

Governor's Newsletter for all ACP members

March 2013

Governor: Shotai Kobayashi MD, MACP



In this Issue:

Governor's Address	Shotai Kobayashi	p2
ACP Japan Chapter Annual Meeting 2013		p3
Participation Report of ACP		
Attending ACP Internal Medicine 2012	Daisuke Ogawa	p5
Report of ACP Internal Medicine 2012	Nobuaki Mori	p7

■ Governor's Address



Shotai Kobayashi, M.D., MACP, Governor; ACP Japan Chapter

Hello!

This year should be special one for our Japan chapter.

We will hold Annual Chapter Meeting in May 25-26 in Kyoto.

From beginning of Japan Chapter, we held Chapter Meeting in the same place of Annual Meeting of the Japanese Society of Internal Medicine (JSIM) with total financial support. This year, firstly we hold our chapter meeting in different place and different time with JSIM meeting.

It is our new departure of a ship. It means very important things. We must manage Japan Chapter of ACP independently with JSIM from this year. We have moved our office from JSIM to CS center in this February.

We deeply appreciate to JSIM and Mrs. Haruko Miyamoto for great support for us. This Chapter Meeting is the touchstone of our ability. Therefore, we make effort to make this meeting should be attractive one for many Japanese doctors from medical students to veterans.

Our meeting is different from usual Japanese academic medical meeting because we introduce practical education system of ACP. Now, Japanese government asks to make education for general physician more and more.

It is the same direction with our purpose of this meeting.

We also made sending young members to ACP meeting as an ambassador of ACP from last year. These ambassadors wrote reports about ACP meeting in this issue. In 2012-2013 fiscal year, we newly made on-the-job training course in the UCLS resident training for 1 month by great support of Dr. Soma Wali. She is Los Angels (South CA) governor and Program director of UCLA Olive View Internal Medicine Residency Program. Already 3 doctors have finished this course with our partial support of finance and they said very good experience. Next fiscal year, we will send more doctors to this course.

We will promote introduction of practical medical education of ACP and visiting USA resident training course.

Please join us and learn practical internal medicine and ACP system together.

Thanks

Shotai Kobayashi

American College of Physicians Japan Chapter Annual Meeting 2013

ACP Japan Chapter
AMERICAN COLLEGE OF PHYSICIANS JAPAN CHAPTER

General information

May, 25th (Sat)9:30-18:00. 26th(Sun)9:30-16:00, 2013

Venue: Kyoto University Clock Tower Centennial Hall

Yoshida konoe cho, Sakyo, Kyoto, 606-8317, Japan TEL +81-75-753-2285

<http://www.kyoto-u.ac.jp/en/clocktower>



Symposium

Future of General Internal Medicine

Behavioral modification therapy for internists

Mitchell Feldman (Chief Editor, J General Internal Medicine. Professor, University of California, San Francisco)

Current status of hospitalists in U.S

Takaaki Ishiyama (St. Mary's Health Center, St. Louis)

Dilemmas in elderly patients care – Gastrostomy, Hemodialysis, Chemotherapy

ACP Japan Chapter annual meeting officers' program

Special Event

Memory of Dr. Kazuo Endo

Igen Hongou (Japanese Red Cross Musashino Hospital), Naomi Chibana (Naha City Hospital)

Educational Program

Ground Round: general internal medicine

Masatomo Kiyota (Iizuka Hospital)

Ground Round: infectious disease

Naoto Hosokawa (Kameda Medical Center)

Acid-Base Electrolyte Case Vignettes For Clinicians

Yugo Shibagaki (St. Marianna University), Virginia L. Hood (President, ACP. Professor, University of Vermont, Burlington)

Pitfalls in practice for connective tissue disease

Kiyoshi Takasugi (Dougo Onsen Hospital), Mitsumasa Kishimoto (St. Luke's International Hospital), Noboru Hagino (Teikyo University Chiba Medical Center)

Palliative care for internist

Teruhisa Azuma (Tenri Hospital)

Narrow the range of differential diagnosis

Yoshinori Noguchi (Nagoya Daini Red Cross Hospital)

Milestone for designing a clinical research

Noriaki Kurita, Shingo Fukuma (Kyoto University)

Luncheon Seminar

Taboos in internal medicine emergency

Hiroyuki Hayashi (Fukui University)

Interpreting laboratory tests for connective tissue disease

Mitsumasa Kishimoto (St. Luke's International Hospital), Noboru Hagino (Teikyo University Chiba Medical Center)

Meet the Expert

Takaaki Ishiyama (St. Mary's Health Center, St. Louis)

Masatomo Kiyota (Iizuka Hospital)

Hitoshi Hasegawa (Akita University)

Virginia L. Hood (President, ACP. University of Vermont)

Mitchell Feldman (Professor, University of California, San Francisco)

Naoto Hosokawa (Kameda Medical Center)

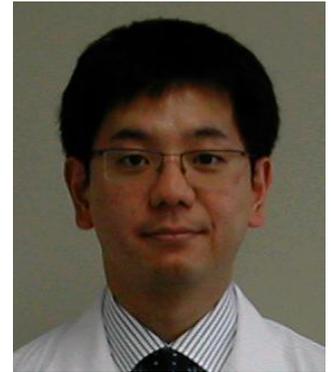
ACP Short Talk Series

Snap Diagnosis Hiroshi Sudo (Ofuna Chuo Hospital)

Step beyond case report Shunichi Fukuhara (Kyoto University)

■ Participation Report of ACP

Attending ACP Internal Medicine 2012



Nagasaki Prefecture Shimabara Hospital
Daisuke Ogawa

I was fortunate to attend Internal Medicine 2012, a general meeting of the American College of Physicians (ACP) in New Orleans from April 19–21, 2012. In terms of conferences overseas, I had previously attended a meeting of the American Society of Clinical Oncology, but this was my first attendance at a meeting of the ACP. I attended Internal Medicine 2012 with an eye toward looking at differences in internal medicine in Japan and the US.

Internal Medicine 2012 met at the New Orleans Ernest N. Morial Convention Center. The event had around 6,400 attendees from a number of countries including the US, other countries in the Americas, and Europe. At the general meeting, physicians who have long contributed to the ACP and masters, honorary fellows, and fellows were recognized. Attendees at the awards ceremony donned black caps and gowns. The event also featured a booth offering commemorative photos taken against an individually selected backdrop.



In a large hall of the Convention Center, lectures in accordance with clinical practice were offered at the Clinical Skills Center. The hall featured 13 booths. Some lectures were given at pre-determined times though there were also lectures that allowed participants without a reserved spot to attend if space permitted. Spots for lectures at pre-determined times were reserved ahead of time; lectures ranged from about an hour to an hour and a half and were given several times a day. Despite reserving a spot, attendees were only allowed to attend if space permitted. Lectures were given on topics like practice in ultrasound-guided central venous line insertion, performing skin biopsies, and performing breast and prostate exams. As part of training on ultrasound-guided central venous line placement, experienced physicians attentively instructed participants in ultrasound techniques. As a hematologist, performing central line insertion is required, but nowadays a line is inserted blindly without using ultrasound. In the future, line insertion in Japan may also be ultrasound-guided.



Also offered at Internal Medicine 2012 were self-guided tours with no pre-determined time. Participants were allowed to drop by when they felt like it. Topics included interpretation of fundus findings, cardiac murmurs, and chest X-rays. Participants checked-in front of a booth and were allowed to attend if they were members of the ACP. At the booth on distinguishing arrhythmia,

participants received an MP3 player after checking-in. They then learned by looking at course information printed on a board as they listened to vocal instructions on their headphones. The course featured a beginner and more advanced level. The booth on chest X-rays featured a multiple-choice quiz that participants listened to on an MP3 player as they looked at posted chest X-rays. Basically, this event provided a good opportunity to study topics again in a more systematic fashion. I had the chance to use an ophthalmoscope, something I did long ago when I was an intern. Participants diagnosed themselves by viewing different fundus photographs with a smart phone linked to models. General meetings of the Japanese Society of Internal Medicine also offer lectures on topics such as chest films and ultrasound so that participants can improve their routine practice and diagnostic imaging, but participants must register beforehand and the lectures are just that—lectures—rather than practical training, so lectures at Internal Medicine 2012 were a true breath of fresh air. I also enjoyed attending lectures when I wanted to and learning at my own pace. Many of the booths were packed with young and old, men and women. I was greatly impressed by the participants' profound desire to learn as much as possible. Individually decided participation, self-study, and learning at one's own pace are an excellent approach.



Since I had the opportunity, I attended a clinical skills scientific program session workshop (registration beforehand required) on Life Threatening EKGs Encountered in the Outpatient Setting. The workshop was chaired by 2 young physicians and had about 50 attendees that were divided into small groups of about 10. Given only about 10 minutes, groups were given an EKG readout to discuss and diagnose. Each group then gave its answer, which everyone discussed together. The 2 chairs helped to facilitate the discussion. All of the participants considered the answers given by each group, so the format was a discussion more than a lecture. Attendees actively posed questions as well. This was learning by exchange rather than mere learning from a lecturer.



A lecture providing an Update in Hematology mostly covered topics like second-generation molecularly-targeted therapies for chronic myelogenous leukemia (CML) such as nilotinib and dasatinib in place of imatinib, the standard therapy, and use of new anticoagulants such as dabigatran, apixaban, and rivaroxaban. Although supposedly covering hematology, most of the lectures and workshops during the 3 days of Internal Medicine 2012 related to coagulation. Many patients seen in actual practice are receiving anticoagulant therapy, so hematologic malignancies such as leukemia and malignant lymphoma would be better studied at meetings of specialists such as the American Society of Hematology (ASH) and American Society of Clinical Oncology (ASCO). In addition, lectures at general meetings of the Japanese Society of Internal Medicine often cover specialized topics in molecular biology, but the general meeting of the ACP covered more basic topics without going that in-depth, so information was more limited to clinical practice.



Internal Medicine 2012 was the first general meeting of the ACP that I have attended, and it was extremely stimulating. It was a learning experience for someone like me who has attended a number of conferences. I sincerely hope that the ACP continues to offer such programs. If I could, I would like to take this opportunity to thank Dr. Shotai Kobayashi, head of the Japan chapter of the ACP, and Dr. Kiyoshi Kurokawa, former head of the Japan chapter, my mentors, and Ms. Haruko Miyamoto.

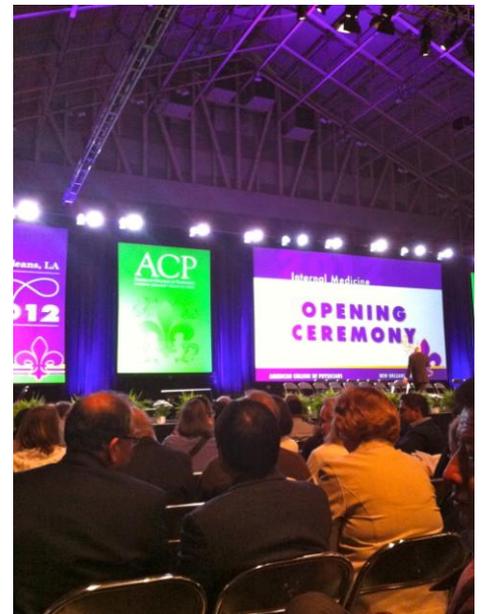
Report of ACP Internal Medicine 2012



Toho university faculty of medicine
Department of microbiology and infectious diseases
Nobuaki MORI

I wanted to brush up my knowledge of internal medicine because I spent most time on researches as a graduate student for last four years. Fortunately, I received a grant from ACP Japan chapter and obtained an opportunity to participate in the Internal Medicine 2012 (IM) of ACP annual session at New Orleans (Figure1). I found IM is intended to support continuing medical education activities as well as updating the medical knowledge. It was very impressive that IM has a strong educational aspect.

IM provided more than 250 scientific sessions within three days. It included not only lectures but also hands-on sessions and paid pre-course. In respect of lectures, those provided variety of educational and practical programs: Dermatology and Ophthalmology for internists; cross-sectional sessions such as Woman's health and Clinical pharmacology; behavior as a doctor such as Career and professionalism, and Ethics and health policy. It was hard for me to choose the ones because every session was very attractive. Here are several sessions that I provided.



(Figure1: Opening ceremony)

Dangerous Drugs and How to Minimize Their Dangers

This session showed precautions and interactions among drugs used in general clinical practice. Drugs those were discussed include proton pump inhibitor, warfarin, statins, trimethoprim/sulfamethoxazole, clarithromycin, bisphosphonate, and selective serotonin reuptake inhibitors. In particular, this session spent much time for statins: the frequency of side effect of muscle pain is depending on the kinds of statin; the use of red yeast rice for patients who could not take statin because of allergy or side effects of statin; how often we should check transaminase for patients with statin. The session provided a valuable opportunity for me to know the drug interactions.

Ophthalmology for the General Internist

In this session, I learned the simple eye examination, Red Flags (dangerous sign) of eye diseases, and

when to refer to an ophthalmologist. The method of “5 minutes screening exam” cited measurement of visual acuity, penlight exam, confrontation visual fields, and direct ophthalmoscopy. I thought I should relearn how to use ophthalmoscopy because I did not use it in routine clinical practice (Although I could not participate, IM provided a hands-on session “Ophthalmoscopic skills for the internist”). Eye pain, floaters and flashes, vision loss, double vision, red eye, eye trauma, and droopy eyelid mean “possible Red flags”. A careful interview and physical examination for such symptoms lead to “Red flags”. I felt that it is also important to be careful in interviewing and examination in ophthalmology throughout the session.

Presentation Skills for Physicians: Making Your Next Teaching Presentation Go Better Than Your Last

Although we have made presentations many times at the conference or lecture, we did not have an opportunity to learn how to make a presentation. In this session, Dr. Scott C. Litin as an excellent presenter lectured us. He advised how to prepare before presentation, make slides, and behave while we make a presentation using the video occasionally. His advice was very specific and concrete. For example, he said, you should use the character size of 24 points or more on slide; Arial typeface is more conspicuous than Times New Romans from a distance. His lecture was very impressive. I believe I would be able to make an excellent presentation by myself from now on.

Internal Medicine 2012 highlights and doctor’s dilemma. The Final.

This session was summary session for three days. Three presenters summarized 12-15 sessions for 15 min in which they participated for three days, respectively. Although I got a lot of knowledge, it was unfortunately hard to understand overview because they explained the only point of session.

At last, quiz competition called Doctor’s dilemma with four teams that were composed of young doctors was held (Figure2). It looked like a TV show. Questions were asked from various categories (ex. cardiovascular, respiratory and so on). Although only close companions of participants warmed up, it was fun like a festival.



(Figure2: Doctor’s dilemma)

I also attended in the ACP Japan Chapter party on the evening of April 20. I talked about the educational programs for doctors and medical students with many doctors in Japan and US. As I participated in IM, I had an opportunity to get a number of encounters and intellectual stimulation. I recommend participation in IM for all ACP Japan Chapter members. I believe that your practice and attitude will change once you participate in IM.

Unfortunately, it is hardly free time to see the culture and history in New Orleans. However, I could feel reconstruction has advanced in the French Quarter area and around the Convention center, although New Orleans was most heavily damaged by Hurricane Katrina in August 2005,

Finally, I would like to express my deep appreciation to Shotai Kobayashi, Haruko Miyamoto, and all ACP Japan Chapter members for all the help you gave me.

Editor's Postscript

This is the fourth issue of English version of Governor's Newsletter. In this issue, it features ACP Japan chapter Annual Meeting 2013 and reports of Internal Medicine 2012 by two young Japanese physicians.

This coming annual meeting is challenging for Japan chapter as Dr Kobayashi says in the Governor's Address in this issue.

The experience of Internal Medicine 2012 by Dr Ogawa and Dr Mori will be put to good account for Japan chapter.

We hope this Governor's Newsletter will be read by physicians around the globe and many of them will come to the annual meeting in Kyoto.

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