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ACP Japan Chapter Governor's Message



Governor; Shotai Kobayashi, MD, MACP

I attended meeting of board of governors (BOG) and annual ACP meeting 2015 in Boston. Our class of BOG is named "class 2015", namely we finished the term of governor in this meeting. Our class members are very active and supportive in meeting and also very friendly in class diner, so I enjoyed very much for 4 years. I could not follow enough discussions, but I learned that there are several US own problems such as competition with nurse practitioner, problem in Obama care, safety net for non-citizens and so on. Our classmates signed each other on ACP 100th Anniversary book and made address list to keep in touch also.

Concerning with problem of too much subspecialists comparing to general physicians in Japan, Dr. Centor who will give us lectures in Japan chapter meeting Kyoto told me that US experienced the same problem in 1960's and they have improved this balance. Although the medical insurance system is different with US, we must correct this balance in Japan to eliminate the uneven distribution of physicians and also to improve physician's QOL.

In this ACP meeting, more than 20 members joined from Japan chapter. Many guests visited to Japan chapter reception as usual. They said Japan chapter is the most crowded with visitors in all chapters. It should be proud for our chapter. We made small ceremony of Dr. Kurokawa's reward for "Chapter Centennial Legacy Award" during chapter reception. Many guests celebrated him including past president Dr. Weinburger.

We learned ACP policy for lifelong medical education through ACP annual meeting. We should learn this policy and make effort to educate Japanese young doctors to be reliable physician who are based on wide medical knowledge and experiments.

In this newsletter, Dr. Gomi, chairman of international exchange program committee reported 12 young doctors experienced short term UCLA residency for 3 years and several doctors reported their experiences in UCLA.

Four years ago, I tried to make residency exchange program for our young doctors and mailed proposal to all governors by assistance of Mr. Ott in ACP office. Next year, Dr. Soma Wali who was director of UCLA residency program and ACP Governor-elect for Southern California Region I received my proposal with pleasure, and then this exchange program was started. I met her in Boston, she said to me to make sure to continue this program. I felt her great hospitality and I thought that we should make effort to send young doctors to her UCLA residency program. It is important to make a conscious reform in Japanese medical teachers.

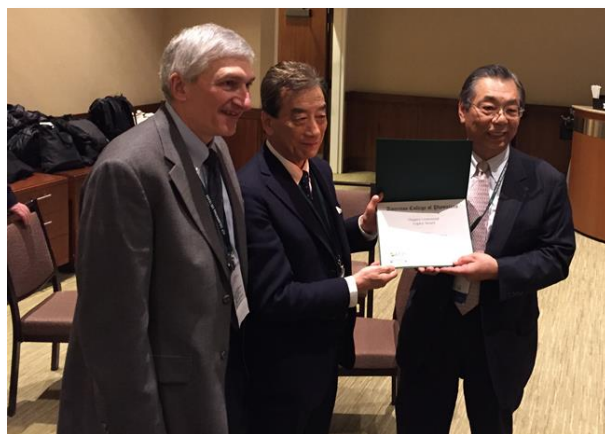
Although, ACP Japan is very small society comparing to Japanese Society of Internal Medicine, but there are many active, innovative and global doctors.

I believe ACP Japan chapter will achieve further development and to be a trigger to reform medical education system in Japan in near future.

Thank you for your great support for 4 years.



Our members with ACP president Riley (2015-2016) after Japan chapter reception.



Cerebration for Dr.Kurokawa's award. Left side is Dr. Weinburger.



Message from Chair of ACP Japan Chapter Meeting 2015

Annual Meeting of ACP Japan Chapter 2015

Yugo Shibagaki, MD, FACP

Chair, ACP Japan Chapter Annual Meeting 2015



Welcome to the Annual Meeting of ACP Japan Chapter 2015, which will be held in Kyoto University Clock Tower Centennial Hall on May 30th and 31st, 2015. I am Yugo Shibagaki, MD, FACP and serve as a chair of the meeting.

We set this year's theme as "A Paradigm Shift in Internal Medicine: From Diagnosis/Treatment to Prevention". Japan is one of the front-runner in medicine in terms of diagnosis and treatment, however, when it comes to prevention, we fall far behind such as in vaccination. Our country is now experiencing skyrocketing increase in the number of unhealthy elderly, and since our economics is in its down-turn, the preventive measures to lower the medical cost is an imminent task to do. However, the specialists on preventive medicine is scarce, so that we internists have to cooperate with primary care physicians. In the plenary session, we will discuss these important issues.

Other than the plenary session, we will hold many rewarding, educational lectures and sessions by the renowned clinician educators, so that every participants will be satisfied. Also, we will hold the

popular poster session, which was very lively and active full of young physicians and students last year. Best poster will be selected and will be awarded to send to the ACP headquarter meeting. We will welcome all of you to join the reception, too.

By the way, I would like all the participants in this meeting to join ACP membership. ACP has lots of benefits to offer, which is not well recognized. We will hold the session to introduce these wonderful benefits through the quiz tournament. In addition, we will place ACP booth on the floor, where all the participants can experience the ACP benefits and can register for the membership.

Our meeting do not accept any support from the pharmaceutical companies and manage on our own to make this meeting to be purely academic. I hope every participant will find this meeting rewarding. I am looking forward to seeing you in Kyoto during its best season.

Yugo Shibagaki, MD, FACP

Chair, ACP Japan Chapter Annual Meeting 2015

Innovation of the ACP Japan Chapter Annual Meetings: 2012-14

Shunichi Fukuhara, MD, FACP

Vice Governor, ACP Japan Chapter



Challenges:

In 2011, the Chapter decided to become independent of the Japanese Society of Internal Medicine (JSIM), the biggest academic society among medical specialties. Till then, Annual meetings of the Chapter had been held at the same time and same venue of the annual meetings of JSIM, which was always attended by more than 10,000 internists. It was therefore easy for the ACP members to attend annual meeting of the Chapter. Part of the reasons why so many internists attend the JSIM annual meeting is that they can earn many CME credits for renewing their specialty board status (in Japan no re-examinations is required). Becoming independent of JSIM meant that, from 2012 meeting, the Chapter could no longer provide CME credits to the participants. The Chapter used to be able to free ride on the space JSIM offered during the annual meetings but this privilege would not be entertained either.

Innovation:

In the very year ACP Japan Chapter became independent, I was appointed to become a chair of Scientific Program Committee (SPC), and at the first board meeting, the governor assigned me entire responsibility for organizing the annual meetings of 2012- 2014 of the Chapter; planning, preparing and organizing. But he also said that I am not able to spend the budget of the Chapter, i.e., no money! To be honest, I felt that I was left in a dark because I was at a loss what to do.

I have decided to attempt an innovative reform of the annual meeting to overcome these challenges as described above. I started by making a grand design - set up our vision and goals, and crafted strategies to overcome the challenges and to

achieve the goals.

Summary of the grand design is as below;

1. Vision: To meet the needs of Japanese community by refining the quality of the service of internal medicine.
2. Goals: The ultimate goal is to increase the number of ACP members, but since this is difficult to achieve in short term, we set this as an intermediate and long term goal. For the next 3 years, we set our goal to doubling the participants of annual meetings of the Chapter.
3. Strategies to achieve the goal: Make the annual meeting as attractive and valuable as possible to Japanese internists, residents and students, irrespective of their ACP member's status.
 - 3.1 English has been the official language in the past but we decided to include Japanese as another official language. However, we made it a rule that English session be included in every time slots of the meetings.
 - 3.2 To provide lots of practical educational sessions that would be useful for the improvement of the quality of Internal medicine.
 - 3.3 To increase workshops where the participants play major roles.
 - 3.4 To call for proposals from ACP members on the symposiums and workshops; in order to make this annual meetings open to ACP members.
 - 3.5 Since this is an academic meeting, academic elements must also be highlighted: We provided educational sessions on clinical research design and started a poster session and make it an opportunity for students and young internists to communicate their research outcomes.
 - 3.6 The Chapter has tradition and policy to exclude involvement of pharmaceutical industry, instead, we started booths to advertise teaching hospitals for financial stability of the meetings.

3.7 To market the annual meeting with use of any effective methods we could think of. We creates a website and face book for each annual meeting.

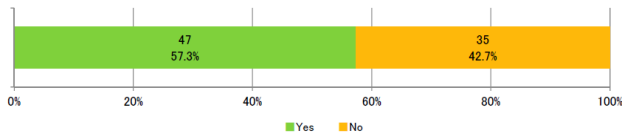
Vice Chair of SPC, Dr. Yugo Shibagaki contributed so much in collaborating with me and in carrying out of the above listed plans. Nothing was possible without him. Also, I would like to express my sincere thanks to all members of our executive committee, including non-SPC members such as students and residents, who have contributed in so many ways, including marketing. I was truly encouraged by their support.

Outcomes:

1. Attendance has increased. In 2012, 287 participants, 582 participants in 2013, 645 participants in 2014. As a result, Attendance has increased during 3 years by about 6 times in comparison to averages before 2011.
2. Proportion of non-members physicians was more than 50 %.

⑧ Are you a member of the American College of Physicians (ACP)?

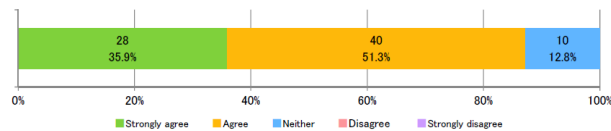
	Yes	No	Total	No Answer
# Answers	47	35	82	0
%	57.3%	42.7%	100.0%	



3. Evaluation of the meeting by the participants: 87% of the respondents said that they would attend next year, 79% would recommend to their friends. 45% of ACP non-members would like to become members.

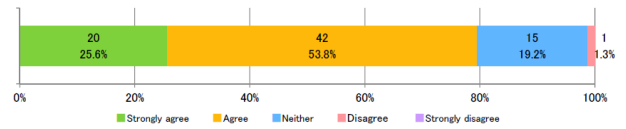
⑥ Do you think you will attend the next year's ACPJC Annual Conference (May 30-31, 2015)?

	Strongly agree	Agree	Neither	Disagree	Strongly disagree	Calculation	No answer
# Answers	28	40	10	0	0	78	4
%	35.9%	51.3%	12.8%	0.0%	0.0%	100.0%	



⑦ Do you think you will recommend your friends and colleagues to attend the next year's Annual Conference?

	Strongly agree	Agree	Neither	Disagree	Strongly disagree	Calculation	No answer
# Answers	20	42	15	1	0	78	4
%	25.6%	53.8%	19.2%	1.3%	0.0%	100.0%	



4. Financial status: The 2nd year and the 3rd year meetings ended up with some surplus, about 10,000 and 7,000 USD respectively.

Evolution:

SPC has succeeded in innovative reform of the ACP annual meeting. Especially by providing educational opportunities for the young physicians, we were able to transform this meeting to the one that offer entirely different contents and enthusiastic atmosphere. As a result, it has attracted 6 times more participants than before 2011, and the number of non-member participants also increased. We also received a high evaluation from the participants.

Although the innovation of the ACP Japan Chapter Annual meeting was a success, it has also raised some challenges. We still need to increase the awareness and presence of ACP Japan Chapter and accordingly increase the ACP membership in Japan. The annual meeting continues to be one of the core elements of the Chapter, and is also expected to contribute to full extent in increasing the ACP membership in Japan. For this purpose, we need more evolution – we must keep on working to improve the meeting.

It is my deep and sincere aspiration that the ACP Japan Chapter will continue its effort on innovation and evolution for further quantum leap, so as to contribute to its ultimate goal; Contributing to improvement of quality of care of internists and serve the needs of the public in Japan.

(Reference: ppt. of the Chair's speech at the reception of the Annual Meeting of the Chapter, in May 2014)



ACP日本支部年次総会のこの3年を
振り返り...

Looking back 3 years on Japan Chapter Annual Meetings

Shunichi Fukuhara, MD, FACP



ACP Japan Chapter

2003: Dr. Kurokawa created the chapter **INSIDE** the Japanese Society of Internal Medicine (**JSIM**).

2011: ACP Japan Chapter had to become **independent** of JSIM. In the end of 2011, **Governor Kobayashi** ordered me...

"Fukuhara, this is the job of the **SPC**. You will run the annual meeting in 2012 and for **3 years** in a row, But we do not have **budget**."
!!!!!!

We were at a loss...



ACP Japan Chapter Annual meeting

2003-2011 *Home games..*

Annual meetings were held **inside** the annual meeting of the JSIM, using the JSIM **budget**.

2012 -: *Away game!* **アウェイのゲーム**

The first annual meeting at a venue **different** from that of the **JSIM**.

No CME credit (専門医更新単位) !

In winter of 2011, we took a risk



「単位がもらえなくても来なくなる学会」 を目指して

How did we attract attendees without offering CME credit?

- Interesting educational sessions
- Language: From all-English to mixed
- We asked ACP members to suggest sessions
- Poster session. Awards for the best posters.
- Meet-the-experts session
- Booths to advertise teaching programs (not open to Pharma industry).

ACP Japan chapter's annual meetings

2003-2011: Attendance **n = about 100**

2012: The first annual meeting at a **venue different** from that of the JSIM.

(Our first "away game.")

No CME credit (専門医更新単位) !

n = 287

2013: The first annual meeting at a **time** that was **different** from that of the JSIM.

n = 582

2014: TODAY!

n > 645

2015 - Blooming Age of Japan Chapter?



Button to the next generation



Successor

次期 年次総会会長

柴垣 有吾先生

Yugo Shibagaki, MD, FACP



来年から3年間

よろしくお願ひします！

今後も京都で開催



Further quantum leap of
ACP Japan Chapter with endless
innovation and **evolution!**



Young Physicians Committee, ACP Japan Chapter

“Kyoku-ron” (Hard) Talk on Career Development

Masanori Mori, MD
Department of Palliative Medicine
Seirei Hamamatsu General Hospital
Vice Chair of Young Physicians Committee



Takeki Suzuki, MD, MPH, PhD
University of Mississippi
Chair of Young Physicians Committee



The Young Physicians Committee (YPC) of the American College of Physicians (ACP) Japan Chapter received Chapter Development Fund in 2014. The goals of our activities with this Fund include: 1) to increase young physicians' knowledge necessary for their career development; 2) to increase number of Young Physicians among ACP Japan Chapter; and 3) to build a web-based platform regarding contents for career development at ACP Japan Chapter YPC.

With the support by Chapter Development Fund, we held a seminar entitled “Kyoku-ron” Talk on Career Development in Tokyo on December 14, 2014.

Target population of the session was fellows in internal medicine and young physicians who were interested in learning about career development. We invited two role-model physicians as guest speakers: Dr. Ryota Konishi at Kanto Rosai Hospital, and Dr. Shun Kohsaka at Keio University Hospital, both in Tokyo, Japan.

A total of 12 physicians participated, including 7 fellows, 3 attending physicians, and 1 medical student. The mean age was 31 years old. The participants' subspecialties included general internal medicine (n=6), cardiology (n=2), pulmonology (n=1), emergency medicine (n=1), and others (n=2). Their future career directions were

patient care (n=9), research (n=3), education (n=3), and studying abroad (n=4).

We conducted 3 “one-to-one sessions”, 2 lectures, and “YPC Talk Show”.

1. One-to-one sessions
The participants were divided into 3 groups. With facilitators (2 lecturers and 4 YPC members) rotating each group, we shared a number of barriers against their present career plan, and strategies for future career development.
 - a. “Patient care” group
Unlike residency, fellowship has more flexibility in training situations. As a result, many participants had difficulty in various aspects of career development, such as how to choose next career steps, how to teach residents, and whether or not to obtain the boards. Participants and facilitators discussed potential strategies to overcome these barriers.
 - b. “Research” group
More than a half of participants either had interest in research or were currently engaged in research. Most of them focused on clinical research, and some were interested in research on education. Few wished to pursue basic research. They discussed their potential suitability for clinical or basic research, motivation for research, optimal institutions to pursue research career, and

research topics surrounding leadership education and system development. In particular, participants and facilitators stressed the importance of obtaining grant funds, and identifying research topics that could be investigated by medical doctors.

c. “Studying abroad” group

This group discussed the importance of preparation for studying abroad, and clarification of clinical or research intent.

2. Lectures

a. Dr. Konishi gave a lecture on general aspect of career development. Introducing various career transition theories and career paths of 5 PGY-11 physicians, Dr. Konishi proposed the importance of taking sufficient time for self-reflection, defining one’s missions and goals in 10 years, and last, but not least, the serendipity.

b. Dr. Kohsaka discussed the importance of time management in career development and logical systems in training programs in Japan. He also raised awareness of the ultimate purpose of medicine.

3. YPC Talk Show

Dr. Konishi moderated the show. YPC members and Dr. Kohsaka sat in front of the audience, and answered questions from Dr. Konishi. The questions included “do you think Ph. D. is necessary?”; “do you have mentors?”; “has your dream come true after studying abroad?”; “has your career path changed due to coincidence?”; and “what is the secret of career success for both you and your spouse?”.

In a survey after the session, we received many positive feedbacks. In total, 9 and 7 out of 12 participants were interested in participating in ACP and YPC, respectively.

International Exchange Program Committee, ACP Japan Chapter

International Exchange Program

Harumi Gomi, MD, FACP

Chair, International Exchange Program Committee

American College of Physicians Japan Chapter

Mito Kyodo General Hospital, University of Tsukuba



This letter is a follow up information on our committee's educationally highly valuable exchange program for the ACP members and associate members in Japan.

International Exchange Program (IEP) Committee, American College of Physicians (ACP), Japan Chapter was founded initially as ad hoc committee in 2011. Since 2012, clinical observership at Olive View Hospital, University of California, Los Angeles has been initiated and developed. ACP Japan Chapter Governor and Former IEP Committee Chair Dr. Shotai Kobayashi, and the California Governor Dr. Soma Wali had made significant efforts to make this happen. In this valuable exchange program, ACP members and/or associate members are eligible to apply. Below is the website for the application details (in Japanese).

http://www.acpjapan.org/info/adhocboshu2014_1.html

At Olive View Hospital, a maximum of twelve observers can be accepted each year.

If you or your colleagues are interested in making the best of this opportunity, please contact the ACP

Japan Chapter, International Exchange Program Committee. The Committee will try our best to support the applicants for their request and wishes.

Since 2012, there have been five observers in Year 2012-13, five in Year 2013-14, and two in Year 2014-15.

Below is the list of all clinical observers at Olive View Hospital, Los Angeles, USA

Program Director of the Clinical observership:

Dr. Soma Wali

Professor, Director

Department of Medicine

Olive View Hospital, University of California Los Angeles, USA

Here we are pleased to share the essay of the clinical observers Drs. Ryota Sato and Takamasa Tanaka.

Candidate No.	Last name	First name	日本語名	Specialty		Date	Year
2012-13				General Medicine Wards	Consultation service		
1	Uemura	Takeshi	植村健司	Internal Medicine	No	September	2012
2	Shimamura	Shonosuke	嶋村昌之介	Internal Medicine	Infectious Diseases	February	2013
3	Minobe	Shoko	美濃部祥子	Internal Medicine	Hematology/Oncology	February	2013
4	Isohisa	Ai	磯久愛	Internal Medicine	Rheumatology	May	2013
5	Cho	Narihiro	張成浩	Internal Medicine	No	May	2013
2013-14							
1	Tsuda	Moe	津田萌	Internal Medicine	Hematology/Oncology	January	2014
2	Muranaka	Emily	村中絵美里	Internal Medicine	Infectious Diseases	May	2014
3	Soma	Shinko	相馬真子	Internal Medicine	Cardiology	May	2014
4	Sato	Ryota	佐藤良太	Internal Medicine	Critical care	June	2014
5	Tanaka	Takamasa	田中孝正	Internal Medicine	Hematology/Oncology	June	2014
2014-15							
1	Kuriyama	Akira	栗山明	Internal Medicine	Critical care	November	2014
2	Makiishi	Tetsuya	牧石徹也	Internal Medicine	Nephrology	November	2014

Clinical Observership Opportunity in Olive View Medical Center

Ryota Sato MD
Urasoe General Hospital



I am writing this letter to report that I have completed the observership in OliveView Medical Center in the U.S. I am now senior resident in Urasoe General Hospital in Okinawa, Japan. Since I have been interested in residency and fellowship in the U.S. and in how do they manage critically ill patients, I applied to this program. Consulting with Dr Wali who is chief program manager, I decided to rotate Internal medicine for 2weeks and Critical care medicine for 2 weeks.

There are 8 teams in Internal Medicine of Olive View Medical Center, and a team consists of attending, one or two residents (PGY2-3), one or two interns (PGY1), medical students, pharmacology students. Especially

I was surprised at abilities of interns and medical students. Medical students take detailed medical histories from patients, perform complete physical examinations and give us excellent presentations. In this way, medical students contribute to their team and patients. I think they are trained well in their medical school, and they have learned not only theories but also clinical medicine through seeing their patients. This system is quite different from that of Japan. In general internal medicine, not only students but also interns and residents trained the management of patients who have variable problems. All patients who require medical treatments admit to the ward of general internal medicine. This system is also quite

different from that of Japan, and seems to be more efficient system and effective to medical education.

After 2weeks rotation in internal medicine, I have experienced the rotation of intensive care unit of which I am making specialty in Japan. Before this rotation, I have some questions about the way the American intensivists manage their patients, or their ICU, because there are still a lot of controversial issues in critical care medicine. This experience gave me some answers of these questions. A lot of Japanese physicians do their practice based on more their own experiences than evidences. But American doctor never do that, because they think that their treatment



should not be an experiment and their treatment should have proven to be effective. On the other hand, every fellow have to publish one clinical research to complete their fellowship, and attendings have three months which they can concentrate on the clinical research per every year.

Through this observership, I have learned a lot of things including the difference of the educational system and actual practices. Japanese doctors and medical students have to re-think about their own educational system.

I would like to thank ACP Japan Chapter and all staffs of OVMC for giving me this precious opportunity.

Experience Note

Takamasa Tanaka, MD

Attending

Department of General Internal Medicine

Sakai City Hospital, Osaka, Japan

I joined the ACP international exchange program and observed Olive View Medical Center (OVMC) in northern Los Angeles for one month. I am a doctor ten years post graduate, and I have worked as a staff of general internal medicine in Japan. My intention was to study the medical educational system and expand my medical knowledge. I spent the first two weeks of my stay making rounds in the department of internal medicine, and the rest of time was for the department of hematology/oncology.

OVMC is a Los Angeles county hospital that holds 377 beds. As far as most inpatients of internal medicine were concerned, they were treated by interns and resident who belonged to the department of internal medicine except for cases requiring specialization. On the other hand, many specialists engaged in receiving consultations.

In the department of internal medicine, there were eight team each which had one attending doctor and a few residents and interns. They were very busy when they were assigned to many new patients. I was surprised at how many patients with coronary or circulation system problems there were. It was also a surprise of how short the duration of hospitalization was.

I was impressed that both residents and interns had such a wide range of knowledge. I think that they always study hard to succeed through their challenges, such as matching a position with a hospital and the fellowship program. Although

there is a similar system in Japan, the guidelines are far less rigid compared to America. Because of their back ground, after they collected both patient history and a administered physical examination, they gave a very good presentation. I felt envious about their environment because they could concentrate solely on the discussion of a patient's clinical state. Although there are some excellent doctors in Japan, the mean medical level is inferior compared with American doctors.

The department of hematology/oncology is common in the US while hematology and oncology are separated in most Japanese institutions. They treated all kinds of malignant diseases except for cases which were treatable only by surgeries. It was very attractive for learning, even if it was hard to maintain up-to-date knowledge of the field. It was also impressive that attending doctors gave lectures for young doctors using information ranging from basic medicine to updated information.

Though I had a lot of trouble communicating in English in unfamiliar surroundings, it was short when I look back at my experiences. I came to think that there is a need to change Japanese medical educational system, when I saw how great American specialists were. I want to improve myself and develop my institution after experience with this program. I appreciate very much the support from everyone concerned.

Editor's Postscript

The theme for the 2015 Annual Meeting of the Japan Chapter of American College of Physicians is “A Paradigm Shift in Internal Medicine from Diagnosis/Treatment to Prevention”. In hematology area (my subspecialty area :-), acute myeloid leukemia (AML) usually raises its clinical attention with symptoms of myelosuppression due to increased leukemic cells or is just detected with the leukocytosis in a routine health checkup by chance without remarkable prodromes. Thus what most hematologists can do for AML have been almost limited to diagnosis, treatment and investigation. Actually prevention of AML would be far away from realistic. However, some investigators who applied a whole-exome next-generation DNA sequencing technique and epidemiological approach reported scientific papers last year, which have realistic expectations for the paradigm shift in this area ¹⁻³. In the papers reported that approximately 10 percent of healthy elderly people indicated clonal expansion of pre-leukemic hematopoietic stem cells with somatic mutations in three genes (NNMT3A, ASXL1, and TET2.) Long-term follow-up of subjects with the mutations indicated that they have a much higher risk of developing AML. This approach would make it possible that population-based screening might identify individuals with high risk for AML and hopefully prevention of AML. I would like to note that basic and clinical researches would support inventions and paradigm shifts. Those who conduct the researches would be young medical scientists with vision for the future and appropriate amount of ambition. (Y.O)



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1. [Nature](#). 2014 Feb 20;506(7488):328-33
2. [N Engl J Med](#). 2014 Dec 25;371(26):2477-87
3. [N Engl J Med](#). 2014 Dec 25;371(26):2488-98



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May 2015

