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Check out the ACP Website for Resident & Medical Student Resources!
www.acponline.org/chapters/az

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Leadership Day in Washington, D.C.
ACP Leadership Day in Washington, D.C. is May 21-22, 2013. Leadership Day enables the College to increase its presence on Capitol Hill and bring issues of concern to U.S. lawmakers. This two-day event provides ACP members with advocacy and/or media training, an update on the College's priority legislative issues; briefings from Members of Congress, Administration officials, and key Capitol Hill staffers, and an opportunity to meet with your state’s elected officials. A special briefing for associates and medical students is also provided. More at http://www.acponline.org/advocacy/events/leadership_day/

Arizona Telemedicine and YOU!!
For at least 15 years, Arizona has been in the forefront nationally in the pursuit to bring information, education and medical care to doctors and patients statewide via “telemedicine”. Recently, several categories of Grand Rounds have been offered. For a weekly e-delivery, contact Ivette Arias iarias@telemedicine.arizona.edu.

If you are interested in the history of telemedicine and an overview, plus some very Hot Links, and further information about the distance education program, check out http://www.telemedicine.arizona.edu/app/ For more relevant information, go to http://www.streaming.biocom.arizona.edu/categories/?id=8. There you will find archives of previous events and a comprehensive teleconference calendar. For videostreaming, go to the site for viewing events live for credit: http://www.telemedicine.arizona.edu/app/training.

This large state feels a little smaller with these opportunities to learn and connect!

Are you smarter than a 3rd Year medical student? Turn the page to find out and enter to win movie tickets!
Congratulations to our Arizona Doctor’s Dilemma Team and Tucson Doctor Preethi William!!

The Associates Council is proud of the strong participation from the Arizona Associates at the “Internal Medicine 2013” national conference in San Francisco this year. Participants included University of Arizona, Tucson, Mayo Clinic, Scottsdale & St. Joseph’s Hospital, Phoenix. Mayo Clinic Doctor Dilemma’s team advanced to the final round. They are Drs. Andrew Chung, Christine Klassem, and Sohail Abdi-Moradi.

In addition, ACP Arizona congratulates Arizona Resident Dr. Preethi William, UMC, who won The ACP National Associate Poster Award in the Clinical Vignette category with a poster abstract titled **Statins and autoimmune disorders - A less known and potentially fatal association.** Well done!! With more than 8000 attendees, this year has been the largest national ACP conference yet!

**Congratulations to the New Arizona Fellows & Masters**

At the Fellowship Convocation, attended by family and friends, new Fellows and Masters of the College took their oath to the ACP and the profession. It was presided over by the new President of the College – Dr. David L. Bronson. New and former office bearers and dignitaries from around the world were in attendance.

Our immediate past Governor Dr. Ana Maria Lopez takes on a new role as a member of the National ACP’s Board of Regents, and Dr. James V. Felicetta, took over as the new Governor of ACP Arizona. Ryan Van
Want to know what’s going on with healthcare reform? Become an Advocate Today!

Advocates for Internal Medicine Network - AIMn

ACP’s continued success on Capitol Hill greatly depends upon year-round grassroots support from the College’s more than 8,000 participants in the Advocates for Internal Medicine Network (formerly known as the “Key Contact Program”). Advocates e-mail, call and meet with their members of Congress on issues of importance to medical students, internists and their patients, and report the results back to ACP.

To enroll as an Advocate, ACP members are not required to have existing relationships with their members of Congress. ACP gives them the tools necessary to develop and maintain relationships. The program is open to all membership categories.

Enroll in the Advocates for Internal Medicine Network at http://capwiz.com/acponline/mlm/signup/

Are you smarter than a 3rd year medical student???

Medical knowledge competition

The Associates Council has created a medical knowledge quiz to help foster some healthy competition between our residents. Each newsletter will feature an interesting clinical question that you get to answer! The winner will be randomly selected from those who submit the correct answer. If you are chosen as the winner, you will receive a $25 gift card to Harkins Movie Theatres to see the movie of your choice! You will also be asked to write a short summary on the topic of the correct answer that can be added to your CV (see below).

Please submit your answer, as well as your name, email address and residency program to Dixie Swan at dswan@azmed.org by Friday, May 3. Any questions can be emailed to Jewel Kling at Kling.juliana@mayo.edu.

Question:

Mr. Jones is a 44 year old African American male who has just moved to your community presents to your clinic for evaluation with the concern that his 42 year old brother was recently diagnosed with prostate cancer. You perform a complete history and physical and note that he is a smoker, has a strong family history for prostate cancer and coronary artery disease, has a personal history for hypertension, which is well-controlled with a diuretic, and has an enlarged, hard peripheral prostate nodule on physical exam. PSA 2 months ago with his former internist was 2 ng/ml.

You recommend:

A. Genetic testing for hereditary causes of hyperlipidemia
B. PSA testing to determine the cause of the prostate nodule.
C. Urological evaluation for prostate biopsy
D. Free PSA testing to determine the cause of the prostate nodule.
LAST EDITION’s MEDICAL KNOWLEDGE QUESTION

ANSWER & SUMMARY

By Katy Boyle from Mayo Clinic (the winner of the competition)

A 34 y/o woman presents to her GYN to establish care. She has recently moved to Arizona in July and feels that she is not adapting well to the heat. She notes headaches and occasional “pounding heart” which she attributes to dehydration. She has lost some weight which she attributes to decreased appetite with the heat. Vital signs reveal T 37.8 C, HR 110, BP 172/112 and RR 16. BP recheck reveals 166/108. Patient is referred to the Internal Medicine clinic for evaluation of BP. Your clinical history reveals occasional lightheadedness. Physical examination reveals no adenopathy and a normal cardiovascular and respiratory exam. The abdomen is diffusely tender with bowel sounds present and without masses or hepatosplenomegaly. As you prepare your differential diagnosis, she is noted to become pale and diaphoretic. Blood work reveals a sodium of 150 mEq/L.

The most appropriate study to perform next is:

a. Blood cultures.

b. CT abdomen to evaluate for abscess.

c. CT chest to evaluate for pulmonary mass.

d. 24 hour urine for metanephrines

e. Comprehensive metabolic panel to assess for dehydration.

Pheochromocytomas have a fascinating clinical presentation but are exceedingly rare with up to 8 cases of 1 million persons per year. Of those patients with systemic hypertension only about 0.1% are caused by these tumors [1].

As discussed in the above question, the classical clinical history is the triad of headache, palpitations, and sweating in the setting of hypertension [2]. Many other symptoms have been reported to be common including nausea, anxiety and tremor. Ironically, hypertension is often paroxysmal and therefore not always present on evaluation [2].

If the diagnosis of pheochromocytoma is considered then the clinician should use screening tests accordingly. If the suspicion is low then a 24-hour urine fractionated metanephrines and catecholamines should be completed. If the suspicion is high, i.e. family history of multiple endocrine neoplasia (MEN), Von Hippel-Lindau, then plasma metanephrine can also be performed [3].

Once there is clinical and biochemical evidence of pheochromocytoma then the next step is localization of the tumor. Generally and abdominal CT or MRI can identify an adrenal tumor. However, in 10% of patients the tumor is extra-adrenal [4]. In this case, PET-CT has been suggested to be the best modality. It is now felt to be superior to the 123I-metiodobenzylguanidine (MIBG) scan in those cases where a primary abdominal mass is not found or if there is question of metastatic disease [5].

Treatment of pheochromocytoma is a frequently asked question to medical students. Alpha blockade is always the first therapy, preferably the non-competitive alpha blocker phenoxybenzamine. If the patient were to receive beta-blockade first then unopposed alpha-adrenergic receptor stimulation can lead to hypertensive crisis. After approximately a week of alpha-blockade then a beta-blocker such as propranolol can be used [4]. Ultimately the pre-operative medical management is highly debated but the definitive management is laparoscopic adrenalectomy, specifically a posterior retroperitoneal approach [6].

References


6. Dickson, P.V., et al., Posterior retroperitoneoscopic adrenalectomy is a safe and effective alternative to transabdominal laparoscopic adrenalectomy for pheochromocytoma.
Sierra Vista Regional Health Center is a Midwestern University OPTI located in beautiful southeastern Arizona. The Osteopathic Internal Medicine program provides a diverse learning opportunity for future physicians interested in either hospital or community based medicine. Although it is a relatively small program, residents and students see a broad range of pathology with a rather busy Emergency Room that produces a fair number of hospital admissions per year. Various sub-specialty rotations are also offered throughout Tucson and Phoenix. Attending physicians and hospital staff are wonderful in providing individuals with any support necessary to make for a good learning experience. One really gets a sense of community and appreciation. The patient population has been great to work with and treat throughout the years. Residents also continue to score above average in the annual Internal Medicine in-service exam. The program is surely one that emphasizes education over service.
Verde Valley Medical Center Residency Program

Andrew Sacks, PGY-3, Chief Resident

Verde Valley Medical Center is a full service community hospital located in Cottonwood, Arizona, serving Sedona, Rimrock, Lake Montezuma, Camp Verde, Jerome, and Cottonwood. In 2010, the hospital started an internal medicine residency program in affiliation with Midwestern University in Glendale. Residents and medical students work one-on-one with full-time hospitalists and subspecialists in all disciplines of medicine. There are also opportunities to do rotations in other hospitals around the state including Flagstaff Medical Center, Scottsdale-Osborn, and the Phoenix Veterans Affairs Medical Center. Patients with all manner of disease, common and uncommon, are treated at VVMC, often with several complex conditions existing simultaneously. Resident coverage of the ICU is year-round, as is weekend coverage of the hospitalist service regardless of that month’s specialty rotation. Continuity clinic is done in private internal medicine offices as well as the VA clinic.

Original research is done by all residents during training, and case reports are actively encouraged. Our residents have presented at several conferences at both the state and national level. Morning report and didactic noon lectures occur daily, and coming in 2013 is a new sim-lab dedicated to training in ACLS management, intubation, and line placement. Additionally, residents have access to all texts and professional literature through Midwestern University’s online library.

Verde Valley Residents and Families
What does it mean to be an ACP Associate?

By Mohan Ashok Kumar, MBBS, Chair ACP-AZ Associates Council

The American College of Physicians has always engaged Residents and Fellows, termed Associates, in their activities, perhaps even more than other medical organizations.

Associate members represent an important cog in the wheel of the college with their activism. For example, several active Associates attended Leadership Day in Washington, representing ACP in face-to-face meetings with Arizona’s representatives in Congress and the Senate.

ACP provides many opportunities for their Associates to develop presentation and critical thinking skills. The ACP Doctor's Dilemma contest is held annually at the Chapter Meeting. The winners then represent Arizona at the regional and national level, The chapter and national meetings are showcases for the skills of ACP Arizona doctors and students.

The Associates Council organizes journal clubs, webinars and procedure based simulation courses for our residents. Coming soon, a state-wide grand rounds aimed to increase the collaboration among the Arizona programs.

For those interested in legislative activism, Doctor’s Day at the state capitol is a great way to both learn about the activities of the legislature that affect us and our patients, as well as to voice the opinions of students and residents on matters such as GME funding.

In addition to these, the list of resources for continuing medical education include MKSAP for internal medicine board review, Annals of Internal Medicine, "In the Clinic" series etc.

All associates are encouraged to visit the chapter website for more details: [http://www.acponline.org/membership/benefits/residents/](http://www.acponline.org/membership/benefits/residents/).

The Associates’ Committee – Here for you!

The ACP Associates Council includes members from each residency program in the state, with the goal to represent all associates within the state chapter.

We publish an associates’ newsletter entitled "Transitions" bi-annually that allows our council to communicate the activities of the chapter that residents can participate in and the various benefits available to residents. We also organize events such as journal clubs & webinars to provide Internal Medicine educational opportunities across the state.

Please contact our current representatives with any suggestions you may have to better our council’s work.

Council members are Mohan Ashok Kumar, MBBS, Chair (dr_mohan@aol.in), Hamed Abbaszedegan, MD, Benjamin Johansen, MD, Hossein Ghofrani, MD, Jewel Kling, MD, MPH (kling.juliana@mayo.com), Aaron Fernandes, MD, Joseph Hanna, MD, Naktal Hamoud, MD, Pete Zervogiannis, MD, Alex Hu, MD, Andrew Sacks, DO, Anju Nair, MD, Nithya Menon, MBBS, Sabyasachi Roy, MBBS, and Heather Fields, MD.

Why Activate your ACP Online Account?

When you activate your ACP Online account, you will have access to the Mentoring Database and PIER, and you will be able to access the full online benefits of ACP journals & publications. Your username and password can be used immediately after you register.

 Activate Now

* Note regarding Annals.org: ACP members and Annals subscribers can now log in at Annals.org with their ACP username and password.

Mobile Resources

ACP's Mobile Resources include a variety of applications, mobile web resources, and mobile documents* to support your clinical practice. For more information, please visit: [http://www.acponline.org/clinical_information/mobile/index.html](http://www.acponline.org/clinical_information/mobile/index.html)

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