

Governor's Newsletter for All ACP Members



Governor: Fumiaki Ueno
MD, MACP

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Paradigm Shift in Human Health Care in Near Future

Governor for ACP Japan Chapter

Fumiaki Ueno,
MD, MACP, MACG, AGAF



We live in an extremely industrialized country, and our lives are facilitated by fancy equipment derived from development of modern technology. We all enjoy newer electrical appliances, automobiles with multiple functions, and other novel products. People in Japan like something new and modern technology. We frequently neglect cost-effectiveness. Instead, we tend to consider expense is parallel to quality and satisfaction. It may be true sometimes, but not always.

Let's think about health care today. Rapid development of medical science enabled us to apply novel diagnostic and therapeutic modalities in clinical practice. Newer diagnostic tests, particularly imaging procedures without doubt contribute to early and more definitive diagnosis of disorders. We, however, do not know the diagnosis itself is useful for appropriate treatment. Health screening is very popular in Japan, but I am not aware of any other countries in the world where variable tumor markers and imaging procedures are included in the screening. We should know that the value of the most of screening tests is denied by the US Task Force. It is justified to include many tests for routine preoperative evaluation in Japan. However, most of them are useless according to available evidences.

Newer, much more expensive therapeutic modalities may improve outcomes defined by health care providers, such as survival, days of hospitalization, or avoidance of surgery. Those outcome measures, however, may not reflect patient's satisfaction. To estimate true value of the interventions, we need patient-related outcome measures.

We have to realize many diagnostic and therapeutic modalities offering to our patients do not contribute to improvement of their outcome. Choosing Wisely Campaign has already launched in Japan. We, ACP members, can learn the idea and practice of High Value Care supported by ACP. It is time to reevaluate our clinical practice.

In the Annual Scientific Meeting of ACP Japan Chapter 2017, Dr. Nitin Damle, the Immediate Past President of ACP will present about High Value Care. The topic may be unfamiliar to Japanese physicians, but is a very important issue in many North American and European countries. Paradigm shift of health care has already emerged. Unnecessary, wasteful health care which is not beneficial for the patients should be abandoned. Don't you think the idea of High Value Care is the most applicable to our practice in Japan?

Welcome to ACP Japan Chapter Meeting 2017

Chair, ACP Japan Chapter Annual Meeting 2017

Yugo Shibagaki

MD, FACP



It is my great pleasure to welcome you again to the ACP (American College of Physicians) Japan Chapter Annual Meeting 2017, which will be held on June 10th and 11th, 2017. Beginning this year, Kyoto University International Innovation Center will be added to the venue of the Meeting as well as Kyoto University Clock Tower Centennial Hall to accommodate more attractive sessions and lectures. Thus this year, we will accommodate as many as 32 clinical sessions, 8 luncheon including 2 sponsored ones, Dr. Dilemma sessions, Poster Discussion session with snacks, and a plenary session followed by the governor's address and ACP update.

The theme of the Meeting this year is "GIM practice in Japan: Growing roles of general specialists". In Japan, most internists were trained as subspecialists rather than general internists. On the other hand, in this rapid growing aging society, the majority of the (elderly) patients are multi-morbid, so the importance of "GIM" is increasing. Of course, GIM of course can go along with sub-specialty, and the fact that the majority of internists are subspecialists in Japan makes it more important for subspecialists to have the mindset of "generalist" and to cooperate with general internists in taking care of the elderly patients with multi-morbidity. In this meeting, we

will address this very important issue in the plenary session with ex-subspecialists who now have the role of generalist as panelists, discussion how we can raise the quality of GIM in Japan.

In addition, we will offer sessions like Dr' s Dilemma (an inter-institutional Quiz tournament by teams of residents), the poster-discussion session, as well as the special talk by the immediate past president of ACP, Dr. Nitine Damle. As with previous meetings, you can also enjoy many informative lectures and luncheon seminars.

Our meeting is made by volunteers from ACP Japan Chapters and does not seek support from industries, so it is the meeting of the clinicians, by the clinicians, and for the clinicians. We are confident that you will get more than a return on your participation investment for this meeting with high satisfaction and benefit.

We are very much looking forward to seeing all of you in Kyoto in its best season.

RFC kick-off seminar “Let’s become the international physicians!” at Tokyo, on April 16th, 2017

Tama-Hokubu Medical Center, Department of Rheumatology

Tomohiro Kozuki



I’ m so grateful to be engaged in the chair of Residents & Fellows-in-training members Committee (RFC). This is a successful report about the first seminar coordinated by RFC members.

RFC was established on November, 2015 in order not only to increase the number of residents & fellows-in-training members, but also to present more chances to have educational resources about General Internal Medicine(GIM) and facilitate interactive relationships between residents & fellows-in-training members in ACP Japan Chapter(ACPJC). RFC consists of other 4 resident members and 3 attending physicians, supported by Dr. Ueno, Governor of ACPJC and Dr. Fukuhara, Vice President of ACPJC.

We began with the participation, on management side, to Doctor’ s Dilemma, an inter-facility medical quiz competition during the ACPJC Annual Meeting 2016 held in May and there, introduced RFC to all the ACP members.



Prart B : Dr.Kurita asked the participants how to make better the poster presented

And then, on April 16th, 2017, we held RFC kick-off seminar “Let’ s become the international physicians!” at Nihonbashi Life Science Building in Tokyo. This seminar focused on essential knowledge & skills about Internal Medicine in order to make participants more interested in and familiar with it, while introducing ACP-online resources to them. The seminar consisted of 8 sessions, which were divided into 2 sections, part A and B. In part A, famed attending physicians not only from japan, but also the US, Brown and Stanford University, met together and presented

interactive and fantastic lectures, partly on the web, about the basic knowledge of infusion, sleeping pills and the active usage of sonography. In part B, Dr. Fukuhara and 3 attending physicians from Center for Innovative Research for Communities and Clinical Excellence (CiRC2LE), Fukushima Medical University, gave the lectures about how to make better case reports, posters, abstracts and clinical questions, step by step. All the sessions were attractive enough to meet the demand of residents and medical

students. Fortunately, 21 of 59 participants in this seminar intended to admit to ACPJC!

In closing, I’ll thank for the greatest support by Dr. Ueno, Dr. Fukuhara, RFC members and the office of ACPJC. We will continue to make the best effort to attract additional residents & fellows-in-training members through more attractive events and contribute to better clinical skills of and relationship between young physicians in Japan.

Reports from ACP Japan

Exchange Program with ACP observership at Olive View Medical Center, University of California, Los Angeles, USA.

Chair, International Exchange Program Committee
American College of Physicians Japan Chapter
Mito Kyodo General Hospital, University of Tsukuba

Harumi Gomi
MD, FACP



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 Medical Center, 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/20160525_145/

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, one in Year 2015-16, and three in Year 2016-17.

Below is the list of all clinical observers at Olive View Medical Center, University of California, Los Angeles, USA

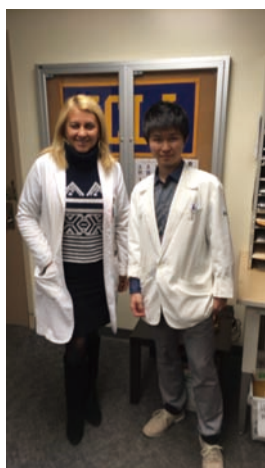
Candidate No.	Last name	First name	日本語名	Specialty		Month	Year
2012-13				General Medicine Wards	Consultation service		
	1 Uemura	Takeshi	植村健司	Internal Medicine	No	September	2012
	2 Shimamura	Shonosuke	嶋村昌之介	Internal Medicine	Infectious Diseases	February	2013
	3 Minobe	Shoko	美濃部祥子	Internal Medicine	Hematology/Oncology	February	2013
	4 Isohisa	Ai	磯久愛	Internal Medicine	Rheumatology	May	2013
	5 Cho	Narhiro	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	Shiko	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 Makishi	Tetsuya	牧石徹也	Internal Medicine	Nephrology	November	2014
2015-16							
	1 Ishitobi	Natsuko	石飛奈津子	Internal Medicine	Critical care/ Emergency medicine	May	2016
2016-17							
	1 Shiroshita	Akihiro	城下彰宏	Internal Medicine	Infectious Disease	November	2016
	2 Yamamoto	Takeru	山本たける	Internal Medicine	Infectious Disease	November	2016
	3 Hiroki	Nishiwaki	西脇宏樹	Internal Medicine	Nephrology	April	2017

Program Director of the Clinical observership:
Dr. Soma Wali
Professor, Director
Department of Medicine
Olive View Medical Center,
University of California
Los Angeles, USA

Here we are pleased to share the essay of the clinical observers
Dr. Akihiro Shiroshita.

Observation program at Olive View Medical Center through ACP

Kameda Medical Center. J2
Akihiro Shiroshita
MD



I observed UCLA Olive View Medical Center from 11/7/2016-12/3/2016.

The most surprised me was their presentation skills. Their presentation was simple and very good to understand. It also fits medical record. Their chart was very understandable.

I was able to get a image of a patient just by looking at A&P. In Japan, we have many cases, but don't have an opportunity to learn presentation skills. In addition, I learned a lot from morning report. They presented a very fruitful case, not just looking for a zebra. Noon conference was also fascinating. It focused on daily clinical site, for example, diarrhea and constipation, pleural effusion. we can make them useful from today.

Common diseases were almost the same, but there are some different points in clinical site.

First, many patients were immigrants, so differential diagnoses were very broad. In Japan, the percentage of HIV patients is less than 0.1%. During my residency program, I saw only one patient with HIV. Besides, there were many cases of coccidiomycosis. In OVMH, they always have to put it in differetial.

Second, in US, age of the patients is younger than Japanese. In Kameda Medical Center, where I'm

working, the average age of the patients is 80-85 years old. I realize the difference of life insurance and politics. I can't conclude which is better, but we have to provide medical stuffs to the patients in the way appropriate for the country. In US, they are trying to improve the clinical sites and medical systems based on their experience and evidence. We, Japanese, have to think deeply what is suitable for Japanese patients.

Third, they spend much time on teaching and learning. The resident see a patient and get good quality of feedback. We have to learn the efficiency of working and learning.

I could broaden my world view from this experience. After returning to Japan, I've been trying to improve my presentation skills. I deeply appreciate the staff of Olive View Medical Center and ACP, especially Dr. Wali and Mr. Norman. Thank you very much for planning the observation program for me.



My way of earning FACP

Division of Nephrology, Department of Medicine,
Showa University Fujigaoka Hospital

Hiroki Nishiwaki

MD, MPH, PhD, FACP



This article provides a brief outline of how I earned the American College of Physician (ACP) Fellowship, and a summary of my participation in the convocation ceremony at the ACP' s annual meeting in San Diego, California in 2017.

In 2013, I participated in the ACP Japan Chapter (ACPJC) annual meeting for the first time through the recommendation of Professor Shunichi Fukuhara, who chaired the said meeting. I was present only in the meetings for specialists. I was impressed with the practical lectures, lively discussions, and congenial atmosphere of ACPJC.

My interest in the ACP' s philosophy and the efficient use of more expensive annual fee of ACP than Japanese one motivated me to become a Fellow of the ACP (FACP). Throughout the process, I did not find any difficulty with earning the FACP, except for the English language. When I decided to become an FACP in 2015 I attended the clinical research training in Kyoto University and Fukushima Medical University in 2014 and 2017, respectively. Previously, I completed the training to become a specialist in renal disease in Showa University Fujigaoka Hospital. Through these trainings, I became a medical specialist and published scholarly materials, which are both requirements in applying for Fellowship. Moreover, my work in Fukushima Medical

University at the time as a clinical research fellow in the Sukagawa project met the eligibility requirement for Fellowship of having a professional activity in clinical research; the project was rooted in local community and aimed to promote healthy aging within communities in the Fukushima Prefecture. Professor Yugo Shibagaki, who attended to me from when I was in Yokohama, and Professor Sunichi Fukuhara, who was my academic supervisor in Kyoto University, provided me an excellent recommendation. As I look back, I realized that the invitation of Prof. Fukuhara to the 2013 ACPJC meeting and my clinical research training in Fukushima Medical University had greatly helped me with my Fellowship application. I would like to take this opportunity to express my appreciation to Prof. Fukuhara for his significant contribution to my Fellowship application.

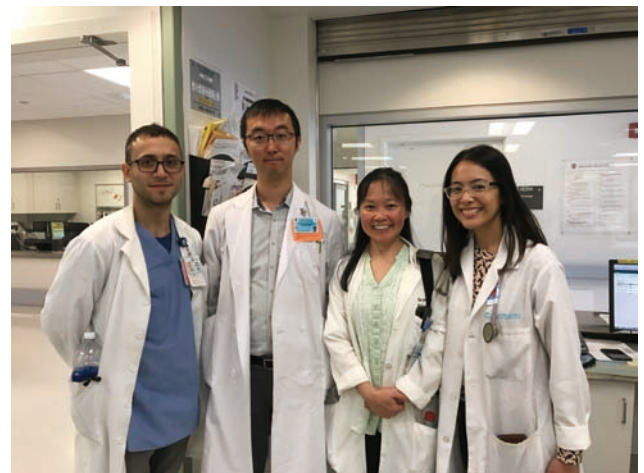
I attended to Olive View-UCLA Medical Center in Los Angeles, California as part of my observationship for ACPJP in April 2017. I thus attended the meeting of ACP at the end of March 2017 in San Diego.

The ACP annual meeting was a huge conference. The contents of the meeting included practical lectures on, among others, risk management and business skills; the laboratory courses taught the

participants skills, such as lumbar puncture, central venous catheter, and echogram. I believe that these lectures are useful; for example, the knowledge of hospital management is a requirement in running a hospital. In addition, the convocation ceremony was so inspiring that I felt a sense of self-renewal as

a clinician.

In line with the FACP principle, I intend to continue to be a clinician, who contributes to medical education and research, and serve the local community as a health provider and a leader.



A wonderful moment for my own reflection at IM Meeting 2017 in San Diego

Department of General Internal Medicine and Clinical Laboratory Medicine,
Akita University Graduate School of Medicine

Makoto Hirokawa

MD, PhD, FACP



San Diego is the place full of my good and old memories. I first visited this city in 1990 when I was a postdoctoral research fellow at the University of Southern California. Whenever visiting here, I have been given wonderful memories. This IM Meeting 2017 in San Diego was no exception.

I started my carrier as a research physician in hematology, and gradually became to realize the importance of general internal medicine for all specialists as well as for general internists. Several years ago, I met an oncologist with a good reputation working for a famous cancer center in the U.S., who told me that he was proud of being FACP as well. I do believe that empowerment of every physician with knowledge and skills of general internal medicine is the key to prevent the collapse of medical care system and to provide sustainable medical services in Japan.

The 2017 Convocation Ceremony has become a great moment that I would never forget. Dr. Nitin S. Damle, President of the ACP, gave an address of what becoming a fellow really means and reminded me to whom I owe my achievement. "Sacrifice." He expressed the dedication of family to his carrier and achievement by this word. Maybe, this is also the case with me.

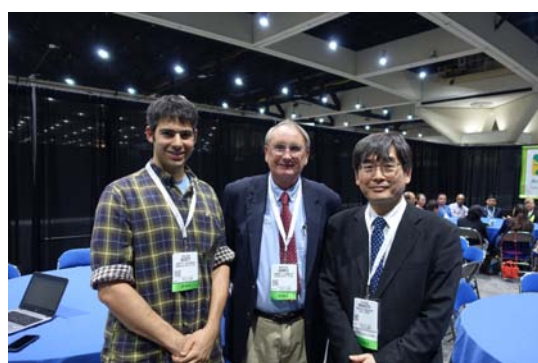
Educational and academic programs were well-organized and enjoyable. I had an opportunity to judge posters presented by medical students and

resident/fellow members. Every presenter was full of energy and all presentations were excellent. I really enjoyed discussing the cases presented, and would like to thank Drs. Hanley and Selinger for spending their crucial time with me. Social events were in a relaxed and warm atmosphere and I spent a good time with many ACP members.

Finally, I am grateful to Drs. Ueno and Maeda, Ms. Bunno and other members of the ACP Japan Chapter for providing me with the opportunity to attend this wonderful meeting. SAN DIEGO, one of the most beautiful cities in my life!



The convocation ceremony with Dr. Fumiaki Ueno, Governor of the ACP Japan Chapter and Dr. Nobuhito Hirawa.



At the poster session with Dr. James F. Hanley and Dr. Scott J. Selinger.

Doctor's Dilemma once more unto the breach

Member of Scientific Program Committee
Adviser of Resident Fellow Committee
Chief, Division of Nephrology Daido Hospital
Hideaki Shimizu
MD



Announcing our second appearance in the Doctor's Dilemma at the ACP internal Medicine Meeting. In 2017 we attended the annual meeting of the American College of Physicians (ACP) which was held from March 30th to April 1st in San Diego. In 2016, we attended the same event in Washington, DC.



We started Japanese Doctor's Dilemma from June 2015 in preparation to attend the Doctor's Dilemma in USA. However, prior to that we had to ensure consistency between Japan's and ACP's doctor's Dilemma entry conditions. The selection process and entry requirements were complicated by the differences between the Japanese and American training programs. We had to negotiate with Ms. Kelly Lott who is the Membership Programs Administrator for ACP. She was very helpful and allowed us a certain amount of leeway. We decided the requirements would be that attendees should be within PGY5.

One year before the 2016 ACP Doctor's Dilemma in USA, the Japanese team selection took place at the Doctor's Dilemma Japan at the ACP Japan Chapter Annual meeting. The Japanese Doctor's Dilemma is one of the most popular sessions in the ACPJ which started in 2015. The first year 5 teams (comprised of 2 members) competed in the event. In 2016 ACPJ 10 teams attended, and this year there will be 20 teams competing. It's now one of our biggest events in the Japan Chapter annual meeting. (table1)

Table1

	2015	2016	2017
Doctor's Dilemma Japan (teams)	5	10	20
Doctor's Dilemma	2016 Washington, DC	2017 San Diego	2018 New Orleans
Team Japan	Shoko Soeno, Hiroki Takeda (Shirakawa STAR) Masahiro Kimura (Aso Iizuka Hospital)	Tatsuaki Naganawa, Masaaki Sugino (Matsunami General Hospital General) Takasaki Tetsuro (Tokyo Bay Urayasu Ichikawa Medical Center)	Select in Kyoko ACPJ 2017



The Doctor's dilemma was scheduled during all three days of the meeting held in San Diego.

The competition consists of three rounds: The Elimination round, the Semi-Final round, and the Championship round.

First Round: Elimination (Thursday, March 30),

Each of the 50 teams compete in a game against four randomly determined opponents. These games are split between two competition rooms.

Second Round: Semi-Final (Friday, March 31)

Each of the 20 advancing teams compete in a game against four randomly determined opponents. A total of four teams advance to the Championship round. : The winner of each of the Semi-Final games advance.

Championship round (Saturday, April)

All four finalists compete in the Championship Round on the afternoon.

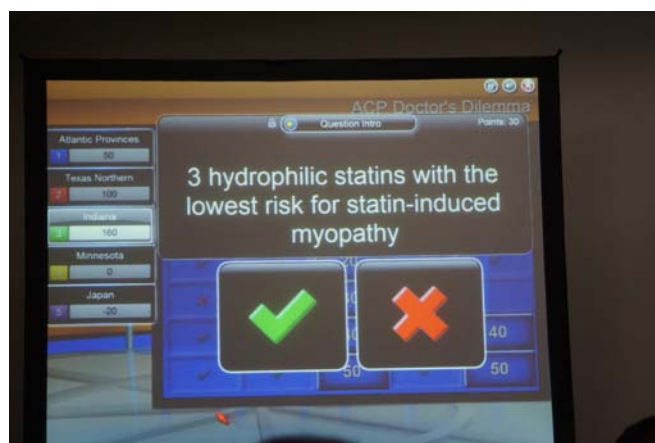
The rules

A Computing system randomly selects the category and which team will start. The team selects the amount points they will receive if they answer correctly. The Quizmaster reads the statement during this time the buzzer cannot be used. Once the statement has been read the buzzer is then activated and the first team to hit their buzzer can answer the question. The categories are selected from every area of Internal medicine such as Infectious Disease, Gastroenterology, Cardiology etc. If the question is answered correctly they receive the points that they selected. If they answer incorrectly within the limited time or failed to answer they will receive minus points for the amount chosen.

This made answering the questions extremely difficult for our team in addition there were some categories which were not familiar to Japanese

internal Medicine doctors such as Biostatistics Epidemiology, Dermatology, Journal update and Women's health. We need to attain more General internal medicine Knowledge.

Elimination round was held on March 30 at 2:00 pm in Room 29A/B and 29C/D, there was a large audience in attendance. In the room 29A/B, twenty-five teams competed for ten slots. Each session contained five teams. Japanese team came 4th in their session. The other teams were Texas Northern, Indiana, Antarctic Province and Minnesota. Many Japanese ACP members came to support us. During the competition we experienced some problems for example being non-native speakers, suffering Jet lag and the clinical practice differences.



Examples of Quiz

1) Endocrinology and Metabolism

Initial laboratory test used to diagnose acromegaly.

2) Infectious disease

Most common non-viral gastrointestinal infection associates with IgA deficiency.

3) Biostatistics and Epidemiology

Name associates with the formula $1 / (\text{absolute risk reduction})$

4) Endocrinology and Metabolism

3 hydrophilic statins with the lowest risk for statin-induced myopathy

These questions were not so difficult in the written question format, however they were too difficult to answer for non-native speakers in an oral format.

We tried our best to catch up, however the gap was too wide and in the end we didn't qualify for the final elimination round. However we found that we could answer some of the categories the computing system randomly selected.

I would like to take this opportunity to thank all ACP members for supporting Team Japan and Doctor's Dilemma in Japan.



At this year's ACP Japan Chapter Annual Meeting, 20 teams from all over the country participated. Please support this exciting tournament and watch young physicians from Japan's top 20 teaching hospitals battle for the top spot of Doctor's Dilemma

champions 2017. The winners of the competition will represent Japan in the 2018 US tournament, which will be held in New Orleans.

Please join us at the next "Doctor's Dilemma in Japan" at the ACPJ on 11 June, 2017.

Answers

- 1) Insulin-like Growth factor
- 2) Giardiasis
- 3) Number needed to treat
- 4) Rosuvastatin, pravastatin, fluvastatin

References

- 1) American College of Physicians ACP Doctor's Dilemma® Competition Rules for Competition
https://www.acponline.org/system/files/documents/membership/residents/competitions-awards/doctors-dilemma/drs._dilemma_national_rules.pdf
- 2) 2017 ACP Doctor's Dilemma® Competition
<https://www.acponline.org/system/files/documents/membership/residents/competitions-awards/doctors-dilemma/doctors-dilemma-bracket-2017.pdf>
- 3) ACPJ Doctor's Dilemma
http://acp2017.org/pdf/program/Doctors_Dilemma.pdf

Valuable experience, ACP Doctor's Dilemma 2017 in San Diego

Department of General internal medicine,
Tokyo bay Urayasu Ichikawa medical center

Tetsuro Takasaki
MD



We participated in ACP Doctor's Dilemma as the Japanese delegates. Doctor's Dilemma is a hallmark program for the College held for three days per year. From around the world up to 50 teams of residents representing ACP chapter compete in a test of medical knowledge. To become representatives, residents need to get through the preliminaries of each chapter. It was the second time for the Japanese delegates to participate in this competition.



We participated ACP annual meeting for the first time. It was very impressive that there were too many educational sessions. I was quite satisfied with this meeting because no Japanese annual meeting of internal medicine held this high quality programs.

From the first day of the College, a preliminary contest of Doctor's Dilemma had begun. After members of each team introduced themselves, a faster button depression quiz from randomized five section of medical knowledge was performed. From all over the world, brightest residents gathered

San Diego, so the tournament was highly competitive and very exciting. Regretfully our team lost the first game. But thanks to the College, I enabled a deepening of understanding to prepare for this competition. I got more motivation through recognition that people in the same generation had an advanced knowledge. Knowledge of internal medicine is critical to our daily medical practice. So we should update our knowledge day after day. Sometimes working in hospital gives us hardship, but this valuable experience taught me that we should not be satisfied with the present and be aiming for even greater heights. I hope that our juniors will also continue to gain great experience in ACP Doctor's Dilemma.



Lastly, I would like to take this opportunity to express my appreciation to my colleague, staff of ACP Japan Chapter and central of ACP. I'm very much obliged for your help.

Doctor's Dilemma in San Diego

Matsunami General Hospital General Internal Medicine
Masaaki Sugino
MD



In 2016, the Doctor's dilemma Japan Chapter Annual Meeting was held in Kyoto. Ten months after winning that event we represented Japan in the doctor's Dilemma ACP Annual Meeting 2017 in San Diego. I am deeply appreciative of being selected for this honor and will now report about Doctor's Dilemma in San Diego with very grateful thanks.

The Annual meeting of the American College of Physicians (ACP IM 2017) that was held from March 30th to April 1st 2017 in Dan Diego.

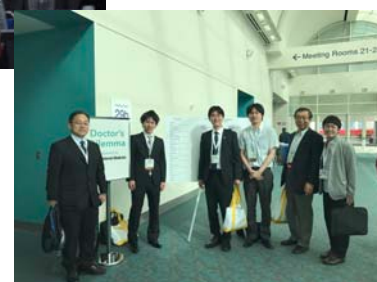
There was an air of excitement around the Doctor's Dilemma Hall in San Diego Convention Center, because of the many competitors who came from all of USA and around the world, gathering in one place to ask practice questions of each other and plan how to win.



The competition consisted of three rounds: The Elimination round, the Semi-Final round, and the Championship round. Fifty teams competed in the Elimination round. A team consisted of three residents, every block had Five teams that competed

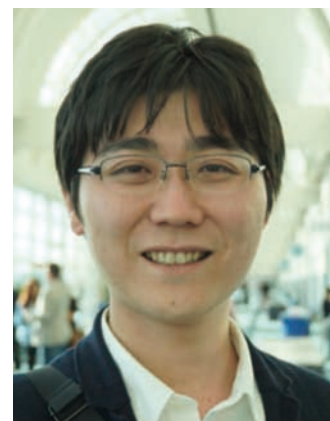
for two semifinal seats in the Elimination round. Doctor Fumiaki Ueno Governor, ACP Japan Chapter and many ACPJ members came to support us. When it was time for our block, we got on the stage. The question was read orally at first and then shown on the screen, after that the competitors could press the buzzer the first to buzz got to answer. I was overwhelmed by another team's speed, unfortunately we couldn't progress to the next stage.

There were categories that were new to me, and I keenly felt the importance of getting not only my English skills but also world standard medical knowledge. It was an excellent opportunity to attend the Doctor's Dilemma and to see many well-known Doctors (ACP members) in the ACPJ reception. I would like to give a Special thanks to Dr. Takuya Sobajima and others who attend in my hospital, Dr. Hideaki Shimizu who accompanied team Japan and ACPJ members. I will translate this unforgettable experience into my medical career.



Doctor's Dilemma: Reflections on our Participation

Fujita Health University
Department of Rheumatology and Infectious Diseases
Tatsuaki Naganawa
MD



I attended the American College of Physicians (ACP) Internal Medicine Meeting 2017. In the Doctor's Dilemma held at the ACP Japan Chapter Annual Meeting 2016, the members of the Matsunami General Hospital, to which I am affiliated, and the Tokyo Bay Urayasu Ichikawa Medical Center were selected for the Team Japan. Abundant support from the ACP Japan Chapter enabled us to participate in the primary Doctor's Dilemma competition. Although we lost in the first round, our participation in this event was a valuable experience, which this paper reports.

In the primary competition, several questions regarding dermatology, women's health, statistics, and journal updates were posed in addition to those regarding internal medicine. Regarding journal updates, we were asked to mention the titles of trials that had provided evidence for current clinical practices. Since certain questions dealt with the fields of dermatology and women's health that are rarely taught in the Japanese postgraduate internal medicine course, we realized the difference between the Japanese and American postgraduate programs.

At the Internal Medicine Meeting, we also attended the Scientific Program Sessions in addition to the Doctor's Dilemma. All the sessions were impressive. Not only were there sessions providing the most recent information, but also many educational sessions regarding



management of common problems, clinical pearls, and how to prevent errors that provided practical information applicable to our clinical practices.

We would like to express our sincere appreciation to the ACP Japan Chapter members who granted us this valuable opportunity and the doctors who supported us in San Diego.

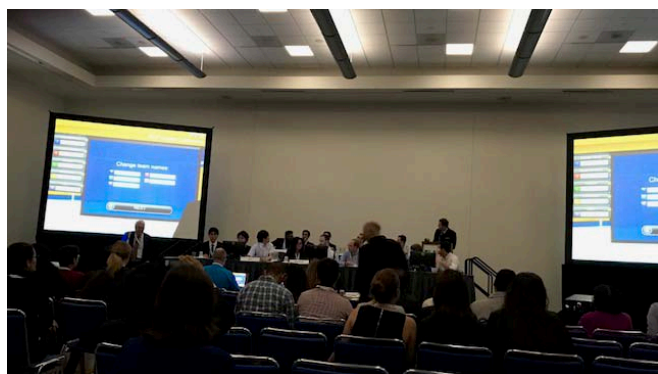


My personal report about the IM2017

Secretary of Japan Chapter
Kenji Maeda
FACP



San Diego was warm and beautiful as before. And the IM2017 was attractive as always. My first day, Thursday, began with the early morning session **“Diagnosis and Management of Kidney Stones”** (by Dr. Gary C. Curhan, MD, ScD) in which the professor told how to prevent kidney stones. The second session I attended was **“Diabetic Management in the Hospital”** (by Dr. Tracy L. Setji, MD, MHS). After this session the **Opening Ceremony** followed with the keynote speaker Dr. Anthony S. Fauci, MD, MACP from NIH. Dr. Fauci is a famous immunologist who has engaged in managements of infections including HIV/AIDS. I attended **“Escalating Care in Management of Type 2 Diabetes: Preventing Clinical Inertia”** (by Drs. Diana B. McNeill, MD, FACP, Steven Edelman, MD & M. Sue Kirkman, MD, member) after the Opening Ceremony. In the afternoon of the day, the elimination round of **“Drs’ Dilemma”** was held and the Japanese team participated in it. Unfortunately, they couldn’t win their way to the semifinals but I would like to praise them for their efforts.



In the gathering dusk, the **Convocation Ceremony** began. I had a chance to wear regalia for the first time in 17 years, since I wore it in 2000 as a new fellow, because I was given local award by Japan Chapter last year. (Please read another report elsewhere in this journal for details of the ceremony.)

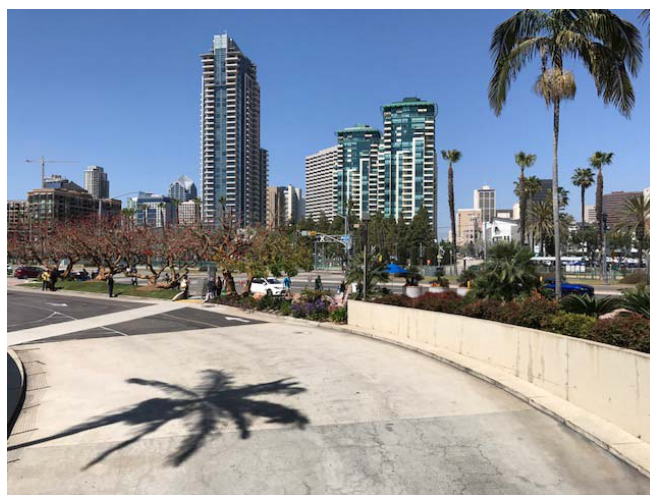


On the Friday, I attended five sessions; **“Curable Cancers: Progress in Oncology”** (by Dr. John J. Densmore, MD, PhD, FACP), **‘Thieves’ Market** (by Dr. David R. Scruse, MD, FACP), **“PechaKucha”** (by Drs. Lisa L. Ellis, MD, FACP, Heidi Combs, MD, Marc J. Kahn, MD, MBA, FACP, Fatima Cody Stanford, MD, MPH, MPA, member Michael P. Stevens, MD, MPH, FACP & Patrick E. Young, MD, FACP, FACG, FASGE, CAPT, MC, USN), **“Ambulatory Infections”** (by Dr. Janet A. Jokela, MD, MPH, FACP, FIDSA), and **“Multiple Small Feedings of the Mind: Cardiology, Sleep Medicine, and Infectious**

Diseases” (by Drs. Daniel G. Federman, MD, FACP, John Solomon Francis, MD, PhD, L. Kristin Newby, MD, MHS, H. Klar Yaggi, MD, MPH). As many of the readers may notice, “PechaKucha” is a Japanese word but I won’t fully explain about it because details of these sessions will be in the next Japanese edition of this journal. On the night of the Friday, we held **Japan Chapter Reception** at the adjoining hotel and welcomed great guests there.

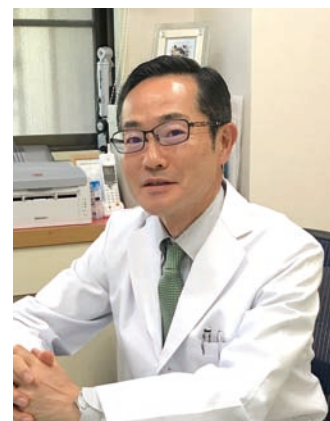
On the last day of the IM2017, Saturday, my first session was **“Cancer of Unknown Primary: Knowing the Unknown”** (by Dr. David S. Ettinger, MD, FACP, FCCP). And the second one was **“Evaluation of Syncope and Autonomic Syndromes”** (by Dr. Daniel D. Dressler, MD, MSc, FACP, SFHM). Then I attended **“Cerebrovascular Disease: Important Updates,**

Guidelines, and New CVA Management” (by Dr. Alan Yee, DO) and **“Updates in Infectious Diseases”** (by Dr. Henry F. Chambers, MD, FACP). In the afternoon of the day, I listened to **“Multiple Small Feedings of the Mind: General Internal Medicine, Addiction Medicine, and Anticoagulation”** (by Drs. Elizabeth Selden, MD, member, Ann R. Garment, MD, FACP, Ellie Grossman, MD, MPH, Ara D. Metjian, MD) and followed by **“Update in Gastroenterology and Hepatology”** (by Drs. Walter J. Coyle, MD, FACP, FACG & Paul J. Pockros, MD, FACP). After all the sessions ended, **“Internal Medicine Meeting 2017 Highlights: Key Messages You’ ll Want to Take Home and Doctors’ Dilemma: The Finals”** was given and IM2017 finally ended. It was a great meeting. I hope many chapter members will join us in IM2018 in New Orleans too.



Good Teachers, Good Friends, Third Time Luck

Chair of Public Relations Committee of ACP Japan Chapter
Ando Clinic
Soichiro Ando
MD, FACP



San Diego Convention Center from the view of Seaport Village

San Diego is truly a beautiful city. You can enjoy the Sun shine, ocean view, sea animals, nice food and so on. And I enjoyed much more at Internal Medicine 2017. This was the third time to attend the meeting for me. I felt it became more and more attractive meeting. First time, IM 2008 I was impressed by solemn Convocation Ceremony and the enthusiasm of the instructors of the Waxman Clinical Skills Center. Second time, IM 2014, I understood I definitely needed to check the handout in advance to learn more from lectures.

I prepared for this meeting more than previous two. I got a tablet PC to see the handout. Most of

the speakers uploaded their handout before the meeting, and I downloaded and saw what the topics of the lecture were and chose the most appropriate lecture I need to take from diverse subjects.

In the morning of day one, I took "A Case-Based Approach to Treating the Weekend Warrior " and "Best Foot Forward: Common Foot Complaints That Walk into the Office", because I have such patients of orthopedic complaint almost every day and I don't have such an opportunity to take orthopedic lecture in Japan. What amazed me was that the speaker of the second lecture, Dr Ritter was not an orthopedist but a family medicine practitioner. I also took her workshop of the Clinical Skills Center and then she told us that on the first day of the clinic a patient complained foot pain, but she had no idea then and she started to study hard and became to be a speaker of the Internal Medicine meeting.

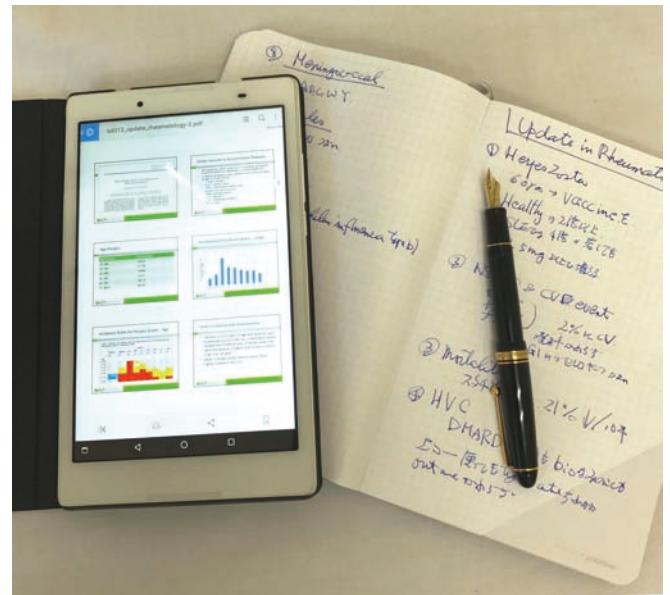
In the Clinical Skills Center, I took ophthalmoscopic examination, because I have a lot of patients with diabetes and hypertension and I wish I could screen serious ophthalmological problems and also because I myself had a detachment of retina last year and how important to screen eye problems at primary care physicians. In the session, participants came together for training and examine the partner's eyes each other.

We aimed to see the pulsation of retinal vein. But it was hard for us. Neither my partner or I could catch the pulsation. One reason why we couldn't catch it was the pulsation varies from person. One hour and half of the session passed and ophthalmoscopic training blurred my eyes. When I almost left the site, one of the participants called me and asked if I could see the pulsation. I said "No, unfortunately", and he said "why don't you try my eyes?" although his eyes were probably blurred, too. According to him, his pulsation of retinal vein was easier to see than others. And finally I could see the pulsation. I really appreciated his kindness and support.

At lunch time, I was sitting in the seat of the exhibition hall by myself. I talked to the man who came to sit next to me by chance. He is a neurologist from Cincinnati and he is an FACP. At that time I was thinking over one problem. I will speak at a session in ACP Japan Chapter meeting in June, which was entitled "Why did we get FACP? Why do we aim for FACP? Young man, let's aim for FACP." organized by Dr Toshihiko Hata. To be honest, I didn't have my own relevant answer to these questions. I wanted to know what an FACP in the US thinks of the value or advantage of being FACP. He told me that he didn't have any change socially since he became an FACP, but to be an FACP and an MACP are great motivation to continue to study, teach and practice. He asked my case and I told him that what changed after being FACP was "just in myself". And he said "same." We shared our thoughts His words greatly encouraged me to be a physician and to be an FACP. And he coincidentally knew a friend of mine who was working for the same laboratory together twenty years ago. We enjoyed the conversation.

On day two, I took a DynaMedPlus session to learn how to use it. I realized that it is very useful

and making great progress. DynaMedPlus is one of the greatest benefits of members of ACP and I hope we can use it free forever.



Three "Must Items" for IM Meeting: Tablet PC, Hardcoverd Notebook and Pen

After that I took "Common ENT Problems in Primary Care", "Approach to the Swollen Patients", "Cardiac Murmurs: Benign or Serious?", "Ten Skin Conditions You Should Never Miss", "The Eyes Have It: Common Ophthalmologic Conditions", "Immunization for Adults", "Update in Rheumatology" and so on. All of them are very important issues for me. I was originally a rheumatologist and became a GP fifteen years ago. I need to learn such knowledge outside rheumatology field. All of the speakers were so trained and talked so intelligibly that I learned a lot of tips I can use in the clinical field.

Through the meeting I would thank all of the speakers and instructors who are excellent teachers and all of the friends I met in the meeting. I also thank Dr Ueno, Governor of Japan Chapter and council members for giving me such a wonderful opportunity.

Clinical research bill enacted in Japan with pile of issues

Clinical research bill has approved into law by the upper House Japan in Apr 7, 2017. The law requires filing of monitoring record, conflict of interest and so on for particular clinical research using unapproved or off-label agents, or for one funded by pharmaceutical firms. When pharmaceutical firms fund research institute for a research, contract and disclosure are requested. This may improve confidence of the clinical research in Japan, on the other hand may possibly disturb clinical research activity.

I hope the law contributes improved clinical care in the future. (Y.O)



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