

Governor's Newsletter for all ACP members

June 2012

Governor: Shotai Kobayashi MD, MACP



(Photos by Hidetoshi Furuie, MD,FACP & Naoko Furuie)

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■ Governor's Address



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

We held Japan chapter meeting on April in Kyoto after two years' absence because of Tohoku big Tsunami disaster.

It is the first time to be held in separate place and independently with annual meeting of Japanese Society of Internal Medicine. Dr. Fukuhara, chairman of scientific program committee and other all members made great effort to prepare this big project. They made very attractive program and good entertainment in this meeting. Many doctors including non-member of ACP attend the meeting and joined practical case conferences, lecture of clinical research training "Let's take a step beyond case reports", and so on. Dr. Ralston, past president of ACP, talk about "U.S. Health Care Delivery: The Past and The Future". We felt there are many problems in USA as well as Japan.

We should make more independent and stable management system of ACP Japan chapter in near future. This meeting is the first step to go independent way. We celebrate success of this meeting in Kyoto.

In addition, exchange program for young physicians between USA will also start in this year at California. This program is proposed and arranged by Dr. Soma Wali in Olive View-UCLA Medical Center in ACP Governor's meeting. We will make this one-month exchange program to be official program of Japan ACP. Please apply to this program. We support a part of travel fee for 3-4 physicians per year. I hope ACP Japan chapter is getting more big and active society.

■ACP Japan Chapter Annual Meeting 2012

Agenda

April 14, 2011

9:00~18:15

Kyoto University Clock Tower Centennial Hall

Greeting from the Governor



The ACP Japan Chapter Governor

Shotai Kobayashi

Last year, we canceled the ACP Japan Chapter conference, which was planned to be held along with the Japanese Society of Internal Medicine, due to the Great East Japan Earthquake. This year's meeting is special not only because it is after the two-year interval but also because it is the first time for us to have an independent meeting independently of the JSIM. Recently, the number of our members has been gradually increasing. In 2011, we also enhanced our activities with more opportunities of exchange among members and more frequent delivery of the Governor's Newsletters. Furthermore, we started new programs for young members such as offering travel grant to attend the ACP general assembly and supports for short-term training programs in the U.S.

We are glad to have the participation of both members and non-members in this special conference. We continue to make our every effort to promote Japan-U.S. exchange of physicians and to develop leading physicians who have practical skills with global eyesight. We appreciate your continuing support and cooperation.

Welcome to ACP Japan Chapter Annual Meeting 2012 !



Chair, Scientific Program Committee (SPC), ACP Japan Chapter
Shunichi Fukuhara, MD, FACP

From this year, the SPC assumed a new responsibility in organizing the annual meeting of the ACP Japan Chapter.

We hope that this annual meeting will create a new, active, and earnest community to improve quality of care and patients' outcomes. We would welcome any feedback in improving the quality of this annual meeting.

Please enjoy!

ACP Japan Chapter Annual Meeting 2012 Regular Meeting
Hall A (Centennial Hall)

13:00-13:15 ACP Japan Chapter Governor's Welcome Address



Shotai Kobayashi, MD, MACP (Shimane University Hospital)

13:15-13:55 From ACP: the Immediate Past President

“U.S. Health Care Delivery: The Past and The Future”



Speaker: Fred Ralston, Jr, MD, MACP (Fayetteville Medical Associates)

Moderator: Fumiaki Ueno, MD, FACP (Ofuna Chuo Hospital)

13:55-14:25 Plenary Lecture 1

“Fill the gap between Basic Research and Clinical Practice”



Speaker: Motoko Yanagita, MD (Kyoto University)

Moderator: Keiko Hiyama, MD, FACP (Fukuhara Medical Clinic)

14:25-14:55 Plenary Lecture 2

“Return to Forever in Internal Medicine “



Speaker: Fumiaki Ueno, MD, FACP (Ofuna Chuo Hospital)

Moderator: Sadayoshi Ohbu, MD, FACP (Rikkyo University)

15:05-16:30 ACP Short Talk Series (Session in Japanese)

Moderator: Yukari Shirasugi, MD, FACP (Tokai University)

15:05-15:25 **“How do we make a diagnosis based on medical history ”**



Speaker: Yasuharu Tokuda, MD, FACP (Tsukuba University)

15:25-15:45 **“For diagnosis, what do the patient's words really tell us?**

Joint examination; mini-hands-on”



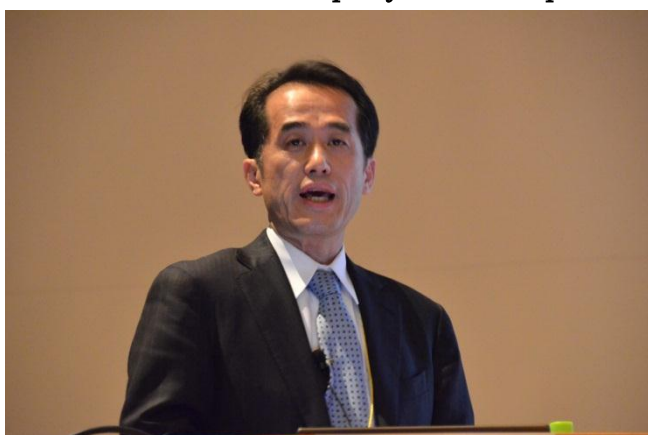
Speaker: Mitsumasa Kishimoto, MD, FACP (St. Luke's International Hospital)

15:45-16:10 **“How to use ACP PIER”**



Speaker: Yoshinori Noguchi, MD (Nagoya Daini Red Cross Hospital)

16:10-16:30 **“Let’s take a step beyond case reports”**



Speaker: Shunichi Fukuhara, MD, FACP (Kyoto University)

16:40-16:55 **ACP Update**



Speaker: Fred Ralston, Jr, MD, MACP (Fayetteville Medical Associates)

Moderator: Mitsunobu Kawamura, MD, FACP (Tokyo Teishin Hospital)

17:45-18:15 Address from the Immediate Past President.

“Uncertain Times Ahead”



Speaker: Kiyoshi Kurokawa, MD, MACP (National Graduate Institute for Policy Studies)

Moderator: Shotai Kobayashi, MD, MACP (Shimane University Hospital)

18:30-20:00 **Buffet reception**

Hall B (International Hall II)



ACP Japan Chapter 2012 Affiliated Meeting

Hall B (International Hall II)

9:30-10:30am Western Style Case Discussion (WSCD 9)

by CAMSE (Committee for Associate and Medical Student Enrichment)

Moderators: Hiroshi Nishigori, MD (Kyoto University), CAMSE student members



10:40-11:10am EBM style Journal Club by Young Physicians Committee (YPC)

Moderators: Mitsumasa Kishimoto, MD, FACP (St. Luke's International Hospital),

Gautam A. Deshpande, MD (St. Luke's International Hospital) , YPC members



11:25-12:25am **“Work-life balance with competitive career: Sharing experiences each other”** by Women’s Committee

Speakers: Kentaro Iwata MD, FACP (Kobe University)

Gautam A. Deshpande, MD (St. Luke's International Hospital)

Moderators: Toshiko Takino, MD (La Quole Healthcare Corporation)

Harumi Gomi, MD, FACP (Jichi Medical University)



(All photographs on this meeting are stocked in [ACP Japan Chapter Meeting in Kyoto, 14th/April/2012](#) .)

Abstract

From ACP: the Immediate Past President

“U.S. Health Care Delivery: The Past and The Future”

Speaker: Fred Ralston, Jr, MD, MACP (Fayetteville Medical Associates)

Moderator: Fumiaki Ueno, MD, FACP (Ofuna Chuo Hospital)

No other country spends as much on health care per capita as the USA. Within that health care system one can find excellent medical education, cutting edge use of technology and many live-saving treatments. At the same time a significant portion of the population is not covered by health insurance and figures suggest those uninsured are more likely to live sicker and die younger than the insured population. Costs of medical care are rising to unsustainable levels.

Even insured Americans are having trouble accessing preventative care and those who have access often do not take full advantage. There has been a very divisive political fight in recent years over health care reform in the United States highlighted by passage of the Patient Protection and Affordable Care Act signed into law by President Barack Obama on March 23, 2010. Parts of this law are being challenged in court and the law’s constitutionality will ultimately be decided by the US Supreme Court.

In this talk Dr. Ralston, a keen student of American political history and health policy, will walk through the transformations delivery of health care in the USA have undergone over the past 100 years with emphasis on the key decisions and historical accidents that have shaped that system. The lecture concludes with an overview of the forces gathering to help individuals in the US get better value for their health care dollar. Plans to address unhealthy lifestyles and move toward patient-friendly evidence-based care are outlined.

Speaker CV

Fred Ralston, Jr., MD, MACP

Immediate Past President, American College of Physicians

Private Practice, General Internal Medicine

Fayetteville Medical Associates PC, Fayetteville, Tennessee

Education and Training

1976	BA, Political Science	Yale University	New Haven, Connecticut
1980	MD	University of Tennessee College of Medicine	Memphis, Tennessee
1983	Internal Medicine Residency	Baptist Hospital	Memphis, Tennessee

Clinical Practice

Lincoln Medical Center, Fayetteville, Tennessee

Chair Credentials Committee

Chair Intensive Care and Coronary Care Unit

Past Chief of Staff

Member, Board of Trustees (1990-2001)

Publication

Achieving a high-performance health care system with universal access: what the United States can learn from other countries. [Ann Intern Med.](#) 2008; 148:55-75 written by Jack A. Ginsburg, Robert B. Doherty, J. Fred Ralston Jr., MD, and Naomi Senkeeto, developed for the Health and Public Policy Committee of the American College of Physicians (ACP)

Honors

Fellow, American College of Physicians (1996)

Who's Who in America (Marquis 2002-)

Who's Who in the World (Marquis 2003-)

Who's Who in Science and Engineering (Marquis 2003-)

Laureate, Tennessee Chapter, American College of Physicians (2007)

Master, American College of Physicians (2011)

Fellow, Royal College of Physicians of Edinburgh (2011)

Honorary Fellow of the Indian College of Physicians (2011)

Honorary Fellow, Royal Australasian College of Physicians (2011)

Life Outside Medicine

Born Fayetteville Tennessee, high school and college in New England, then returned home
Married Farris Lynch who is an artist and homemaker
Twin Sons Jim and Will (17) who will attend University of the South at Sewanee in the fall
Lifelong student and observer of the American political system

Plenary Lecture 1: “Fill the gap between Basic Research and Clinical Practice”

Speaker: Motoko Yanagita, MD (Kyoto University)

Moderator: Keiko Hiyama, MD, FACP (Fukuhara Medical Clinic)

Understanding the molecular mechanisms underlying the pathogenesis of diseases is essential in the development of new therapeutic agents. For example, the development of tumor necrosis factor inhibitors successfully evolved from a targeted bench-to-bedside approach in which lessons learned from basic research were tested in patients with rheumatoid arthritis. However, in many cases, unfortunate gap exists between basic research and practice, which hinders the successful facilitation of bench-to-bedside translational research.

Lack of animal models relevant to human diseases is one of the obstacles for translational research, and another problem is that the research questions raised by the basic researchers would not be of instant help to clinicians.

Better translational research should be bi-directional: observations made in basic research can translate into improved patient care, and clinical studies can stimulate new approaches in basic science laboratories. In this session, I will discuss what basic researches and clinicians can do to build a bridge between research and practice.

Speaker Biography

Motoko Yanagita graduated from Kyoto University in 1994, and is a professor of Department of Nephrology, Kyoto University Graduate School of Medicine since 2011. She received the Young Investigator Award of the Japanese Society of Nephrology, Japanese Society of Internal Medicine, Japanese Vascular Biology and Medicine Organization, Okamoto Research Promotion Prize, and Japanese Society of Molecular Medicine. Her lab focuses on the (1) molecular mechanisms underlie the progression of kidney diseases as well as (2) the cell types responsible for the regeneration and fibrosis of the injured kidney.

Plenary Lecture 2: “Return to Forever in Internal Medicine”

Speaker: Fumiaki Ueno, MD, FACP (Ofuna Chuo Hospital)

Moderator: Sadayoshi Ohbu, MD, FACP (Rikkyo University)

Recent rapid progress of medical technology has significantly contributed to improved diagnosis and treatment of certain disorders, and someone feel bedside clinicians are relics from the past. Is that true? Absolutely, NOT! The important perspective is those advanced technologies are targeted only to broken

parts of the human body, but not to whole human being. Also, we have to realize novel technology will not survive forever.

Accurate basic clinical skills and judicious judgment of well-trained internists will be treasurable forever. Even in the era of advanced technology, what we need are master physicians who take personal responsibility for their patients, using the greatest computer in the world, the human brain.

Speaker Biography

Fumiaki Ueno, MD, FACP, FACG, AGAF is the CEO of Gokeikai Medical Foundation, a Distinguished Consultant of Ofuna Chuo Hospital, and a Professor of Medicine, Tokai University. He graduated from Keio University School of Medicine, and trained medicine at Tulane University. He has devoted himself to the practice and the research in gastroenterology, particularly in Inflammatory Bowel Disease, and currently he is a core member of many national and international projects of IBD. He held the office in ACP as the Japan Governor's Representative for 2003-11.

ACP Short Talk Series

Moderator: Yukari Shirasugi, MD, FACP (Tokai University)

“How do we make a diagnosis based on medical history”

Speaker: Yasuharu Tokuda, MD, FACP (Tsukuba University)

The science of making a medical diagnosis begins with the art of effective history taking. Patients present with symptoms which may either be simple or complex. Whether or not reaching a definitive diagnosis depends on the learned skills of physicians to sieve through various symptoms, identify pertinent ones, and analyze them systematically. In my short talk, how to make a diagnosis based on medical history will be demonstrated by the use of a clinical vignette, the patient presenting with abdominal pain. How to use the medical history checklists such as OPQRST, 5W1H, and MISIA will also be explained.

“For diagnosis, what do the patient's words really tell us? Joint examination; mini-hands-on”

Speaker: Mitsumasa Kishimoto, MD, FACP (St. Luke's International Hospital)

In daily practice, we encounter many patients who have musculoskeletal symptoms, such as a joint pain. It is said that most information required for diagnosis are based on history taking and a physical examinations. The usefulness of laboratory studies is also then recognized for the first time. In this session, I will summarize the differential diagnosis of arthritis and discuss the importance of joint examinations through hands-on session.

“How to use ACP PIER”

Speaker: Yoshinori Noguchi, MD (Nagoya Daini Red Cross Hospital)

PIER (Physicians' Information and Education Resource) is a Web-based evidence-based guidance for clinicians covering the entire field of internal medicine. The disease-based module presents a series of succinct recommendation statements in the section of prevention, diagnosis, drug therapy, patient education, consultation for management, and follow-up. Each topic is described in uniform format to minimize author's style of composition. There are links to abstracts and the full text of carefully selected references.

All guidance statements and recommendations are given a strength of recommendation rating (A, B, C). Thus ACP PIER is a quite useful for clinicians to find the relevant information needed in their practice.

ACP members have a benefit to access PIER freely, but quite few members do not know about PIER. In this session, I present a brief discussion of “How to use ACP PIER” in case-based discussion. Prospective participants will be presented the case history and quizzes preliminarily via e-mail.

“Let’s take a step beyond case reports”

Speaker: Shunichi Fukuhara, MD, FACP (Kyoto University)

1. At meetings of academic medical societies, most abstracts by young physicians are case reports. A case report is important but you can take the next step. How can you do that?
2. First of all, what is the next step beyond case reports? Instead of doing descriptive research, you can do analytical research. What is analytical research? I will discuss the essence of analytical research.
3. Some people believe that all clinical research must be randomized controlled trials. That is not true. There are many different types of clinical research. Before trying to do a randomized trial, you can do a simpler study that will still give valid and useful results. For example, you could do a study examining diagnostic testing or developing scales to measure what you want to measure.
4. To achieve your goal of doing analytical research, what do you need to learn? I will explain what you need to learn.
5. I will show you an example of an abstract that could be improved. Then I will show some ways to make that abstract more relevant, and some ways to communicate more effectively with your peers.

Address from the Immediate Past President.

“Uncertain Times Ahead”

Speaker: Kiyoshi Kurokawa, MD, MACP (National Graduate Institute for Policy Studies)

Immediate Past President (Governor), ACP Japan Chapter

Moderator: Shotai Kobayashi, MD, MACP (Shimane University Hospital)

The world affairs seem quite uncertain in a way unpredicted even five years ago, eg, Arab Spring; Financial

crisis in EU, US, Japan; '3.11' that hit Japan. Agonizing Japan.

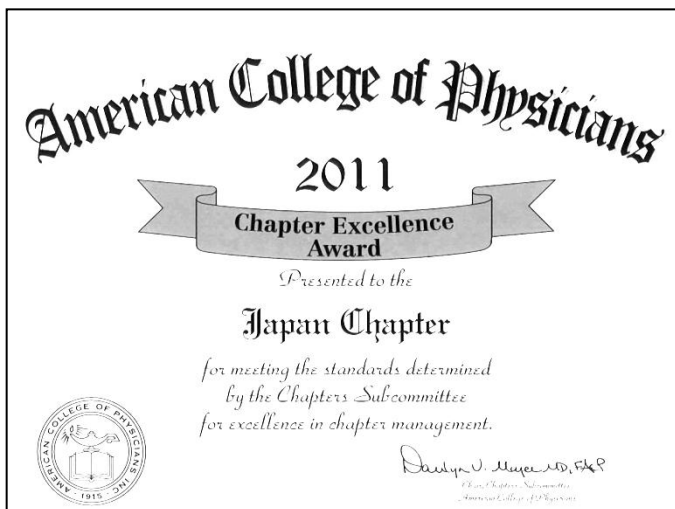
Healthcare seems stuck in many affluent countries, significantly framed by ageing population, widening income disparity, little public financial resource. Policy issues have to be discussed, but viewed and prioritization based on a 'Big picture.' Wise use of technologies and changing demands by the increasingly informed public will play key roles.

Presentation of Awards

Chapter Excellence Award

The Chapter Excellence Award recognizes those chapters who have reached a new level of achievement in Chapter Management. Winners of this award meet a basic set of criteria for managing a chapter and in addition conduct at least seven additional activities. Some of these include conducting advancement activities, establishing committees and conducting activities for Young Physicians, Associates and Medical Students, and

having a chapter sponsored volunteerism/community service program in place. ACP Japan Chapter met all areas of successful chapter management during the 2010-2011 fiscal year, and received this award.



Laureate Award



Awardee: Fumiaki Ueno M.D. FACP



Dr. Ueno performed many business duties for Japan Chapter of ACP as a Vice President. He attended all ACP business meeting held in USA on behalf of President Kurokawa who has been too busy. Dr. Ueno introduced precise Japanese status to head office of ACP and tried to impress our chapter to all US chapters. Current our chapter exists on Dr. Ueno's dedicated contribution to ACP Japan Chapter.

Sakura Award of Excellence



Awardee : Ms. Eve Swiacki



Ms. Swiacki kindly helped Japan Chapter of ACP from the starting stage. She had given many advices concerning criteria of member, fellow, various awards and other office matters of ACP. Her contribution to the development of our chapter is enormous. She retired her work from head office of ACP last year. We, members of ACP Japan Chapter, appreciate her great contribution to our chapter.

■ Serial Publication: Clinical Medical Education in the USA

Medical licensing in the United States.



David Tanaka, MD FACP

Associate Professor of Medicine

Division of General Internal Medicine

University of Colorado Denver School of Medicine

Each of the 50 states has a state medical board that grants licensure to practice medicine in that state. All the states recognize the United States Medical Licensing Examination (USMLE) as evidence of core competency to practice medicine.

The Federation of State Medical Boards of the United States (FSMB) and the National Board of Medical Examiners (NBME) sponsor the USMLE.

The USMLE is a three-step examination for medical licensure in the United States. The goal of USMLE is to assess a physicians' ability to apply the knowledge and skills learned in medical school to the practice of medicine to maintain health and manage disease. This knowledge and patient-centered skills are the basis of safe and effective medical care. Having a single licensure examination assures the public that all physicians have passed a common standard of competency.

Step 1

The goal of step 1 is to assess the students' ability to apply concepts learned in basic sciences to the practice of medicine. The test consists of multiple-choice questions that test knowledge and the ability to apply principles to the analysis of data in health and disease.

Step 1 is usually taken at the end of basic science curriculum. At the University of Colorado Denver School of Medicine this is at the end of phase II and prior to phase III (required clinical studies)

Step 2

Step 2 is divided into two sections, step 2 CK (clinical knowledge) and step 2 CS (clinical skills)

Step 2 CK is designed to test knowledge of the principles of science that are important to the practice of medicine. The test is divided into 2 dimensions. The first dimension deals with normal growth and development. The second dimension deals with disorders or diseases. This dimension is subdivided into 4 tasks. The first task is to promote health and the prevention of disease using knowledge of epidemiology, risk assessment and primary and secondary prevention. The second task is understanding the mechanisms of disease. Being able to use principles of pathophysiology and medical therapeutics. The

third task is the ability to establish a diagnosis. The student will need to interpret information from history / physical, laboratory and imaging to determine differential diagnoses and proper plan to determine the diagnosis. The fourth task is disease management. The student will need to manage acute and chronic diseases in the acute care facility or clinic.

Step 2 CS utilizes standardized patients to test the students' ability to gather information from patients, perform necessary physical examination and to communicate their findings to the patients and colleagues. This test is administered at 5 sites in the United States. The test includes 12 standardized patients. The student is given 15 minutes to obtain the history, perform the appropriate and necessary examination and to discuss their findings and plans with the patient. Immediately after the patient encounter the student is given 10 minutes to complete a note on a computer. The notes must include the patient history, physical examination, the differential diagnosis and the plan for determining the final diagnosis.

At the University of Colorado Denver School of Medicine, step 2 must be completed by November of the 3rd year (6 months into required clinical studies or about 18 months prior to graduation).

Step 3

Step 3 is the final examination and is meant to determine ability to apply knowledge and principles to the practice of medicine independently. The test reflects cases that a generalist / as yet undifferentiated physician would encounter in the clinic, emergency department or hospital.

The emphases of the exam are commonly seen conditions in the ambulatory care setting. The physician is asked to determine the severity of illness and to effectively manage these conditions. The expected outcome is licensure to practice medicine without supervision anywhere in the United States.

Step 3 is a 2-day examination. Each day must be completed in 8 hours. The first day is entirely multiple choice questions divided into 7 blocks of 45 questions of 1 hour each. The second day is half multiple-choice questions and half case simulations (9 cases).

Step 3 is taken after medical school and during the first year of residency / internship.

Step 1, Step 2 CK and Step 3 are computer-based tests. These are administered by Prometric Test Centers around the United States. Locations of sites may be found at <http://www.prometric.com>.

Step 2 CS is only administered at 5 sites across the United States, Atlanta, Georgia, Chicago, Illinois, Houston, Texas, Los Angeles, California, Philadelphia, Pennsylvania.

■ Participation Reports of ACP

1) Report on the attendance to the ACP Internal Medicine 2012



Noboru Hagino MD, FJSIM

Lecturer

Department of Hematology and Rheumatology Teikyo University Chiba Medical Center

I have had the opportunity to attend to the ACP annual meeting of Internal Medicine in April 2012 which was held at New Orleans, about 13-hours' flight from Narita via Houston. This was the first time to attend to the ACP meeting, and I had been really looking forward to the meeting, expecting to know what educational programs ACP was preparing for in the era of great changes in medicine. This is my brief report on the sessions I attended, and what I felt and thought about.

From my point of view, the educational sessions are classified into 3 or 4 groups.

1. The lecture from the expert of a certain field to the general internist

EG. Inflammatory Bowel Disease, Ophthalmology for the General Internist

2. The lecture which handles on the skills and the knowledges that are required for physicians, and are usually not addressed in the “formal” medical lectures.

EG. Ethics Year in Review, Presentation Skills for Physicians

2-1. Especially on the advances of health information technology

EG. Paperless and Beyond, Engaging e-Patients

3. “Hands-on” session at Herbert S. Waxman Clinical Skills Center.

EG. Advanced Airway Techniques, PICC Line Placement

To me, the most attractive sessions belong to group 2, to which I have little opportunity to attend in Japan. But the “time-table overlap” sometimes made me to face an anguished choice between sessions.

Below are the brief descriptions of the selected sessions I attended (and was impressed).

【Advanced Leadership Thinking】

This session was held as a “pre-course” of the ACP meeting, and was from 8 a.m. until 5 p.m. The “Basic” Leadership Thinking course had been held in the previous ACP meeting and the session was based on the

knowledge of the “Basics”, so I sometimes found it difficult to follow the discussion. But the entire session was quite impressive for me as I have never attended to the lecture of “leadership”. ACP offers the program “LEAD (The Leadership Enhancement and Development)” which targets internists early in their careers and provides participants with the skills, resources, and experiences necessary to become “effective leaders”, the view which Japanese Society of Internal Medicine somewhat lacks.

【Engaging e-Patients】

This was the lecture by Dr. Sands, who is an early adaptor of highly-developed health information technology and advocates the importance of “Participatory Medicine”. Social networking such as Facebook and Twitter, patients’ community on the web, and other information technologies are reviewed concisely. Although doctor-patient relationship must be changed in the era of SNS, I couldn’t fully agree with the idea addressed in the lecture that the patients are “the customers” who can (or should) choose his or her best medical care via information technology.

【Travel Medicine : A Case-based Approach】

This session was the lecture on travel medicine, which has increasingly been widely accepted in Japan. Many interesting case-scenarios were presented in the lecture slides. I have never seen the case of “facial skin dermatitis by the painting which the African shaman had done to the patient”.

【Advanced Airway Skills, Joint and Soft-tissue Injection, Ophthalmologic Skills for the Internist】

These were the practical hands-on sessions and were very useful to review my way of doing and teaching these procedures.

I also enjoyed the sessions of case discussions very much. What was impressive to me was, in the neurology ground round session, the real patient was interviewed and the physical examination was performed on him.

The reception of the Japan Chapter was held in warm atmosphere and I could have meaningful conversations with many fellow physicians and the U.S. physicians who have come to Japan for teaching.

The stay in New Orleans was too short to enjoy sightseeing enough, although I could learn a lot while staying away from my daily practice in Japan, which was a precious experience.

This is my brief report on ACP internal medicine. I would like to express my thanks to Dr. Kenji Maeda who made exertions to hold the reception party of ACP Japan Chapter, the Japanese fellow physicians who gave me insightful advice, Ms. Haruko Miyamoto who assisted my attendance in the meeting, and Dr. Shotai Kobayashi who gave us a precious chance to attend to this precious meeting.

2) Report on the American College of Physicians-Internal Medicine 2012: From a Standpoint of Continuing Medical Education and Quality Improvement



Fumiaki Nakamura, MD

Department of Healthcare Epidemiology

Kyoto University Graduate School of Medicine

Studies have shown a gap between research and clinical practice. Institute of Medicine has established that there is concordance between quality of care and current evidence in practice. Therefore, methods of quality improvement have been implemented to enhance patient outcome by recognizing the importance of care delivery and changing physicians' behavior. In America, continuing medical examination (CME) is considered to help physicians acquire new knowledge and skills, leading to improvement in patient outcomes. However, recent findings suggest that few programs succeeded in changing practices or improving outcomes(1). Therefore, a reformation of CME is required for quality improvement(2). I report the present situation of Internal Medicine 2012 from a standpoint of the relationship between quality improvement and CME.

Almost all American College of Physicians-Internal Medicine 2012 programs were educational sessions. Programs not only included updates of current evidence in practice but also clinical skill sessions (Picture). Sessions on ophthalmology, otorhinolaryngology, and dermatology were also included in these programs. Didactic sessions included discussing malpractice cases or "Grand Rounds" that demonstrated how master clinicians approached clinical problems. Thus, the composition of these sessions was extremely sound because a previous systematic review of CMEs revealed that successful programs combine experiential learning with didactic sessions(3).

I noted that individual sessions of the American Internal Medicine 2012 emphasized actual clinical prevalence data compared with its Japanese counterpart. For example, in the "Diagnosis and Management of TIA and Stroke" session, a speaker emphasized the importance of evaluating transient ischemic attack (TIA) because it preceded 15% strokes. He also introduced a prediction model to evaluate the risk of cerebral infarction in patients with TIA. The standard medical care for stroke was demonstrated by comparing the effectiveness of two drugs (e.g., aspirin and clopidogrel or aspirin and warfarin). Data based on current evidence were also demonstrated in the "Management of Common Outpatient Infections" session. While some sessions updated physicians' knowledge, others focused on an actual case report. The "Interpretation of

Common Radiological Tests in Internal Medicine” session was interesting with the inclusion of quizzes for assessing accurate selection and interpretation of radiological tests. It is believed that both knowledge updates and didactic sessions are necessary to improve clinical practice and patient outcomes.

I was informed regarding the sessions’ aims through session evaluation sheets handed out before all educational sessions. These sheets comprised items such as “Indicate whether or not you will apply what you learned in this session into your patient care,” “Indicate whether or not the changes you plan to implement as a result of attending this session will improve your patient care,” and “Indicate whether or not the changes you plan to implement as a result of attending this session will lead to improvements in patient health status or treatment outcome.” Session evaluations focused on assessing the ability of each session to change practices and patient outcomes. Although I was unable to understand the use of the results of such evaluation, I believe that they will help sessions to achieve their aims next year.

On the website of the American College of Physicians, I noticed that their mission is “To enhance the quality and effectiveness of healthcare by fostering excellence and professionalism in the practice of medicine.” However, the mission of the Japanese Society of Internal Medicine is described as “The society aims to contribute to the development of medical sciences.” Therefore, Japanese physicians ought to pay greater attention to CME for changing practices and improving quality. With the help of this experience, I will contribute in coordinating the American College of Physicians, Japan Chapter, Annual Meeting in 2013.

Picture. “Ophthalmology Self-Guided Activity” in the Clinical Skills Center



Reference

1. Shojania KG, Silver I, Levinson W. Continuing medical education and quality improvement: a match made in heaven? *Ann Intern Med.* 2012;156(4):305-8.
2. Hampton T. Experts debate need to improve quality and oversight of continuing education. *JAMA.* 2008;299(9):1003-4.
3. Boonyasai RT, Windish DM, Chakraborti C, Feldman LS, Rubin HR, Bass EB. Effectiveness of teaching quality improvement to clinicians: a systematic review. *JAMA.* 2007;298(9):1023-37.

■Special Feature: The Medical Service of ACP Japan Chapter's Members in the Tohoku Earthquake

Part 2: Reports from Members Contributing to the Support of the Disaster Area

A report from Oshika Peninsula, Tohoku, Japan



Yukari Shirasugi, MD, PhD, FACP
Hematology/ Oncology,
Tokai University School of Medicine,
Isehara, Kanagawa, Japan

We Japanese were born and live in this earthquake country. But none of us could imagine such a dreadful earthquake and ensuing tsunami that hit the Eastern Japan on March 11 2011.

The tsunami was excessively powerful and violent. It was a bitter shock to me seeing beautiful small villages near the seashore divided tsunami area from usual peaceful part. In tsunami area I could not see anything except debris although many buildings on the side of a hill stood clear without severe damage (picture 1). Total number of the dead and the missing by the earthquake and tsunami is about 20,000. According to the autopsy records of the 13,135 victims in Iwate, Miyagi and Fukushima prefectures, 92.5% of the victims deceased due to drowning, and about two thirds of the victims are more than 60 years old (IOC, 2011).

From April 29th to May 2nd, I went to the Oshika Peninsula in Miyagi prefecture (picture 2) as a member of the emergency medical support team of Tokai University. The Oshika Peninsula is famous for good oyster in Japan, there have been many Ikada (oyster beds) on many calm and small bays, what we call “saw-toothed seacoast” of this area. Unfortunately because of the landform, the power of tsunami amplified more and more. Tsunami washed out most of villages at Oshika. The people, fortunately survived but lost their houses have lived in several refuge places such as elementary schools, junior high schools, town offices and temples. There were over 30 refuge places at the Peninsula (picture 3). Our mission was to go to the refuge places and make a medical check of the people.

We medical support team stayed near Ishinomaki Red Cross hospital (picture 4), the headquarter hospital of this area. Every morning and evening, we went to the hospital to have a meeting with other medical support teams. From Ishinomaki to the Oshika Peninsula, we drove our wagon car. Though there were some cracks and land subsidence on the road, the road condition was not so bad.

In some refuge places, over one hundred people lived together, in other places, 10 to 20 people lived like a family. We visited both of them. The common disease and chief complaint of the people were common cold, sleep disorder, the exacerbation of hypertension and so on. Moreover, many people slept in futon (Japanese mattress) in the classroom and the floor was too hard and cold to fall asleep. Therefore, lumbago and muscle pain were also observed.

The problem of PTSD was very severe. We saw a 13-years-old girl who lived with her mother and grandmother before the disaster. She was dependent on her grandmother, on the other hand, she sometimes quarreled with her mother. When tsunami hit their village, unfortunately the grandmother was near the seacoast, and washed out by tsunami and lost. Although the girl's house was almost intact, the girl would not want to go back her home from a refuge place because of a fear and trauma. Every morning and evening her mother came to the refuge place to take her back to their house and they quarreled again everyday. It was very helpful for us, the psychological support team "KOKORO NO CARE TEAM" by voluntary psychiatrists and counselors made their round independently from medical team.

In Japan, May 5 is a Kodomo-no-hi (Children's Day). Kodomo-no hi is a national holiday to celebrate and wish well-being of the boys in the family. People display "Koinobori (carp streamers)" the symbol of strength and courage in hope of healthy growth of the boys (We also celebrate to wish healthy girl's growth on March 3). Koinobori has been originated from a legend in which among all fishes only carp could run up a big fall.

In a small village of Oshika Peninsula, I saw the grand Koinobori which flied over the broken fishing boats (picture 5). The Koinobori symbolized our hope for recovery from this disaster.

Picture 1

A small bay at Oshika Peninsula: the sea level changed because of the land subsidence



Picture 2

The map of the Eastern Japan



Picture 3

The map of the Oshika Peninsula and refuge places (pink coloured)



Picture 4

Ishinomaki Red Cross hospital



Picture 5

Koinobori (carp streamers) fling over the broken fishing boats



■ Editor's Postscript

In this edition of ACP Japan Chapter's Governor's Newsletter, we included four important articles such as a report on ACP Japan Chapter Annual Meeting 2012, a serial publication titled Clinical Medical Education in the USA, participation reports on the ACP Internal Medicine 2012, and a report on the medical service of ACP Japan Chapter's Members in the Tohoku Earthquake.

ACP Japan Chapter Annual Meeting 2012 was held in Kyoto, Japan. This meeting was conducted by the members of ACP Japan Chapter. The Scientific Program Committee (SPC), in particular, spent a long time and worked hard to plan the meeting well and run it efficiently. As a result, the event was a success. The SPC also announced its plans to conduct the meeting again next year.

Dr. David Tanaka contributed the manuscript "Medical Education in the 3rd and 4th years in US Medical Schools" to ACP Japan Chapter.

The manuscript is very clearly written and is especially useful for medical students and young physicians who hope to undergo medical training in the USA.

Two young physicians participated in the ACP Internal Medicine 2012 and they obtained the grant for visits to the USA. Their opinions on the general meeting provided valuable information, especially as they were from a young generation.

Dr. Yukari Shirasugi contributed the article "The Medical Service of ACP Japan Chapter's Members in the Tohoku Earthquake." It has been over a year since the Tohoku Earthquake. However, we still face problems in many fields, including in providing sound medical care.

Finally, we hope that this Governor's Newsletter is read by many people from around the globe.

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