumoto, MD	Masao Nagayama, MD
Kunio Takegoshi, MD, FACP	Motohiro Tsuchiya, MD

Finance Committee

Chair: Katsuhiko Takabayashi, MD, FACP

Member: Toshinori Murayama, MD, FACP Yukari Shirasugi, MD, FACP

Health and Public Policy Committee

Chair: Masaya Kino, MD FACP

Professionalism Subcommittee Vice Chair: Sadayoshi Ohbu, MD, FACP

Members: Iwao Gohma, MD Hitoshi Miyazaki, MD

Hirohiko Onishi, MD

Subcommittee to Research the Current Status of Western Internists

Vice Chair: Hiroshi Eguchi, MD

Members: Nobue Iwata, MD, FACP Naomi Ogawa, MD

Masanobu Tsuchiya, MD

Publication Committee

Chair: Hisamitsu Uno, MD, FACP

Vice-chairs: Mitsunobu Kawamura, MD, FACP Naoyuki Yoshida, MD, FACP

Members: Hideto Akama, MD Shinichiro Akiyama, MD, FACP*

Soichiro Ando, MD, FACP Hiroshi Bando, MD, FACP

Masaki Hayashi, MD Naoki Hiroi, MD

Hajime Ichiseki, MD, FACP Hiroaki Ida, MD

Masayuki Ikeda, MD Takaaki Imamura, MD

Naoki Inoue, MD Mamiko Ishida, MD

Jinrou Ishizuka, MD, FACP Kazuya Iwamoto, MD

Masako Iwanaga, MD Masashi Izumiya, MD

Masato Kanazawa, MD Hideo Kanehara, MD, FACP

Yoshihiko Kanno, MD, FACP Hideaki Kato, MD, FACP

Tetsuro Kato, MD Takashi Katsura, MD, FACP

Yasushi Kawaguchi, MD Juichi Kawakami, MD

Masatoshi Kawana, MD Motoo Kikuchi, MD, FACP

Shuro Kogawa, MD Yuji Koide, MD, FACP

Ryuji Koike, MD Makoto Kontani, MD, FACP

Yasuhiro Ko, MD, FACP Noriko Kuwae, MD

Masahiko Maeda, MD, FACP Kozo Masuda, MD

Yoshifusa Matsuura, MD, FACP Yasunari Miyazaki, MD

Jun Murakami, MD, FACP Soichiro Nagamatsu, MD

Hiroshi Nakamura, MD, FACP Hiroyuki Niinuma, MD

Masayuki Oki, MD Koichi Ono, MD, FACP

Yasuo Oshima, MD, FACP Yuhta Oyama, MD, FACP

Toru Sasaki, MD Hideaki Sawaki, MD

Eiji Shinya, MD Tetsuya Shiota, MD

Takeshi Shirayama, MD, FACP
Masaru Suzuki, MD
Kouichi Tamura, MD, FACP
Naotaka Tsuchiya, MD
Yoshiyuki Ueno, MD
Kiyotaka Watanabe, MD
Masaomi Yamazaki, MD
Takeshi Yanagawa, MD
Hidekatsu Yanai, MD, FACP
Yasuhiro Yoshii, MD
Koichiro Yuji, MD, FACP**

Katsunori Suzuki, MD
Tohru Takata, MD
Yasuyuki Taooka, MD
Hideki Ueda, MD, FACP
Tetsuya Urano, MD
Yuko Watanabe, MD, FACP
Takahiro Yamauchi, MD
Hidetaka Yanagi, MD, FACP
Hiroshi Yoshida, MD, FACP
Hirohisa Yoshizawa, MD, FACP

*Until Jan 2009 **From Feb 2009

Women's Committee

Chair: Keiko Hiyama, MD, FACP Vice-chair: Toshiko Takino, MD
Members: Naoko Aragane, MD Sayuri Motomura, MD, FACP
Harumi G. Yano, MD
Takako Akimoto Masako Sugihara

Committee for Associate and Medical Student Enrichment (CAMSE)

*Established on Oct 1, 2008

Chair: Mamiko Ohara, MD, FACP Vice-chair: Yutaka Yatomi, MD
Members: Naoko Murashige, MD Tohru Yokoi, MD, FACP
Katsuomi Matsui, MD Eiichiro Sando, MD
Yasuko Tsuchiya Koji Uematsu

Membership (as of April 1, 2009)

1 Master, 263 Fellows, 7 Honorary Fellows, 489 Members, 57 Associate Members, and
135 Medical Student Members. Total 952 Members.

Agenda 2 Chapter Business Report 2007-2008 (July-June)

Credentials/Membership Committee

- Fellowship Advancement: 28 Members advanced to Fellowship
- 26 Members, 7 Associate members, 48 Student members were elected between July 2007 and March 31, 2008.

Local Nominations Committee

- Filed the nomination of Dr. George Meyer to the Jane F. Desforges Distinguished Teacher Award.
- Selected the awardee (Dr. Hiroyuki Ide) of the Volunteerism Award.

Scientific Program Committee

- Planned and held the 5th Scientific Meeting on April 12th, 2008 at Tokyo International Forum.

Health and Public Policy Committee

Professionalism Subcommittee

- Held Joint Workshop on "Thinking About Health and Health Services Together" with the Action Research Group for Enhancing and Educating Medical Professionalism (supported by a research grant of the Japanese Ministry of Education, Culture, Sports, Science and Technology) on October 21, 2007 in Osaka, and on October 28, 2007 in Tokyo.

Subcommittee to Research the Current Status of Western Internists

- Started research on up-dating medical issues for US board-holders in internal medicine.

Publication Committee

- Translated 34 issues Internist (Observer) Weekly introductions (July 2007-Mar 2008).
- Translated 18 issues of Annals of Internal Medicine from Vol 147 Issue 1-12, Vol 148 Issue 1-6 (July 2007-Mar 2008).

Women's Committee

- Sent questionnaires to doctors and students of both genders, for their opinions and expectations on taking care of their children or aged parents as well as maintaining a good balance between work and home. Prepared for presentations at the "Luncheon for ACP Women Members (not for women only)" and at the Panel Discussion "Empowering Women Physicians: Improving Working Conditions and Enhancing Leadership Opportunities" held on April 12, 2008.

Activities for Associate and Student Members (led by Mamiko Ohara, MD, FACP)

- Formed a mailing list named ASU (Associate-Student-United), and started exchanging e-mails among 12 volunteer mentors, associate and student members.
- Planned and held a "Western Style Case Discussion for ACP Associate & Student Members", discussion led by David Gremillion, MD, FACP, and Mamiko Ohara, MD, FACP.

Agenda 3 Financial Report 2007-2008 (July-June)

Beginning Balance (July 1, 2007)	6,132,488 yen (\$54,458.43)---A
Deposits	
Governor's Office Allowance	483,582 yen (\$4,106.00)
Chapter Dues	3,761,008 yen (\$32,911.20)
Evergreen Award	51,160 yen (\$500.00)
Annual Chapter Meeting-Registration fees	653,000 yen (\$5,936.36)
Interest Earned	12,641 yen (\$114.92)
Other Meetings (Dinner Meetings)	296,000 yen (\$2,690.91)
Other	1,310,748 yen (\$11,959.09)
Total Deposits	6,568,139 yen (\$58,218.48)---B
Payments	
Office Expenses	1,095,571 yen (\$9,959.75)
Committee Meetings	30,887 yen(\$280.78)
Annual Chapter Meeting Expenses	1,319,556 yen (\$11,995.96)
National Internal Medicine Expenses	770,078 yen (\$7,196.81)
Other Expenses (i.e. Bank Fees, etc)	1,324,884 yen (\$12,663.74)
Total Payments	4,540,976 yen (\$42,097.04)---C
Ending Balance (June 30, 2006)	A+B-C 8,159,651 yen (\$70,579.87)
Net Profit (Loss)	2,027,163 yen (\$16,121.44)

Agenda 4 Chapter Business Plan 2008-2009 (July-June)

Credentials/Membership Committee

- Fellowship Advancement (27 New Fellows elected)

Elected on July 1, 2008

大森史彦 (Fumihiko Omori) , 高橋孝 (Takashi Takahashi) , 林香月 (Kazuki Hayashi) ,
松下雅広 (Masahiro Matsushita) , 村上純 (Jun Murakami)

Elected on October 1, 2008

青木則明 (Noriaki Aoki) , 大田祥子 (Sachiko Ohta) , 川田秀一 (Shuichi Kawata) ,
神田大輔 (Daisuke Kanda) , 小出優史 (Yuji Koide) , 中島一郎太 (Ichirota Nakajima) ,
福原俊一 (Shunichi Fukuhara) , 星野純一 (Junichi Hoshino) , 本間宏之 (Hiroyuki Honma) ,
横森弘昭 (Hiroaki Yokomori)

Elected on January 1, 2009

牛越博昭 (Hiroaki Ushikoshi) , 高野健太郎 (Kentaro Takano)

Elected on April 1, 2009

伊藤義久 (Yoshihisa Ito) , 岩田信恵 (Nobue Iwata) , 大沢弘 (Hiroshi Osawa) ,

関康博 (Yasuhiro Ko) , 白杉由香理 (Yukari Shirasugi) , 阪野勝久 (Katsuhisa Banno) ,
平山暁 (Aki Hirayama) , 前田正彦 (Masahiko Maeda) , 森島逸郎 (Itsuro Morishima) ,
渡辺章 (Akira Watanabe)

- 26 Members, 7 Associate members, 48 Medical Student members were elected between July 2008 and March 31, 2009.

Local Nominations Committee

- Filed the nomination of Dr. Hiromi Ishibashi to Mastership.
- Selected the awardees of the Volunteerism Award.
- Started the Governor-elect election process.

Scientific Program Committee

- Planned to hold the 6th Chapter Meeting on April 11th, 2009 at Tokyo International Forum.

Health and Public Policy Committee

Professionalism Subcommittee

- Introduction and Promotion of SEA (Significant Event Analysis) in a real clinical setting. Presentation in this annual meeting and website: in ACP Japan chapter homepage.
- Promotion of our fruitful discussion among ACP members to build our realistic solution.

Subcommittee to Research the Current Status of Western Internists

- Held research on up-dating medical issues for US board-holders in internal medicine

Publication Committee

- Translated 34 issues Internist (Observer) Weekly introductions (July 2008-Mar 2009).
- Translated 18 issues of Annals of Internal Medicine from Vol 149 Issue 1-12, Vol 150 Issue 1-6 (July 2008-Mar 2009).

Women's Committee

- To improve working environment for all physicians and to maintain medical quality for the general public, participated in the symposium organized by the Non-Profit Organization ejnet, sharing the problems and opinions on the collapse of medical system from the standpoint of the general public, medical professionals, and policy makers. Tentative proposals were made during the symposium and will be demonstrated at the "Luncheon for ACP Women Members (not for women only)" on April 11, 2009, for further discussion.

Committee for Associate and Medical Student Enrichment (CAMSE)

- Committee established on October 1st, 2008.
- Planned and held the 2nd "Western Style Case Discussion for ACP Associate & Medical Student Members", discussion led by David Gremillion, MD, FACP, and Mamiko Ohara, MD, FACP.
- Planned and held the Poster Competition for ACP Associate Members: pilot program. Winner: Maki Ono, MD
- Planned to hold the 3rd "Western Style Case Discussion for ACP Associate & Student Members", discussion led by David Gremillion, MD, FACP, and Mamiko Ohara, MD, FACP.

Agenda 5 Budget 2008-2009, 2009-2010 (July-June)

Finance Committee

- Chapter Dues for 2008-2009 was \$50.
The Budget of 2008-2009 is approx. 13,000,000 yen.
- Chapter Dues for 2009-2010 will be \$50.
Total Budget of 2009-2010 will be approx. 15,000,000 yen.

Agenda 6 Presentation of Volunteerism Award

Awardees:

- Ryuichi Kawamoto, MD, PhD, FACP

愛媛大学大学院地域医療学講座 教授
西予市立野村病院 内科 川本龍一先生

川本龍一先生は、平成5年から現在勤務する西予市野村町の市立野村病院に勤務され、一貫して山間へき地の地域医療に従事されております。野村町では高齢化が進むなか、糖尿病や脳梗塞が多いことから地域在住の高齢者に関する日常生活動作(ADL)やQOL(生活の質)の調査や入院患者については、動脈硬化症と危険因子の解明に関する調査をこれまで継続し多くの地域に根付いた論文を発表されています。研究での成果は各地域での健康教室などを通して住民に還元され、地域の健康増進活動に貢献されています。

平成7年度より自治医科大学地域医療学や愛媛大学医学部の学外講師として現地での地域医療・プライマリ・ケアに関する学生教育を担当され、新医師臨床研修制度の導入に伴い、愛媛大学病院、自治医科大学附属病院、愛媛県立中央病院の新医師臨床研修委員となられ、現場での地域保健・医療研修の指導を担当されています。夏には希望学生を対象とした地域における夏季実習を企画され好評を集めております。

また、平成13年度からは愛媛プライマリ・ケア研究会の世話人代表として毎年研究会を開催しプライマリ・ケアの普及に務め、その間日本プライマリ・ケア学会四国地方会、在宅ケア講習会も開催し会長の大役を果されました。平成8年12月には日本内科学会専門医を取得され、平成18年10月には米国内科学会上級会員(Fellow)にもなられています。その他、南予糖尿病研究会、南予消化器・内分泌・糖尿病研究会、愛媛軽症糖尿病研究会などの世話人、西予市介護支援専門員連絡協議会会長などを担当し、各分野の教育的啓蒙に努められています。

平成 21 年 1 月には、これまで山間地域における医学生実習や研修医指導、そして地域に根付いた研究活動を行ってきた実績により、愛媛県の寄附講座として設立された愛媛大学大学院地域医療学講座の教授に就任されました。引き続き、地域サテライトセンターとなった西予市立野村病院にて教育、診療支援、研究活動に従事されています。

- Mamiko Ohara, MD, PhD, FACP

亀田総合病院 腎臓高血圧内科 部長 小原まみ子先生

小原まみ子先生は、亀田総合病院(千葉県鴨川市東町)腎臓高血圧内科部長として、千葉県東部の地域医療を臨床現場で支えられておられます。妊娠時の体液調節機構の研究に携わり、産婦人科と提携して妊娠高血圧症や合併症妊娠の妊産婦診療を進めてこられました。現在では、日本周産期・新生児学会、日本妊娠高血圧学会および腎と妊娠研究会の一員として、周産期医療をはじめとする女性の医療にも尽力されています。なかでも、ヘリコプターを用いた母体搬送の安全性と有用性、および振動等による母子への影響に関する研究については、日本における第一人者であり、母体救急搬送については早くから高い関心と見識を有しておられました。

小原先生は、平成 18 年 7 月、「周産期医療の崩壊をくい止める会」事務局立ち上げの中心メンバーとして活躍し、加速する医療崩壊へ医療者自ら一石を投げられました。

さらに、厚生労働省・文部科学省や厚生労働科学研究班が検討している医師教育のあり方について現場の医師や研修医らの意見を発信すべく、「明日の臨床研修制度を考えるシンポジウム」事務局としてその開催を主導されるなど、日本の将来の医療界を担う若手の育成にも心血を注がれております。

ACP 日本支部においては Committee for ACP Associate and Medical Student Enrichment (CAMSE) の委員長として学生メンバーへの教育に多大な貢献をされています。

- Koichiro Yuji, MD, FACP

東京大学医科学研究所附属病院血液腫瘍内科 助教 湯地晃一郎先生

湯地晃一郎先生は、東京大学医科学研究所附属病院血液腫瘍内科助教として、関東圏の血液難治疾患患者さんの臨床業務に携わっておられます。湯地先生は臍帯血ミニ移植の開発を虎の門病院血液科で世界で初めて行い、移植医療に大きく貢献されました。また全国骨髓バンク推進連絡協議会の白血病フリーダイアル担当医師として、匿名で全国の血液難治疾患患者さんの相談に応じてこられました。

湯地先生は、2006 年 7 月、「周産期医療の崩壊をくい止める会」の中心メンバーとして活躍し、加速する医療崩壊へ医療者自ら一石を投げられました。湯地先生は医師・医療側の情報発信を独力で開拓されたといえます。

湯地先生は続いて、骨髓移植に必須の器具不足により骨髓移植が不能となる問題が生じたことから、2009 年 2 月より全国骨髓バンク推進連絡協議会(<http://www.marow.or.jp>)の署名活動に協力されました。

Agenda 6 Presentation of Evergreen Award

At Internal Medicine 2008 Week, ACP presented fifteen Evergreen Awards to honor Chapters that created new programs that strengthened the chapter and increased member communication and involvement.

The Japan Chapter received the 2008 Evergreen Award for the translation of Annals of Internal Medicine. Here is a brief description.

After starting the translation of the Internist Weekly in November, 2005, there has been continued interest by Japan Chapter members in translating the table of contents and abstracts of the Annals of Internal Medicine. ACP granted permission to start the translations in November 2006. The Japan Chapter used their Publication Committee for this service. Eleven members of the team translate the text, and one member is the editor. The chair or vice-chair supervises the final translations, which are distributed to the members by e-mail and on the chapter's Web site two weeks after the original article is released. The Japanese translations are linked to the original articles in English, which are posted on the College Web site. After posting the Annals translations, chapter Web site hits increased substantially. This activity increased communication with chapter members and greatly enriched the Japan Chapter Web site content. The translation e-mails are also sent to nonmembers (fellows of the Japanese Society of Internal Medicine), who are prospective members. The Japan Chapter believes this additional benefit contributed to the 19% membership growth in one year.

Special thanks to Akifumi Hagiwara, Dr. Mutsuhiro Ikuma, Dr. Mamiko Ishida, Dr. Akiko Matsumoto, Dr. Hirotaka Onishi, and Dr. Atsushi Suzuki who have volunteered to interpret.

Special thanks to Dr. Takeshi Hasunuma who has volunteered as a photographer.

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